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The Bello Chavez Family: A Reflection of Health in the Mexican American Community Through a Family Nursing Assessment

Vanessa Bello Chavez
Wright State University

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VANESSA BELLO CHAVEZ

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Nominated by: Dr. Rosemary Eustace

Vanessa is a Nursing major with plans to pursue a higher degree and become a Nurse Practitioner.

Vanessa notes:
While this essay started with a simple look into my own family, it only took a short time to realize that many Hispanic families across the United States experience the same challenges when it comes to their health. The disparities between non-Hispanic Americans and Hispanic Americans were shocking to me, and I soon developed passion for investigating ways to close this gap. I hope that this essay helps others develop an interest in the health of the Hispanic community of the United States.

Dr. Eustace notes:
Vanessa Bello Chavez provides an in-depth, personal look into the health problems that affect Hispanic families across the United States. The writing takes a personal view and makes it relatable to all.

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Presented here is an in-depth family assessment of the Bello Chavez
family that is centered on the author, Vanessa Bello Chavez. The family
health was examined for two generations back from the index, meaning the
starting point was the grandparents of Vanessa Bello Chavez on the maternal
and paternal sides, and Vanessa was the index point. Data was collected, then
organized to identify or discover any health concerns or protective factors.
Through the journey of the analysis for the Bello Chavez family and their
protective and risk factors, it was discovered that family assessment can help
deter the onset of negative health events. These findings were analyzed
further to provide a thorough comprehension of a health overview for the
family. Finally, these findings were discussed and reflected upon. The family
nursing assessment results indicated that the Bello Chavez family has
multiple risk factors; further, the assessment provided information to
improve and decrease these factors. Additionally, the assessment revealed
numerous strengths that promote a healthier living for the Bello Chavez
family. The revelation of the family nursing assessment for the Bello Chavez
family demonstrated the importance of the family involvement and
perceptions in health care for the author. Furthermore, the information was
used as a starting point for a discussion of health for the Mexican American
community.

Importance of Family Assessment

While it is imperative that technical clinical skills be learned by nursing
students, one skill of a nurse that often gets overlooked is the ability to
obtain a valuable family nursing assessment. To begin the journey of learning
how to obtain a good family nursing assessment, it is important to
understand what assessment is. In general, a family assessment makes sure
that the family is being helped through the process of the patient's illness and
all their needs are being met, not just those of the patient (Coehlo, Hanson,
Kaakinen, Steele, & Tabacco, 2015). The first step in this process is to
understand that in the case of the family nursing assessment, the nurse must
collect information not just of the patient but of the patient's family. This
does not include the patient's entire family, but the members of the family
that the patient believes are involved in their health. To ascertain this, there
are multiple tools the nurse can use to determine what part of the family
should be used for the family nursing assessment. One would be a family

genogram that maps the family related to the patient, the index in this case, through genetics. The genogram gives a starting picture to the nurse about the patient's family. Another tool would be a family ecomap that allows the patient to show a picture representation of what is important to them and the types of relationships they hold with different family members and groups. There are also interviews that can be done to gather more pertinent information to assist the family. The nurse must sift through the information to determine what is important and what is not at that moment. With all the information gathered, the nurse must also avoid gaps of data to make sure an effective plan is created for the family (Coehlo et al., 2015).

Using these tools, the nurse may begin to understand the family's culture and therefore plan how to give culturally competent care. This means that the nurse will be able to have an idea about what the patient thinks about their own health in terms of their beliefs and culture. To provide the best care, the nurse must take into consideration what the patient believes is the cause of their 'sickness' in the first place, have an open dialogue about what they believe should be the treatment, and decide how their family should be involved in their care (Spector, 2013). A family assessment allows the nurse to begin an open communication with the family which is crucial for treating the health event. If the family members are not willing to open up to the nurse, they will not be willing to give information or take new information to help them get well (Coehlo et al, 2015). For instance, during the family assessment the nurse may learn the level of health literacy of the family and from there determine the best wording for the care plan of the family to make sure it is at a level they fully understand and can follow. A low level of health literacy may stem from something as simple as the family's low proficiency in the English language. The nurse can determine from this point if an interpreter may be needed (Spector, 2013). Given these components of the family assessment, along with open communication between the nurse and family, the nurse may present many different options that the family was not aware of before the health event to allow them to pick the best option for all (Coeholo et al, 2015). Specific methods were used for data collection on the Bello Chavez family in order to complete a family assessment.

Methods of Data Collection

Data Sources

A textbook focusing on family nursing, *Family health nursing: Theory, practice and research,* was used to obtain information on the importance of family assessment. *Cultural diversity in health and illness* by Spector provided the framework used to collect information about the significance of the cultural background of the family when completing the family assessment. A family cultural assessment questionnaire was used to collect and gather data to assess the ways in which culture and beliefs impact the health of the Bello Chavez family. A genogram was mapped out starting from the index, Vanessa Bello Chavez, and going back two more generations to Vanessa's grandparents. Gender, age, birth year, age at death, year of death, cause of death, marital status, sexual orientation, occupation, education and health concerns were collected for the family members when appropriate. The spouses of blood relatives were included in the genogram but their health concerns were not collected. Information that was unknown was left blank, such as the year of birth for the maternal biological grandfather who passed away. An ecomap was created to establish relationships and the status of the relationships to the family. The ecomap did not include all members included in the genogram, only the members living in the household with Vanessa. The household consisted of the mother, father, and half-brother of Vanessa. Interviews were necessary to obtain all the information needed to answer all questions of the family cultural assessment and construct the genogram and ecomap. Vanessa interviewed her mother and father to answer specific questions on the cultural assessment in order to verify foods eaten consistently and identify health concerns of the Bello Chavez family on each side.

Subject characteristics

The focal point of this paper is the family assessment of the Bello Chavez family, with the index being the author, Vanessa Bello Chavez. However, much of the assessment can be applied to the Mexican American community as many findings are common in this population. A total of 20 members of the blended Bello Chavez family provided the information that constitutes the collection of data used in the genogram. The ages for the participants ranged from the youngest being 2 years old and the oldest being 73 years old. The average age is 38.9 years old, including the age of death for

the two deceased family members. Males and females of the family were included. The first two generations of the Bello Chavez family identified as Mexican. In contrast, Vanessa's maternal uncle's ex-wife identified as American. The participants of the third generation, that included Vanessa, identified as Mexican-American, excluding Vanessa's half-brother who identified as Ecuadorian-Mexican-American. The level of education varied widely amongst the family members. Most had finished primary school if they were older than 12 at the time of data collection. Only Vanessa, her half-brother, and her male cousin on the maternal side had graduated high school at the time of data collection. Only Vanessa and her half-brother had some education after high school. Most of the family members identified as being part of the middle class. Vanessa's paternal grandparents and a paternal uncle are homeowners, as are the maternal grandparents and a maternal uncle. All of Vanessa's grandparents were born in, and live in, Mexico. Her father and all her father's siblings and their spouses immigrated to the United States from Mexico. Vanessa's mother and her maternal uncle also immigrated to the United States from Mexico. The first two generations, including Vanessa's grandparents and Vanessa's parents, had a strong preference for the Spanish language over English. The third generation, that included Vanessa, had a mixed preference. Vanessa, her half-brother, and her female paternal cousins felt comfortable using both English and Spanish. Vanessa's maternal, male cousin's language preference is English, he does not speak Spanish. All of the information collected was analyzed to identify protective and risks factors of the Bello Chavez family.

Results

Protective Factor: Social Support

The ecomap demonstrates a strong relationship between the family that lives in the household with the index and close friends. Typically within Mexican American communities, the most support comes from family. There are health benefits from this, as a study by Bell, LaVeist, and Thrope (2010) found that Mexican Americans have a decreased chance of hypertension if they have strong social support compared to white Americans. The same study also found that the chance of hypertension in Mexican American adults 40 years or older was lower than White Americans when access to social and financial support was available (Bell, LaVeist, & Thrope, 2010). This is because the support acts as a buffer to the stress related to a health event. For instance, it was discovered that low social support in the year after an

acute myocardial infarction led to similar death rates as other high-risk factors like smoking, high blood pressure and high cholesterol. In fact, another study by Arthur and Mookadam (2004) found that 2330 males who experienced an acute myocardial infarction were four times more likely to die within 3 years of the event if they had high stress and were socially isolated (Arthur & Mookadam, 2004). The social support in the Bello Chavez family is beneficial but unfortunately Mexican Americans usually do not get as much social support as White Americans (Bell, 2010). However a difference in social support is not the only factor affecting Hispanic families, there are other risk factors that may contribute to poor health outcomes.

Risk Factor: Lack of Exercise

A lack of exercise presents itself as a risk factor within the Bello Chavez household and among many Mexican American families. This is a risk factor because exercise has been proven to relieve stress, decrease feelings of depression, and increase a person's view of themselves (Constance & Flood, 2002). A study by Guzman (2012) found that about one-third of Mexican Americans from 2001 to 2006 did not participate in light exercise. Exercise is largely avoided with the excuse that there is not enough time or there is a lack of knowledge on how to work out. However, it would benefit the family to learn that even down-time exercise can lower the risk of coronary heart disease by 26% (Kayyali, Singh, & Subhashni, 2011). This means that the family is at higher risk for coronary heart disease by avoiding simple tasks, such as parking the car farther away from their intended destination to encourage more walking (Constance, 2002). Evidence has even shown that adding some form of exercise decreases the chances of coronary heart disease in women more than men, which may provide incentive to the female family members suffering from hypertension (Kayyali, 2011).

Of course, there is a very well-known fact that exercise can lower body weight. It is highly recommended that everyone exercises for 30 minutes a day because the short amount of time decreases the risk of all negative health events associated with obesity (Constance, 2002). The connection between lack of exercise and obesity is important because this leads to the association of lack of exercise to diabetes in the United States. It has been shown that exercise can help blood glucose levels to stay within a healthy range in type 1 and type 2 diabetics (Constance, 2002). This means a diabetic patient may be able to improve their blood glucose levels well enough to have their prescribed medication decreased. If the diabetic patient is overweight, they

can still participate in exercise but in short sessions throughout the day (Constance, 2002).

Another study done on men whose average age was 60 and who spent most of their time sitting found that exercise can lower blood pressure – but not just on the day the exercise was done. The study showed a decrease in mean arterial blood pressure as well as systolic and diastolic readings in the following 24 hours of the exercise sessions. This led to the idea that exercising everyday will help combat continuous high blood pressure (Brown et al., 2000). A lack of exercise can have potentially dangerous effects as it possibly contributes to 5-13% of the risk of developing hypertension. Therefore, long term exercise is again proven to be a beneficial agent for better health (Börjesson, Dahlöf, Lundqvist, & Onerup, 2016).

Risk Factor: Hypertension

A problem area for Hispanics and hypertension is their lack of awareness and lack of effective control over their blood pressure. This may stem from the fact that a portion of the Hispanic community in the United States has a limited understanding of English and therefore cannot comprehend what their healthcare provider is attempting to discuss (Guzman, 2012). Evidence of this can be found in the family's cultural assessment as members of the second generation of the Bello Chavez family are immigrants that feel more comfortable with Spanish, not English – a common finding among Mexican American families. While hypertension is widely treated, at this point there seems to be no specific set of guidelines for the Hispanic population. Since Hispanics are identified as the ethnic minority that is the fastest growing and expected to be 24% of the United State population in 2050, it is important to begin to explore unique characteristics of hypertension in regard to this minority (Alvarez, 2015).

A separate problem arises when another set of data found that Hispanics have low levels of adherence to the medications prescribed for their cardiovascular health (Guzman, 2012). Therefore, even though evidence suggests Hispanics may benefit the most, they are least likely to take their medicine. This may be because of the low number of Hispanic healthcare providers for the Hispanic community to feel comfortable with; therefore, patients follow the advice of their community (Guzman, 2012). This idea is demonstrated in the family cultural assessment as the Bello Chavez family

reported that they have never seen a healthcare provider of their ethnicity in the communities.

Risk Factor: Stroke

Vanessa's maternal grandmother suffered a stroke in February of 2017. The examination of the factors that led to the stroke was paramount for the other members of the Bello Chavez Family to prevent a similar health event. Interviews conducted by the index found that the maternal grandmother was constantly working before retirement. Research on long hours at work, 55 hours per week or more, has been found to increase the chance of a stroke. A study of 603,838 participants was conducted in which the participants worked long hours but did not have cardiovascular disease at the beginning of the collection of data. These participants were revisited after 8.5 years and it was found that 4,768 of them had experienced a cardiovascular disease health event (Rosenberg, 2016). The stress added on to her body, paired with her year-long habit of smoking, was thought to be the cause of the stroke.

Due to the stroke, Vanessa's maternal grandmother was advised by her healthcare provider to quit the use of tobacco products, particularly smoking cigarettes. The interviews conducted also revealed that smoking is a habit she had carried for over 50 years. The length of the time of the habit will result in a challenging quitting process. Not only will the physical addiction of lighting a cigarette be difficult to break, there is also the chemical addiction to nicotine. Even though the health event of a stroke is terrible, it was not a complete surprise as it is a well-known fact that smoking will increase the chances of a stroke. Relapse can also be expected as there is strong evidence to support the idea that a person's first attempt to stop smoking usually fails (Patient Education Series: Smoking cessation 2012).

Risk Factor: Obesity

A concern voiced during the interviews conducted was obesity within the Bello Chavez family. The exact body mass index for each family member was not available, but assumptions of overweight or obesity were made on body size. The likelihood of obesity within the family is high as more than one-third of adults in the United States over the age of 20 are defined as obese (Chen, Kirby, Liang, Wang, 2012). However, it is important to also examine this health concern with the scope of ethnicity, as Hispanics were found to have 20.5% higher odds of being obese if they live within a Hispanic neighborhood or have their body mass index increase by 0.55 (Chen et al.,

2012). The information was derived from a study that described a Hispanic neighborhood as one where 25% of the community is Hispanic (Chen et al., 2012). The reasoning behind this increase in incidence of obesity in the Hispanic communities is that they are often impoverished communities. These are neighborhoods that are less likely to have a fitness center or healthy grocery markets to promote a healthy lifestyle to combat obesity. This has led to the mean body mass index of the Hispanic group in the United States to be 27.7, which is categorized as overweight. Having the mean body mass index close to 30, what is considered obese, is dangerous because obesity does not just affect quality of life but quantity, as obesity has been shown to lead to a shorter lifespan (Chen et al., 2012).

The shorter lifespan may also be attributed to the illnesses that are linked to obesity. In fact, five out of the top 10 causes of death for people living in the United States in 2009 had a direct tie to obesity (Agurs-Collins et al., 2013). These five related causes were cancer, diabetes mellitus, kidney disease, and stroke. A study by Agurs-Collins et al., (2013) also found that there is a possible link between an obese patient and the risk of developing an aggressive tumor. This would be especially detrimental to Hispanic obese patients receiving chemotherapy as a study measuring the chemotherapy therapeutic effect on obese women compared to non-obese women found that obese women did not respond as well (Agurs-Collins et al., 2013). Perhaps this could be a contributing factor as to why the Hispanic group only has an 87% survival rate of breast cancer, less than the non-Hispanic white population in the United States (Bandera, John, Maskarinec & Romieu, 2015).

Risk Factor: Language Barrier

The first generation of the Bello Chavez family living in the United States felt most comfortable with speaking Spanish – a common theme among immigrant families. This can create a barrier which can hinder health care causing a multitude of issues including: delayed care in health care settings, poor understanding of the patient's pain resulting in under treatment, and an increased risk of medical errors and sentinel events. Studies have been conducted on patients with limited English proficiency and it was proven that the health programs could not help as much compared to English speakers. Poor understanding of English can also lead to poor patient adherence to medications or health regimens. These issues will finally lead limited English speakers to stop seeking regular medical care. If they do, they

are more likely to seek care in the emergency room meaning higher costs (Carillo-Zuniga, Dadig, Guion, & Rice, 2008).

These failings have been recognized and standards known as Culturally and Linguistically Appropriate Services (CLAS) (Carillo-Zuniga, et al., 2008) have been put in place to rectify the situation. One of the three categories CLAS focuses on is language access services for patients with limited English proficiency. These services include properly identifying the language the patient would prefer and providing interpreters not just for communities with the patient and healthcare provider but to also assist in the understating of printed material the patient may receive. To institutionalize CLAS, healthcare facilities should ensure there are proper guidelines to follow with a patient whose English is limited including providing interpreters. These guidelines can include having an established panel of representative from the healthcare facility to evaluate the effectiveness of care provided using these protocols in place. These ideas are important as they can decrease the risk of all the adverse events that often occur with limited English proficiency patients (Carillo-Zuniga et al., 2008). The family assessment was able to identify the language barrier as a risk factor along with others that affect not only the Bello Chavez family, but other Hispanic families in the United States.

Reflections

The collection of family data and information regarding protective and risk factors of the Bello Chavez family provided a helpful insight on the impact of family assessment. During a regular health screening, the mother of the index found she had hypertension. This diagnosis is an opportunity for family social support to take an important role in improving their health. Strong social support may even help manage, possibly reduce, the hypertension risk factor within the family. If an unfortunate health event were to occur, such as a myocardial infarction, the social support can improve the recovery process. Therefore, the social support would be a protective factor the nurse would encourage.

Further research into risk factors sheds light on the effects of a sedentary lifestyle of the Bello Chavez family, proving that this risk factor may be eradicated by simply walking regularly. With an increase in simple exercise tasks, Members of the Bello Chavez family may avoid elevated blood glucose levels and even coronary artery disease. The data gathered also provided

support that exercise can help decrease blood pressure which will decrease the chance of adverse effects associated with hypertension. Information about exercise can be stressed to future patients for its benefits, but it will be important to also discuss that they do not have to dedicate multiple hours a day to exercise. It will be less daunting to a patient if they are given small goals and told the recommended time for exercise is 30 minutes a day.

As discussed in the results, limited understanding of a disease can affect compliance to medication or regimen meant to help lower the risks of negative health events. This was especially true for the Bello Chavez family as many members felt more comfortable with Spanish as their primary language but seek care from English-speaking healthcare providers. From the family's experience, it would be wise for the nurse to evaluate each patient and family's health literacy for their understanding of the material they are given, in particular, when there is evidence suggesting the patient and their family have difficulty understanding the patient and family teachings.

The ultimate results found from the analysis of the Bello Chavez family is that culture provided a significant impact on their health. By gaining a deeper understanding of the culture, a nurse will be able to assess a patient fully and determine if any health promotion activities can be geared towards their culture. This application of a family nursing assessment can be extended to the entire Mexican American community, as many risk and protective factors found in the Bello Chavez family can be found across this population.

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