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Chapter 1 : Chronic Disease Prevention Program | Wisconsin Department of Health Services

Six in ten Americans live with at least one chronic disease, like heart disease, cancer, stroke, or calendrierdelascience.com and other chronic diseases are the leading causes of death and disability in America, and they are also a leading driver of health care costs.

Chapter 7 Chapter 7: Additional Considerations for Some Adults All Americans should be physically active to improve overall health and fitness and to prevent many adverse health outcomes. Most Americans should follow the Guidelines of the child and adolescent, adult, or older adult chapters, depending upon their age. However, some people have conditions that raise special issues about recommended types and amounts of physical activity. This chapter provides guidance on physical activity for healthy women who are pregnant and for people with disabilities. This chapter also affirms and illustrates how physical activity is generally appropriate for adults with chronic conditions by considering three groups of adults: Adults with osteoarthritis; Adults with type 2 diabetes; and Adults who are cancer survivors. For example, moderate-intensity physical activity by healthy women during pregnancy maintains or increases cardiorespiratory fitness. Strong scientific evidence shows that the risks of moderate-intensity activity done by healthy women during pregnancy are very low, and do not increase risk of low birth weight, preterm delivery, or early pregnancy loss. Some evidence suggests that physical activity reduces the risk of pregnancy complications, such as preeclampsia and gestational diabetes, and reduces the length of labor, but this evidence is not conclusive. Such activity does not appear to have adverse effects on breast milk volume, breast milk composition, or infant growth. Physical activity also helps women achieve and maintain a healthy weight during the postpartum period, and when combined with caloric restriction, helps promote weight loss. Key Guidelines for Women During Pregnancy and the Postpartum Period Healthy women who are not already highly active or doing vigorous-intensity activity should get at least minutes 2 hours and 30 minutes of moderate-intensity aerobic activity per week during pregnancy and the postpartum period. Preferably, this activity should be spread throughout the week. Pregnant women who habitually engage in vigorous-intensity aerobic activity or are highly active can continue physical activity during pregnancy and the postpartum period, provided that they remain healthy and discuss with their health-care provider how and when activity should be adjusted over time. Explaining the Guidelines Women who are pregnant should be under the care of a health-care provider with whom they can discuss how to adjust amounts of physical activity during pregnancy and the postpartum period. Unless a woman has medical reasons to avoid physical activity during pregnancy, she can begin or continue moderate-intensity aerobic physical activity during her pregnancy and after the baby is born. When beginning physical activity during pregnancy, women should increase the amount gradually over time. The effects of vigorous-intensity aerobic activity during pregnancy have not been studied carefully, so there is no basis for recommending that women should begin vigorous-intensity activity during pregnancy. Women who habitually do vigorous-intensity activity or high amounts of activity or strength training should continue to be physically active during pregnancy and after giving birth. They generally do not need to drastically reduce their activity levels, provided that they remain healthy and discuss with their health-care provider how to adjust activity levels during this time. During pregnancy, women should avoid doing exercises involving lying on their back after the first trimester of pregnancy. They should also avoid doing activities that increase the risk of falling or abdominal trauma, including contact or collision sports, such as horseback riding, downhill skiing, soccer, and basketball. Physical Activity for People With Disabilities The benefits of physical activity for people with disabilities have been studied in diverse groups. Overall, the evidence shows that regular physical activity provides important health benefits for people with disabilities. The benefits include improved cardiovascular and muscle fitness, improved mental health, and better ability to do tasks of daily life. Sufficient evidence now exists to recommend that adults with disabilities should get regular physical activity. Physical activity in children and adolescents with disabilities is considered in Chapter 3â€”Active Children and Adolescents. Key

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Guidelines for Adults With Disabilities Adults with disabilities, who are able to, should get at least minutes per week 2 hours and 30 minutes of moderate-intensity, or 75 minutes 1 hour and 15 minutes per week of vigorous-intensity aerobic activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activity. Aerobic activity should be performed in episodes of at least 10 minutes, and preferably, it should be spread throughout the week. Adults with disabilities, who are able to, should also do muscle-strengthening activities of moderate or high intensity that involve all major muscle groups on 2 or more days per week as these activities provide additional health benefits. When adults with disabilities are not able to meet the above Guidelines, they should engage in regular physical activity according to their abilities and should avoid inactivity. Adults with disabilities should consult their health-care providers about the amounts and types of physical activity that are appropriate for their abilities. Explaining the Guidelines In consultation with their health-care providers, people with disabilities should understand how their disabilities affect their ability to do physical activity. Some may be capable of doing medium to high amounts of physical activity, and they should essentially follow the Guidelines for adults. Some people with disabilities are not able to follow the Guidelines for adults. These people should adapt their physical activity program to match their abilities, in consultation with their health-care providers. For More Information See Chapter 4“Active Adults”, for details on these Guidelines and how to meet Meeting the Guidelines People with disabilities are encouraged to get advice from professionals with experience in physical activity and disability because matching activity to abilities can require modifying physical activity in many different ways. Some people with disabilities also need help with their exercise program. For example, some people may need supervision when performing muscle-strengthening activities, such as lifting weights.

Physical Activity for People With Chronic Medical Conditions Adults with chronic conditions should engage in regular physical activity because it can help promote their quality of life and reduce the risk of developing new conditions. Three examples are provided below to illustrate the benefits of physical activity for persons with chronic conditions. For many chronic conditions, physical activity provides therapeutic benefits and is part of recommended treatment for the condition. However, this chapter does not discuss therapeutic exercise or rehabilitation.

Key Messages for People With Chronic Medical Conditions Adults with chronic conditions obtain important health benefits from regular physical activity. When adults with chronic conditions do activity according to their abilities, physical activity is safe. Adults with chronic conditions should be under the care of health-care providers. People with chronic conditions and symptoms should consult their health-care providers about the types and amounts of activity appropriate for them. Osteoarthritis is a common condition in older adults, and people can live many years with osteoarthritis. People with osteoarthritis are commonly concerned that physical activity can make their condition worse. Osteoarthritis can be painful and cause fatigue, making it hard to begin or maintain regular physical activity. Yet people with this condition should get regular physical activity to lower their risk of getting other chronic diseases, such as heart disease or type 2 diabetes, and to help maintain a healthy body weight. Strong scientific evidence indicates that both aerobic activity and muscle-strengthening activity provide therapeutic benefits for persons with osteoarthritis. When done safely, physical activity does not make the disease or the pain worse. Studies show that adults with osteoarthritis can expect improvements in pain, physical function, quality of life, and mental health with regular physical activity. People with osteoarthritis should match the type and amount of physical activity to their abilities and the severity of their condition. Most people can usually do moderate-intensity activity for minutes 2 hours and 30 minutes a week or more, and may choose to be active 3 to 5 days a week for 30 to 60 minutes per episode. Some people with arthritis can safely do more than minutes of moderate-intensity activity each week and may be able to tolerate equivalent amounts of vigorous-intensity activity. Health-care providers typically counsel people with osteoarthritis to do activities that are low impact, not painful, and have low risk of joint injury. Swimming, walking, and strength-training are good examples of this type of activity.

Physical Activity for Adults With Type 2 Diabetes Physical activity in adults with type 2 diabetes shows how important it can be for people with a chronic disease to be active. Physical activity has important therapeutic effects in people with diabetes, but it

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is also routinely recommended to reduce risk of other diseases and help promote a healthy body weight. For example, strong scientific evidence shows that physical activity protects against heart disease in people with diabetes. Moderate-intensity activity for about 150 minutes a week helps to substantially lower the risk of heart disease. A person who moves toward 300 minutes or more of moderate-intensity activity a week gets even greater benefit. Adults with chronic conditions should work with their health-care providers to adapt physical activity so that it is appropriate for their condition. For example, people with diabetes must be careful to monitor their blood glucose and avoid injury to their feet. Physical Activity for Cancer Survivors With modern treatments, many people with cancer can either be cured or survive for many years, living long enough to be at risk of other chronic conditions, such as high blood pressure or type 2 diabetes. Some cancer survivors are at risk of recurrence of the original cancer. Some have experienced side effects of the cancer treatment. Like other adults, cancer survivors should engage in regular physical activity for its preventive benefits. Physical activity in cancer survivors can reduce risk of new chronic diseases. Further, studies suggest physically active adults with breast or colon cancer are less likely to die prematurely or have a recurrence of the cancer. Physical activity may also play a role in reducing adverse effects of cancer treatment. Cancer survivors, like other adults with chronic conditions, should consult their health-care providers to match their physical activity plan to their abilities and health status.

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Chapter 2 : health education, diseases, tips for teachers, chronic illness

June 26, -- The number of U.S. children with chronic health conditions has risen dramatically in the past four decades, according to a new report.

Obesity[edit] Obesity is a major risk factor for a wide variety of conditions including cardiovascular diseases, hypertension, certain cancers, and type 2 diabetes. In order to prevent obesity, it is recommended that individuals adhere to a consistent exercise regimen as well as a nutritious and balanced diet. The medical system in our society is geared toward curing acute symptoms of disease after the fact that they have brought us into the emergency room. An ongoing epidemic within American culture is the prevalence of obesity. Eating healthier and routinely exercising plays a huge role in reducing an individual's risk for type 2 diabetes. Ninety to 95 percent of people with diabetes have type 2 diabetes. Diabetes is the main cause of kidney failure, limb amputation, and new-onset blindness in American adults. STIs can be asymptomatic, or cause a range of symptoms. Preventive measures include the use of condoms [36] dental dams , latex gloves , and education on how to use them; testing partners before having unprotected sex; receiving regular STI screenings, to both receive treatment and prevent spreading STIs to partners; and, specifically for HIV, regularly taking prophylactic antiretroviral drugs, such as Truvada. Post-exposure prophylaxis , started within 72 hours optimally less than 1 hour after exposure to high-risk fluids, can also protect against HIV transmission. Thrombosis prophylaxis Thrombosis is a serious circulatory disease affecting thousands, usually older persons undergoing surgical procedures, women taking oral contraceptives and travelers. Consequences of thrombosis can be heart attacks and strokes. Cancer[edit] In recent years, cancer has become a global problem. Low and middle income countries share a majority of the cancer burden largely due to exposure to carcinogens resulting from industrialization and globalization. Primary prevention of cancer can also prevent other diseases, both communicable and non-communicable, that share common risk factors with cancer. Other carcinogens include asbestos and radioactive materials. Individual, community, and statewide interventions can prevent or cease tobacco use. The Mayo Clinic, Johns Hopkins, and Memorial Sloan-Kettering hospitals conducted annual x-ray screenings and sputum cytology tests and found that lung cancer was detected at higher rates, earlier stages, and had more favorable treatment outcomes, which supports widespread investment in such programs. Tax revenue goes toward tobacco education and control programs and has led to a decline of tobacco use in the state. China is responsible for about one-third of the global consumption and production of tobacco products. This program was therefore effective in secondary but not primary prevention and shows that school-based programs have the potential to reduce tobacco use. Furthermore, childhood prevention can lead to the development of healthy habits that continue to prevent cancer for a lifetime. However, many adolescents purposely used sunscreen with a low sun protection factor SPF in order to get a tan. Cervical cytology screening aims to detect abnormal lesions in the cervix so that women can undergo treatment prior to the development of cancer. Finland and Iceland have developed effective organized programs with routine monitoring and have managed to significantly reduce cervical cancer mortality while using fewer resources than unorganized, opportunistic programs such as those in the United States or Canada. However, these efforts have not resulted in a significant change in cervical cancer incidence or mortality in these nations. This is likely due to low quality, inefficient testing. Brazil, Peru, India, and several high-risk nations in sub-Saharan Africa which lack organized screening programs, have a high incidence of cervical cancer. Other methods of screening for polyps and cancers include fecal occult blood testing. Lifestyle changes that may reduce the risk of colorectal cancer include increasing consumption of whole grains, fruits and vegetables, and reducing consumption of red meat see Colorectal cancer. Health disparities and barriers to accessing care[edit] Access to healthcare and preventive health services is unequal, as is the quality of care received. The same trends are seen when comparing all racial minorities black, Hispanic, Asian to white patients, and low-income people to high-income people. Minorities were less likely than whites to possess

health insurance, as were individuals who completed less education. These disparities made it more difficult for the disadvantaged groups to have regular access to a primary care provider, receive immunizations, or receive other types of medical care. Often, there are decades of gaps in life expectancy between developing and developed countries. For example, Japan has an average life expectancy that is 36 years greater than that in Malawi. In Nigeria and Myanmar, there are fewer than 4 physicians per 1000 people while Norway and Switzerland have a ratio that is ten-fold higher. There is little question that positive lifestyle choices provide an investment in health throughout life. Americans spend over three trillion a year on health care but have a higher rate of infant mortality, shorter life expectancies, and a higher rate of diabetes than other high-income nations because of negative lifestyle choices. In a study by Sudano and Baker, even intermittent loss of coverage has negative effects on healthy choices. Because chronic illnesses predominate as a cause of death in the US and pathways for treating chronic illnesses are complex and multifaceted, prevention is a best practice approach to chronic disease when possible. In many cases, prevention requires mapping complex pathways [67] to determine the ideal point for intervention. In addition to efficacy, prevention is considered a cost-saving measure. This makes prevention efforts difficult to fund—particularly in strained financial contexts. Prevention potentially creates other costs as well, due to extending the lifespan and thereby increasing opportunities for illness. In order to establish reliable economics of prevention [68] for illnesses that are complicated in origin, knowing how best to assess prevention efforts, i. Effectiveness[edit] Overview There is no general consensus as to whether or not preventive healthcare measures are cost-effective, but they increase the quality of life dramatically. There are varying views on what constitutes a "good investment. Others argue in favor of "good value" or conferring significant health benefits even if the measures do not save money [7] [69] Furthermore, preventive health services are often described as one entity though they comprise a myriad of different services, each of which can individually lead to net costs, savings, or neither. Greater differentiation of these services is necessary to fully understand both the financial and health effects. A study showed that preventing heart attacks by treating hypertension early on with drugs actually did not save money in the long run. The money saved by evading treatment from heart attack and stroke only amounted to about a quarter of the cost of the drugs. Many argue that preventive measures only cost less than future treatment when the proportion of the population that would become ill in the absence of prevention is fairly large. They argue that while many treatments of existing diseases involve use of advanced equipment and technology, in some cases, this is a more efficient use of resources than attempts to prevent the disease. The effects of these interventions on BMI have been studied, and the cost-effectiveness analysis CEA has led to a better understanding of projected cost reductions and improved health outcomes. Some challenges with evaluating the effectiveness of child obesity interventions include: The economic consequences of childhood obesity are both short and long term. In the short term, obesity impairs cognitive achievement and academic performance. Some believe this is secondary to negative effects on mood or energy, but others suggest there may be physiological factors involved. In the long term, obese children tend to become obese adults with associated increased risk for a chronic condition such as diabetes or hypertension. In the CHOICES, it was noted that translating the effects of these interventions may in fact differ among communities throughout the nation. In addition it was suggested that limited outcomes are studied and these interventions may have an additional effect that is not fully appreciated. Modeling outcomes in such interventions in children over the long term is challenging because advances in medicine and medical technology are unpredictable. The projections from cost-effective analysis may need to be reassessed more frequently. While some economists argue that preventive care is valuable and potentially cost saving, others believe it is an inefficient waste of resources. Recent models show that these simple interventions can have significant impacts. The need for and interest in preventive care is driven by the imperative to reduce health care costs while improving quality of care and the patient experience. Preventive care can lead to improved health outcomes and cost savings potential. Preventive care can be a good investment as supported by the evidence base and can drive population health management objectives. For example, preventive care that may not save money may still

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provide health benefits. Thus, there is a need to compare interventions relative to impact on health and cost. The Health Capital Theory underpins the importance of preventive care across the lifecycle and provides a framework for understanding the variances in health and health care that are experienced. It treats health as a stock that provides direct utility. Health depreciates with age and the aging process can be countered through health investments. The theory further supports that individuals demand good health, that the demand for health investment is a derived demand i. Demand for preventive care can alter the prevalence rate of a given disease and further reduce or even reverse any further growth of prevalence. Economics for Policy Action

There are a number of organizations and policy actions that are relevant when discussing the economics of preventive care services. According to the Centers for Disease Control and Prevention CDC , the ACA makes preventive care affordable and accessible through mandatory coverage of preventive services without a deductible, copayment, coinsurance, or other cost sharing. Preventive Services Task Force USPSTF , a panel of national experts in prevention and evidence-based medicine, works to improve health of Americans by making evidence-based recommendations about clinical preventive services. Each year, the organization delivers a report to Congress that identifies critical evidence gaps in research and recommends priority areas for further review. These PQC's have contributed to improvements such as reduction in deliveries before 39 weeks, reductions in healthcare associated blood stream infections, and improvements in the utilization of antenatal corticosteroids. The Center for Connected Health Policy The National Telehealth Policy Resource Center has produced multiple reports and policy briefs on the topic of Telehealth and Telemedicine and how they contribute to preventive services. Reimbursement has remained a significant barrier to adoption due to variances in payer and state level reimbursement policies and guidelines through government and commercial payers. Americans use preventive services at about half the recommended rate and cost-sharing, such as deductibles, co-insurance, or copayments, also reduce the likelihood that preventive services will be used. The Affordable Care Act also banned the limited coverage imposed by health insurances and insurance companies were to include coverage for preventive health care services. Not only has the U. Preventive Services Task Force provided graded preventive health services that are appropriate for coverage they have also provided many recommendations to clinicians and insurers to promote better preventive care to ultimately provide better quality of care and lower the burden of costs. Section of the Affordable Care Act, specifies that all private Marketplace and all employer-sponsored private plans except those grandfathered in are required to cover preventive care services that are ranked A or B by the US Preventive Services Task Force free of charge to patients. Inputs into the model such as, discounting rate and time horizon can have significant effects of the results. One controversial subject is use of year time frame to assess cost effectiveness of diabetes preventive services by the Congressional Budget Office. A bipartisan report published in May , recognizes that the potential of the preventive care to improve patients health at individual and population levels while decreasing the healthcare expenditure. Sub-analysis performed on all deaths in the United States in the year revealed that almost half were attributed to preventable behaviors including tobacco, poor diet, physical inactivity and alcohol consumption. From an economic standpoint, childhood vaccines demonstrate a very high return on investment. Indirect costs related to poor health behaviors and associated chronic disease costs U. Preventive health behaviors such as healthful diet, regular exercise, access to and use of well-care, avoiding tobacco, and limiting alcohol can be viewed as health inputs that result in both a healthier workforce and substantial cost savings. A QALY takes into account length and quality of life, and is used to evaluate the cost-effectiveness of medical and preventive interventions. Classically, one year of perfect health is defined as 1 QALY and a year with any degree of less than perfect health is assigned a value between 0 and 1 QALY. Cost-saving and cost-effective benefits of preventive care measures are well established. Alcohol and tobacco screening were found to be cost-saving in some reviews and cost-effective in others.

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Chapter 3 : Preventive healthcare - Wikipedia

children who get sick with a cold or the flu, kids with chronic health conditions must cope with the fact that their illness is here to stay, and may change their lives in big ways. The emotional response children have a chronic illness is sometimes referred to as in response to.

To help people with chronic conditions learn how to manage their health. A small-group 6-week workshop for individuals with chronic conditions to learn skills and strategies to manage their health. Participants have better health and quality of life, including reduction in pain, fatigue, and depression. Osteoarthritis is a chronic condition which often causes multiple related disabilities in older adults. An 8-week physical activity, behavior change, and falls prevention program geared to older adults with osteoarthritis. Participants gained confidence with increased exercise, lessened stiffness, improved joint pain and improved lower extremity strength and mobility. Delivery rates are lower still in low-income and minority communities. SPARC was established to develop and test new community-wide strategies to increase the delivery of clinical preventive services. An approach to support sustained, quality delivery of evidence-based programs for youth and families in rural communities. PROSPER, a program delivery system, guides communities in implementing evidence-based programs that build youth competencies, improve family functioning, and prevent risky behaviors, particularly substance use. Youth in PROSPER communities reported delayed initiation of a variety of substances, lower levels of other behavioral problems, and improvements in family functioning and other life skills. Obesity is a widespread epidemic in the United States, especially in rural areas. Due to small profit margins and fear of losing customers, small owner-operated rural restaurants hesitate to make health-conscious changes to their menus. The Healthy Options Program offered an economical and low-maintenance program for owner-operated restaurants in Iowa to increase awareness of already existing healthy menu options and substitutions. Restaurants received positive feedback and experienced no financial loss. Customers noticed and appreciated the healthy option reminders, and ordering behavior improved. A cost-effective approach to help rural patients with hypertension learn to manage their condition. Community volunteers trained as health coaches provided an 8-session hypertension management training program to hypertension patients older than 60, with an optional supplemental 8 sessions focused on nutrition and physical activity. Just 16 weeks after the program, participants had improved systolic blood pressure, weight, and fasting glucose, greater knowledge of hypertension, and improved self-reported behaviors. Poor and uninsured residents of Calhoun County, Michigan were in need of dental services but lacked the funds to pay on their own. The Community Dental Access Initiative created a "pay it forward" dental program where patients volunteered in their community in exchange for dental services and oral health education.

Chapter 4 : Defining Health Promotion and Disease Prevention - RHHub Toolkit

Read "Promoting health for families of children with chronic conditions, Journal of Advanced Nursing" on DeepDyve, the largest online rental service for scholarly research with thousands of academic publications available at your fingertips.

Chapter 5 : Mental Health | Healthy People

We'll define a chronic health condition as a health problem that lasts over three months, affects your child's normal activities, and requires lots of hospitalizations and/or home health care and/or extensive medical care.

Chapter 6 : Nutrition and Health Are Closely Related - Dietary Guidelines - calendrierdelascience.com

Children with chronic health conditions may have some activity limitations, frequent pain or discomfort, abnormal growth

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and development, and more hospitalizations, outpatient visits, and medical treatments.

Chapter 7 : Chapter 7 - Physical Activity Guidelines - calendrierdelascience.com

Mental health disorders also have a serious impact on physical health and are associated with the prevalence, progression, and outcome of some of today's most pressing chronic diseases, including diabetes, heart disease, and cancer.

Chapter 8 : Respiratory Diseases | Healthy People

Fertility & Sexual Function in Children with Chronic Health Conditions Parents in the throes of caring for a sick child, may not have that child's future fertility and sexual function top of mind. However, a number of pediatric conditions and treatments can impact a child's sexual function and ability to have future children of their own.

Chapter 9 : National Center for Chronic Disease Prevention and Health Promotion | CDC

Introduction. With the advent of new treatments for chronic pediatric disorders such as cystic fibrosis, juvenile rheumatoid arthritis, and congenital heart disease, more children and adolescents are surviving into adulthood than ever before.