

Case Study 2: HR Family

Mr. HR is a 56-year-old male who was recently diagnosed with hypertension. He attributes his new diagnosis to recent changes in his employment. He was “laid off” then called back to work, but upon his return, was only able to work part time. His wife works part time, as well. They have Medicaid to cover their health needs. Mr. HR’s physician suggested life style changes, such as increases in exercising, changes in dietary habits, and recommended losing weight. In addition, anti-hypertensive medications were prescribed but Mr. H.R. did not like the way the medications made him feel. Though Mr. HR tried to follow the doctor’s recommendations, it was difficult for him to lose weight because he lived in a high crime area. The daily walks that were recommended could not be safely taken in Mr. HR’s neighborhood. There was no local grocery store in Mr. HR’s neighborhood, so that it was necessary to travel across town to get fresh produce. Since Mr. HR’s income was reduced, it was difficult for him to regularly purchase the recommended food. He and his wife often resorted to going to fast food restaurants because it was relatively inexpensive and convenient.

Mr. HR remembered that his mother had had hypertension. Though she died of a stroke, for years she had used a range of home remedies. She also had consulted a local healer to control her “high blood pressure.” Since Mr. HR stated that he “felt fine” despite his elevated blood pressure, he decided to skip getting his medication prescription filled until he “felt bad.” Instead, he used some of the home remedies his mother and other family members had used to lower their blood pressure. Mrs. HR did not approve of the way her husband managed his blood pressure. She is seeking ways to garner services and approaches to her husband’s care from a variety of sources. The couple does not have access to the internet.

Mr. and Mrs. HR also have the added stress of assisting their daughter and two grandchildren. Although it is not within the Section 8 guidelines, their daughter and granddaughters are staying with them temporarily until they find their own apartment. Their daughter, Sally, is 34 and works the 2-10 pm shift at the local warehouse. Her daughters, Melissa and Molly, are 12 and 14 respectively. Sally is able to drop the girls off at school every morning but their grandparents, Mr. and Mrs. HR, are responsible for picking them up from school daily.

Today Mr. and Mrs. HR rushed to school to pick up Melissa and Molly after they spent the day at the doctors. They stopped at the local grocer, but the fresh produce was limited and what was available was expensive and starting to rot. Mr. and Mrs. HR have to feed their grandchildren and get them home, help them with their homework, and get them to bed. Life is hectic.

How can this couple be helped? Where should they start?

[Possible stations: Patient advocates, community health educators, local healers, community pharmacist]

8:00-10:00 am

- Clinic visit diagnosed with hypertension.
- New Rx, and directed to exercise.

10:00 am-12:00 pm

- Section 8 housing inspection. Because Sally and her 2 daughters have been staying with Mr. and Mrs. HR they have been evicted immediately. Mr. and Mrs. HR must look for new housing.
- Mrs. HR is angry about her husband miss-managing hypertension.

12:00-2:00 pm

- Grocery shopping but no fresh produce at their local store. Not able to go to further store.

2:00-4:00 pm

- Section 8 sweep - Evicted for breaking the rules.
- Pick-up grandchildren at school.

4:00-6:00 pm

- Searching for housing.
- Decide on McDonalds - easier and cheaper.

6:00-8:00 pm

- Home care for Hypertension.

Community Agencies

- Bus passes
- School/secretary?
- Clinic
- Pharmacy
- Home Care
- Store
- Mc Donald
- Section 8 Housing
- Apartment Leasing company