

1. Overall Goals of Wichita/Sedgwick County's CHAP

- a. To study health and health-related matters in Wichita/Sedgwick County in order to provide information that could **guide community efforts to improve the health of all people in the County.**

Rationale: It is recognized that the most effective and humane way to reduce the costs of medical care is a population-based approach that improves health status for all people by concentrating on primary and secondary prevention of illness and injury and raising the level of well-being, thereby reducing the need for medical care.¹ This involves a blending of public health and medicine.

- b. To provide **benchmarks** that can be used to judge the success of future efforts to improve the health of all people in the County.

Rationale: The Community Health Assessment should result in ongoing efforts to improve population health in Wichita/Sedgwick County. It will be important to measure the effectiveness of the ensuing programs and services. The benchmarks established during the current assessment process will be valuable for determining the success of these efforts.

Reference

- ¹ Williams SJ. "Theorizing Class, Health, and Lifestyles: Can Bourdieu Help Us." *Sociology of Health and Illness*, 17(5), 1995, 577-604.

2. Objectives of Wichita/Sedgwick County's CHAP

- a. To determine the **extent of medical care problems** in the community.
 - (1) Problems related to **medical care access**, both financial and other barriers
 - (2) Problems related to **satisfaction** with medical care
 - (3) Problems related to **appropriateness** of medical care
 - (4) Problems related to the **cost** of medical care

Access, satisfaction, appropriateness and cost related to medical care are essential factors that influence the health status of any population. Although less important to primary prevention, medical care is critical to secondary and tertiary prevention of disease and injury, and therefore to preventing disability and dependency.^{1,2,3}
- b. To determine the health and medical **resources** in Wichita/Sedgwick County.
- c. To determine the **health status of the community**.
 - (1) From self-reports
 - (2) From morbidity and mortality data

Both self-reported health status and health status determined from morbidity and mortality records collected by the State are recognized as important indicators of health status. Morbidity and mortality reports provide information on diagnosable conditions while self-reports provide information on functional health status and sense of well-being. Both are important dimensions of population health status.⁴
- d. To determine the extent of **behavioral risk factor problems** in the community.

A vast scientific body of literature associates behavioral risk factors such as smoking, obesity, and drug and alcohol abuse with poor health status ([National Center for Health Statistics](#) 1996). For example, smoking is related to cancer and heart disease and obesity and sedentary lifestyle with diabetes, heart disease, and hypertension. These behaviors need to be included in any study that attempts to assess population health and guide efforts to improve health.
- e. To determine the health and health-related **problems among certain vulnerable populations**.
 - (1) **The uninsured**

The uninsured are at risk of being unable to access needed medical care and, thus, having their health status adversely affected by illness and injury. Also, there are often concomitants to being uninsured that unfavorably influence health status such as low income and unemployment, making it more likely that the uninsured will require

medical care.^{5,6} Therefore, this group warrants particular attention in the community health assessment.

(2) **Low socioeconomic and minority ethnic and racial groups**

Another vulnerable population which compelled special study was comprised of persons of low socioeconomic status, particularly those belonging to an ethnic or racial minority. A substantial body of scientific literature causally links socioeconomic status with poor health. The most convincing studies have been conducted in Britain where access to and quality of medical care are controlled. These studies demonstrate a declining level of health as socioeconomic status declines.⁷ The exacerbating effect of minority racial or ethnic status on poor health status has been well-documented as well.^{8,9} The mechanism by which socioeconomic status affects health is complex because all of the factors contributing to health -- behavior, medical care, and the social and physical environment -- are related to socioeconomic status.^{8,10} In the U.S., socioeconomic status is correlated with inferior access to and quality of medical care. The risk of smoking, abusing drugs or alcohol, poor dietary habits, sedentary lifestyle and other adverse health behaviors is also higher among persons of low socioeconomic status. In addition, people of low socioeconomic status are disadvantaged in terms of employment, housing, social support, and helpful social networks, what Aday¹¹ refers to as human and social capital. Finally, people of low socioeconomic status often live near environmental hazards such as toxic waste dumps and polluting industries or hold jobs in settings where they are exposed to environmental hazards.

- f. To **determine trends** in the community that may adversely affect health status in the future.

References

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- ² Roos NP and Roos LL. Small area variations, practice style, and quality of care. In Evans RG, Barer ML, Marmor TR (editors). *Why Are Some People Healthy and Others Not? The Determinants of Health of Populations*. New York, NY. Aldine De Gruyter; 1994.
- ³ Miller RH, Hillman JM, Marseille E, Miller EE. (editors). *Health Care System DATASOURCE*. National Institute of Health Care Management. Washington, D.C. 1996.

- 4 The Dartmouth Atlas of Health Care. The Center for the Evaluative Clinical Sciences, Dartmouth Medical School. In cooperation with the American Hospital Association. 1996.
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- 11 Aday, Lu Ann. *At Risk in America*. San Francisco