

Social determinants case study

Business



Social Determinants of Health Abstract Meghan is a fourteen year old female high school freshman with a history of anorexia. Her pediatrician has discussed the fact with her parents along with Meghan that she is fifteen pounds underweight for her height.

The average weight of a fourteen year old female is one hundred-five pounds (Disabled World 2014) and Ninth Means's weight at ninety pounds, this is cause for alarm. The doctor has ruled out any other health factors in her lack of weight gain.

At this point, with Meghan as minor, her parents must actively pursue treatment for her long term health and Well-being, along with presenting Meghan with the resources to understand she will face severe consequences, both physically and emotionally, if her anorexia is not dealt with and managed. The future for Meghan and her family may be a difficult one to endure. Anorexia is a serious condition that can be life-threatening and should not be taken lightly.

Her high school district has no current program that deals specifically with adolescent eating disorders.

The parents cannot depend on the public schools to be of any marked assistance with Means's anorexia due to the fact the subject has not been added to the curriculum. This is the cause of budget cuts and school board mandates of study. Proper eating habits are mentioned only in passing in general science class and may have no impact or follow-up for Meghan or her fellow students. The primary stakeholders in this case are Meghan and her parents. They will be the ones most affected by Means's disorder.

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The parents are the caretakers and this can take a heavy toll on them financially, physically, and notionally.

The parents must be taught the symptoms they need to look for in the future as a helpful aide in the difficult task they have lying ahead. If Meghan becomes more obsessive with losing weight while still being thin, lie about eating, pretend to eat in her room, or develop an even stronger obsession with calorie/fat Intake; chances are she will not get better. The pediatrician also must make clear to the parents the physical appearance symptoms; including dramatic weight loss, feeling fat despite being underweight, fixation on body image, or denial that she is o thin.

Not only Meghan but her parents must become educated about anorexia and its effects on the body and the parents must depend on the doctor, reading resources, support groups, and counselors to guide them. They will have to keep a close eye on their expenses depending on which treatment plan Means's pediatrician advices and they pursue.

Anorexia is an eating disorder that affects Omen more than it does men. In the United States, 20 million women and 10 million men suffer from anorexia (TENDS) (Wade, Seeks-Reckoned, & Hudson, 2011). Age six, girls especially start to express concerns about their own weight and shape. Forty to sixty percent of elementary school girls (ages six-twelve) are concerned about their weight or about becoming too fat (Somoza, 2011). On average, patient with anorexia will be fifteen percent plus under the weight prescribed for his or her age. This is not a Virus' disease as it is more a psychiatric condition.

An assumption drawn from Means's case is that she has a history of anorexia.

This begs the question of how was the problem addressed in the past. The parents would reexamine the positives as well as the negatives in earlier years of Means's anorexia. It is important for them to understand and they need to explore the reason or reasons behind that before they move forward to help Meghan make progress with her anorexia at present. In defense of the parents and pediatrician, anorexia is a difficult disease to diagnose since many individuals such as Meghan often attempt to hide the disorder.

It is not usual for a person not to seek help because the individual typically does not accept that she or he has a problem as they are in denial. It is unfortunate but an actual diagnosis from a medical professional does not occur until medical complications have developed. Means's parents must be in touch with their insurance company to determine what is covered and for the length of time the coverage extends for Means's treatment. Eating disorder treatment can take place in a variety of settings: hospitals, mental health centers, outpatient clinics or private facilities.

According to the National Eating Disorders Association, the setting for eating disorder treatment should support the patient's treatment goals. During Means's intake evaluation, her treatment will be assessed to determine the most effective level of care for her.

Unfortunately, in most cases, these disorders are not treated in hospitals and most outpatient facilities will not cover Medicaid nor will coverage from

insurance providers help on the grounds that on average there is not enough evidence on how to best treat them (Lynn Agree, NEED).

Care for problems caused by eating disorders has grown eighteen percent from 1999 to 2006, with the steepest rise being among adolescents. Many patients' such as Meghan must be seen on a weekly basis by a team of specialists, possibly including a psychiatrist, and nutritionist. On average, a program's cost ranges anywhere from twenty to thirty thousand a month. It is said most patients like Meghan have to be treated for around two to three months total and the family cost may reach ninety thousand dollars.

It becomes evident that the family is going to be in a financial bind; assuming most of this is coming " out of pocket. " There is a program near their home in association with the National Eating Disorders Association that Meghan can attend or support and counseling; however this comes with a price. Having the situation Meghan will be attending a support group, she will also have access to a 24/7 call center where if she feels she is overweight or is starving herself she can call a number and speak with a coach to guide her through her situation.

Means's parents will also be seeing that she volunteers in the NEED program in order for her to stay active and involved in this community. I am of the opinion that we would offer high school programs that deals specifically with eating disorders.

US studies have reported that 50% of girls eleven to thirteen see themselves as overweight and eighty percent of thirteen-year-olds have attempted to

lose weight, this puts them in the range of high school students (Feast, 2012).

It is no secret in this day and age, especially in high school; social media has a huge impact on our everyday lives. This goes hand and hand with anorexia. A high school girl reads a magazine, watches a television show, or simply sees a popular girl or at school who appears to have it all and the insecure teen readily compares herself to them and in her eyes, doesn't match up in anyway. A girl such as Meghan sees this and says to herself, " I want that elite, but I'm too fat. In order to change this in their minds, with being an uneducated student, they simply think to not eat is the solution.

This can go on for years without them noticing they have a problem. The high schools should have had both the National Association of Anorexia Nervous and Associated Disorders (ANAD) and the National Eating Disorders Association (NEDA) come out and make a published guideline for them on how to be observant of their students. Means's school should have been providing an environment that promotes and modeled health behaviors and a healthy body image.

The cafeteria should provide nutritious foods and remove unhealthy foods. Means's school should provide a curriculum that promotes flexible healthy eating and size acceptance. An excellent curriculum for schools is Healthy Body Image: Teaching Kids to Eat and Love Their Bodies Too by Kathy Cater (2005).

Lastly Means's school should have a policy in place for students to not be afraid to report teasing, bullying, or harassment based on weight or

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appearances as these are also big factors in the way to make someone become anorexic.

Health care insurance must change to cover eating disorders for a longer period as this will possibly be a life-long monitoring. Means's parents may have to insist their doctor write a letter to the insurance company that will outline Means's health and other issues and state what the risks of not having treatment or only having limited treatment will do to Meghan. The Yellowstone-Domenici Mental Health Parity Act of 2010 leaves it up to individual state and insurer on the amount of coverage they provide. This can become a serious problem for Meghan and her family.