

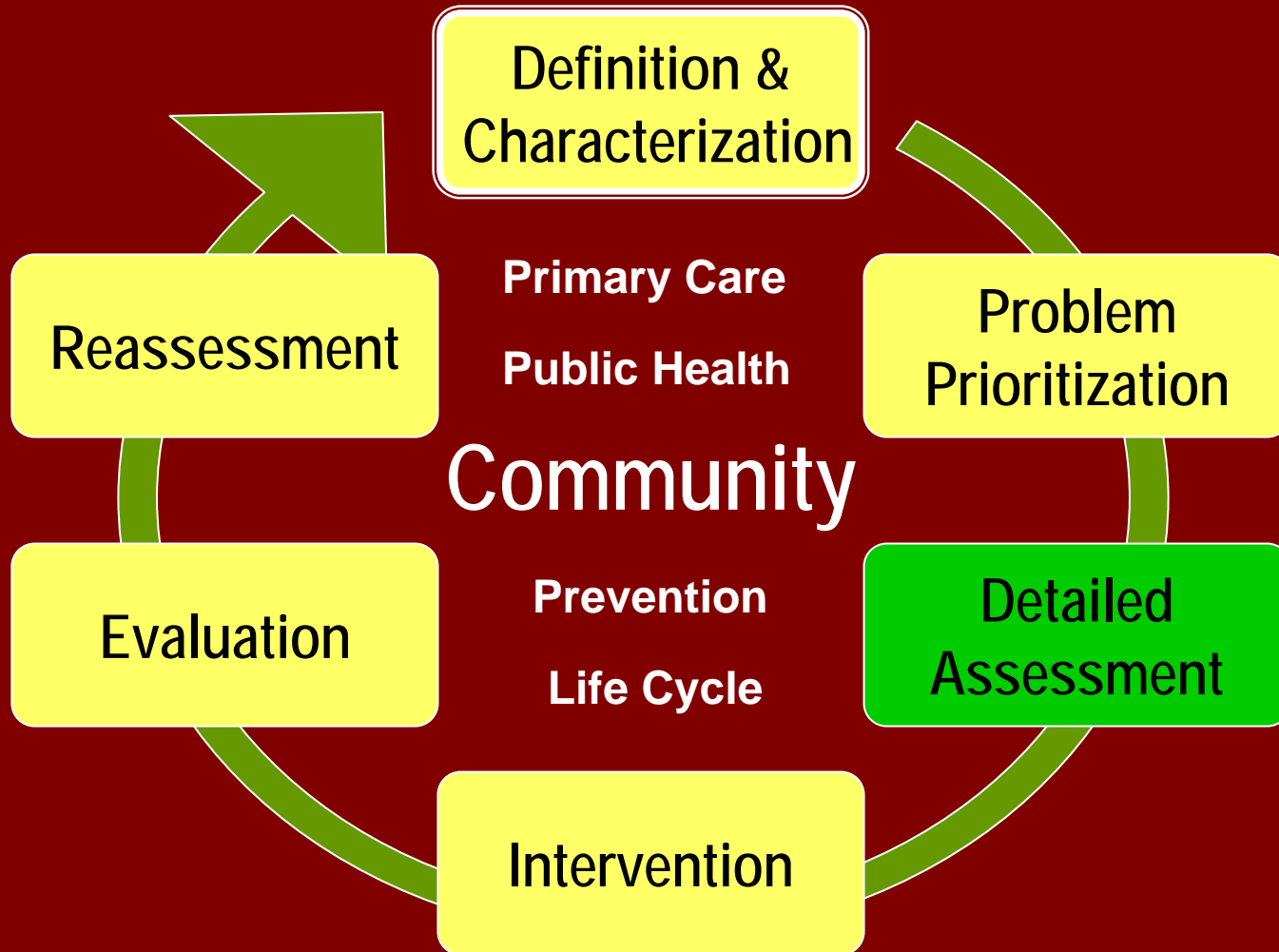
Detailed Assessment

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COPC Didactics for
Community Building Blocks Rotation
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Objectives

- By the end of this session, you should be able to
 - Describe the aim of a detailed problem assessment
 - List the components of a detailed problem assessment
 - Determine what community specific data is necessary to obtain for a given health problem
 - Weigh the evidence available for interventions addressing a specific health problem

The COPPC Cycle



Importance of Detailed Assessment

- Goal of detailed assessment is to be able to write a clear and concise problem statement that describes the discrepancy between what is desired and what has been observed and then chose an intervention to address that problem based on best practices.

Detailed Assessment

- Creation of a problem statement
- Literature review for best practices
- Intervention selection

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Purpose of Creating the Problem Statement

- To aid in understanding the problem's scope and effects
- To gather clues about how to reduce the impact of the problem and its causes
- To describe the problem clearly to others, including potential partners and stakeholders

Problem Statement

- Answers the 3 questions:
 - What should be occurring?
 - Based on Health People 2010 goal, over 80% of kids under 2 should be fully vaccinated against DTaP, Hib, MMR, Polio and HepB
 - What is occurring?
 - In our office, only 70% of kids are adequately vaccinated
 - What could happen if the problem is not addressed?
 - Increased rates of vaccine preventable illnesses

What Should Be Occurring

- Use the literature as resource for what ideal conditions should be
 - Healthy People 2010 objectives
 - What is happening in similar communities
 - What you would like to see

What is Occurring

- Gather community specific info
 - Who is affected
 - In what ways are people affected
 - What general health, environmental, or social conditions are related to and/or are affected by the problem?
 - How common is the problem?
 - How severe is the problem?
 - Where does the problem exist geographically?
 - Where does the problem originate?
 - What trends are related to the problem?
 - What temporal factors are related to the problem? When did the problem originate? What times of year is it more or less prevalent?

Gathering Community Specific Info

- Surveys
- Interviews
- Literature reviews
- Additional secondary data

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Literature Review

Evidence for interventions

- “Best Practices”
- Sources
 - Internet
 - Literature
 - Studies
 - Community & Organizational Sources

Looking at the Literature

- Questions to ask:
 - What are the results?
 - How precise were they? Were results similar between studies?
 - Are the results valid?
 - Are the studies reproducible? Was the methodology sound?
 - How can the results be applied to my community?
 - Were all important outcomes considered? Was the population similar?

Sites of Investigation: Databases

- List of Databases and Web Sites: Tutorial on Evidence Based Public Health (from PIAPHW): <http://phpartners.org/tutorial/04-ebph/3-sources/4.3.1.html>
- Medline on OVID: EBM Filter
- Cochrane Database – Reviews of Effectiveness

Public Health Information & Data Tutorial

Site Map

Home Staying Informed Health Education Resources Health Statistics Evidence Based Public Health

Introduction Key Concepts Web Sites Case Study Exercises References

Sources

[Web Link List](#)

Selected Evidence-Based Public Health Web Sites, Listed in Alphabetical Order

Agency for Healthcare Research and Quality (AHRQ):

<<http://www.ahrq.gov/>>

This government organization's mission is "to improve the quality, safety, efficiency, and effectiveness of health care for all Americans," all of which are important components of evidence-based public health. The site offers links to evidence-based practice reports and reviews as well as clinical practice guidelines.

American International Health Alliance: Introduction to Evidence-based Practice: AIHA Distance Learning Course:

<<http://lrc.aiha.com/English/Training/EBMCourse/Fall2004/>>

 Go



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Evidence-Based Resources for Public Health Practice Available for Free Online Access

Evidence-based Guidelines

- **United States**
 - [CDC Recommends: The Prevention Guidelines System](#) (Centers for Disease Control and Prevention)
 - [Guide to Clinical Preventive Services](#) (U.S. Preventive Services Task Force)
 - [Guide to Community Preventive Services](#) (Task Force on Community Preventive Services)
 - [MMWR Recommendations and Reports](#) (Centers for Disease Control and Prevention)
 - [National Guideline Clearinghouse](#) (Agency for Healthcare Research and Quality)

Systematic Reviews

- **United States**
 - [PubMed Systematic Reviews](#) (National Library of Medicine)
 - [Healthy Aging Initiative - Evidence Reports](#) (Centers for Medicare & Medicaid Services)

• **International**

Cochrane Database

Conclusions

Implications for practice

Health professionals, and in particular primary care providers have the potential to access large numbers of patients. We currently have little information about how practice or the organisation of care in this area might be improved, although reminder systems, brief training interventions, shared care, in-patient care and dietitian-led treatments may all be worth further investigation. In addition, decisions for the improvement of provision of services must be based on the existing evidence on interventions with patients (e.g. [EHCB 1997](#); [Glenny 1997](#); [NHLBI 1998](#); [Douketis 1999](#); [O'Meara 2000](#)) and good clinical judgement.

Implications for research

Given the limited resources available for health care, cost effective interventions to promote effective management of obesity need to be developed. There is an urgent need for well-designed studies in this area. Wherever possible, these should be based on the evidence of the appropriateness of different patient approaches (e.g. [EHCB 1997](#); [Glenny 1997](#); [NHLBI 1998](#); [Douketis 1999](#); [O'Meara 2000](#)). Reminders to providers to perform specific actions and interventions to improve shared care across existing services may be worth further exploration. So may the use of intensive in-patient services, although the cost may well prove prohibitive and so full cost effectiveness analysis should be undertaken, as with all interventions. Brief educational interventions for GPs on obesity management may be worth further investigation, particularly since this type of intervention is relatively cheap and since GPs have access to large numbers of overweight and obese patients in the community. Although little evidence was found for training group leaders of commercially run weight loss programmes, this may also warrant attention, since if it was effective it would add capacity to the services provided by health professionals. Again, this type of training could be relatively cheap, and have an impact on overweight and obese people in the community who would not normally seek advice from their GP for weight loss. There are a whole range of interventions that could also be explored: provider training (for both health professionals and leaders of self-help weight loss clinics), audit and feedback of practice, use of local 'opinion leaders' to persuade clinicians that obesity treatment is worthwhile, organisational initiatives, or financial incentives (see METHODS USED IN REVIEWS under GROUP DETAILS). Other areas that are worth exploring are those that fell outside the scope of this review: patient interventions with organisational implications, such as the effects of the length of follow-up by providers, the length of consultations, the frequency of consultations, the use of different combinations of interventions and the use of patient financial incentives. Interventions could focus on a number of areas, including changing attitudes and practice, provider behaviour (advice giving, record keeping, prescribing) or the organisation of care.

- Systematic reviews of the literature by topic
- Very rigorous meta-analysis
- Cochrane Collaboration: scientific review teams

Detailed Assessment

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Selection of Intervention

- Choose one intervention for the group to implement
- Remember decision making techniques from prioritization
- Adoption vs. adaption
- May create unique intervention

QUESTIONS?