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News strategies for the promotion and health care for the empowerment of citizenship: Health Ambassadors Network and creating health apps

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One of the major emerging global challenges is the promotion and health care with reasonable efficiency, and sustainability of the actions initiated. It is time to promote new working methods, and move people the ability to know, the confidence and motivation to care. To "explore the possibilities to better health" propose boosting the community towards this goal shared work, through two strategies that have demonstrated good levels of efficiency to date: first, the formation of community volunteerism, a network Ambassadors of health, as essential to promote the empowerment of care, process tool by which people strengthen their skills, confidence, vision and leadership, to promote positive change in their communities and the realities in which they live. On the other hand, the development of new applications, both for health professionals that are enabling not only access to more patients but also to help nurses to assess, diagnose, trained and informed.

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The effect of family-centered education through multimedia software on clinical outcomes of patients after acute myocardial infarction

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Background & Aim: Myocardial infarction is one of the main causes of death and disability in the world. Adherence of therapeutic regimen is an important treatment option in these patients. This study has been conducted to determine "the effect of family-centered education through multimedia software on clinical outcomes of patients after acute myocardial infarction".

Materials & Methods: This clinical trial was performed between October - March 2014 in CCU ward in Amir Kabir hospital in Arak, Iran. Research samples were 60 patients age 30-70 years old who has been selected by convenience method after the first heart attack and randomly assigned into two groups: control (Patient-centered education :30) and intervention (family-centered education : 30). On admission, blood pressure, pulse pressure, blood sugar, blood lipids (Chol, TG, HDL, LDL), ECG changes, ejection fraction and BMI patients were examined and registered by using a researcher-made check list. Then education to patients has been done in the intervention group associated with close family member through computers in three domains(diet, pharmaceutical regimen and exercise program) in three sessions of 30-45 minutes and the same educational content were taught to the patient(without family members) in the control group. Three month after the intervention all items mentioned were recorded again in two groups and finally, data were analyzed using independent t test, paired t test, Chi-square, through SPSS software version 16.

Results: The results indicated that clinical outcomes including blood sugar (P = 0.03), blood lipids (P = 0.0001), systolic blood pressure (P = 0.048), diastolic blood pressure (P = 0.004) , Pulse pressure(P = 0.016), ECG changes(P = 0.011),ejection fraction(P=0.014) and BMI(P = 0.0001) in the family-centered group was better than patient-centered group. However, there wasn't significant difference between the two groups in aforementioned items before the intervention (P> 0.05).

Conclusion: According to the results of this study, it seems that family-centered education is more effective than patient-centered education into improved clinical outcomes . It is recommended that the educational interventions for the patients with myocardial infarction to be done with the participation of the family.

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