

Health Status and Determinants of Health

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Question 1a:**Developmental health:**

Human beings experience cognitive, physical, and psychosocial developments as they age. Mrs. Wan is in the stage of ego integrity and despair, as explained in Erikson's Ego Development Theory (Chen et al., 2021). She is struggling with this stage as she is experiencing feelings of boredom, lack of motivation, and a desire to die early, which may be indicative of a lack of ego integrity. She may feel like she has not lived a meaningful life after losing her husband and having her son move away. Additionally, her physical limitations and decreased mobility may be contributing to her feelings of despair. Cognitively, she is also experiencing changes related to aging. Mrs. Wan is experiencing poor memory, which could be indicative of age-related cognitive decline. She is also going through significant physical development. Before she lost her husband, she was perfectly managing her household activities without difficulties. Her lack of energy to complete housework, feeling fatigued and poor vision suggests a decline in physical functioning. She also has some mobility limitations, which is limiting her social interactions and religious practices. From the developmental health assessment, she needs to receive appropriate care and support to address these issues and ensure she achieves full developmental health as she ages.

Psychosocial Health:

Mrs. Wan's past experiences as a caregiver and being dependent on her husband have likely shaped her identity and a sense of purpose, which can impact her ability to achieve ego integrity in her late adulthood. With the loss of her husband and her relocating, she is experiencing significant changes in her social support system, leading to feelings of loneliness and social isolation. These changes may challenge her sense of ego integrity, as she may question the value and purpose of her life without her husband and son. Her thoughts of early

and adapt positively to challenging situations. Mrs. Wan does not have a support structure which is likely affecting her ability to cope with her losses. She sits alone watching TV, and she is not willing to go out with her friends or seek help.

Physical Health:

Despite the fact that Mrs. Wan is generally healthy, she is experiencing several health status changes. As people age, they may experience physical changes, such as decreased muscular tone and strength, degeneration of joints and bones, decreased intervertebral disc spaces, sensory decline, neurological decline, and cardiovascular changes. Older adults may also

experiencing some negative mental health symptoms. She is feeling bored and lacking the motivation to engage in social activities, which can be a sign of depression or loneliness. She is also experiencing thoughts of wanting to die early, which could be a sign of suicidal ideation.

Additionally, she has poor memory and blurred vision, which may suggest cognitive decline or other underlying health conditions.

Spiritual Health:

Spiritual health is an essential component of overall health and well-being. The five characteristics of spirituality, including meaning, value, transcendence, connecting, and becoming, help individuals find purpose and meaning in life. The connection with oneself, others, the environment, and supreme power all contribute to spiritual health and, consequentially, to overall health (Ghaderi et al., 2018). The sense of meaning and value in life of Mrs. Wan has been disrupted by the loss of her husband and her son leaving. She feels bored and lacks motivation, implying a lack of purpose and meaning in life. Also, her decreased mobility has

can make her feel stagnant and unfulfilled. Lastly, her deteriorating health status can affect her overall spiritual health. These symptoms may make it difficult for her to engage in activities that bring her joy and fulfillment. **(820 Words)**

Question 1b:

Cultural assessment refers to a comprehensive and systematic evaluation of communities, families, or individuals about their health beliefs, values, and practices that may influence their health-related decisions and behaviors (McFarland & Wehbe-Alamah, 2015). As Mrs. Chan's primary nurse, I would consider the following components of cultural nursing assessment proposed by Jensen (2018); **communication, health-related beliefs and practices, dietary patterns, temporal orientation and family relations.**

Communication is a crucial component of providing culturally competent care to patients. As explained by Brooks et al. (2019), culturally sensitive communication demonstrates understanding and respect for individuals and promotes patient and family satisfaction. When communication is not culturally sensitive, it can have a negative impact on the care provided and patient and family satisfaction. The first consideration is that Mrs. Chan cannot speak Cantonese very well and may have limited fluency in English. In Hong Kong, most clinicians communicate in Cantonese, Mandarin, and English hence it is crucial to establish her primary language and evaluate whether she requires an interpreter to communicate effectively (Chandler et al., 2015).

The **health related beliefs and practices** of Chinese patients play a crucial role not only in their understanding of health and illness but also in shaping their perceptions of care. As a new immigrant from Guizhou, China, Mrs. Chan may have different beliefs about the causes of illness and recovery than those commonly held in Western medicine. It is thus essential to consider whether or not she believes that her illness is a punishment from God or caused by an imbalance in hot/cold or yin/yang (Lim et al., 1994). Since her mother-in-law believes that praying to Guanyin is the solution to her current condition, it may be helpful to understand if she shares this belief or if there are other factors she considers. Another consideration relates to what

she believes promotes health. As a vegetarian, she may have certain beliefs about the types of foods that promote health.

Dietary pattern are significant components of a cultural assessment. Culture has a strong influence on what and when individuals eat. This can include dietary preferences, such as vegetarianism or abstinence from certain foods (Nemec, 2020). Since she is a vegetarian, I would evaluate the cultural, religious, or personal beliefs that may have led to this dietary choice. Also, exploring whether there are any specific foods or food groups that she avoids or whether there are certain foods that are considered particularly in her culture and eating patterns is vital in informing what exactly caused the syncope and appropriate meals to give her.

Temporal relations refer to an individual's emphasis on the past, present, or future (Park et al., 2017). Mrs. Chan seems to have a present-oriented orientation. Her decision to prioritize her current responsibilities at home over her health and medical care may suggest a present-

perspective, emphasizing the role of spiritual practices in health and healing. Thus, to ensure a culturally sensitive care for the patient, it is vital to respect their temporal orientation and offer a comprehensive care that aligns with patient preferences.

Family patterns play a significant role in shaping a person's health (Hank & Steinbach, 2018). For example, Mrs. Chan relies heavily on her mother-in-law for daily support. The mother-in-law is a key factor in her decision to request discharge from the hospital against

him upon discharge. The husband's role in the family may impact Mrs. Chan's ability to prioritize her own health needs. Additionally, Mrs. Chan's cultural background and beliefs regarding family hierarchy and communication may also influence the dynamics of her family relationships.

(696 Words)

Question 2a:

Social determinants of health include the non-medical factors that affect medical outcomes in a population. The social determinants of health include education level, job security and employment, community networks, environment, and access to healthcare services.

Education:

Education plays a crucial role in advocating for accurate health norms or beliefs. For an extended period, the Chinese have valued health and viewed education as a measure for ensuring economic success and social mobility (Browning et al., 2021). The knowledge instilled through education ensures that people make better life choices. It is arguably appropriate to state that

rate of 94.6%, which indicates that many people lead a healthy life (Tian et al., 2023). As a result, a shorter life expectancy, worse health, and a lower chance of surviving illness are all connected with lower levels of education.

Work:

Having a job is essential for many reasons, including financial stability, affording insurance, self-respect, and social connection. Good schools, affordable housing, a good diet, and reliable childcare affect employees' health (Cho & Wong, 2022). Benefits packages are often commensurate with the work quality. The correlation between income and longevity is strong. Hong Kong has a low unemployment rate of 5.32%, which implies that a small percentage of the population will require financial assistance to acquire oral treatment (Chan et al., 2022). Fair or poor health and the onset of a stress-related disorder like heart disease, stroke, or arthritis are much more common among laid-off employees than those who remain constantly employed. The safety of the working environment is as significant as the workers' health.

Social Support:

Having a close relationship with people around one can contribute to a healthier life. People with a social support with friends, community, and family live longer and are happier. A

innovation," social support may significantly enhance community health (Li et al., 2020). Finding groups like churches or groups of individuals with similar interests is a crucial initial phase in engaging communities so that their "social capital" may be used in collaborative efforts to improve health.

Place:

Climate, immediate surroundings, and geography are critical to people's health. Air pollution, water quality, and excessive heat are identified by Healthy People 2030 as the three most significant social determinants of health (Healthy People 2030, 2020). The public's health is at stake due to subpar water quality. Prolonged exposure to outdoor pollutants, such as fine

Extreme heat may cause heatstroke, which can be fatal for anyone without access to air conditioning or who lives in substandard housing conditions.

Access to Health Services:

The ease and affordability of individuals can get the medical treatment they need is the fundamental definition of health quality and access. In this sense, "accessible" encompasses not just geographical proximity but also accessibility regarding resources like finances and

in public facilities. Overcrowding leads to poor services because health practitioners become overwhelmed, and people queue longer to get treatment. An ideal way to relieve pressure from public hospitals is to offer insurance or vouchers to individuals to go to private hospitals for quality treatment. **(702 Words)**

Question 2b:**Community Participation:**

The government has prioritized improving oral health, stressing the issue with its Department of Health. Hong Kong's health department has enforced several measures to improve oral health, including expanding access to dental education, establishing a policy advisory panel, and conducting periodic population-wide surveys (Chen et al., 2019). It subsidizes programs like the Outreach Dental Care Programme and Community Care Fund to educate older individuals to maintain good oral health. The government has set up a dental education unit to spread awareness about caring for one's teeth. The dental unit has been hosting several events to raise awareness about the need for good dental hygiene. The "Love Teeth Campaign" is a significant public awareness initiative in Hong Kong to improve dental health (Health Bereu, 2019). In 2011, this movement began creating community members' awareness (Health Bereu, 2019). Its purpose is to educate the public about the importance of good oral hygiene and encourage avoiding oral illnesses. Events such as seminars, consultations, games, and oral health education for kids are offered annually.

The oral health education department delivers free leaflets, flyers, video compact discs, and posters to area schools and communities to help spread awareness about maintaining good dental hygiene. Hong Kong's health department established the 'Tooth Club' to offer information

public. Hong Kong hosts various NGOs (non-governmental organizations), many runs by charities, unions, churches, and other not-for-profit organizations that support oral education at the community level.

Intersectoral Collaboration:

The government in Hong Kong values the need to collaborate with players because the public facilities remain overwhelmed. Hong Kong's Department of Health collaborates with other sectors, such as education and private and non-government organizations, in delivering oral healthcare to its population. In Hong Kong, the private sector is the primary dental care provider (Chan et al., 2021). The vast majority of dentists practice alone or in small practices.

Government-set treatment and consultation costs are not regulated. As a result, different clinics may have drastically different offerings and pricing structures. However, there are stringent

entitled the School Dental Care Service (SDCS) (Nguyen, 2019). Children may take advantage of free dental exams, x-rays, fluoride treatments, sealants, fillings, and emergency care; however, braces and other specialized dental care are not included.

The government has realized the need to collaborate with the public, particularly in providing oral treatment for older adults. In 2009, Hong Kong lawmakers passed the Elderly Health Care Voucher Scheme to help relieve pressure on the public health system by providing financial incentives for seniors to choose private providers for primary care (Kwok et al., 2021). The government also partners with NGOs and other private entities to create community and school awareness. This collaboration is a way of reaching more people in curbing dental health in the region.

Equity:

Hong Kong's government provides oral care to retired civil servants, retired employees, and their immediate families. In Hong Kong, extraction of painful teeth and other emergencies in

the SDCS (Nguyen, 2019). The School Dental Care Service serves elementary school students between 6 and 8 years (Yilmaz et al., 2021). All the dental care a kid gets is included in the annual registration fee of HK\$ 20 (Gao et al., 2020).

Hong Kong Department of Health has also administered a voucher program to help the elderly pay for medical treatment since 2008 (Chan et al., 2021). Those 65–69 years old and qualifying for the Standard Old Age Benefit may participate in this program. Each eligible senior receives a total of ten HK\$50 coupons annually via this program (Tammemägi et al., 2022). These coupons may be used to pay for dental care at independent practices. **(777 Words)**



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