Family Health Assessment

Names

Institutional Affiliation:

Date

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The family I assessed was from a Hispanic community. It consisted of seven members aged between five years and seventy years. Two of the family members were children aged five and ten years, and two were youth aged twenty and twenty-four. Remaining three members of the family were parents, mother was forty-eight while the father was fifty-six, and the grandmother who was seventy years. The family resides in what can be described as a low-income neighborhood, and the father is the leader and primary provider of the family who manages to sustain the family through his construction and plumbing job.

Part of the family income also comes from the mother, who works as a waitress at a neighboring dinner. The firstborn of the family, 24 years, also occasionally works as a dishwasher in the same dinner his mother works in and sometimes pays the smaller house bills. The second born is still a student at a community college where she takes a degree in economics. The youngest members of the family are both in elementary school, while the eldest member is the wife's mother, who stays under their care. The family's developmental stage is middle-aged adults.

The family moved to the United States from Cuba in search of a sedentary lifestyle and better opportunities, two decades ago. While the father is the primary provider of the family, the family has a communal approach of crisis resolution where every member tries to assume a role in their capacity. Despite having moved from their mother country, with all the children being raised in the United States, the family still observes Hispanic culture as characterized by their beliefs, language, and diet. The family also observes the doctrines of the catholic religion through which it approaches day to day life issues such as morality and illnesses.

The family goals, according to the feedback from the two heads of the family, are to achieve financial freedom through which they can get access to better education, healthcare, and other personal essentials. In addition to the salary, the family has a farm back in Cuba managed by a member of the extended family from where they cultivate sugar case and rice on a middle scale, and this provides an extra source of income that funds for the daughter's college tuition fees. The family is also not characterized by any forms of role conflict though the father is overloaded by roles such as driving the children to and from school ad taking care of the family's main bills.

The eldest member of the family only serves one role, which is the advisory role. She is the moral compass of the family and the custodian of Hispanic culture. From my health assessment of the family, I identified several health risks that the family was exposed to and that were associated with the lifestyle assumed by the family. My first nursing diagnosis was mainly defined by old age. The eldest member of the family is seventy-five years old and at her age, is faced with several health concerns: some which pose a significant financial challenge for the family.

One of the health concerns associated with old age that the elderly lady is exposed to falls. With her eyesight and balance compromised, the lady, according to the family members, had experienced several fall incidents in the recent past, and the situation seemed to worsen. The lady also spoke of frequent back pains and gradual hearing losses. On the close evaluation of the lady, it can be projected that symptoms of dementia will worsen with time as she approaches eighty years. Lastly, she is also susceptible to depression since she spends most of the time alone with other members working or in school.

Another health risk that the family is exposed to is diabetes. The main causes of diabetes are poor diet and lack of physical activity. The family, operating on a low budget, has limited options when it comes to the choice of diet. A balanced diet is expensive and difficult to sustain. I also noticed that the family encouraged the consumption of junk food that is high in cholesterol. Except for the firstborn, no other family member actively engaged I exercise while the children led a sedentary lifestyle characterized by watching television and playing video games. The eldest member of the family also leads a sedentary lifestyle, and with her movements, compromised often sits in a chair at the verandah. The family is, therefore, at a high risk of registering incidents of diabetes and other associated complications such as high blood pressure.

The third risk factor in my nursing diagnosis is waterborne diseases. The neighborhood in which the family is associated is characterized by poor drainage and busted sewers. I also noticed that there were frequent water shortages, and the authorities were yet to show any concerns for the issue. The absence of water and contamination of the drainage system characterized in the neighborhood is a significant contributing factor to incidents of waterborne diseases such as cholera and typhoid. The neighborhood is also highly congested, and this puts the members of the family at an increased risk of cholera due to poor sanitation.

The best family nursing care plan for this particular family must serve to address all the significant health concerns characterized in the environment of the family. The primary health concern is ascribed to factors such as old age, poor sanitation, and poor diet (Menezes et al., 2017). The main objective of my nursing care plan is to help family members understand the implication of these risk factors and how they can be mitigated. The first part of the nursing care plan will be to address the health challenges facing the eldest member of the family (Hegar & Maria, 2017). The family must find a way that will help the eldest member move around without difficulties in order to mitigate incidents of falls. While crutches are the cheapest intervention, in this case, considering the family's financial situation, I still believe a wheelchair would best suit her as it is durable and more effective. The family must, therefore, reserve a savings fund that will fund for the purchase of a wheelchair so that she can move around easily. With a wheelchair, it will also be easier for them to take care of her, unlike crutches where a strong person may be needed around her every time in case she trips and falls (Lum, Sudore & Bekelman, 2015). The family must also ensure that she is not left alone, as this may increase the risk of depression.

The second part of the nursing care plan for this family will be centered on a balanced diet. The family must make it a policy to reduce the consumption of junk food, especially by children. The family menu must be restructured, such that it is constantly rotated with nutritious foods such as vegetables and fruits. The breadwinner of the family must assign an adequate budget on the diet of the family I order to mitigate incidents of obesity. The family must also develop an exercising culture whereby they can be jogging every morning as a family. Children should also avoid indoor activity as it restricts there movement increasing the chances of obesity (Dettinger et al., 2018). The last part of the nursing care plan will serve to address the sanitation issue. Initiatives must be taken by the leaders of the family unit to ensure that adequate water is availed, so that family members are able to observe good hygiene. Children must ensure that their hands are washed thoroughly before and after every meal. Foods such as fruits and vegetables must also be thoroughly cleaned, and drinking water boiled so that incidents of cholera and typhoid are mitigated (McEwen, 2018).

References

Dettinger, R. D., Smith, R. M., & BURRICHTER, S. J. (2018). U.S. Patent No. 10,095,841. Washington, DC: U.S. Patent and Trademark Office.

Hegar, R., & Maria, S. (2017). From family duty to family policy: The evolution of kinship care. In A history of child welfare (pp. 193-209). Routledge.

Lum, H. D., Sudore, R. L., & Bekelman, D. B. (2015). Advance care planning in the elderly. Medical Clinics, 99(2), 391-403.

McEwen, M. (2018). Historical Factors: Public Health. Community/Public Health Nursing-E-Book: Promoting the Health of Populations, 19.

Menezes, D. J. C. D., Medeiros, E. R. D., Vieira, C. E. N. K., Coura, A. S., Enders, B. C., & Dantas, D. N. A. (2015). Nursing care of an elderly woman with spinal cord injury: a case study. Revista de Pesquisa: Cuidado é Fundamental Online, 7(2), 2192-2199.