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Presented to

K. Brykczynski, PhD, RN, APN-BC, FAAAPN, FANN

THE UNIVERSITY OF TEXAS

SCHOOL OF NURSING AT GALVESTON

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In Partial Fulfillment

Of the Requirements for the Course

GNRS 5266: Families and Health Promotion

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By

Elizabeth Lopez

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**Introduction**

Many factors influence a person’s health. With all things in life, the individual gets their example of learned behavior from their primary source of influence, their family. A comprehensive family history assessment is essential in identifying individual/familial risks for genetic diseases and patterns of inheritance, diagnosis of medical conditions, identification of risk for development of adult-onset conditions, and appropriate genetic referral counseling and determination for predictive genetic testing (Maradiegue, 2006). The assessment of family history serves as a reference of social and biologic relationships (Bender, 1998). In this paper, I will give insight into the influence of my family on the formation of my health practices.

**Development of Health Practices**

One health practice my parents developed for me was the importance of preventative care. My parents grew up socioeconomically challenged and only visited the doctor after the development of an illness affected their life. My mother was a stay at home mom but my father worked a job in which he provided his family with health, dental and vision insurance. With this health coverage, my mom saw the importance of annual checkups with a primary care provider along with in between visits as needed to maximize prevention and early intervention of health issues. We received all our vaccinations and immunizations as recommended and saw going to the doctor as a positive experience of doing something good and necessary to be healthy. We also visited the dentist on a regular basis. I still remember my first dentist who saw me all the way through middle school when he retired. My mother was diagnosed with periodontal disease as an adult. She contributed her lack of oral hygiene as a child to the later in life development. For this reason, my mother made sure we practiced good oral hygiene and that we saw the dentist at least twice a year for prevention and early intervention of tooth decay. For example, as children, we received sealant treatment. Dental sealants are clear or opaque plastic materials applied to the pit-and-fissure surfaces of teeth to prevent decay. Sealants provide a physical barrier that prevents debris and decay-causing bacteria from collecting in the pits and fissures of vulnerable teeth (School based dental sealant programs, 2003). I believe that it is because of the sealant placement, along with proper oral hygiene, I have never developed a cavity, neither as a child nor as an adult.

**Transitions**

Access to healthcare is the primary factor in receiving care. Having no health insurance also often means that people will postpone necessary care and forego preventive care. There was a time in my life after I left the security of my parents’ insurance cover that I did not have health insurance. This lack of coverage lead to me not going to the doctor for over 3 years. I still saw the importance but did not have the opportunity. Fortunately I didn’t suffer any major accidents or illnesses during this time. Eventually, I worked towards getting a job that provided health coverage. The importance of medical care that was instilled in me as a child was a driving and motivating factor in obtaining a job with benefits and health insurance.

**Family Patterns**

This pattern has ventured into other members of my family. My brother and sister also currently carry health insurance as well. My sister through her job and my brother pays out of pocket to a private insurance company. My parents, who are both retired, also have health insurance through their retirement programs. I don’t have children but my siblings do and their health insurance extends to them just as my parents did to us.

**Conclusion**

Family influences almost all decision in an individual’s life whether that decision is to adopt, eliminate or adjust a practice. The medical care an individual receives is most certainly a function of the demographic social and economic characteristics of the family as a unit. As a future FNP, I will share the influence I received as a child and follow as an adult with all of my patients encouraging them for regular care and wellness. I will encourage them to seek prevention and treatment to their family and children as well making full use of the *family* aspect of my degree. I believe people are more apt to see a provider they can also bring their children to for continuity of care.

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