This project aimed to promote family ability to provide health care for HT with overweight person. The participant included 15 Hypertension persons, and 6 Village health volunteers. This project was conducted through 4 steps; 1) situational analysis by exploring the target families with patients in the community, 2) identify family and patient problems and needs, including factors related to family health behaviors and then planning and creating the family health promotion package based on Family Health Promotion model, home based care, and community participation that suited to the family situation and factors. Third step was implementation the intervention package with each family and patient for 4 weeks continuously through home visit with village health volunteers of the community, including telephone visit, counseling and support as the family’s and patient’s needs. The last forth step was monitoring and evaluation the family and patient health status and health promoting behavior. The instrument consisted of family health behavior assessment, stress test, Food Controlling chart, and Family health campaign: trajectory of hypertension chart. Data analysis of this project was done by descriptive statistics and content analysis. The result was presented by descriptive method and discuss the findings based on data that emerged from content analysis and critical thinking by concepts and model that was applied for implementation.

The finding; firstly, as situational analysis by analyzing data from family folders, medical records, and interviewing family with HT patients, including meeting and conference with nurse practitioners, village health volunteers, and community leader. Data from the first step displayed that all hypertension persons were elders and have several chronic diseases. Most of them were unhealthy behavior, particularly, inappropriate food habits and consumption more carbohydrate, sugar, and salty food, none to less exercise, and high stress level with several stressors from their works and families in daily living. The family members did not promote health and provide care for hypertension persons due to perceiving the ill persons being normal health status, including, limitation of time from working outside home. In term of health care services, most patients had follow up their health consistency, while as some HT persons were loss of follow up due to perceiving as no abnormal symptoms and then they stop to have medication. Most of family members have less contact and no seeking help from health care provider due to their perception about the HT members being wellness and be able to work as normally. After promoting family health as the total system in community basis and participation, the hypertension persons and family members had changed to right perception and increasing awareness of hypertension and overweight conditions consequences. They had adjusted health behavior both individual and family lifestyle, especially, food habit and consumption, activities, reducing risk factors, and stress management. Eight HT persons had exercise for 30 minutes/3-5 days per week. The family members had right perception and increased awareness of providing care for HT persons. They had provide care and support the patients both body and mind, especially, psychological distress. Blood pressure of the person were decrease in normal criteria (not over 130/90 mm/Hg) and no
complications. Body weight of all patients was not decreased, however, they have motivation and set goal of decreasing and controlling body weight as successfully. For discussion, even though the effects of this project could promote healthy behaviors for both patients and family members. The patients’ health outcomes were blood pressure decreased as normal level and no any complication. Especially, all families have alerted to prevention HT and other chronic diseases. However, we found that there are many negative influencing factors such as several stressors in daily living (poor economic, many chronic illness persons in the same home, elders living alone due to caregivers working outside home, negative family interaction, etc.). These factors have impacted on “Family Health Promotion Behavior” which health care personal should reduce, while as increasing positive influencing factors should process to successfully promote health behavior for individual, family, and community. (Loveland-Cherry & Pender, 1996 cited in Clark, & Paraska, 2014) In conclusion, this project revealed that promoting family health as the whole system for HT with overweight person could increase awareness and behavior modification for disease and complication control. However, all expected health outcomes could not be evaluated due to short time of intervention. Therefore, future study and project should be emphasized on long-term health promotion based on family basis intervention, home based care, community based approach, continuity of care, including monitoring and evaluating for achieving sustainable outcomes.

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**Title:**
Promoting Family Health Among Person With Hypertension and Overweight

**Keywords:**
Family Health Promotion, HT with Overweight and Home Based Care

**References:**


Abstract Summary:
The project presents how to promote family health as the whole system among HT with overweight persons. The project process could increase family awareness and health promotion behavior for controlling disease and complications. Interestingly, family had also modified health care practice for all members for prevention the HT and obesity.

Content Outline:

Key facts
Hypertension is one of chronic disease which commonly occurs with people in the world who have many risk factors, especially, overweight and obesity persons. Especially, most of them have non-healthy behaviors that could lead to severe illness, complications, and death. As family nurses and family health promotion model, the project team aimed to conduct the project of promoting family health for persons with HT and overweight health status based on family health promotion model and family nursing concept in community setting. The expected benefits were focused to change family health behavior as the whole that would effect on both the ill person and family members, especially, healthy family life pattern that lead them to control personal illness and also prevent chronic diseases for their family members.
The participant included Hypertension persons, family members and Village health volunteers.
The project method consisted of four steps with community participation; 1) situational analysis for identifying the family health promotion problems and needs of the ill persons and family system, 2) planning and creating family health promotion package that consisted of family health behavior assessment tool, measures for increasing awareness and knowledge of HT and overweight problem, 3) implementation following the second step, and 4) monitoring, evaluation, and sharing lesson learned with the community. Data analysis was done by descriptive statistics and content analysis.
The result displayed that all hypertension persons were elders and have several chronic diseases. They were most inappropriate health promotion behaviors. The family members had performed low health promoting function for hypertension persons and family members. They had many barriers for practicing healthy behaviors in daily living. The project procedure and tools were used to change and increase awareness, knowledge, behaviors, and family living pattern. After project, the hypertension person and family members had appropriate perception and awareness of hypertension and overweight conditions. They had adjusted health behavior and family lifestyle. The HT persons had increased healthy behaviors for controlling their diseases and preventing complications. The family family had understood about illness and risk factors related to the chronic illness. They had intended and planned to support and care the ill members both body and mind. All HT persons were normal blood pressure, however, they could not decrease body weight for standard criteria.
In conclusion, this project could promote family health as the whole system for HT with overweight persons. However, the family health promotion innovation for family with chronic illness member is needed to create for successful outcomes and goals.

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