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# Health Promoting Activities Scale

## Information booklet

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This information booklet is designed to describe The Health Promoting Activities Scale (HPAS) for professionals interested in implementing the use of this scale in research or clinical practice. The Health Promoting Activities Scale was specifically designed to be the outcome measure and primary goal setting tool for the Healthy Mothers Healthy Families program (see <a href="http://www.healthymothers-healthyfamilies.com/">http://www.healthymothers-healthyfamilies.com/</a> and reference list). This booklet will describe the purpose, scale mechanics, design, and scoring related to the scale. The actual scale items and scoring response items are provided. Professionals are invited to use the HPAS freely. However, this scale must not be altered in any way during administration or scoring. Please direct feedback or details about the use of this scale to Helen.Bourke-Taylor@monash.edu.

#### PURPOSE:

The Health Promoting Activities Scale (HPAS) is a brief, psychometrically sound instrument that is clinically relevant and appropriate for research. The HPAS measures the person's estimation of the frequency with which they participate in self-selected meaningful leisure and self-care occupations that promote or maintain health and well-being. The HPAS was developed for mothers of children with disabilities but application is likely broader to other people. The HPAS allows professionals to evaluate clients' participation in occupations that are associated with subjective health, particularly mental health. Professionals can use the findings to:

- Address a person/mother's capacity to participate in health-promoting leisure activities
- Educate person/mothers about their health and activity needs
- Assist person/mothers in healthy lifestyle design around healthy activities
- Include client-centered goal setting in relation to HPAS items

Preliminary investigations support the use of the HPAS as an outcome measure.

#### DESIGN OF SCALE:

A mixed method instrument design model was applied to the research that developed the HPAS. An initial qualitative study generated items and scoring criteria (Bourke-Taylor, Howie & Law, 2010), and quantitative data were collected from 152 mothers of a school aged child with a disability in Victoria, Australia. Respondents are asked consider the sorts of activities they have participated in for health, social interaction, and leisure over the past year. Respondents then selected the corresponding frequency response item for each of the eight categories. Items were configured using an occupational therapy approach to categorizing the types of activities that people select to participate in. During the design of the instrument, the actual activity was not as important as the category of activity. Eight items were included in the HPAS in the form of statements (see Table 1). The response set includes a seven point Likert scale:

1 = never, 2 = 1-3 times per year, 3 = once a month, 4 = 2-3 times a month, 5 = once per week, 6 = 2-3 times per week,7 = once or more every day

See Appendix for instructions for completing the scale, scale items and response schedule.

#### SCORING THE HEALTH PROMOTING ACTIVTIES SCALE

The total HPAS score is obtained by summing the eight items.

#### USE OF HEALTH PROMOTING ACTIVTIES SCALE

Conversation commences with a discussion about activities that we participate in for our physical, emotional, spiritual, intellectual and social health and wellbeing. The client should identify self-selected activities that they currently participate in. Ask client to consider what they are doing NOW (complete HPAS as is). Then ask client if satisfied with their current participation in health promoting activities. Discuss each of the items on the HPAS and the activities that the client participates in within this category. Ask client to consider what their preference would be, if they are not presently satisfied. Ask client to circle the frequency response indicating what they would like to be able to do. For example, if the client is currently practicing Yoga once per month and they consider this to be "spiritually rejuvenating personal time" they would have selected the response in column 3 (once per month). However the client aims to do yoga daily, they will circle the last column (7). The client can then calculate a current score and the future desired score. Then the OT may discuss clients wish to create an occupation based better health plan for client to self-manage or for OT intervention. Then set goals under the following categories: Better Health Plan:

Immediate change Change in a month Long term change

#### Table 1

Examples of types of activities that mothers selected for leisure, enjoyment and recreation that relate to items 1-8.

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Items representing categories of activities	Sample activity described by other mothers				
Personal health care tasks, such as planning and eating healthy food and drinks; following exercise program; other tasks for your health.	Purposefully planning time for healthy eating and exercise routines. Meeting with a nutrition consultant; organizing a gym membership; reading health magazines and books.				
A physically active recreational pursuit that you do alone.	Walking; gym program; shopping for pleasure; gardening; swimming, jogging; cycling; walking dog; woodwork; cooking and preparing for a large social gathering. g.				
A physically active recreational pursuit that you do with other people.	Tap dancing; playing squash; walking with another mother; gym sessions with personal trainer; playing team sport; camping; bush walking/hiking; golf; picnic at a park.				
Spiritual or rejuvenating personal time.	Praying; attending bible groups; being with similar others to pray/worship/reflect; meditating; contemplation and meaning making alone or with others; worship.				
Social activities with people who are important and supportive towards you	Going to another family's home, or entertaining another family; cultural events with family and friends; attending social functions organized by people and organizations important to the person; extended family gatherings.				
Time out for yourself to spend as you wish	Facials; shopping; doing nothing; resting; sleeping during the day; playing musical instrument/listening to musical instrument; art work/crafts.				
A quiet, physically inactive leisure pursuit that you do alone.	Reading; sewing; baking; computer use; listening to music; scrap booking; building models/table top constructions; art work/crafts				
A quiet, physically inactive leisure pursuit that you do with others.	Watching a DVD; eating a meal; celebrating cultural occasions (Easter); outings; meeting a friend for coffee/lunch; playing cards/other games socially; social networking via computer.				

#### SCORING THE HPAS:

The score is obtained by adding up the eight items to arrive at a single score. Lower scores indicate less frequent participation and higher scores more frequent participation.

#### PSYCHOMETRIC EVALUATION OF THE HPAS:

Psychometric evaluation of the HPAS on the population of Victorian mothers of school aged children with disabilities (N = 152) revealed good preliminary properties. Please see publications listed. The Cronbach alpha value is consistently around 0.78 indicating good internal consistency. Standard tests of normality indicated that the HPAS is usually not normally distributed. Past test results have revealed a skewed distribution (0.723) with kurtosis (0.408) and a significant Kolmogorov-Smirnov statistic (p = .001; Pallant, 2010), indicating violation of the assumption of normality. Constuct validity has been supported in several published and unpublished studies showing moderate correlations with subjective mental health, physical activity levels and general health (see publications).

The HPAS was used to compare the health promoting activities of mothers caring for a child or young person with a disability to a sample of 262 Victorian mothers of typically developing children. There was a statistically significant difference between the frequencies that the two groups of mothers participated in HPAS items (p<.01). The HPAS has excellent construct validity with differentiation between mothers with and without a child with a disability, mothers with and without a mental health diagnosis, and mothers with different levels of perceived stress (Bourke-Taylor, Lalor, Farnworth, & Pallant, 2014; Bourke-Taylor, Law, et al., 2012). The HPAS has good stability with an Intra Class Correlation of .9, a standard error of measurement of 2.5, and minimal detectable change score of 5 points in the total HPAS scores to represent real change (Muskett, Bourke-Taylor, & Hewitt, 2017). These psychometric findings suggest that the HPAS may be a sound outcome measure for interventions intending to enable healthy lifestyle design around health promoting activity.

#### REFERENCES

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Appendix: Scale items and response schedule

#### HEALTH PROMOTING ACTIVITIES SCALE

Question		Never	1-3 times per year	Once a month	2-3 times a month	Once a week	2-3 times per week	Once/ more every day
1.	Personal health care tasks, such as planning and eating healthy food and drinks; following exercise program; other tasks for <b>your</b> health.		$\Box_2$	□3	□_4			7
2.	A physically active recreational pursuit that you do alone.		$\Box_2$	$\square_3$	□4	$\Box_5$	$\square_6$	7
3	A physically active recreational pursuit that you do with other people.		$\Box_2$	$\square_3$	□4	$\Box_5$	$\square_6$	□7
4.	Spiritual or rejuvenating personal time.	$\Box_1$	$\Box_2$	$\square_3$	□4	$\Box_5$	$\Box_6$	□7
5.	Social activities with people who are important and supportive towards you		$\Box_2$	$\square_3$	□4	$\Box_5$	$\Box_6$	7
6.	Time out for yourself to spend as you wish	$\Box_1$	$\Box_2$	$\Box_3$	4	$\Box_5$	$\Box_6$	7
7.	A quiet, physically inactive leisure pursuit that you do alone.	$\Box_1$	$\Box_2$	$\square_3$	□4	$\Box_5$	$\square_6$	7
8.	A quiet, physically inactive leisure pursuit that you do with others.	$\Box_1$	$\square_2$	$\square_3$	4	$\Box_5$	$\square_6$	7