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**Abstract**

Community and public health in the United States is continually improving but still faces serious problems and concerns. From a health care system that may soon be unsustainable to emerging and reemerging diseases and epidemics, natural and manmade disasters, alcohol and substance abuse, just to name a few, resources have been extended to limits and the effects are being felt in communities all over. Critical areas of community health care such as maternal, infant, and child health; alcohol, tobacco, and drug use; and access, quality, and cost of health care have to be addressed appropriately to improve health outcomes while reducing morbidity and mortality. Challenges such as health care delivery, lifestyle diseases, disasters, and mental health also require a concerted effort from pertinent community organizations, health care providers and members of the community to devise ways to overcome them. There is need for community health programs to continue to innovate in order to reduce acute and chronic disease burden, reduce the prevalence of risk factors, occurrence of injuries, and promote health.

**Critical Areas of Community Health Care**

**Maternal, Infant, and Child Health**

Important progress has been made in the United States to reduce infant and maternal mortality yet it still has rates higher than any other industrialized nations (McKenzie, Pinger, & Seabert, 2018). Many pregnant women still lack access to prenatal which is necessary to improve birth outcomes. According to Pies, Parthasarathy, & Posner (2012), prenatal care is not enough to improve birth outcomes, but other initiatives which reduce inequities in maternal, birth, and infant outcomes ought to be made available. It is also important to have programs in place that look at maternal health before conception. When women and men are offered pre-conception care, it can increase conception success, prevent undesired pregnancies through contraceptive education, stop behaviors that may cause birth defects or developmental disabilities, and helps transition mothers to prenatal care once they become pregnant.

There are barriers that prevent women from receiving prenatal care in a timely manner such as lack of health insurance, lack of transportation, lack of desired appointments, and women not knowing they are pregnant or not wanting others know they are pregnant. To overcome these barriers, it is important to educate with an emphasis on prevention, health promotion, and offering resources to those not able to afford. Disparities in maternal and infant health outcomes also need to be addressed. Kenney et al (2012) writes that the United States should develop evidence-based guidelines geared towards prenatal, infant, and child care which is family-centered and has an emphasis on prevention, early detection, and one that is supported in the community.

Infants and children should be given a good start in life as it is critical to reducing health disparities. Childhood mortality in the US has declined but leading causes such as unintentional injuries also need to be addressed. Infants and children should be vaccinated against infectious diseases, protected from abuse and maltreatment and unintentional injuries. When the health of mothers, infants, and children is good, it is an indicator that the overall health of the community is also good. The future of the US depends on the good health of its citizens during their childhood years which can only be achieved by offering them timely care to prevent unnecessary illness, disability, or death.

**Alcohol, Tobacco, and Other Drugs**

Alcohol, tobacco, and illicit drug use leads to over 625,000 deaths each year and a $700 billion per year economic cost in the United States (McKenzie, Pinger, & Seabert, 2018). It is a community and public health problem that is has consequences to the users, their families, the community, and is expensive. The personal consequences of alcohol, tobacco, and illicit drugs use include drug overdose, risk of infectious and chronic diseases, risk of road accidents, loss of employment, marital or family problems, and suicide and death just to name a few. The community consequences include increased public welfare load, burden on the health care and medical system, sexually transmitted disease epidemics, loss of economic opportunity and productivity and many more.

With alcohol as the number one abused drug in the US, it becomes a major public health concern especially when it comes to underage drinking. According to Kirby & Barry (2012), alcohol use can serve as a gateway to the use of illicit drugs in school going adolescents who have a significantly higher prospect of using drugs if they were using alcohol. Alcohol increases the risk of unintentional injuries which are as a result of car accidents, falls, drowning, and fires. Intentional violence such as spouse or partner abuse, child abuse, sexual assault, homicide and suicide can result from alcohol use.

Although tobacco use among youth has declined steadily, it is still a major public concern especially with the advent of e-cigarettes and vaping products which have gained popularity with middle school, high school, and young adults. Tobacco use increases the risk for heart disease, strokes, cancer, emphysema, and other conditions which lead to over 480,000 premature deaths (McKenzie, Pinger, & Seabert, 2018). Redner et al (2014) writes that people who are dependent on illicit drugs or alcohol become more vulnerable to using tobacco products. Tobacco products not only affect the user but others who may passively inhale tobacco smoke or exposed to secondhand smoke which has been categorized as a class A carcinogen.

Drug use and abuse of licit or illicit drugs is also a critical issue for community health care. McKenzie, Pinger, & Seabert (2018) write that misuse of opioids has risen in epidemic proportions with an unprecedented increase in deaths from unintentional drug overdoses. The problem has been compounded by the legalization of marijuana by some states which Kuehn (2013) attributes to the persistent use by adolescents. When marijuana users get addicted, they tend to go for harder drugs like synthetic cannabinoids which includes spice or K-2. School-based programs for prevention have been successful in intervening and so have community-based programs. According to Kumar et al (2013), it is important for community and school programs to close the disparity gap because studies show minority schools and communities received less prevention programs that those offered to predominantly white schools and communities. Community organization is required as an approach to prevent, control, and rehabilitate those that are prone to or are already involved in alcohol, tobacco, and drug use.

**Access, Quality, and Cost of Health Care**

The delivery of health care in the community is critical and can be measured in terms of access, quality, and cost. Access to quality affordable and comprehensive health care is vital to promote and maintain health while preventing and managing illnesses. This reduces untimely deaths and preventable disability. For the people in a community to be healthy, they need access to health services that are timely, convenient, and affordable. Nevertheless there are barriers that prevent access to health care such as high cost, lack of insurance coverage, needed services being unavailable, and a lack of culturally competent care (McKenzie, Pinger, & Seabert, 2018). These barriers lead to delays in receiving proper care, health needs being unmet, hospitalizations that could be preventable, lack of preventive services, and financial burdens on families and the community.

Programs such as Medicare, Medicaid, and the Children’s Health Insurance Program (CHIP) lessen the burden on certain members of the community but due to their limitations on who can access those benefits, there are arises disparities and inequities in health in the community. Public researchers consider socioeconomic status a significant contributor to premature morbidity and mortality because for some members of the community, access and affordability of care is out of reach or inadequate (Hampton, 2015).

**Areas of Community Health Care Least Appealing**

**Community Organizing/Building**

The one area of community health care that I found least appealing is the Community Organizing/Building and Health Promotion Programming. While it is an important aspect of community health, it seems too far complicated, and partly relies on assumptions. Luckily, the complexity of community organizing is handled by community and public health professionals who have the skills and specific knowledge. The challenge is to get the members of a community to change behavior. The topic also contained many complex terms, processes, and models with a strict hierarchy to follow for successful community building and or organizing. Nevertheless, it is an integral part to promoting and protecting the health of a community.

**Four Biggest Challenges Facing Community Health Care in the US**

**Health Care Delivery**

Health care in the US is complicated and very expensive compared to other developed nations. Policy makers have struggled to strike a balance on access, quality, and cost as concentration on one tends to affect the other with undesired effects (McKenzie, Pinger, & Seabert, 2018). The Affordable Care Act has helped improve access to care by expanding health insurance coverage, lowering costs, and enhancing quality. Partisan politics and lack of consensus on its effectiveness has led to numerous attempts to repeal the law without a concrete replacement thus putting millions of Americans at risk of losing their health insurance (Hampton, 2015).

According to Schneider & Squires (2017), the US faces the challenge of a sicker population and has higher mortality rates than other developed countries. Most of the deaths are from problems that can effectively be treated or managed but due to the broken health system, the US lags behind. With high health insurance premiums, high deductibles and co-pays, and long wait times to see providers, US communities struggle to get even basic care and this affects their health outcomes. Some of the high drivers of cost in health care includes high salaries for physicians, high drug prices, high volume procedures and diagnostics, and high administrative costs to run hospitals, clinics, and health centers (Emanuel, 2018).

**Lifestyle Diseases**

Most non communicable diseases are lifestyle related and are a consequence of our daily actions. According to McKenzie, Pinger, & Seabert (2018), heart disease, chronic lower respiratory diseases, cancer, and unintentional injuries are the four leading causes of death in the United States. The US also spends a considerable amount of its health budget on people with chronic conditions, yet they are the most preventable if risk behaviors are modified.

Cardiovascular disease (CVD) risk factors include being overweight and obese both of which are a worrying trend especially with younger Americans. Among US adolescents, there is an estimated 34 percent who are either overweight or obese (May, Kuklina, & Yoon, 2012). This means that adolescents in the US face a significant risk burden for CVD since risk factors that are existent during childhood can continue into adulthood. They are also at risk of developing prehypertension or hypertension if preventative measures are not taken. Most chronic lower respiratory diseases which are the third leading cause of death in the US are as a result of tobacco use and affects many Americans. Many unintentional injuries are a result of alcohol use and are preventable. Cancer is also a major cause of death in the US and while some forms are hereditary, others can be prevented by modified behavior.

To reduce morbidity and mortality from lifestyle diseases, communities can act on the major modifiable risk factors. These include overweight and obesity, hypertension, use of alcohol, tobacco use, high blood cholesterol, physical inactivity, exposure to sun, and failure to use seat belts. While non-modifiable risk factors such as age, race, gender, and genetics may be hard to control, it is important to address the modifiable behavioral risks that can have a significant impact at reducing these lifestyle diseases. Voelker (2014) suggests that communities that are working to lower morbidity and mortality can look to others with better outcomes so that they can learn their attributes and what they do differently. Health promotion education should be key to prevention efforts in the community.

**Disasters**

The US has experienced both natural and human made disasters which have caused injuries, disease, death, and loss of property. Preparation for these kind of disasters is usually inadequate because of the different responses and resources required for each. While the country has come a long way in preparing for disasters, many states are still not well equipped to deal with some potential intentional man-made disasters such as bioterrorism. According to Low & Binns (2012), natural disasters and epidemics were the foundation on which public health was founded. Communities should be ready to coordinate efforts with other organizations to cater for immediate needs as well as rehabilitation in the long-term.

Within the last two years for example, the US has been ravaged by several hurricanes such as Harvey, Irma, and Maria with lasting consequences being felt today. Some communities are already in vulnerable positions even before a disaster occurs and are therefore ineffective in preparing for and recovering from natural or even man-made disasters. An example is Puerto Rico being ravaged by Hurricane Maria. The Island had an economic crisis and massive public health problems before the disaster and so the response was inadequate because they did not have interventions that were culturally relevant. Wildfires, flooding, tornadoes have all impacted US communities leading to an increase in injuries, morbidities, and even death.

Morabia & Benjamin (2018) suggest a focus on the key areas of prevention, care, health information technology, and having insurance coverage for communities to be able to handle disasters and become resilient. Every community should prepare to mitigate disasters and rebuild in an efficient, equitable, and effective manner when disasters occur.

**Mental Health**

According to McKenzie, Pinger, & Seabert (2018), mental health is a major issue that faces every community and is the number one cause of disability in North America with about 20 percent of adults having a diagnosable mental disorder in any given year. Significant community resources are required to meet the many diverse needs of people with mental illness. Many community health systems are not adequately set up to offer the various services that address emotional and behavioral health thus treatment outcomes are impacted (Townley, Brown, & Sylvestre, 2018).

Mental illness causes can be hereditary, biologic, psychological, environmental, or a combination of factors. It is important for public and community health providers to recognize the causes so that they are able to offer the right treatment or therapy. Unfortunately most public and community mental health agencies do not have enough resources to properly care for people with mental illness. While improvements to take care of people with mental illness have been made over the past 50 years, some challenges still remain such as homeless people with mental illness, link between mental illness and violence, and mental illness and the criminal justice system (McKenzie, Pinger, & Seabert, 2018). Several mass shootings in US communities have been linked to mental health but when they happen, the whole community is affected and thus becomes a community problem. Well organized communities should have the elementary models of prevention that include primary, secondary, and tertiary prevention in order to reduce mental disorders occurrences and prevalence. Communities should also work on the shared responsibility, social inclusion, well-being, and human dignity of those affected by mental illness so that they can work towards recovery and live satisfying and productive lives in the community (Davidson, & Arrigo, 2017).

**Potential Solutions to Challenges Facing Community Health Care**

**Health Care Delivery**

To tackle the rising costs of health care, Fuchs (2017) suggests a single payer health care system to replace the current fragmented system. This can help achieve universal health care coverage for everyone in the US including the uninsured or underinsured. It can also help improve health outcomes because of the equal distribution of medical care thus eliminating disparities that are seen with the current system. Single payer system has also been shown to lower costs as well as administrative expenses by eliminating the monopoly of drug and insurance companies. It may also be effective for community health care as individuals or families can choose local health plans that are easily accessible to them and that meet their needs. Most importantly, it can help communities address social determinants of health, and allow for equal access thus improving health outcomes.

Other ways to lower the cost of health care would be the regulation of drug companies and insurance companies. Most health insurance companies in the US are for profit and this can be linked to the high premiums members have to pay. The Congress can enact laws to make the health insurance companies non-profit in order to reduce cost of insurance. Emanuel (2018) also suggests streamlining the administration of health care by moving towards automation especially with the electronic health record. This can eliminate overhead costs such as those used to hire billing clerks. Eliminating unnecessary procedures and diagnostic tests can substantially reduce costs.

With a health system that is all inclusive and costing less, communities can benefit greatly with improved health outcomes, less morbidity and mortality but that has to start with reforming the current system in place.

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