



A Systematic Study of Health Needs Assessment on Basic, Social and Environmental Health

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ABSTRACT

The objective of our research study design is to evaluate health need assessment with respect to basic, social and environmental health. The total participants included in our research study design were 100 and all belong to city Lahore, Pakistan. For analyzing our data we use IBM SPSS Statistics Version 21. In basic health the facility available in particular area, private clinics have highest percentage which is 40% as compared to others which are hospitals 30% , health care facility, quack and no facility available to their nearby areas have percentages 10% . In social health assessment, diabetes has percentage 30%, hypertension as 20%, influenza 40% and obesity 10%. While in environmental health assessment, public parks have highest percentage 50% as compared to others which are wellness club 20%, gym as 20% and restaurants as 10%. Health need assessment is very important as it ensure that we can easily improve the health of person by maintaining and visualizing the health status of the individual in the most efficient way.

Key words: Health needs assessment; Basic health; Social health; Environmental health

INTRODUCTION

According to World Health Organization, definition of health is often used as: "Health is a state of complete physical, psychological and social wellbeing and not simply the absence of disease or infirmity"[1]. A health assessment are the usual set of questions, in which patient asked to answer about their behaviors, risk factors, life – changing events, health priorities and goals and overall health. Health assessments are generally organized for screening and assessment tools that in primary health care practices to help the health professionals and patients to develop a plan of care. The information on health assessment can help the health care team to understand the needs of its overall population of patients. Health assessments also vary in dimension and choice; they completed either during or between office visits, on paper or computers. The usual health needs assessment questions that include patients of all age groups including both children and adolescents. The some common health needs assessment questions



asked are on smoking, depression or anxiety, emotional and social support, eating habits, physical activity, disability, chronic illness, sedentary behaviors which includes sitting and watching TV or playing computer games [2,3,4]. The benefits of routine health assessment are that they improve patient and health provider relationships, find the problem and rank the patient health problems and goal lines, help patients to understand their current status of health and action taken to improve their health and patient follow-up and fulfill the requirements to generate profits from incentive programs and nationwide strategies [5, 6]. The challenges of routine health assessment are the picking a tool that is significant and achievable. Prioritize and address a patient's identified health associated risk factors, organize and deploy of staff and resources to occur and treat the health threats and recording it correctly to get incentives and ease referrals [6].

METHODOLOGY:

For conducting research on health need assessment we use both primary and secondary source and for review of the articles we use different search engines which include electronic engines (Pub med, Bio med, scholarly articles), already published literatures and grey literature that was not submitted to peer review journals is also taken into account. Our systematic health need assessment research study conducted. The total participants included in our research study were 100 and all belong to city Lahore, Pakistan. We develop our questionnaires on basic health, social health and environmental health to gather

information and data about them. After completing questionnaire from the participants, it was cross-checked daily for variations and broadness. For analyzing our data we use IBM SPSS Statistics Version 21. In it data was entered, edited, coded and analyzed. We get our results by calculating percentages of different variables. For further elaboration of our research study we use graphs and pie charts.

RESULTS AND DISCUSSION

While doing health need assessment, our research study and questionnaires will focus on basic health assessment, social health assessment and environmental health assessment. All of them described as below along with their results and discussion.

BASIC HEALTH ASSESSMENT

Health of person is very important to carry out daily routine activities. Lacking in health makes person weak and takes him away from routine participation in the society. In basic health need assessment approach to good medical facility is also important. If person choose low medical facility then his / her health effect more as compared to that who access to good medical facility. Selection of good medical facility also depends on person income level if person earns well he/ she access to good medical facilities compared to those who have low earning to control their expenses.

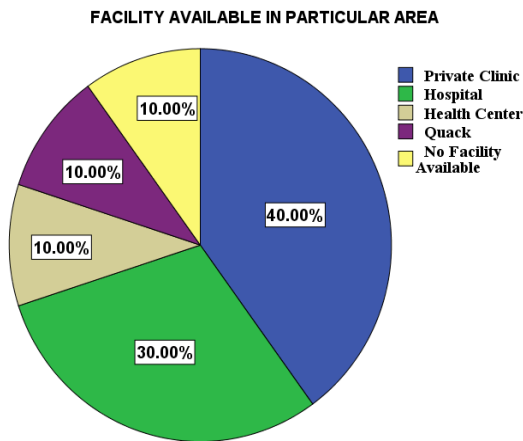
FIGURE: 1

Figure 1 is the pie chart of facility available in particular area. This question categorized as private clinics, hospital, health center, quack and no facility available. In our study

research design, 100 participants were selected to answer this question. In it, forty people respond to health facility of private clinics in their hereby places, thirty responds to hospital for their health care. Ten person in each group respond to health center and quack . Ten also respond to no facility available of health care in hereby area. Results obtained from the research study were private clinics had percentage 40% , hospital, health centre, quack had percentages 30%, 10% and 10% . In our study we also found that there was no facility available in certain area had percentage 10%. From the results we deduce that people had more access to private clinics compared to taking other type of medical facility.

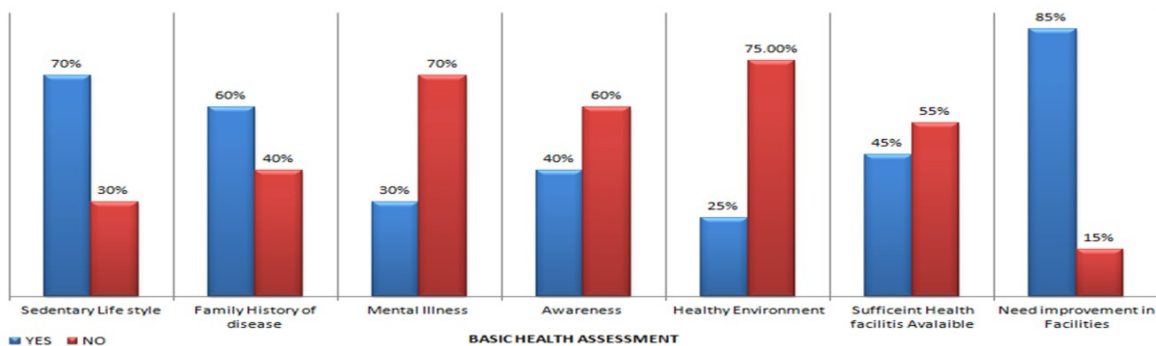
TABLE :1

BASIC HEALTH INFORMATION	
VARIABLE	FREQUENCY (N=100)
<u>Distance to Facility</u>	
≤ 5 km	70
6 to 10 km	20
> 10km	10
<u>Health Facility visit</u>	
Monthly	00
6 months	00
Annually	20
Onset of symptom	80
<u>Health Status of Family</u>	
Satisfactory	50
Good	10
Fair	20
Poor	20
<u>Genetic Predisposition</u>	
Yes	40
No	60

<u>Disease status of Family</u>	
Communicable disease	30
Chronic disease	70
<u>Treatment you Prefer</u>	
Allopathic	60
Homeopathic	30
Spiritual	10

Table 1 is on basic health which include all the information related to health care facility. We split this heading into various categories which are the distance to facility, health facility visit, health status of family, genetic predisposition, disease status of family and treatment you prefer. All these mentioned above questions need be address because it plays a significant part in individual's life. One can not access to good medical facility because of lack of education, distance or not had provision of good medical facility. In basic health information, distance to reach health care facility is further categorized as less than equal to 5 kilometer, 6 to 10 kilometer and less than 10 kilometer. Seventy persons respond to less than 5 kilometer had percentage 70%, twenty persons respond to 6 to 10 kilometer and only ten respond to less than 10 kilometer had percentages 20% and 10%. From the results we deduce that people have quick and insistent access to health care facility when ever they had need. Disease status of family and genetic predisposition are also very important and shall be address. If disease is present in family history then it will transfer to next generation. Hereditary diseases are diabetes and hypertension. Communicable disease we can say about for cancer. In our study results we found that seventy participants respond that they had chronic diseases common in their family as compared to those who respond to communicable diseases which were thirty in number out of hundred persons had percentages 70% and 30%. Sixty people were more interested to take allopathic treatment had percentage 60%. In Homeopathic and spiritual treatment people respond to it were thirty and ten and the percentages obtained from it were 30% and 10%.

GRAPH 1:



Graph 1 is the further elaboration of basic health assessment. We use following variables sedentary lifestyles, family history, mental illness, awareness, healthy environment, sufficient health facilities available and need improvements in facilities to describe our research study design. In it we labelled our variables as yes and no option. 70% people respond to sedentary lifestyles while 30% had no sedentary lifestyle in their area. 60% people had chronic diseases in their family history while 40% saying no to it. Mental illness also have great impact on health if person is mentally and physically fit he will then take part in daily routine work otherwise not. 70% people were saying no to mental illness and 30% saying yes to mental illness. Healthy and fresh environment also plays an important role in person life in which 75% person were saying no to it and 25% saying yes to it. 45% respond that they had enough health facilities in their area as compared to 55% who were saying no to health care facility in their area. 85% people saying that improvements shall be done to improve health care facilities while 15% saying no as they were already satisfied with the medical facilities provided to them.

SOCIAL HEALTH ASSESSMENT

Health is control by people and societal factors in a countless way. Our health is firm by right point of entry to societal and monetary openings; the properties and provisions available in our households, localities, and societies; regulation of our school; security of our offices; the cleanliness of our sanitation system, food, and air; and the nature of our societal collaborations and relationships.

FIGURE 2:

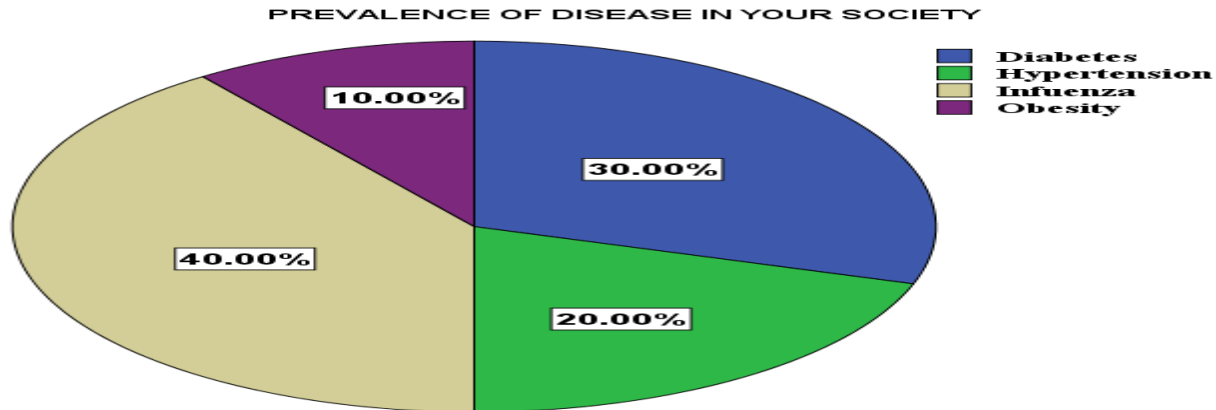


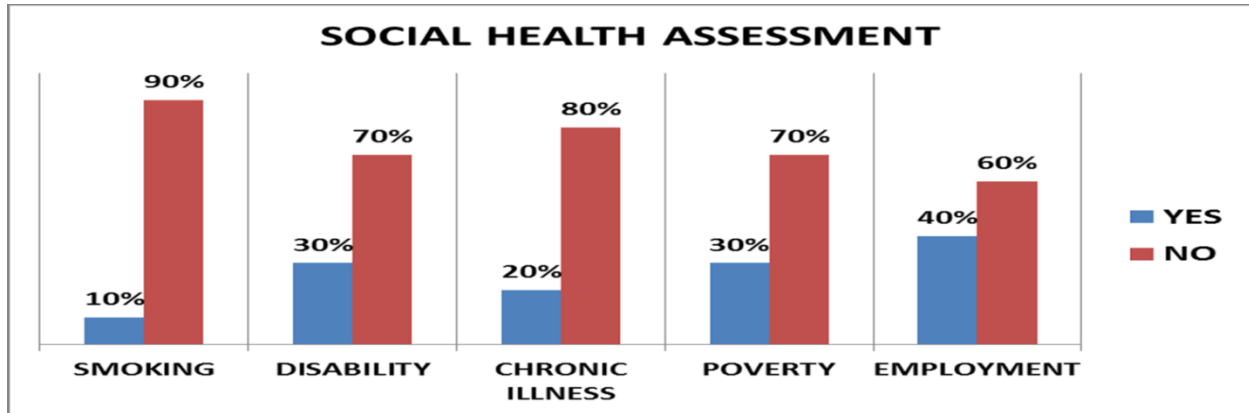
Figure 2 is the pie chart of prevalence of disease in particular area. The disease which we include in our research study are diabetes, hypertension, influenza and obesity. Hundred persons respond to answer this question. The results obtained from our research study design were diabetes 30%, hypertension 20%, influenza 40% and obesity had low prevalence compared to other diseases which is 10%. Form the results we concluded that prevalence of influenza was more common as compared to other diseases included in our respective study.

TABLE 2:

SOCIAL HEALTH INFORMATION	
VARIABLE	FREQUENCY (N=100)
<u>Social and emotional support</u>	
Sometimes	30
Usually	20
Always	10
Never	40
<u>Disability/ long term illness</u>	
Yes	30
No	70
<u>Chronic Disease in family history</u>	
Yes	80
No	20

Table 2 is on social health information. In social health assessment we include all those social factors which affect health . It includes the all the state of affairs in which person is born, place of living, learn, play, worship, work and the age that affect a widespread variety of healthiness, functioning, and quality-of-life outcomes and risks. In order to explain this question we use the following variables which are social and emotional support, disability, long term illness and chronic disease in family history. In social and emotional support, thirty were in favor of saying that sometimes they get social and emotional support from the people had percentage 30% , twenty person usually receive and ten was in favor of saying that always receive social and emotional support had percentage 20% and 10% . While forty were in saying of that they never receive emotional and social support from the society or people anytime and thus had the percentage 40%. In disability and long-term illness thirty person respond to it had percentage 30% while 70 % person were saying no it . The Chronic disease in family history, eighty persons responds that they had no chronic illness in their family while twenty person say yes to it and had percentage 80% and 20%.

GRAPH 2:



Other questions we include in social health assessment are smoking, poverty and employment. In results we found that 90% people say no to smoking while 10% say yes to it. Poverty is also another reason that affects health. 70% says that no poverty in their area and 30% say yes to it. Employment is another reason to decide the health status of person. Results show that 60% employed and 40% says that they have no job.

ENVIRONMENTAL HEALTH ASSESSMENT

Physical environment plays an immense role in determining the health status of society. It has been an immense area of interest for researchers to find the environmental factors that may deteriorate or improve health. But it is now widely understood that environment plays a crucial role in building overall health profile of community.

FIGURE 3:

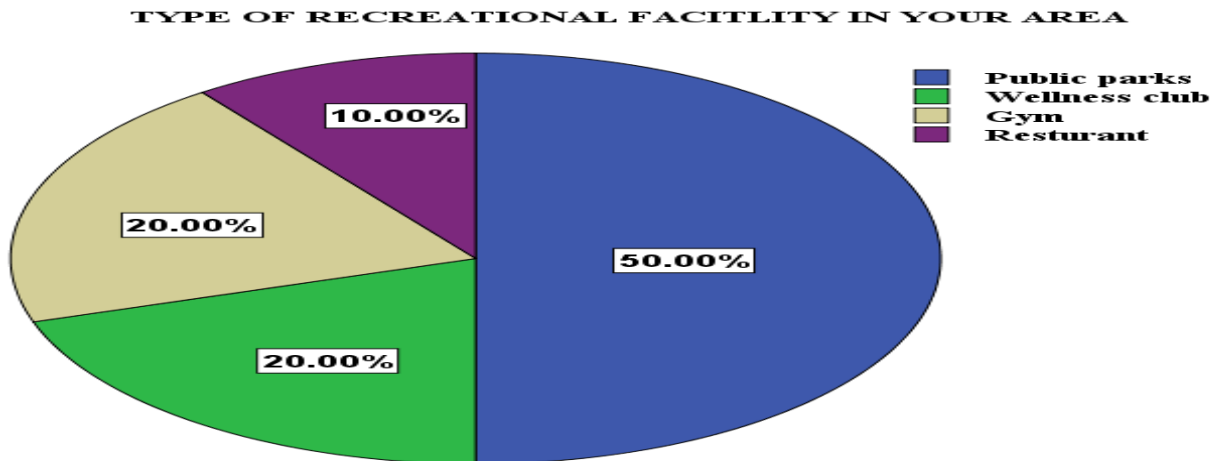


Figure 3 is of pie chart. It labeled as type of recreational facility available in our area which includes following variables public parks, wellness club, gym and restaurant. Results were shown in term of percentages. From the figure we deduce that public parks had highest percentage 50% as compared



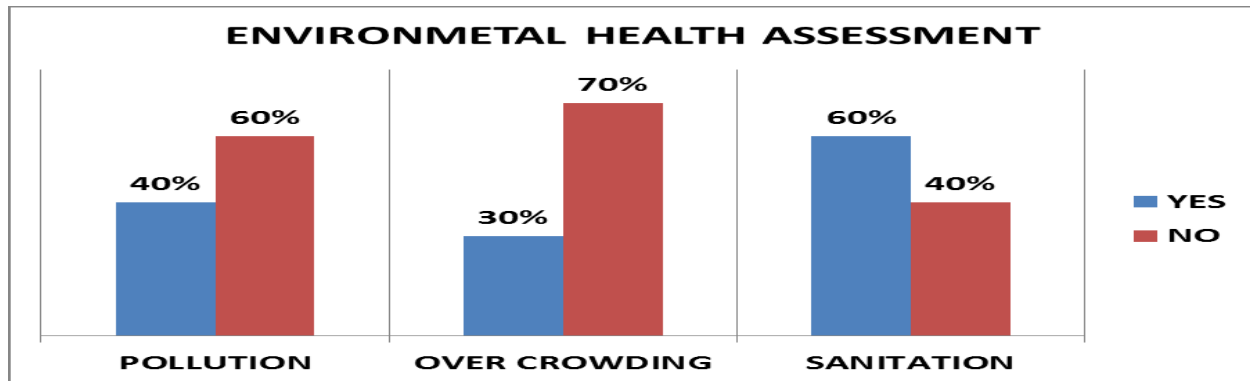
to others which are 20%, 20% and 10%. The study shows that responders had more access to public parks as compared to wellness club, gym and restaurant. Research studies shows that people who live near these parks go more often to these parks as compared to the people who live far beyond these parks. So, the neighbored people had more tendencies to do exercise, morning walk or heavy work out. As a result these people have better health status and enjoy an active life.

TABLE 3:

ENVIRONMENTAL HEALTH INFORMATION	
VARIABLE	FREQUENCY N=100
<u>Availability of recreational place</u>	
Yes	40
No	60
<u>Time to reach public parks</u>	
Less than 5 min	50
Within 5 min	30
Less than 10 min	20
<u>Reason to visit park</u>	
Walking	50
Jogging	10
Running	20
Exercise	20

Table 3 shows the environmental health information. The variables used to describe environmental health information are availability of recreational place, time to reach public parks and reason to visit parks. In availability of recreational place forty person responds that they had the facility of recreational area while others did not. The number of respondents in it were forty while non respondents were sixty. And this makes their percentage 40% and 60%. In time to reach parks fifty person respond that they take less than 5 min to reach parks had percentage 50%. While thirty respond for within in 5 minutes and twenty responds for less than 10 minutes had percentages 30% and 10%. In the next we have reason to reach parks, fifty person visit parks for walking, ten for jogging had percentages 50%, 10% respectively. For both running and exercise we had same percentages which is 20%.

GRAPH 3:



Environment had great impact on human health it is important that pollution free environment shall be provided to the people. Research shows that people living on the road side are more vulnerable of attack by environmental pollutions. A study indicates that these people have high prevalence of respiratory ailments such as asthma, bronchitis and even lung cancer as compared to people who live in inner streets. From our research study, we deduce that 40% of the respondent living in that area pollution free while 60% of respondents living in posh area as a result they are more at risk of pollution and dirt. Sanitation and overcrowding also had great impact on environment health assessment. If sanitation system is poor, people are more liable to certain communicable and non - communicable diseases. In our research study we found that most of the areas of our respondents had good sanitation system 60% and 40% had bad or poor sanitation system. Overcrowding itself affects the atmosphere in multiple some ways which includes living conditions (suffer because of pushing too many people in a narrowed place as a result more slums appear), garbage removal (become a problem and even getting rid of human waste a problem), diseases are more likely to occur and spread because people living in confined places have increased their risks of mortality. The results obtained from this study were that 30% respond to

overcrowding while 70% responds that they had no overcrowding in their areas.

CONCLUSION

From our research study we concluded that health need assessment is very important. It is a need and shall be conducted as it give us information about basic health , social and environmental health. From the results we can easily analyze the health of a person after doing health assessment that the person is healthy or not.

REFERENCES

- [1.] World Health Organization. (2013). *WHO definition of Health*. Retrieved from: <http://www.who.int/about/definition/en/print.html>
- [2.] U.S. Department of Health & Human Services. (2013). *Health Assessments in Primary Care: A How To Guide*. Retrieved from: <http://www.ahrq.gov/professionals/prevention-chronic-care/improve/system/health-assessments/health-assessment-ap10.html>
- [3.] U.S. Department of Health & Human Services. (2014). *Implementing Health Assessments in Primary Care: A*



- How-to Guide*. Retrieved from:
http://pbrn.ahrq.gov/sites/default/files/docs/AHRQ%20PBRN%20Webinar_Health%20Assessments%20in%20Primary%20Care_011514.pdf
- [4.] U.S. Department of Health & Human Services. (2014). *Moving health assessments into the future*. Retrieved from:
<http://www.ahrq.gov/news/newsletters/research-activities/14mar/0314RA1.html>
- [5.] Pro-change behavior systems, INC. (2014). *Clinical Dashboard*. Retrieved from:
<http://www.prochange.com/healthcare-provider-clinician-dashboard>
- [6.] U.S. Department of Health and Human Services. (2013). *Health Assessments in Primary Care A How-to Guide for Clinicians and Staff*. Retrieved from:
<http://www.ahrq.gov/professionals/prevention-chronic-care/improve/system/health-assessments/health-assessments.pdf>