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**Assignment Module 1**

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1. Define clearly the meaning of the word public health?

Public health refers to health care and health promotion that targets a population or particular group within the population, It doesn’t directly involves the provision of medical care to individuals at family or house hold level but focused in the health promotion of the whole general population………………………………..(*Obtained from public health**manual ACPM 2016)*

1. A). what is meant by the term ‘’ Evidence based public health?’’

‘’Evidence based public health’’ is defined as the development, implementation and evaluation of the effective programs and policies in public health through application of principles of scientific reasoning including systematic uses of data and information systems and appropriate use of behavioral science theory and program planning models………………………………..(*Obtained from public health manual ACPM 2016)*

b). Briefly Describe the steps involved in ‘’ Evidence based health care?’’

The following are the major steps that are involves in Evidence Based Health care.

1. Develop an initial statement of the issue

This refers to a problem statement to be short, succinct and explanation of a problem faced and a proposed solution to the problem.

1. Quality of the issue.

Quality issue is a defect, deficiency or significant variation in a product’s expected appearance or performance.

1. Research the issue.

Research leads to insight and innovations that solve health problems and is therefore central to public health as the main organ of solving problems.

1. Develop program or policy options.

This refers as the decisions, plans and actions that are undertaken to achieve specific healthcare goals within a society.

1. Create implementation plan

This comes to the step of action; implementation is the process that turns strategies and plans into actions in order to accomplish strategic objectives and goals……………………………….. *(Obtained from Public Health Manual ACPM 2016)*

c). Name various source of data in’’ Evidence Based health care?’’

Source of data information and founding had been discovered by different technology around the world, the following are the source of data.

1. National Center for Education Statistics
2. National center for Health Statistics
3. Bureau of labor Statistics
4. Census Bureau
5. Housing and urban Development
6. Health care insurance schemes
7. Government Agencies
8. Non- Profit Organization
9. Colleges and Universities
10. Other research organizations. …………………………………… (*Obtained from public health manual ACPM 2016).*
11. Explain the concepts of primary health care and relate it to the three levels of disease prevention.

Primary health care is an approach to health and wellbeing centered on the needs and circumstances of individuals, families and communities. It addresses comprehensive and interrelated physical, mental and social health and wellbeing.

In the health promotion through public health strategy, there are three levels of disease promotion As follows

1. Health is a fundamental human right and that the attainment of the highest possible level of health is a most important worldwide social goal.
2. The existing gross inequality in the health status of the people particularly between developed and developing countries is politically, socially and economically unacceptable.
3. Economic and social development, based on a new international economic order is of basic importance to the fullest attainment of health for all.
4. The people have the right and duty to participate individually and collectively in the planning and implementation of their health care.
5. Government has a responsibility for the health of their people which can be fulfilled only by the provision of adequate health and social measures.
6. All government should formulate national policies, strategies and plans of action to launch and sustain primary health care.
7. All countries should cooperate in a spirit of partnership and service to ensure PHC for all people.
8. An acceptable level of health for all the people of the world by the year 2000 can be attained through a further and better use of the world’s resources

In relations to major steps and classes of diseases prevention, the following are three levels of diseases prevention in Health strategies of the society.

* Primary prevention.

This level refers to the preventive measures that prevent the onset of illness or injury before the diseases process

* Examples of primary prevention include

Immunization and taking of regular exercise.

* Secondary Prevention.

Those preventive measures that leads to early diagnosis and prompt treatment of a disease, illness or injury to prevent more severe problems developing, at this level health educators such as health extension practitioners can help individuals acquires the skills of detecting diseases in their stages.

Examples include

* Screening for high blood pressure and breast self-examination.
* Providing suitably modified work for injured workers.
* Regular exams and screening tests to detect disease in its earliest stages (e.g. mammograms to detect breast cancer).
* Telling people to take daily, low-dose aspirin to prevent a first or second heart attack or stroke
* Tertiary Prevention.

This are preventive measures aimed at rehabilitation following significant illness, at this level health services workers can work to retrain, re-educate and rehabilitate people who already developed an impairment or disability………………………………………………(*Obtained from public health manual ACPM 2016)*

1. In your own capacity as a public health practitioner, what does the following key concept

Mean?

1. Social epidemiology.

This refers to a type of epidemiology concerned with the social characteristics or psychosocial risk factors associated with patterns of disease within and across populations; it often poses questions about difference in morbidity and mortality in gender, age, socio-economic status and ethnicity.

1. Behavioral epidemiology.

This is also a subfield of epidemiology which focuses on the specific behaviors that contributes to the etiology of disease; it usually targets lifestyle factors such as sleep habitats, stress management, risk taking, and other health related behaviors, and investigates the determinants of the risk factors themselves.

1. Quarantine.

Quarantine is a public health measure which is designed to prevent the spread of infectious disease. When someone or something is quarantined, he she or it is isolated in a secure area so that other people cannot come into directs contact.

1. Eating Disorders

Eating disorders are a range of conditions that can affect someone physically, psychologically and socially. They are serious mental illnesses and include anorexia, bulimia and binge eating disorder.

Examples of eating disorders are

* **anorexia,**
* **bulimia,**
* **Binge, ………………………………………**(*Obtained from public health manual ACPM 2016).*

1. Explain how the social environment can affect one’s health?

In the field of health, there are numbers of social factors that affect the rate of health performance in a certain environment, this factors include

1. Social Networks.

Social network refers to the connection of people through relationship with others; researches have furthered the development of various measures of social integration and isolation including network structure (Size, density and dispersion of linkage).

1. Social capital.

It is defined as sharing of norms, mutual trust and reciprocal obligation among people themselves.

1. Social Stress.

Social stress issues refer to the problems related to health promotion in the society, epidemic issues that resulted into health failure in the environment.

1. Social Support.

This refers to a general theory that seeks to explain the process of assistance provided through human relations. Supportive interpersonal transactions take place through social networks or the web of interpersonal relationship surrounding an individual and it may include different kinds of assistance such as emotional or instrumental (practical) support.

1. Your friend Kizito is a general manager in a nearby Hospital that has recently experienced high labor turnout and persistent strikes. He is seeking your advice on the best way to divert the crisis that is about to cripple healthcare services in the hospital. As health practitioners who have been in the industry for the last 10 years, kindly give him advice on the best way to approach the crisis.

As I had been working in the hospital and healthcare centers for over 5 year’s periods, I will advise him to go under through the following approaches.

1. Select the medical condition.

We begin by specifying the medical condition (or patient population) to be costed, including the associated complications and comorbidities that affect processes and resources used during the patient’s care. For each condition, we define the beginning and end of the patient care cycle. For chronic conditions, we choose a care cycle for a period of time, such as a year.

2. Define the care delivery value chain.

Next, we specify the care delivery value chain (CDVC), which charts the principal activities involved in a patient’s care for a medical condition along with their locations. The CDVC focuses providers on the full care cycle rather than on individual processes, the typical unit of analysis for most process improvements and lean initiatives in health care. (The exhibit “The Care Delivery Value Chain” shows the CDVC developed with the Brigham & Women’s pilot site for patients with severe knee osteoarthritis.) This overall view of the patient care cycle helps to identify the relevant dimensions along which to measure outcomes and is also the starting point for mapping the processes that make up each activity.

3. Develop process maps of each activity in patient care delivery.

Next we prepare detailed process maps for each activity in the care delivery value chain. Process maps encompass the paths patients may follow as they move through their care cycle. They include all the capacity-supplying resources (personnel, facilities, and equipment) involved at each process along the path, both those directly used by the patient and those required to make the primary resources available. (The exhibit “New-Patient Process Map” shows a process map for one segment of the patient care cycle at the MD Anderson Head and Neck Center.) In addition to identifying the capacity-supplying resources used in each process, we identify the consumable supplies (such as medications, syringes, catheters, and bandages) used directly in the process. These do not have to be shown on the process maps.

4. Obtain time estimates for each process.

We also estimate how much time each provider or other resource spends with a patient at each step in the process. When a process requires multiple resources, we estimate the time required by each one.

For short-duration, inexpensive processes that vary little across patients, we recommend using standard times (rather than investing resources to record actual ones). Actual duration should be calculated for time-consuming, less predictable processes, especially those that involve multiple physicians and nurses performing complex care activities such as major surgery or examination of patients with complicated medical circumstances.

5. Estimate the cost of supplying patient care resources.

In this step, we estimate the direct costs of each resource involved in caring for patients. The direct costs include compensation for employees, depreciation or leasing of equipment, supplies, or other operating expenses. These data, gathered from the general ledger, the budgeting system, and other IT systems, become the numerator for calculating each resource’s capacity cost rate.

6. Estimate the capacity of each resource, and calculate the capacity cost rate.

Determining the practical capacity for employees—the denominator in the capacity cost rate equation—requires three time estimates, which are gathered from HR records and other sources:

a. The total number of days that each employee actually works each year.

b. The total number of hours per day that the employee is available for work.

c. The average number of hours per workday used for nonpatient-related work, such as breaks training, education, and administrative meetings.

7. Calculate the total cost of patient care.

Setting steps to establish the structure and data components of the TDABC system. In the final step, the project team estimates the total cost of treating a patient by simply multiplying the capacity cost rates (including associated support costs) for each resource used in each patient process by the amounts of time the patient spent with the resource Sum up all the costs across all the processes used during the patient’s complete cycle of care to produce the total cost of care for the patient………………………….. *(Obtained from Reinventing Health* *cares)*

1. Define the following words used in public health.
2. Community based- prevention marketing (CBPM)

This refers to a community direct social change process that applies marketing theories and techniques to the design, implementation and evaluation of health promotion and disease prevention programs, its meanwhile integrates community capacity building principles and practice, behavioral theories and marketing concepts and methodology into a synergistic framework for directing positive change among selected audience segments.

1. Mobilizing for Action through planning and partnerships (MAPP)

It refers to a process developed in late of 2001 by the national association of county and city health officials ( NACCHO) and the center for disease control and prevention as a tool to assist communities improve their health and quality of life through community-wide and community strategic planning, this action involves four major assessments as

* Community themes and strength assessments
* Local public health assessment
* Community health status assessment
* Forces of change assessment

1. Planned Approach to community Health( PATCH)

This also refers to another planned developed as another community health planning model, allowing for community variation in the process of assessing priorities, formulating solutions and owning programs.

1. Community based- participatory Research ( CBPR)

This research describes the active involvement of community members in community assessment and other research activities. Meanwhile in many community organization projects, community members work with researchers to actually define research problem and set a research objectives, design the methodology and data collection instruments, collect and interpret data and use results to guide program planning and evaluation……………………………………………………*(Obtained from ACPM manual 2016).*

1. A) Define an organization.

An organization refers to any collection of persons, materials, procedures, ideas or facts arranged and ordered that combination of parts making a meaningful whole that works towards achieving the planned objectives.

b) What are the basics principles of an organization?

For an organization to maintain its strategic plans and objectives, it must have the following basic principles.

1. Departments;
2. Acquisition of human resources and non- human resource
3. Specialization and division of labor
4. Coordination
5. Authority and responsibility
6. Centralization and de- centralization
7. Unity of demand
8. Line and staffs…………………………………………….. *( obtained from ACPM Manual 2016)*

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