

# [Health disparaties in family based](https://assignbuster.com/health-disparaties-in-family-based/)

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Health Disparities in Family Based Services Parents are considered to be knowledgeable and advocates of the needs of their children. However, parents who struggle to meet the basic requirements of their children rarely have the energy to cater for all their wants and needs. Healthcare providers and staff members trained in special programs have the knowledge needed for the children and community. Considering such circumstances, health disparities that normally occur require family based services. Head Start Service There are programs for example Head Start initiative established by the government of the United Sates of America (Hawkins & Haggerty, 2003). The program serves disadvantaged three to five year old children. Head Start initiative demands that children receive necessary health assessments and services. The aim of the program is preventing serious health problems that affect children at puberty. These mainly affect families that cannot access basic medical needs either due to poverty or unemployment. Approach Used Head Start health services do not reach all needy children due to the fact that not all eligible children apply. In light of this, Head Start began services such as home visiting programs and other family centered programs which offer an alternative way of service delivery. One family centered program include Olds program (Peterson, 2006). This program focuses on families at higher risks for example parents who are poor, young and uneducated. It involves regular visits by a nurse from prenatal period to approximately two years of age. Analysis Even though there are claims that the standards for Head Start are imperfect, children under this program have registered improved health generally as well as growth. Health officials examine in detail the performance standards of Head Start regularly. They also examine the subjects who use the program and encouraged by the results. Some of the health officials have gone further to recommend that a larger share of the budget be allocated to programs such as Head Start for the simple reason that children learn more when they are healthy. Woman, Infant and Children Program Program Another family based service is the Woman, Infant and Children Program (WIC) program, funded by the federal government of USA (Lpsen, 1996). This is basically a program for women, infants and children that entail the provision of special supplemental nutrition. Introduced between 1975 and 1985, it has been credited with the huge decline of anemia occurrence among young children. Approach Used The WIC program focuses on nutrition. Improved nutrition will affect a human being positively for example increasing ability to learn in students. WIC addresses the health disparities through frequent contact with subjects. Socially, the program offers its subjects coupons in states like Minnesota. The coupons are used to purchase products needed to provide nutritional requirements for women and children including milk, eggs, fruits, legumes and breakfast. In addition to the coupons, nutritional counseling is also provided to participants. Analysis Currently serving about 45% of children born in the United Sates, the WIC program has helped in reducing health disparities through such activities like providing health services and treating children who are in dire need of health care services. It has also managed to reduce nutritional problems like low iron levels. Family based services in Minnesota There are agencies set up in Minnesota to support home based services like MFBSA, established in 1983 (Bogenscheneider, 2006). There are health providers, professional counselors who educate the Minnesota nationals through statewide conferences, regional training, case consultations and general support. Basically, MFBSA seeks to provide support, network and train members to enhance family centered and home based services. In Minnesota, there are professional home based services meant to improve health services of families. There is an Intensive In-home treatment service which operates on the policy that family is the best place to resolve conflict. It aims to prevent placement of a child in foster care. The family resource program works with professionals and families to improve the quality of life through proper budgeting, parenting and home management. There is also the family community support service which aims to treat children who display Severe Emotional Disturbance (SED) in their behavior. Success stories Individuals, couples and families have benefited from programs and home based services in Minnesota and globally. Many therapists have assisted clients in various ways. Many participants in the program have stated that they benefited greatly from therapy sessions organized by MFBSA that they attended (Nelson, 2005). References Bogenscheneider Karen. Family policy matters: how policymaking affects families and what professionals can do. Routledge, 2006. Hawkins Watson and Haggerty Lois. Diversity in health care research: strategies for multisite, multidisciplinary, and multicultural projects. Springer Publishing Company, 2003. Lpsen Ellen. WIC program: an evaluation of the orientation class. California State University, Northridge, 1996. Nelson Thorana. Education and Training in Solution-Focused Brief Therapy. Routledge, 2005. Peterson Paul. Generational change: closing the test score gap. Rowman & Littlefield, 2006.