EPID-600 Introduction to Public Health
Community Assessment

Objectives

Students should be able to

- describe why community assessment is important for analyzing community health status
- describe the sources the data available for such analysis
- describe how to, how to gather and present the data that affect community public health policy & funding
- describe how to to use spreadsheet and geographic analysis presentations to strengthen their presentations.
- describe data sets available to measure health status at the national, state and local level
- how to link them health data to economic status
- how to access the health care and medical care data systems and their interfaces between public & private resources.

Key Words

Community, jurisdiction, health status, health measurement, planning, goals, geographic analysis, birth rate, infant death rate, fertility measures, community surveys, behavioral risk factors, mental health, Marc Lalonde, Kerr White.

Concept

Improving health outcome depends on knowledge of current health status rather than responding to medical crises.

Readings

Essay # 3, & scan essay #6.
Schneider 2nd Edn: scan Chapter 5, 8, 11 and 24
Virginia Center for Health Communities
Kaiser Family Foundation: State Health Facts

Additional Readings:

1. Maxcy Rosenau 13th Edn. Chap 40 &66.14th Edn, Scan Chap. 32 & 43 and 70 Secn. C
5 . MAPP – a strategic approach to community health improvement
7. A new Perspective on the Health of Canadians, Marc Lalonde. 1974

Go to Lecture
In the mid 1970s Ivan Illich's book "Medical Nemesis" sub-titled "The Expropriation of Health" was published. His thesis was to decry the tendency to name every symptom as a discrete disease and develop an ICDA code (and payment) for it, thus increasing the complexity of medical care unnecessarily, as well as making health assessment difficult.

In 1975, Marc Lalonde, Minister of Health for Canada proposed the "Health Field Effect" Noting that up to 75% of a community's health was affected by behaviors, rather than medically treatable diseases. He started the current impetus to look carefully at the whole community environment, including behavior/mental health, not just obvious treatable entities.

The session has four presentations. Two by Dr. Bradford, one from Dr. Barrett and one by Dr. Buttery. Dr. Bradford's presentations will focus on assessment of communities where the community is defined by a population with shared characteristics such as AIDS, sexual preference or Lung Cancer. Please review Dr. Bradford's presentations. Also One of Dr Bradford's associates, Dr. Kirsten Barrett's recently completed an assessment in S.W. VA. This study is similar in scope to the report on Dr Buttery's study of the Southside AHEC. You should compare the two and consider that Dr. Barrett's was funded in excess of $200,000, while Dr. Buttery's for the AHEC was funded for $7,500, had to use secondary data and was completed in 8 weeks.

If you don't know where you are going, you are not going to be able to measure a result.
which can lead to activities that will enhance the community’s health. This is similar to the medical care providers who are so busy treating diseases that few of them take the time to prevent the diseases which they treat. Additionally, national and state legislatures only give lip service to funding prevention. This sends a false message to insurers, that it is not worth using their money to prevent disease.

What evidence is there that diseases are preventable? Where would you look? What proportion of disease might be preventable? Why? [Again, look at Data Sources]

The World Health Organization’s definition of ‘Health’ is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Review two assessments performed by Dr. Buttery where the population assessed were geographically defined rather than disease attribute defined. An issue that continues to be important in community assessment is that of disparities. While I believe income is the most important I include an article from Health Affairs from March of 2005 that suggests race matters, as well as income class. You might want to scan this .pdf which look at health disparities in the UK.

The first, 1973 Assessment, was performed for the City of Portsmouth, Virginia. While it was state of the art 30 years ago, not much has changed in techniques of assessment since, other than the advent of computerized GIS systems. The data was collected and analyzed manually. The 1998 Assessment for 17 counties in Southside Virginia was performed by computer analysis by downloading data from the Virginia Center for Health Statistics, then analyzing a combination of spreadsheets, databases and GIS (geographic Information Systems) projections. Review this short set of slides on Introduction to GIS.

For more information on GIS applications click on the Introduction to Mapping resources. Any of you who viewed the "RX for Survival" on PBS this week (October 31 through Nov 2) should review this article on GIS and control of tropical diseases.

These assessments consider the following issues:

- How long does the population live?
- How well do they live?
- How much disability do they have for how long?
- What are the extremes of health and disability in the community?
- What seem to be the underlying causes of ill health?
- How do you define ‘ill health’?
- What can be done to change health status?
- Whose health status are you going to affect?
- What are the costs and the benefits?
- How long will change take?
- Are these change medical or social?
- Is there a difference?
- What is measurable?
- Are you sure it is measurable?
- What role does the environment play?
- Who will pay for it?

Once you believe you have answered these questions:

- How are you going to plan interventions to change health status?
- Whose permission do you need?
- What are the constraints to your actions?
- Who must be involved in the change?
What can enable the changes?

For an example of a community assessment, scan the AHEC summary of the community assessment Dr. Buttery performed in 1998, from which several of the slides in the 1998 slide show were chosen. Consider why the recommendations might be unexpected. A valuable report is that from PolicyLink, from The California Endowment, that focuses on neighborhood factors that influence health and may be associated with health disparities. This is useful reading before starting an analysis.

Finally, look at the following annual reports written to a city manager more than 25 years ago. This was the director's first position after completing his MPH. Which issues still remain important public health issues today? Why? How do you think we could resolve them before another 25 years pass by? Consider how useful these annual assessments of policy accomplishment were for the health of the city's residents? What contributes to these assessments? Examine what happened with the grant programs over this 6 year period.

Annual report for 1970
Annual report for 1973
Annual Report for 1974

Readings for to this session, Essays 3 & 6 (scan only)
Schneider: Chapter 8

Community Assessment Bookmarks
Intro to GIS