



Social Work 1130

Case Study Exercise 3: Tyler

Assignment Directions

This assignment is to help you apply the knowledge you have learned thus far in the course materials and apply it to a case study. To complete this assignment, read the case study below (page 2) and answer the following questions.

1. Take a “person-in-environment” approach and consider one of the individuals and his or her social environment. Define what you believe are at least two factors that are important to and impact the functioning of the individual. Write the factors and how you believe they impact the individual’s functioning. Below are the list of factors you can choose from:
 - Biological factors such as information regarding physical functioning
 - Psychological factors such as coping capacities and affect
 - Social factors such as social roles, social functioning, social supports, financial status
 - Family factors
 - Cultural factors
 - Spiritual factors
 - Factors in the social and physical environment
2. Next, identify the resources/strengths within the individual you chose, the family as a whole and its community. Write these resources and strengths. Again, you need to address these for the individual, the Booker family, and their community.
3. What information in this case study is significant and why? What additional information would it be helpful to have and why?
4. What types of services might this family benefit from? Please also think about what services individuals in the family might benefit from. Use information from peer reviewed journal articles to support the interventions.
5. Finally, appreciate and identify the role “culture” may play in this family’s experience.



Grading Rubric

Your assignment will be evaluated using the following grading rubric out of **15** total points.

- Identification of 3 factors and how they impact the identified individuals functioning. (3 points)
- Identification of strengths for the individual, family & community in the case study. (3 points)
- Quality discussion of significant information in the case study & what additional information would be helpful. (2 points)
- Identification of services for the family. Use of peer reviewed articles to support interventions. (2 points)
- Discussion of the impact of culture and the use of peer reviewed articles to support analysis. (2 points)
- The response is organized in a meaningful manner with correct spelling and grammar, is 3 pages in length and has a title & reference page. (3 points)

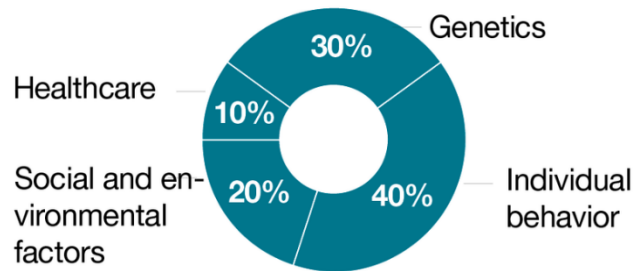
Case Study 3: Tyler

When a patient walks into any health care setting for care, they bring their entire selves with them. They bring the stress or joy or frustration of something that happened to them on the way in. They bring the impact of the community in which they live, the affect of the schools that they attend, and the consequences of the jobs that they and their families have. These are known as just some of the “social determinants of health”. Social determinants of health are the conditions in which people are born, grow, live, work and age, which shape their health and overall well-being.¹

So, when a patient walks into a healthcare setting, they also walk into embedded systems and policies that are either wellness promoting or limiting. Policies and laws that affect income, access to resources, access to care, whether or not they have health insurance, among other things, impact health. Additionally, groups, families and the patient themselves make decisions that affect their health such as what they will eat, what kind of exercise they will engage in, and whether they will smoke, drink alcohol, choose vaccinations, and more. Finally, we are all born influenced by our genetic make up that may afford us protections or vulnerabilities.



Impact of different factors on risk of premature death



Source: Kaiser Family Foundation

The graph is a visual representation of what is described above. The receipt of or engagement in healthcare appointments and treatment is not where most of what affects our health, as a population, is decided. In fact, healthcare overall has the lowest impact of all other factors.

Addressing social determinants of health therefore, is crucial for improving health and reducing disparities across populations.² Healthcare is enormously expensive in the United States and patients here do not see superior outcomes relative to the cost.³ Additionally, within the United States, there are measurable disparities in health outcomes when looking at demographics like race and gender. The impact of COVID-19 has widened these disparities even more social determinants of health cannot be ignored. Thus, a lot of a person’s life and experience walks in with them when they seek care.

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Let us consider Tyler, who is a 35-year-old construction worker and is married to his husband, Tom, for 3 years. He has been diagnosed with asthma and high blood pressure. He has a primary care clinic but generally does not receive care there. The clinic is a bit of a drive from where he lives and their hours are fairly restricted making it difficult to make and keep appointments with his work obligations. He fills prescriptions intermittently and does not take his medication as prescribed, noting that he often “feels fine.” Tyler has gone to a local urgent care when he is experiencing a more noticeable shortness of breath and when he has suffered serious headaches.

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Tyler’s construction foreman has made it clear that time off for “illness” would not go unnoticed and he did not want to draw any unnecessary attention to himself among the crew. Tyler’s husband has become increasingly frustrated with his lack of attention to his health, his inconsistent medication use, and his unwillingness to recognize that there is a problem.

Tyler does schedule an appointment with his primary care physician and takes the day off work. He is asked screening questions about his health and about social and environmental factors which he does not want to answer. He doesn’t understand why the registration staff is asking him about whether he feels safe at home, whether he has food “insecurity,” or if he has any concerns about unstable housing. He says “no” to everything but is annoyed.

When he sees the physician, he asks why he was asked all of those questions? The physician said that “they ask everyone the same questions” as he worked through the examination. Tyler cannot shake wondering if he was specifically targeted with the questions either because he was gay, a construction worker, or because he was black.

He did have high blood pressure that day (as was typical when not taking his medication) though he felt “ok” and he had minor wheezing. He was given 2 prescriptions and reminded that he needed to take



both regularly as prescribed. The physician reminded Tyler that if did not “comply” with the medication that “either condition could be serious or result in disability/death.”

Tyler did call in the prescriptions on the way home which Tom picked up for him and he took them mostly as prescribed until they ran out. Tyler also told Tom, after the appointment itself, that he felt singled out, was suspicious about why they asked him some of the questions that they did, and that he doesn't like going to the doctor for those reasons.

Almost 4 out of 10 Americans, like Tyler, have 2 or more chronic illnesses that “require” ongoing attention to avoid worsening health outcomes.⁴ Typically, our health care systems are not patient centric and providers do not engage in conversation that addresses concerns and needs outside of the diagnosis and prescribing behavior. This, in spite, of a large body of evidence about health promotion and coaching behaviors that health care teams can engage in to make it more likely for patients to consider options that would best serve them.

References:

- Kaiser Family Foundation: <https://www.kff.org/>
- Miller, W.R. & Rollnick, S. (2013) *Motivational Interviewing: Helping people to change* (3rd Edition). Guilford Press.
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