

Community Assessment Objectives

([PDF version](#))

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 to affect community public health policy & funding
- describe how 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.
- describe mental health issues that affect the community's health.

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, Ivan Illich, Kerr White.

Concept

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

Readings:

Introduction to Public Health: Schneider, 2nd Edn. Chapter 8, Scan Chapters 13 & 19.

References

[Essay # 3](#), & scan [essay #6](#).
Maxcy Rosenau 13th Edn. Chap 40 &66.
14th Edn, Scan Chap. 32 & 43 and 70 Secn. C

Additional Readings:

1. Millman M. ed. Access to Health Care in America. National Academy Press (IOM), Washington DC 1993. pp 31-45 (Chap. 2)
- 2, Bozzetta SA et al.(1998) The care of HIV infected adults in the United States. New

England Journal of Medicine 339(28): 1897-1904

3, Pappas G et Al. (1993). The increasing disparity of mortality between socioeconomic groups in the United States. 1960 and 1986. New England Journal of Medicine 329(2): 103-109

4. [MAPP](#) – a strategic approach to community health improvement

5. [Principles](#) of Community Engagement (focus on part3).

[Go to Lecture](#)

[MPH Home Page](#)

[Course Contents](#)

[Useful Web Links](#)

[Blackboard](#)

Community Assessment Presentation

Data Sources

[Dr Barrett's Slides](#) Dr.
Bradford's Presentations:

[First](#)
[Second](#)
[Third](#)
[Fourth](#)
[2004](#)

In the mid 1970s (revs. 1995) 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 ICD-9 code for it, thus increasing the complexity of medical care unnecessarily, as well as making health assessment difficult. Look at the CDC Web Page on [Assessment in Public Health](#)

In 1983, [Marc Lalonde](#), then 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.

Assessment Example 1

GIS Map of [smoking deaths](#) in Corpus Christi, TX,
Written with Graphics Basic in 1981

Assessment Example 2

[1998 Southside AHEC summary](#)

Review this video of a [global assessment](#) of health status

The session has four presentations. Two by Dr. Bradford, one by 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 completed in 8 weeks. There is also a Power Point presentation on community public me

health issues.

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 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 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' includes attention to physical, mental and social well-being, not just absence of disease.

work through Dr. James May's [slides \(pdf copy\)](#) on definitions and parameters of major mental diseases affecting the population. Consider how many friends and relatives you know who have been diagnosed and or treated for one of these conditions. Consider the resources that should be included in a community assessment to deal with these problems. Think about Illich's comments on medical diagnoses and recent statements in the media that 1 in 4 people are mentally ill.

Review two assessments performed by Dr. Buttery where the population assessed were geographically defined rather than disease attribute defined.

[Introduction to Mapping Resources](#)

The [1973 Assessment](#), was performed for the City of Portsmouth, Virginia. 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. For more information on GIS applications click on the [Introduction to Mapping](#) resources

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 changes 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 show were chosen. Consider why the recommendations might be unexpected.

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 assessment 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](#)

