

Health Status Changes and Cultural Assessments

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Word Count: 2908

1a. Health Status Changes

A healthy individual has a balanced body mentally, physically, and socially. The person shows complete control and adapts to environmental changes that are within normal limits. The health status of a person relates to the physical and mental medical condition described by the claims on experience, medical history, genetic information, disability, medical history, and receipt of health care, and the health status is affected by various aspects such as developmental health, psychosocial health, physical health, and spiritual health.

Developmental health entails physical and mental well-being, coping, and competence. Developmental health is influenced by factors such as social status, which is created by the financial ability within the environment one is living within, power, and resources available to use (Itulua-Abumere, 2013). In the analysis of Mrs. Wan's case, one of the critical influences of health change is the changes in social status. Mrs. Wan depended on her husband, who could support her in providing care to the family. As a housewife, she had an adequate source of

watching television. On the other hand, spending most of the time watching television is associated with causing poor mental health and depression (Keadle et al., 2015), which could cause Mrs. Wan to feel she is better off dead.

Psychosocial health entails an individual's mental, emotional, and social wellness, whereas the mental aspect entails acquiring information and perceiving reason, reality, process, and judgment-making. The psychosocial part assists an individual in reasoning and logical thinking (Husain, 2022). The mental health aspect can be analyzed through her sense that she

hence, it is notable that the environmental changes within the social interactions through losing the husband to death, whom she accompanied in various social activities, and lack of socialization by living alone in her private property.

Physical health relates to maintaining a functional and interactional relationship by ensuring the body's functioning remains at its highest potential. Managing a physically healthy body involves maintaining a balanced diet, adequate exercise routines, and appropriate work-rest routines (Garcia-Falgueras, 2019). In the case of Mrs. Wan, it is observable that she is experiencing fatigue, lack of energy to complete tasks, back pains, and bilateral knee pain, which qualify her to be physically unhealthy. The health challenge can be associated with daily activities that involve spending most of the time watching television without exercising and poor work-rest routine, which can be expressed in carrying out housework under pressure due to the urgency of an activity. Mrs. Wan has also reduced her mobility by decreasing the visits to the temple, which affects her exercise routine.

Spiritual health relates to the belief and value aspects that an individual develops that express the meaning of life. The spiritual health aspects entail the interpretation of the meaning

of life to health and creating a sense of fulfillment and satisfaction. The role of spiritual belief in health is to establish personal goals supporting psychosocial well-being (Jaberi et al., 2017). Mrs.

worship which she used to participate in, which shows the declining spiritual health of Mrs. Wan. Therefore, it is evident that Mrs. Wan is experiencing a significant concern for her developmental, psychosocial, physical, and spiritual health.

1b. Cultural Assessments

Cultural assessment is the systemic and comprehensive examination of groups, individuals, families, and communities relating to health-related cultural beliefs, values, and practices (Anderson et al., 2010). In developing a cultural assessment, communication is one of

challenge in communication confirms she is not naturalized in the Guangzhou culture. Hence, in the assessment, it is good to identify if Mrs. Chan is fluent in speaking and reading Mandarin to confirm whether she is an inhabitant of Guizhou, China.

Another component of cultural assessment involves the temporal relations that involve the past, present and future orientation concerning the practices an individual is currently concerned with. It consists of a socialization process that creates values within the culture

her mother-in-law regarding the background relations within the culture. Mrs. Chan depends on her mother-in-law daily and allows her mother to make critical decisions, including requesting she is discharged from the medical hospital. She believes the mother-in-law is mandated to care for her as part of the family. Hence, based on the relationship between the mother and the daughter-in-law, it is noticeable that Mrs. Chan has a Chinese cultural background.

Family patterns entail the duties, roles, and responsibilities in the family. The family pattern component outlines the family values, decision-making process, structure, and responsibilities among the family members (Matejevic et al., 2014). The aspect outlines the duties such as caregiving, financial support, and homemaking roles, among others. Mrs. Chan comes from a family that expresses the mother-in-law has higher regard in decision-making than the daughter-in-law, such that the mother-in-law decides on Mrs. Chan's discharge despite the doctor's advice to wait for further investigation into the illness. Also, the family roles offer Mrs. Chan being a housewife, the need to take care of all household work.

Another aspect of consideration involves the dietary patterns expressed through assessment of the feeding pattern and diet habit based on the food preference or avoidance. The dietary pattern consists of the evaluation of the eating problems of an individual. The eating

vegetarianism and taking food from home. Mrs. Chan can be associated with the Chinese culture that promotes vegetarianism, believes in bringing life, and prefers to prepare food at home.

The component of health-related beliefs and practices assesses an individual's culture by analyzing the heredity of the routines in carrying out activities as well as traditional practices and principles ((Kridli et al., 2013). The syncope could be caused by heredity; hence, Mrs. Chan is used to observing the symptoms, such as temporal unconsciousness, to the belief that syncope is a minor illness that only needs to be prayed for by Guanyin for healing. The aspect expresses the principles that Mrs. Chan's family believes in spiritual beings as superior to provide wellness.

Therefore, in the assessment culture of Mrs. Chan, it is good to consider communication, including the language she speaks, temporal relations such as socialization attributes, which could include introverted behavior, family patterns analyzing elements such as responsibilities of Mrs. Chan in the family, dietary behaviors that could consist of vegetarianism and health-related beliefs and practices that include the spiritual believes of Mrs. Chan's background.

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2a. Social Determinants of Health

The World Health Organisation develops the concept of the non-medical factors and social health determinants influencing health outcomes. They are factors relating to how people are born, live, grow, work, and age creating a wider set of systems shaping daily life conditions such as developmental agendas, policies, and social norms (Islam, 2019). The essay discusses some of the social determinants influencing health systems.

Stress as a social determinant of health is caused by continued insecurity, anxiety, lack of control over work, social isolation, and low self-esteem, which in the long term affect the immune and cardiovascular systems. Statistically, the occupational cost associated with stress in Hong Kong is HK\$ 4.083 billion per year (Siu, Cooper, Roll, & Lo, 2020). The impact of stress on hormones and the nervous system leads to an immediate threat to the heart rate, and in the

developing welfare programs to address psychosocial and material needs (World Health Organization, 2023).

Work is also a determinant of social health in consideration of the use of skills in place of employment and limited authority to make decisions leading to a lack of control in the workplace. In Hong Kong, the highest recorded unemployment rate considering the workers employed under long-term contracts was 2.8% from December 2020 to February 2021 (Wong, 2021). The lack of workplace control and inefficiency in making findings lead to low back pain and absenteeism due to sickness and cardiovascular diseases. In the control of work-related illnesses, organizations have developed reward systems in the form of money and status. Equally, allowing decision-making across all levels increase welfare in the workplace (World Health Organization, 2023).

The social support determinant of health involves the social relations that improve health at home and in the community. Social support offers practical and emotional resources that help people feel loved, cared for, and valued and improve their esteem. The lack of adequate

and better health. Equally, improving the social environment in the workplace helps people feel valued and cared for, which contributes to improving health (World Health Organization, 2023).

Food as a social determinant impacts health through diet conditions. The shortage of food lead to malnutrition and deficiency diseases. On the other hand, excess food intake contributes to

significantly increases nutritional value by providing helpful information that decreases nutritional-related sicknesses (World Health Organization, 2023).

Transportation affects health by impacting the rate at which people exercise by considering the mode of transportation; walking and cycling increase exercising among people while driving, leading to exhaust pollution, which harms human health and contributes to global warming. In Hong Kong, railway transport is considered the most preferable for public and road

transport (Hong Kong Special Planning Department, 2021). The encouragement of walking and cycling reduces the risk of heart disease by ensuring controlled obesity and reducing diabetes challenges.

2b. Primary Health Care Approach Adopted in Hong Kong to Promote Oral Health.

Primary health care entails essential healthcare based on practical, scientifically sound, and socially acceptable technology and methods made accessible to individuals within the community by ensuring full participation and affordable cost for the community to maintain self-reliance and self-determination (Ho, 2020). Hong Kong has facilitated the process of enabling people to improve control and improve their health through participation, inter-sectoral collaboration, and equity. The essay discusses adopting primary health care in Hong Kong to promote oral health through community participation, inter-sectoral collaboration, and equity.

Community Participation

Community participation relates to the involvement of people in society in problem-solving projects (Kuruvilla & Sathyamurthy, 2015). In the development of primary health care in Hong Kong, engagement with the private sector has played a significant role in reducing the workload in the public health sector. In Hong Kong, primary health care is provided by the private sector for up to over seventy percent. The people do not have a continuous culture of

twice a day compared to 2001, when only 53% brushed twice a day (Chen et al., 2019). Hence, the government has facilitated interactive participation, empowering the people to benefit the community. The government has also promoted interactive oral health by promoting the Government's core policy agendas, such as increasing the number of dental training centers and establishing several expert groups for planning and carrying out oral surveys on the population (Chan et al., 2021).

The government has also developed an online platform to facilitate the registration of patients and assist the patient in accessing their health records, including offering appointments and offering feedback through providing updates before consultations. Regular consultations have enabled the offer of appropriate training sessions and established more targeted and efficient health care, which is adequate for limited consultations. The online platform ensures sufficient engagement among health practitioners and participation in achieving a patient-centered approach to healthcare delivery (Ho, 2020).

Inter-sectoral Collaboration

Inter-sectoral collaboration involves the working together of different people, organizations, and sectors to create an understanding of a complex issue. For instance, in the promotion of primary health care in Hong Kong, the government has partnered with private health care providers to establish incentives to promote the patient-provider relationship after

noticing the episodic behavior of the people of Hong Kong in seeking health attention. The incentives were provided with data from the Electronic Health Records Sharing System, where 69% of the users were provided with incentives in the form of vouchers spent on acute episodic

government target to establish a supportive environment for patients seeking oral health services and promote community action by building a culture of seeking medical check-ups of oral health in Hong Kong.

The government of Hong Kong has also established partnerships with local televisions and radios, newspaper agencies, and the internet to offer advertisements relating to the "Love Teeth Campaign," which seeks to promote oral health by creating awareness about oral health and information regarding oral diseases. The campaign has led to the development of a website called "Tooth Club" that provides information about oral health care to the general public. Equally, the collaboration has facilitated the creation of videos, brochures, games, and models designed for children, aiming to introduce the children to oral health-related knowledge (Ho, 2020). Additionally, the government has partnered with universities such as the University of Hong Kong to offer five-year training in dental courses with government funding with a focus on collaboration to improve oral health in Hong Kong (Ho, 2020).

Equity

The aspect of equity in promoting primary health care involves the promotion of fairness, justice, and impartiality in offering health care. In Hong Kong, the delivery of primary health care in oral health has been through the restructuring of the existing health care facilities such

health care of choice. Additionally, the government dental clinics offer subsidized dental services mainly to civil servants and their dependents who require treatment for minor dental cases such as tooth extraction (Gao et al., 2018). This aspect has contributed to the fair distribution of oral health care among the people of Hong Kong.

The government establishment of School Dental Care Services in 1979 to provide a dental examination for school children, health education, and preventative treatment for dental caries, which is a voluntary enrollment for school children with a nominal fee of HK\$20 per child every year covering all dental services to be offered (Gao et al., 2018). The School Dental Care Service Programme ensures no discrimination among the children and ensures all children receive equal dental treatment.

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