

Developing multiple program for promoting family health with a vulnerable child

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Vulnerable children in this study included the disabled children with Duchenne muscular dystrophy (DMD)/spinal muscular atrophy (SMA), attention deficit hyperactivity disorder (ADHD), or chromosome abnormality. The vulnerable situations exhibited relatively disability/worse health problem and caused problems regarding families' health issues and general dysfunctional family support. Policy programs for the vulnerable could be created and changed as depending that influenced families' perception of their health and family support. Therefore, empirical evidence to guide health professional to provide family health promotion that included five previous studies to determine relationship between families' perception of health and support, predictors of family function, the demographic predictors of lower health promotion lifestyles scores, to test the family health promotion model and the model of family resource and health perspective of children. In addition, after reestablished measurement tools for evaluating of promoting family health program. The purpose of the study were to rechecked to compare the differences of family health needs, health capacities, health behaviors and health status among family members and the difference disease groups. As well as analyzing the predictors influence on previous variables. Measurement tools included health needs assessment, family health behaviors, family health capacities, and family adaptation and coherence measurement, family health status, and family structural analysis. First, randomly selected 180 families, including 59 of DMD/SMA, 76 of ADHD, and 45 of Turner syndrome family subjects from 286 families that had been recruited in constructing of the model of family health promotion. There were no significant differences of different family variables among the different disease types and different family members. Analysis data with combined these disease groups of 180, the results presented: family monthly income was the predictor of influencing on family hardiness, family behaviors, family general function, and duke health assessment. Family monthly income and power to propose an idea/suggest were the factors influenced on general family function through family hardiness and family support. Data from these previous families randomly selected who agreed to participate health promotion programs of 91 for the proposed study. The results presented significant differences among four clinics/setting for the subscales of anxiety, anxiety-depression, and resolve, and the health concept practice, especially in lower score of health concept practice of ADHD group than the chromosome abnormality group. Multiple discipline professional design family health promotion with nature-based and socio-ecological model of health promotion to decrease of anxiety and depression and increase of resolve ability.

Biography:

Jih-Yuan Chen completed her PhD in Nursing at University of San Diego, USA. She has been an Associate Professor at Kaohsiung Medical University, School of Nursing, since 1984. She has presented papers at international conference and published more than 49 papers in reputed journals and has been serving as an editorial board member of reputed and several journals' member of reviewer. She focused on the concept of family health promotion from several different perspective, like family hardiness, family support, family health, family resilience (family function), family health lifestyles in families of children with vulnerability, role strain and morale, model testing, developing of Instrument.