**Key Review Notes**

**Chapter 19: Family Health Risks**

I. Family as a client unit is basic to the practice of community-oriented nursing, and nurses are responsible for promoting healthy families in society. It is important to place the family in the context of the twenty-first century, where family values do not have the priority they once did; families are not as cohesive. Rather than arguing for the return of traditional family roles and values, a look to the future is needed to recognize the weaknesses that families have and build on their strengths. Six categories of health risks are considered: genetics, age, biological characteristics, personal health habits, lifestyle, and environment.

II. Early approaches to family health risks

A. Historically, study of family health has focused on three major areas: effect of illness on families, role of the family in the cause of disease, and role of the family in its use of services. Litman pointed out the important role the family plays in health and illness. Mauksch proposed distinguishing between family health and individual health. Pratt proposed the term *energized family* as being an ideal family type. Doherty and McCubbin proposed a family health and illness cycle.

B. More attention has been given to improving the health of everyone in the United States. A growing body of literature supposed the idea that lifestyle and the environment interact with heredity to cause disease. The idea of risk, a factor predisposing or increasing the likelihood of ill health, has taken on increased importance.

III. Concepts in family health risk. An examination of several related concepts (family health, family health risk, risk appraisal, risk reduction, life events, lifestyle, and family crisis) is necessary to understand family health risk.

A. Family health. Family theorists refer to healthy families but generally do not define family health. Definitions of healthy families can be derived within any one of a number of frameworks. One approach to defining family health is through the Neuman Systems Model (Neuman, 1995), which defines family health in terms of system stability as characterized by the following five interacting sets of factors: physiological, psychological, sociocultural, developmental, and spiritual.

B. Health risk. Health risks are factors that determine or influence whether disease or unhealthy results occur. Health risks may be biological (including age-related), physical, environmental, social, or behavioral. Although risk factors can singly influence outcomes, the combined effect of several risks has greater influence.

C. Health risk appraisal. Health risk appraisal refers to the process of assessing for the presence of specific factors within each of the categories that have been identified as being associated with an increased likelihood of an illness, such as cancer, or an unhealthy event, such as an automobile accident. The general approach is to determine whether a risk factor is present and to what degree.

D. Health risk reduction. Health risk reduction is based on the assumption that decreasing the numbers or magnitude of risk will result in a lower probability of the undesired event, for example, substance abuse in adolescents. It is a complex process requiring knowledge of the specific risk and families’ perceptions of the nature of the risk.

E. Life events. Life events can increase the risk for illness and disability and can be categorized as either normative or nonnormative.

1. Normative events are those that generally are expected to occur at a particular stage of development or of the life span, such as a child leaving home for college or retirement from work.

2. Nonnormative events are those that are unpredictable, such as loss of a job or unexpected illness.

F. Family crisis. A crisis exists when the family does not have adequate resources to be able to cope with the event and becomes disorganized or dysfunctional.

IV. Major family health risks. Risks to families’ health arise in several major areas; these include biological, social, economic, lifestyle, and life events leading to crisis.

A. Biological and age-related risks. A number of illnesses have a familial component that can be accounted for either from a genetic basis or from established lifestyle patterns. Transitions (movement from one stage or condition to another) are times of potential risk for families. Age-related or life-event risks often occur during transitions from one developmental stage to another. Transitions present new situations and demands for families.

1. Biological health risk assessment. Completing a genogram is an effective technique for assessing patterns of health and illness in families. A genogram is a drawing that depicts basic information about the family, relationships in the family, and patterns of heath and illness.

B. Social risk. The importance of social risk to families’ health is gaining increased recognition. Living in high-crime neighborhoods; living in communities without adequate recreational or health resources; living in communities that have major chemical, noise, or other contaminants; or living in other high-stress environments increase a family’s health risk.

C. Economic risk. Economic risk is determined by the relationship between family financial resources and demands on those resources. Having adequate financial resources means that a family is able to purchase the necessary commodities related to health, including adequate housing, clothing, food, education, and health/illness care.

1. Social and economic (environmental) risk assessment. This assessment is less defined and developed. An ecomap drawing is useful for social and economic risk assessment. An ecomap represents the family’s interactions with other groups and organizations, accomplished by using a series of circles and lines.

D. Behavioral (lifestyle) risk. Personal health habits continue to contribute to the major causes of morbidity and mortality in the United States. More than half of all deaths in the United States are attributed to heart disease or cancer, both of which identify diet as a major cause. Other lifestyle factors are physical activity, substance use and abuse, and violence and abusive behavior.

1. Behavioral (lifestyle) risk assessment. Few tools exist for assessing family lifestyle patterns. One approach is to identify family patterns for each of the lifestyle components included in *Healthy People 2010*.

V. Community-oriented nursing approaches to family health risk reduction

A. Home visits. An important aspect of nursing’s role in reducing health risks and promoting the health of populations has been the tradition of providing services to individual families in their homes.

1. Purposes of home visits. Home visits provide opportunities for more accurate assessment of the family structure and behavior in the natural environment. Meeting the families on their home ground may also contribute to the families’ sense of control and active participation in meeting their health needs.

2. Advantages and disadvantages. Home visits promote client control of the setting, are convenient for clients in terms of travel, and provide a natural, relaxed environment for the discussion of concerns and needs. Costs are a major disadvantage of home visits.

3. Process for home visit. Five phases of a home visit can be delineated: initiation, previsit, in-home, termination, and postvisit.

a. The initiation phase is the first contact between the nurse and family. It provides the foundation for an effective therapeutic relationship.

b. In the previsit phase, nurses contact the family and introduce themselves, explain the reason for the call, and schedule a time for the visit. The visit should be arranged when as many of the family members would be available as possible. It is possible that a family may refuse a home visit. When this happens, the nurse needs to explore the reasons for the refusal. The nurse sometimes may need to persist in requesting a home visit because of legal obligations, such as follow-up of certain communicable diseases.

c. The actual visit to the home constitutes the in-home phase. The major portion of the visit is concerned with establishing the relationship and implementing the nursing process. What actually occurs is determined largely by the reason or focus for the visit. The visit also affords the nurse the opportunity to assess the family’s neighborhood and community resources.

d. When the purpose of the visit has been accomplished, the nurse reviews with the family what has occurred and what has been accomplished as the major focus of the termination phase. This provides a basis for planning further home visits.

e. A major task of the postvisit phase is documenting the visit and services provided. It is important to use theoretical frameworks that are appropriate to the family-centered nursing process.

B. Contracting with families. Contracting is one way of formalizing and involving the family in the nursing process and jointly defining the roles of both the family members and the nurse.

1. Definitions and purposes. A *contract* is a working agreement between two parties that is continuously renegotiable and may or may not be written.

2. The process of contracting. Contracting is a learned skill on the part of the nurse and the family. Three phases—beginning, working, and termination—can be identified with eight sets of activities. These activities are mutual data collection and exploration of needs and problems, mutual establishment of goals, mutual development of a plan, mutual division of responsibilities, mutual setting of time limits, mutual implementation of plan, mutual evaluation and renegotiation, and mutual termination of contract.

3. Advantages and disadvantages. Contracting requires time and effort, in addition to willingness for increased responsibility on the part of the family, although the nurse may have to relinquish some control. Although it may not be appropriate in all situations or with all families, contracting can give direction and structure to health risk reduction and health promotion in families.

C. Empowering families. For families to become active participants in their health care, they need to feel a sense of personal competence, in addition to a desire for and willingness to take action. Empowerment reflects three characteristics of the family seeking help: (1) access and control over needed resources, (2) decision-making and problem-solving abilities, and (3) acquisition of instrumental behavior needed to interact effectively with others to obtain resources.

1. Empowerment requires a viewpoint that often conflicts with the perspective of many helping professions, including nursing. In empowerment, the underlying assumption is one of a partnership between the professional and the client, versus one in which the professional is dominant.

2. The nurse’s approach to the family should be positive and focused on competencies rather than on problems or deficits. The interventions need to be consistent with family cultural norms and with the family’s perception of the problem.

3. The goal of an empowering approach is to create a partnership between the nurse and the family characterized by cooperation and shared responsibility.

VI. Community resources for families. The nurse often mobilizes a number of resources to effectively and appropriately meet family health risk reduction goals. Government and voluntary organizations provide health-related resources and services to families.

A. Government resources, such as Medicare, Medicaid, WIC, and other programs, primarily provide support for basic needs, and funds are based on eligibility criteria.

B. Voluntary programs include local chapters of such organizations as the American Cancer Society or the Muscular Dystrophy Association. They provide educational and support services and some direct services to individuals and families regarding specific conditions. They provide primary prevention and health promotion services in addition to screening programs and assistance. Other voluntary organizations provide direct services.

C. Identifying and accessing resources often require skills and patience that many families lack. Nurses assist families not only in identifying resources but also by being client advocates in assisting families to learn to use resources.