Health Care in Practice

Report on Primary Health Care in Practice

Introduction

The National Health Priority Areas were identified to focus the attention of the public as well as the policies formulated regarding health on the fields that attributively have a significant contribution to the encumbrance of illness in Australia (Sharman et al., 2017) Additionally, the health sector would gain substantially from the identification of the areas. The disciplines identified include cancer, cardiovascular health, alleviation and the control of injuries, mental health, diabetes mellitus, asthma, arthritis, obesity, and dementia. Cardiovascular health was established as one of the areas, and it includes hypertension amongst other cardiovascular illnesses. Mary, 72 years, who has been diagnosed with high blood pressure by her doctor, takes alcohol on specific occasions and does not exercise since she has back pain, and she spends most of the time in the house, taking care of her husband, who is recuperating from a knee-replacement surgery. Furthermore, she has been at home instead of being formally employed for the last 51 years since she supported the running of her husband’s business. Being of Aboriginal and Torres Islander descent, Mary belongs to the Wiradjuri Nation, therefore placing her and her family at a higher risk of contracting terminal illnesses. Evidently, her son is also being investigated for cancer. One of the main aspects of primary healthcare is the participation of all the community. Mary enforces this by taking on nursing responsibilities whilst her husband is recovering from surgery. As Mary takes care of her husband, she exposes herself to stress that might make her condition worse. However, she gets to exercise, therefore keeping her hypertensive condition in check. The social determinants of health that are relevant to this situation include the social surrounding, personal health practices, and the culture. Mary may be hypertensive since she is around her sick husband. What is more, her condition may be as a result of the fact that she does not exercise regularly because of her unemployed status. Culturally, Mary belongs to the indigenous community, which is more susceptible to contracting illnesses such as high blood pressure and cancer.

Screening and Assessment

Regarding National Health Priority Areas, there is a great distinction between the screening and assessment of a region of concern on national health. Screening refers to the process of estimating the possible existence of a certain problem (American Heart Association, 2017). As a result, the result of screening is either a yes or a no. On the other hand, assessment identifies the nature of the issue identified, its extent of prevalence, determines a diagnosis, and advances specific treatment options for addressing the problem. Therefore, screening precedes a diagnosis during the clinical process of identifying the presence of a disease and establishing the best method for treating the malady. It is highly advised that adults should be screened several times per year, especially whenever they have clinic visits. Regular screening alleviates the risk of developing high blood pressure that causes severe cardiovascular illnesses.

The tools, which are used for the analysis and screening of high blood pressure, include the use of mathematical formulas, simplified tables, and the employment of cutoffs built on the fraction of blood pressure to weight. The previously mentioned approaches have proven high effectiveness in screening blood pressure illnesses. When measuring hypertension, using the ratio of weight to the blood pressure, the patient is allowed to first rest for the first ten minutes after which a cuff is placed on the upper arm. The cuff placed on the patient’s arm is connected to the manometer and the stethoscope to enable the hearing of Korotkoff sounds (Visagie & Schneider, 2014). During the process, the patient’s height is measured using a stadiometer. Both the height and the weight are determined whilst the patient is barefoot. An electronic scale is used to measure the weight of the patient. Body mass index is a very important factor to consider during the determination of the prevalence of cardiovascular illnesses. The aforementioned element is established by dividing the weight by the square of the height. The previously mentioned method of determining high blood pressure uses simple cutoffs, which is good, since it can be easily remembered and used in both the clinic setting and the home setting.

The previously described method of testing for high blood pressure is very useful for Mary’s case since she could perform the procedure alongside her husband from the comfort of her home. She could use the method regularly to determine whether her condition has escalated to dangerous levels, depending on the data that she obtains from the equipment used. Additionally, she could have her doctor or any other medical practitioner pay her regular visits to test and ascertain the severity of her conditions. The findings from the tool will be used to determine the diagnosis of Mary’s condition (Reeve, Humphreys & Walkerman, 2015). If she is severely hypertensive, then she may be advised to quit alcohol consumption and engage in regular exercise to keep her condition in check. Maintaining regular checks on Mary’s condition will help in the prevention of austere cardiovascular ailments like stroke and heart attack.

Panning Care in the Primary Health Care Setting

The community needs to be educated on healthy living so that they can minimise the incidence of occurrence of chronic illnesses that occur as a result of a poor lifestyle. Some habits, for example, lack of exercise, smoking, and drinking alcohol, are dangerous since they cause lifestyle diseases like high blood pressure, which ultimately leads to a stroke or heart attack.

The community needs to be educated on the significance of physical activity as an important component of their daily lifestyle. Individuals require adopting their personal behavioural transformation programmes to help them increase physical activity in their daily lives. Programmes for changing behaviour should, in turn, be specified to suit the needs of every individual in the community as well as the preference of the target population and their readiness for alterations. Through this programme, individuals acquire behavioural skills such as setting personal goals and monitoring their progress towards realising the specific goals. Additionally, members of the community are taught on how to support new behaviours. In this case, Mary’s husband, as well as their children, should learn how to give her support to engage in a more physical-oriented lifestyle.

Additionally, the initiative gives the individuals skills for reinforcing their behaviour mainly through rewarding themselves and engaging in personal talks with themselves. Further skills, which an individual acquires, include organised problem-solving to maintain changes in behaviour as well as alleviation of instances of degeneration into an inactive state. Studies have shown that, when individuals adapt their personal behavioural programmes for improving their health, they increase their physical activity in general. Various indicators have evidenced the previous statement, including the total time spent in exercise, aerobic capacity as well as the expenditure of energy (Reeve, Humphreys & Walkerman, 2015). All these three aspects were shown to have increased. The intervention encompasses informal education tactics that increase the understanding of a healthy diet and physical activity. Informal education could be conducted in the workplace through written materials and educational software and videos. In this case, videos and written material could be used to educate Mary on the significance of maintaining a healthy diet whilst at her home to reduce the risk of developing dangerous cardiovascular conditions.

Furthermore, the community could be educated on programmes based on the working station that help to control obesity. Nutrition is very important in the work site and goes hand in hand with physical activity in the workplace that helps to improve demeanour related to health. The intervention is aimed at influencing the thoughts of an individual. As the patient or victim becomes aware of the importance of maintaining good health practices, the person becomes very efficient regarding changing his or her behaviour in relation to health (Drummond et al., 2015). The thoughts of the individual could be influenced by giving rewards and inclusion of family members into the support system. Other initiatives could help improve the behaviour of individuals as well as include providing readily accessible healthy foods as well as more opportunity for physical activity. In this case, Mary should conduct physical activity by walking to a store to get food. In this way, she not only gets access to fresh and healthy food, but she also gets to exercise in the process.

Further education could be provided to the community to minimise alcohol-use initiation. The feat would be effectively achieved through education via the mass media, which are accessible to all individuals at their places of work. Education in this field is aimed at encouraging the people to live lives devoid of the consumption of alcohol. People need to be sensitised to the negative implications of alcohol, especially at advanced life stages. A change of behaviour with respect to alcohol consumption improves lifestyle by reducing the probability of the incidence of cardiovascular illnesses.

Conclusively, primary healthcare comprises of personal initiatives as well as the contribution of the community in general to improve the health. Rather than focusing its main energy on the treatment of chronic conditions, primary health care is fixated on preventing the occurrence of diseases (Baird et al., 2014). Primary healthcare seeks to educate the members of the community on the significance of maintaining healthy lifestyles through physical exercise and consumption of healthy diets. Primary health also involves organising the health services to suit the specific needs of different groups of people in the society. As a result, healthcare becomes accessible to all the members of the community in spite of their economic endowment position in the society regarding power and control. Moreover, health is incorporated to all sectors of the economy through primary health. Hence, the policies formulated are sensitive to health-promotion programmes.

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