

**Identifying Populations & Resources:
Assessing Your Community**
or
*Simple Community Assessment:
Where are the Data and What It Tells You*

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Basic Concepts

- Community assessment isn't scary.
- Data sources are readily available.
 - Local, state and national
- Use data to drive programs.



Evaluation

Assessment

Implementation

Capacity / Resources

Planning



Community Assessment: Why

- Defines the population.
 - A community can be defined in geographic, cultural or by any other definition, such as a congregation.
- Defines specific issues within the population.
 - Data provides measurable, comparable information on multiple variables.
- Identifies resources for use in planning/implementation
- Provides baseline data for evaluation.
 - Begin with the end in mind.
- Required by funding sources.



Community Assessment: Who

- Who should do community assessment?
 - Who ever is doing the planning.
 - Does not have to be epidemiologist, just curious.
- Who should be assessed?
 - The target population.
 - Can be broken down by age, race, gender, education, income or other variables.



Community Assessment: When

- In a perfect world...at the very beginning of a project.
- In the imperfect world we actually live in...do it whenever you can do it.
 - Before starting a new initiative.
 - During an annual or strategic planning process.
 - Mid project so that you can have a comparison point at the end.



Community Assessment: What

- What do you measure?
 - Health status, disease prevalence, incidence rates.
 - Socioeconomic status.
 - Geographic indicators such as residence, locations of incidents, where do people congregate.
 - Slice and dice the data as best to match your needs.



Community Assessment: Where

- Any place that you can
 - Library
 - Internet
 - Church
 - Health Department
- All you need is a place where you can touch the data and work comfortably



Community Assessment: How

- Determine the population
- Identify data sources
 - Internal: Church membership data which includes zip codes, birth dates, attendance, usage
 - External: Census, public health (which can touch any health issue or population), public resources (parks, pools, agencies, organizations)
 - Informal: Dashboard survey – what do your eyes tell you



Community Assessment: How

- Find data that closely matches your population.
 - National can work
 - State is better
 - Local is best
- If local is not available, apply next closest data rates to your population.



Community Assessment: How

- Cast a wide net
 - Provides a broad spectrum of information to determine true issues within population.
 - Provides comparison information between sources.
- Cast a narrow net
 - If looking at a specific health issue, such as tobacco abuse, physical inactivity or access to health care.
 - If looking at a specific population such as men/women or a specific age group.



Application: BUMC Case Study

- Bethany UMC, Austin, Texas
 - 30 years old
 - 3,000+ members
 - Majority of members live in four zip codes in or around the church
 - Largest age group is 13-17 year olds, the largest group of adults is between late 30s through 40s, median age is 34.
 - Gender is split almost evenly



BUMC Case Study

- Membership Data
 - Provided ages of members
 - Zip codes of residence of members
- U.S. Census Data sorted by zip codes
 - Socio-Economic Status, education, household size, home ownership, income, poverty levels (indicators of health)



BUMC Case Study

- Behavioral Risk Factor Surveillance System
 - Disease Prevalence
 - Health Behaviors
- Trauma System Database
 - Injuries by type, intentional/unintentional
- State Vital Statistics
 - Morbidity, natality, marriage, divorce
- Texas Cancer Registry
 - Incidence of cancers by type, gender



Health Findings

- High cholesterol (regional prevalence of 36.0%):
 - 30-44 year olds: 145 members at risk/6.6% of BUMC adults.
 - 45-64 year olds: 320 members at risk/14.5% of BUMC adults.
 - 65+ year olds: 152 members at risk/6.9% of BUMC adults.
- High Blood Pressure (regional prevalence of 24.1%):
 - 45-64 year olds: 234 members at risk/10.6% of BUMC adults.
 - 65+ year olds: 150 members at risk/6.8% of BUMC adults.



Health Findings

- Binge Drinking (regional prevalence of 19.2%):
 - 18-29 year olds: 262 members at risk/11.9% of BUMC adults.
- Heavy Drinking (regional prevalence of 8.2%):
 - 18-29 year olds: 111 members at risk/5.0% of BUMC adults.



Health Findings

- Arthritis of any type (regional prevalence of 18.8%):
 - 45-64 year olds: 215 members at risk/9.7% of BUMC adults.
 - 65+ year olds: 141 members at risk /6.4% of BUMC adults.
- Smoking (regional prevalence of 17.2%):
 - 18-29 year olds: 175 members at risk/7.9% of BUMC adults.
 - 45-64 year olds: 129 members at risk/5.8% of BUMC adults.



Health Findings

- Five days or more of poor mental health (regional prevalence of 17.7%):
 - 18-29 year olds: 161 members at risk/7.3% of BUMC adults.
 - 45-64 year olds: 136 members at risk/6.2% of BUMC adults.
- Five days or more of poor physical health (regional prevalence of 16.1%):
 - 45-64 year olds: 135 members at risk/6.1% of BUMC adults.



Health Findings

- Consuming less than 5 fruits/vegetables per day (regional prevalence of 73.1%):
 - 18-29 year olds: 471 members at risk/21.4% of BUMC adults.
 - 30-44 year olds: 423 members at risk/19.2% of BUMC adults.
 - 45-64 year olds: 491 members at risk/22.3% of BUMC adults.
 - 65+ year olds: 192 members at risk/8.7% of BUMC adults.
- No leisure time (regional prevalence of 18.5%):
 - 30-44 year olds: 111 members at risk/5.1% of BUMC adults.
 - 45-64 year olds: 132 members at risk/6.0% of BUMC adults.

Health Findings

- Overweight/Obesity (Body Mass Index 25 or greater)(regional prevalence of 58.4%):
 - 18-29 year olds: 279 members at risk/12.7% of BUMC adults.
 - 30-44 year olds: 317 members at risk/14.4% of BUMC adults.
 - 45-64 year olds: 469 members at risk/21.4% of BUMC adults.
 - 65+ year olds: 173 members at risk/7.8% of BUMC adults.
- No health insurance (regional prevalence of 18.7%):
 - 18-29 year olds: 194 members at risk/8.8% of BUMC adults.
 - 30-44 year olds: 117 members at risk/5.3% of BUMC adults.

Health Findings

While the number of BUMC members impacted are very small due to the incidence rates per 100,000 residents, prevention and early screening should be stressed due to the levels of these types of cancer compared to the state incidence rates.

- Cancer incidents reported at levels higher than the state levels in Travis and/or Williamson counties:
 - Male: prostate, melanoma of the skin, non-Hodgkins lymphoma and urinary bladder.
 - Female: breast, lung and bronchus, colon and rectum, thyroid, corpus and uterus and all sites combined.



So What Does It Mean?

- Use data to design interventions
 - Focus on nutrition and physical activity can address multiple health issues.
 - Focus on educating members on health living to promote more days of good health.
 - Focus on identifying resources for those without insurance or a medical home.
 - Focus on identifying resources for mental and spiritual health.



Thank you

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