Developing Public Health Information System Fluency through Undergraduate Community Assessment

Madeleine J. Kerr, PhD, RN Karen A. Monsen, PhD, RN Linda Olson Keller, MS, RN Bonnie Westra, PhD, RN





Purpose

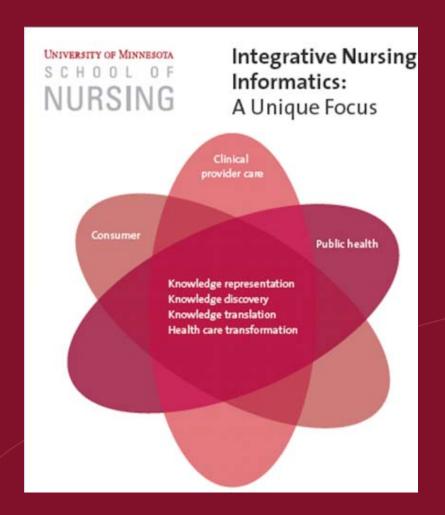
To develop student fluency in a standardized terminology used in public health informatics.



Windshield survey day in the St. Croix River valley



Background





Community Assessment

- A core function and one of the essential services of public health
- A key component of population-based nursing curricula



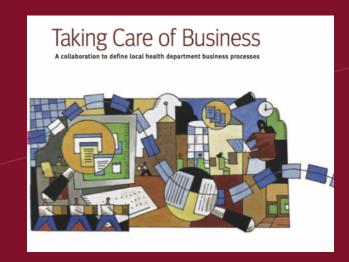


Community Assessment

A business process identified in *Taking Care of Business* for development of information system requirements

Public Health Informatics Institute. (2006). Taking Care of Business: A Collaboration to Define Local Health Department Business Processes. Decatur, GA.

http://www.phii.org/resources/doc/Taking Care of Business.pdf





Student Assignment

Community Assessment Instrument for Baccalaureate Learners (CAIBL)¹

¹ Gerberich, S.S., Stearns, S.J. & Dowd, T. (1995). A critical skill for the future: Community assessment. *Journal of Community Health Nursing*, *12* (4), 239-250.



Students discuss and come to consensus on:

community strengths



e.g. fast response time of police

opportunities for improvement
 e.g. no fire hydrants





The Omaha System

- A complex multiaxial hierarchical classification system amenable to automation and implementation within public health information systems.
- One of the standardized terminologies mapped to SNOMED CT® http://www.ihtsdo.org/our-standards/



New Omaha System

- New community modifier
- Community-level assessments, interventions and outcomes ¹.

e.g. Problem: Residence

Modifiers: Community and actual Signs/Symptoms: Homeless

¹ Martin, (2005). The Omaha System: A Key to Practice, Documentation, and Information Management. Elsevier.





Method

Feasibility test to see if Omaha System terms can be matched with CAIBL data

1. Sample:

- 6 archived student community assessments
- data in the form of narrative statements about community strengths and opportunities for improvement.





Method

2. Expert panel:

- 5 experienced Omaha System users
- independently matched Omaha System terms to 73 narrative items from student community assessments (39 strengths, 34 opportunities for improvement).





Method

3. Agreement evaluated:

a. Resulting problem and sign/symptom terms were compiled and agreement evaluated using a criterion of 80% or 4/5 panel members with the same Omaha System problem term.





 \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc 4/5= 80% agreement

b. % of Omaha System terms on which UNIVERSITY OF MINNESOTA Panelists agreed was calculated.

NURSING



Expert Panel Results

Panelists agreed on Omaha System terms for 61/90 student terms (68%)

- Opportunities for improvement (29/39 = 74%)
- Strengths (32/51 = 62%)





Expert Panel Results

Problems for 6 archived community assessments

- Communication with community resources (n=5)
- Neighborhood/workplace safety (n=4)
- Income (n=3)
- Residence (n=2)
- Nutrition (n=2)
- Substance use (n=2)





Expert Panel Results for 6 Archived Community Assessments

| Problem | Freq | Definition | Identified Signs/Symptoms |
|---|------|--|--|
| Communication with community resources/ Psychosocial domain | 13 | Interaction between the individual/family/community and social service organizations, schools, and businesses in regard to services, information and goods/supplies. | cultural barrier educational barrier inadequate/unavailable resources language barrier limited access to care/services/goods transportation barrier unable to use/has inadequate communication devices unable to communicate concerns to provider |
| Neighborhood/ workplace safety/ Environmental domain | 8 | Freedom from illness, injury, or loss in the community or place of employment. | high crime rate high pollution level inadequate/unsafe play area physical hazards threats/reports of violence other |



Omaha System to CAIBL

- One faculty member mapped the Omaha System to Community Assessment Instrument for Baccalaureate Learners (CAIBL)
- Expert review of map by 2 coauthors





Translation into Practice

- The map tool was made available to students
- Omaha System terminology was integrated into the CAIBL assignment





Student Results Fall 06

Problems for 5 student community assessments:

- Communication with community resources (13)
- Neighborhood/workplace safety (7)
- Income (5)
- Residence (2)
- Nutrition (2)
- Substance use (2)
- Health care supervision (2)
- Spirituality (2)





Student Results for 5 communities Fall 2006

| Problem/Domain | Freq | Definition | Identified Signs/Symptoms |
|---|------|---|---|
| Communication with community resources/ Psychosocial domain | 13 | Interaction between the individual/family/comm unity and social service organizations, schools, and businesses in regard to services, information and goods/supplies. | cultural barrier inadequate/unavailable resources language barrier limited access to care/services/goods transportation barrier |
| Neighborhood/ workplace safety/ Environmental domain | 7 | Freedom from illness, injury, or loss in the community or place of employment. | high crime rate high pollution level physical hazards threats/reports of violence other |



Conclusion

It was feasible to map student community assessment statements to the Omaha System

Omaha System Problem Classification Scheme provided data standardization



PHN Practicum Day



Most common community-level problems using Omaha System terminology:

- 1. Communication with Community Resources
- 2. Neighborhood/workplace safety



S C H O O L O F NURSING



Discussion

Standardized terminology for community assessment is a first step toward measuring community-level interventions and outcomes.

Future possibilities- comparison across time, populations, and geographic locations.





Questions?

Madeleine Kerr kerrx010@umn.edu



Resource Recovery Facility Tour

