## Family assessment paper

**Family** 



Running Head: FAMILYHEALTHASSESSMENT Family Health Risk Assessment
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FAMILY HEALTH ASSESSMENT A comprehensive family assessment provides
a foundation to promote family health, Edelman & Mandle, C. L., (2011). This
assessment of family health offers many approaches that involve getting to
know the strengths and weaknesses of the family.

According to Stanhope & Lascaster (2010), the family nursing assessment is the cornerstone for family nursing interventions and systematic processes that are used to identify the family's developmental stages and risk factors. The Friedman Family Assessment Model (2003) provides guidelines for nurses tointerviewthe structure and function of families. This paper will implement the Friedman Family Assessment Tool to assess the Harvey Family. Identify Data: The Harvey Family is a traditional family that is composed of 4 family members.

AH is the father and is a 39 year old black male with a college degree in business. He is a plant manager at a steel mill in Jackson, MS. Mrs. BH is also African American and is the mother of the family. She is 35 years old and teaches at one of the local high schools in Jackson, MS. Mr. and Mrs. Harvey have 2 kids. CH is a 13 year on girl who is in the 7th grade and has asthma. Her brother, DH, is 6 years old in the 1st grade with no present known medical history. The whole family takes weekend trips every other weekend. They enjoy hiking, amusement parks, computers, shopping, and site seeing.

Parents' perception is that they are hardworking, good citizens who strongly believe in God and their religious beliefs are Methodist. This family appears

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to be in good health and proud parents of 2 kids. The family strengths consist of a rich history of Methodist beliefs, strong family morals, and high levels ofeducation for greater opportunities. Family Structure: This couple has been married for 15 years. According to the Freidman Family Assessment Model (2003), their present developmental stage would be family with adolescent / young child.

The extent of each of the parent's developmental task appears to be properly fulfilled. They both agree not to have any more children. They practice safe sex with one partner and have no history of sexually transmitted diseases. The general health of the immediate family is overall good. The family history of the extended family denotes grandparents with hypertension and a few members who suffer with asthma. The father was diagnosed with hypertension and the mother denied any medical history except for a tubal ligation. The paternal grandfather (GH) is 75 years old and suffers from hypertension and is a heavy smoker.

The paternal grandmother (SH) passed away 2 years ago from a stroke. 3 FAMILY HEALTH ASSESSMENT She was 70 years old. The maternal grandfather (SJ) is 77 and is under the care of a pulmonologist for COPD and asthma. The maternal grandmother (AJ) is 74 and has hypertension. BH has 2 brothers, (BJ and CJ). They both have hypertension also. AH also has siblings, 2 sisters (FH and KH) and 1 brother, (JH). FH has asthma and KH and JH both have hypertension. Environmental Data The Harvey Family lives in a well kept 4 bedroom brick home outside of the city limits of Jackson, MS.

The community where they live is fairly small with a total of approximately 5600 citizens. Their gated neighbor has a code of covenants and each home https://assignbuster.com/family-assessment-paper/

has fences surrounded the backyard. They deny being active in the community activities. CH plays junior high basketball and DH is a part of their afterschool program, Frontiers. Family function The couple both agreed to being happily married and have a good support system of family and church members. Their average income is \$130.000. and they have medical coverage for the family. They are on a regular diet with few restrictions on fried foods and fat intake.

The children eat school lunch and the parents from outside restaurant choices. Mom tries to cook a meal a day after work or they seldom eat Subway or Pizza Hut. No variation in weight gain or weight loss reported. They try to eat dinner as a family at home on a regular basis. However, this was not feasible all of the time due to dad's late night work hours and CH basketball practices after school. They generally get 6-7 hours of sleep per night and denied any sleep deprivation. No exercise program has been implemented by this family. CH is the only physically, athletic member.

DH stated that he likes to ride his bike. The children are active in Sunday school and participate in summer camp. FamilyStressand Coping No major events have occurred in their life since the death of AH's mom 2 years ago. In the event of any crisis, they depend on the extended family and church members for emotional and morale support. After this family assessment, I felt that the nursing wellness diagnosis (2012) for this family would be: 4 FAMILY HEALTH ASSESSMENT 1. Readiness for enhanced regular activity: related to planned exercise activity in the week for the family to improve overall health. Readiness for enhanced nutrition: related to metabolic nutritional intake and reduce fat intake and increase intake of well-balanced

diet for the family to promote better health. Risk Factors Facing Harvey Family Assessing the Harvey family, helped me to understand their biological and age related risk factors facing them based on the genogram and ecomap of their family. This genogram (Fig. 1-1) reveals a timeline of family history over 3 generations. The ecomap (Fig. 1-2) will define the family relationships with other neighbors and friends.

It also represents the family's interactions with other organizations and groups that are created by using circles and lines (Stanhope & Lancaster, 2010). According to the family history, the Harvey family has a predisposition to develop hypertension and asthma. "High rates of hypertension in African Americans may be due to the genetic make-up of people of the African race. Many experts have stated that high blood pressure can be a combination of both genetic, lifestyle, and environmental, but is more prominent in blacks than in whites" (WebMD, 2013).

According to the Partners Asthma Center (2010), asthma is considered to be hereditary. CH's grandfather suffered from COPD and asthma. As a result, she developed asthma, along with her aunt, FH. Surprisingly, none of her parents developed this disease. CH and DH are at high risk for developing hypertension, as well. There is a strong need for diet changes and a need for a exercise program to promote better health and wellness. Their social risk is high due to inadequate of recreation or health gyms noted in the Harvey's community. The community was not noted for majorpollutionor high levels of noise.

However, other stressful circumstances may derive from over worked parents and limited amount of family dinners together throughout the week.

Conclusion As a nurse, my role in this case would be to offer help and guidance to the family, provide information, and the needed community resources. Thorough planning and more scheduled visits would be arranged to help the Harvey family promote healthier ways to cope with their health situation. 5 FAMILY HEALTH ASSESSMENT Edelman, & Mandle, C. L. (2010). Health Promotion Throughout the Lifep, 7th edition. St. Louis: Mosby. eHow.

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