

Community health assessment paper essay sample

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Assessment of a community for health care purposes revolves around the goal of treating the community as a client and improving its overall health. This involves knowing the customs of the community, identifying their needs, and the usage of their current resources and optimally applying them. Beyond these measures nursing intervention can also include advocating for the community through legislative procedures and supporting health campaigns throughout local and state locations. By using these methods, goals and objectives of health promotion along with treatment can be established and used by the community.

A community of interest to me because of my upbringing and family association, lies above the Upper East Side in a districted full of rich history, color, and flavor. It is known for its vibrant cultural atmosphere predominately emitted from its Hispanic/Latino inhabitants, this district is East Harlem known as Spanish Harlem or El Barrio (Spanish for neighborhood). According to New York City. gov website, its neighborhood boundaries are drawn out from 96th Street on 5th Avenue east to the East River and up the east river through Harlem River till 141st and back on down from 141st on 5th Avenue to 96th

As described in the Manhattan Community Board Eleven (2014) Statement of District Needs, there is an estimated 120, 814 residents of East Harlem. It's one of the largest Latino communities in New York City with about 55, 836 of its inhabitants or roughly 46. 2% composed of Hispanic/Latino heritage.

Puerto Rican immigration after the First World War established the first foothold of Latinos in what was a mostly Italian inhabited Harlem back then.

The area grew slowly and increasingly the Italians moved out to <https://assignbuster.com/community-health-assessment-paper-essay-sample/>

the surrounding areas like Brooklyn, Bronx, New Jersey, and upstate New York. This allowed Hispanics more room to move in on top of another wave of immigration during and after World War II in 1940s and 1950s.

By this time a strong presence of Latinos dominated the area primarily populated by Puerto Ricans, their numbers reached 63, 000 in 1950, and defined the neighborhood according to their needs. Today Puerto Ricans make up about 28, 779 inhabitants or 23. 8% of the total population in Spanish Harlem. As Puerto Rican population declines the Mexican population has been on a steady rise over the past decades, composing 9. 1% and the second most Hispanic/Latino population in Spanish Harlem. Black African Americans also heavily populate the area making up 30. 2% of the total, estimated at 36, 467 inhabitants. The rest of the population is composed of Whites at 14. 0%, which estimate to 16, 880 inhabitants and Asians at 9, 104 or 7. 5% of the population, (Community Board Eleven, 2014).

According to an article from Business Insider East Harlem is one of the city's poorest districts; East Harlem has a median household income around \$30, 000, compared to around \$55, 000 for all of New York City, (Goodman, 2013). The percent of residents living below the poverty is nearly twice as high as in Manhattan and New York City overall (Community Health Profiles, 2006, p. 2). Crime rate is also significantly high for the area encompassing East Harlem. " While crime rates in East Harlem have decreased over the past two decades from historic highs, there has been a recent increase in gang related activity, particularly among youth, which has led to increased violence and isolation for residents of public housing" (Community Board

Eleven, 2014). In terms of health care residents suffer from higher than average rates of disease and experience more barriers to health care access than those in NYC overall, with 3 in 10 without a regular doctor and more than 20% of residents visiting the emergency department for routine health (Community Health Profiles, 2006, p. 3). According to community board Eleven (2014), they are more likely to die prematurely and have a higher than normal rates of heart disease. HIV/AIDS, asthma, teenage pregnancies and infant mortality.

A particular disease of interest to me that is prevalent in the community is cardiovascular disease. It is of interest to me because of its treatment and prevention methods are simple to apply but yet still effects a large part of the population there. Cardiovascular disease (CVD) is a group of diseases involving the circulatory system and includes strokes and heart diseases. The most common type of cardiovascular disease is coronary heart disease, which occurs when plaque builds up and narrows the arteries that supply blood to the heart. According to Community Health Profiles (2006), The heart disease hospitalization rate in East Harlem has increased by 10% in the past decade. Residents had an average annual heart disease hospitalization rate in 2003-2004 that was more than 80% higher than the Manhattan rate and 45% higher than the rate in NYC overall (2, 706/100, 000 vs. 1, 489/100, 000 in Manhattan and 1, 856/100, 000 in NYC) (p. 6).

It is well known from the years of research that almost all cardiovascular diseases can be prevented by simply being physically active, eating a healthy diet, maintaining a healthy weight, avoid ever smoking or quitting if

you do, and being tested and treated for high blood pressure, elevated cholesterol, and diabetes. Several resources exist in the community for utilization to learn and become healthy for the prevention and treatment of cardiovascular disease. One Major tool of this modern age is the computer and online access. Free accesses to computers for online use are spread-out through East Harlem in Public Libraries and community centers. This allows the community to search online if they can't afford one at home.

Credible web sites such as nyc. gov/health contain a world of information pertaining to health improvement such as; how to lose weight, cholesterol health bulletin, healthy eating, finding greenmarkets or fresh farmers markets, and ways to help quit smoking. Phone lines such as 311 and 1-866-NYQuits also provide aid with people who want to quit smoking. Pharmacies in the area participate in providing free blood pressure checks along with community centers. Recreational and community centers in East Harlem provide a array of services from after school programs to baseball camps, child group care, food pantries, and performing arts programs. Other centers provide outpatient services such as primary care services, counseling, and comprehensive treatment programs.

To me education plays a big roll in helping with the treatment and prevention of the disease. It's best when it can be harnessed at a young age but still provides a powerful support even if when your older. I would initiate my intervention in a public elementary school during a time, which coincides with another event taking place in which parents are involved in, such as Parent teachers night. I would have booths set up with educational material

made for both children and adults, this will take in the consideration of health literacy in which Arnold & Boggs (2011) states is, “ the degree to which people have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions” p. 306.

The material will have descriptions on nutritious and healthy diets, benefits in exercising along with amount per day and week, body mass index chart, local hospital and department where check ups can be made, local supermarkets which carry healthy food and support local farmers and crops, local workout facilities or boys and girls club which provide activity for children, websites, books, or youtube clips which display more information on nutrition and weight. In this manner along with supplying the community with information it targets the basic unit of the family within the community; mother, father, sons and daughters. As Arnold & Boggs (2011) eloquently put it, empowerment at the community level recognizes the need for citizen participation in improving and promoting health (p. 302).

Local hospitals should be responsible for making sure people have access to good medical care which helps people prevent illnesses, identify health conditions early, and treat health problems. Some conditions can and should be managed regularly outside the hospital. Having a “ medical home”— a personal doctor or other health care provider and a regular place of care other than the emergency department (ED) — is a critical component of good health care access. ((Community Health Profiles, 2006, p. 5). Governing agencies can become more involved with the way companies market

selective products that are know to contribute to cardiovascular disease. Before 9/11 liquor advertisements were not allowed on television and in order to generate revenue they were given leeway to do so after, with some restrictions on time and channels.

The same should be applied with companies who market food such as sugary cereals, cookies, fast food, potatoes chips, etc. Regulations should be placed on how and when they are marketed. An example of what needs to be regulated can be viewed by taking note of how much is played during Saturday morning cartoons hours, people would be amazed to see the bombardment our children are receiving from these types of marketing commercials which, eventually influence kids to want and seek out these types of products. Schools can contribute by offering healthier selections of food and implement more non-smoking and healthier life style choices in their curriculum.

In order to improve the community's health it will involve multiple changes on many levels. Individual knowledge is key. Whether it comes from the family members, schools, media outlets, and hospitals, we need more of it. Once the information has found a way to infiltrate people's lives from a variety of sources, applying the preventative care may be just a little easier, and if that can be done... we will see a tremendous change in our health as people and as a community.

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