Week 4 - Review of Issues

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MPH 584/ Community Health

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1. Explain the role of health insurance and place of healthcare for promoting health across the lifespan.

   Health coverage tends to focus on health care and health services, often in the context of health insurance. That leads to an emphasis on curative care. Health promotion actually often takes a back seat with health insurance, despite its positive impact regarding the well-being of all humans. Health insurance encourages continuous care of one’s self or their family because it is “covered”. Health insurance also covers services at specialty facilities (orthopedics, gynecology, etc) where patients can be exposed to preventative services like programs and resources (Beyer, J. & Coe, G., 2014).

2. Describe the Behavior Surveillance System and what age groups and risk categories are addressed.

   The Behavioral Risk Factor Surveillance System (BRFSS) is the largest, continuously conducted, telephone health survey in the world. It enables the Center for Disease Control and Prevention (CDC), state health departments, and other health agencies to monitor modifiable risk factors for chronic diseases and other leading causes of death. (Washington State Department of Health, 2013).

   There is a Youth BRFSS that focuses on ages 12-18, but the regular BRFSS asks for an adult 18yrs of age or over. The risk categories that are covered are high-related risk behaviors and events (like tobacco use and seatbelt usage), chronic health conditions, use of preventative services, and health issues like vaccine shortage and influenza-like illnesses (CDC, 2013).
3. List factors that affect the size and age of a population.

Some factors that affect the size and age of a population include:

- Birth Rate – the number of individuals that are added to a population over a period of time due to reproduction.
- Immigration – the migration of an individual INTO a place.
- Death Rate – number of individuals that die per 1,000 individuals per year.
- Emigration – migration of an individual FROM a place (Cunningham, M., 2003).

4. Identify six instrumental needs of older adults.

There are six instrumental needs that determine lifestyle for older adults:

1. Income
2. Housing
3. Personal Care
4. Health Care
5. Transportation
6. Community facilities and services.

5. Discuss the 1985 issues identified by The Secretary's Task Force Report on Black and Minority Health.

A comprehensive study was carried out by a Task Force to investigate the long-standing disparities between the health status of U.S. blacks, Hispanics, Asian/Pacific Islanders, and
Native Americans compared to that of whites. The Task Force found that 60,000 excess deaths occur each year in minority populations. Six causes of death were identified that together account for more than 80% of the excess mortality. The ranking of these health problems according to excess deaths differs for each minority population. One of the Task Force's major concerns was the quality of available data, especially on Hispanics. For example, for the Hispanic population, separate mortality data are only available on those who are foreign-born.

The Task Force made eight main recommendations to the Secretary:

1. Implement an outreach campaign, specifically designed for minority populations, to disseminate targeted health information, educational materials, and program strategies.
2. Increase patient education by developing materials and programs responsive to minority needs and by improving provider awareness of minority cultural and language needs.
3. Improve the access, delivery, and financing of health services to minority populations through increased efficiency and acceptability.
4. Develop strategies to improve the availability and accessibility of health professionals to minority communities through communication and coordination with nonfederal entities.
5. Promote and improve communication and coordination among federal agencies in administering existing programs for improving the health status and availability of health professionals to minorities.
6. Provide technical assistance and encourage efforts by local and community agencies to meet minority-health needs.

7. Improve the quality, availability, and use of health data pertaining to minority populations.

8. Adopt and support research to investigate factors affecting minority health, including risk-factor identification, education interventions, and prevention and treatment services (CDC, 2001).

6. Define and describe cultural competence and health literacy, and the significance to qualitative and quantitative outcomes of community health services.

   Cultural competency in health care describes the ability of systems to provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients’ social, cultural, and linguistic needs.

   Health Literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

   They are significant regarding qualitative and quantitative outcomes in community health services because the data can show how enhanced the subjects’ knowledge and skills are regarding the health service. It can also show the gaps in cultural competence and health literacy and how services can better address those needs (Brathwaite, A. & Majumdar, B., 2006).

7. Today in the United States, one of the approaches for operationalizing and prioritizing health needs for communities relies on categorizing racial or ethnic minorities; Identify and discuss
the evidence to explain the disproportionate numbers of HIV and AIDS cases in black Americans and Americans of Hispanic origin.

African Americans, who make up only 14 percent of the U.S. population, make up 44 percent of the HIV-positive population and Latinos face three times the HIV infection rates as whites (Moodie-Mills, A. & Robinson, R., 2012).

The social determinants of health—the conditions in which people are born, grow, live, work and age, including the health system—have more impact in the cause and course of every leading category of illness than do any attitudinal, behavioral, or genetic determinant. This is the case for heart disease, diabetes, and cancer and it is equally true for the HIV/AIDS epidemic. Because HIV/AIDS is communicable, the social determinants of people may have even more importance. This means that the high rates of HIV/AIDS we see among communities of color are not the result of high-risk behavior in these communities, but structural inequalities that make them more likely to come in contact with the disease and less likely to treat it (Moodie-Mills, A. & Robinson, R., 2012).

8. Identify one issue presented in the Unnatural Causes video, which address health inequities in the United States and how it affects patient outcomes. How does this influence prioritization and planning for community health services?

One issue presented is the theory that African-American women are at increased risk during pregnancy. Several doctors believe it’s not because of their biology but because of the impact of racism they experience over their lifetime. That impact can outweigh benefits of higher social and class status. The unequal treatment causes anxiety and release of stress hormones. The researchers/doctors have records that show that African immigrants to the U.S. and U.S.-born white women had similar birth outcomes but African American women have babies that weighed significantly less.
Community health services should include the typical health services and education outreach focusing on low-birth weight risk factors. But another health service that would be beneficial would be cultural competency and mental health wellness for pregnant women. Racism and discrimination still exists and prevention would be ideal, but for those who still are victims, counseling and other forms of mental health services would be beneficial.
References


