

Family health assessment essay sample

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Assessing a patient on the basis of the whole person is a necessary step and in some cases yields the most useful information aiding diagnosis and swift treatment. Marjorie Gordon developed a family assessment consistent of 11 categories to help evaluate functional health patterns. Based upon Gordon's data collection technique, I've devised a simple questionnaire and conducted an assessment of a small nuclear family; mother, father, two children. At completion of the general assessment, I reviewed the collected data with the family and offered interventions that could increase health promotion for each individual, in turn, increasing wellness for the family as a whole.

The parents' knowledge and understanding of health promotion was noticeable, but some things that were done or decisions made were not conducted in ways that endorse it. For example, the parents were aware of the possible dangers of alcohol consumption and see the father drinking 5-6 beers a day as not well, but it's a habit that appears to be unwavering. Also, they do not take part in routine dental care and have had many issues arise particularly in regards to the children's dental hygiene. They speak of the importance. but name inability to pay for such services. Another area of concern, also citing monetary deficiency as the rationale, is their estimate of the food types regularly purchased to be 30 percent produce, whole, natural items leaving 70 percent processed and/or packaged goods. I spoke of the importance of food nutrition and the recommended guidelines for healthy lifestyle and they acknowledge prior understanding but believe they are unable to afford these types of items on a regular basis. Although their food intake habits can be improved upon, they are certain to have at least one meal every day with everyone together and they all deny any irregularities

of bowel or urination. Furthermore, there have been numerous studies conducted showing the positive effects for both children and parents participating in a mealtime regimen such as this.

Although most areas discussed thus far may need improving, there were obvious areas of healthy behaviors, as well. All members live quite active lifestyles. The parents regularly engage in at home fitness including weight-lifting and aerobics. While the children aren't involved in a specific exercise regimen, 4-5 days per week they each take part in extracurricular activities requiring physicality; dance, softball, tending to livestock. Their physicality is surely of great benefit and no members of the family have been stricken with serious or long-term infirmity, however, they do have a family history of chronic illnesses including arthritis, cardiac and vision related diseases. Again, we discussed changes in lifestyle that can help ward off development of such conditions especially for the family's younger members. Another area of concern that also plays a large role in disease prevention is adequate rest. With today's standard of living emphasis seems to be placed more on time awake and productivity rather than proper rest. The members of this family all deny taking naps during day but are usually consistent in the time they turn in and when they wake each day. The children were said to average 9 hrs of rest each night, while the parents got less at around 6 hours. They seem to have a healthy role relationship within the family.

Each individual takes part in age appropriate, length of required time for completion, daily tasks and chores. The younger member's responsibilities are tailored more toward care of things involved directly in their daily life but the parents are also certain to include an item or two that effects others

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within the home as well. For example the older child is delegated to keep her own room tidy but another chore is sweeping of all main living areas within the home. This brings more awareness of the family being a whole and shows how the tasks are helpful to others, not just one's self. Another area of the assessment that yielded positive results was in sexuality and coping skills, both of which were rooted in religious views.

The mother and children often take part in religious gatherings a few times a week. The parents feel comfortable in the children's understanding thus far and hope that they make the appropriate decision in the future when necessary, regarding sexuality. They themselves have chosen not to expand on the number of members within the family, mother had hysterectomy, and hope the children take the appropriate steps, abstaining, necessary to prevent unwanted pregnancy or children out of wed lock. Their religion and faith was helpful also when they dealt with the loss of a family member due to cancer. They indicated having spoken openly about the matter and having guidance from the church on how to discuss it with the children so they could easier understand and feel comfortable with all things related to the situation.

As no one is of perfect health, all individuals and families have some area where improvement can be made, this family not excluded, but on the whole they seemed quite typical and fairly balanced, however, I would rather see them tipping the scale to the positive side of health. Their perception and values are secure but there are areas lacking action toward a positive and healthful result. I offered many resources and encouragement to seek them

out, believing they have areas of improvement they can without doubt advance toward optimal whole family health and wellness.

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