Experiences with Rapid Appraisal to Assess Health and Social Needs in Primary Care*

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I. Introduction

1. Necessity of study with literature review

The World Health Organisation's programme, Health for All by the Year 2000, aims at giving everyone equal access to health care(WHO, 1981). The inequalities are directly related to socioeconomic and cultural factors that are not adequately addressed by the medically dominated model of health(Muarray, Tapson, Turnbull, mcCallum&Little, 1994 quoted from McDonald, 1993). Historically, much service provision has been service led rather than needs led, provided as before and at the convenience of providers rather than patients(Wilkinson&Murray,1998). Most doctors will consider needs in terms of health care services that they can supply (Wright, Williams & Wilkinson, 1998). In most developing countries, the evolution of health services has been dominated by Western models of health care. The emphasis has been on hospitals and curative care rather than on trying to address local health needs equitably and effectively(Wright & Walley, 1998).

Health need assessment is a new phrase to describe the development and refinement of well established approaches to understanding the need of a local population(Wright et al.,1998). Distinguishing between individual needs and the wider needs of the community is important in the planning and provision of local health services. If these needs are ignored then there is a danger of a top-down approach to providing health services, which relies too heavily on what a few people perceive to be the needs of the population rather than what they actually are(Wright et al., 1998).

Health need assessment is the systematic approach to ensuring that a health service uses its resources to improve the health of the population in the most efficient way. It involves epidemiological, qualitative, and comparative methods to describe health problems of a population ; identify inequalities in health and access to services; and determine priorities for

the most effective use of resources(Wright et al., 1998).

Successful health needs assessments require a practical understanding of what is involved, the time and resources necessary to undertake assessments, and sufficient integration of the results into planning and commissioning of local services(Wright et al., 1998). The Health of the Nation initiative was a government attempt to assess national health needs and determine priorities for improving health services; and an evidence based approach to commissioning and planning health services(Department of health, 1992).

The purpose of needs assessment in health care is to gather the information required to bring about change beneficial to the health of the population(Stevens & Gillam, 1998).

Health needs are those that can benefit from health care(health care, disease prevention, diagnosis, treatment, rehabilitation, terminal care) and that incorporate the wider social and environmental determinants of health, such as deprivation, housing, diet, education, employment. Most doctors will consider needs in terms of health care services that they can supply(Wright et al., 1998). The patient, however, may have a different view of what would make them healthier. This wider definition allows us to look beyond the confines of the medical model based on the health service(Wright et al., 1998). Health needs of a population will be constantly changing, and many not be amenable to medical intervention(Wright et al., 1998). If health services are to respond to the changing health needs of their local populations, then planners and managers need useful and timely information about the health status of these populations. Some of this information can come from routine data sources or may be collected from large,

on-off population studies and can be obtained from community surveys(Wright & Walley, 1998).

The exact nature of what are 'needs' has been defined differently by doctors, sociologist, philosophers, and economist(Wright et al., 1998. quoted from Frankel, 1991). Need in health care is commonly defined as the capacity to benefit. If health needs are to be identified then an effective intervention should be a available to meet these needs and improve health. There will be no benefit from an intervention that is not effective or if there are no resources available(Wright et al., 1998).
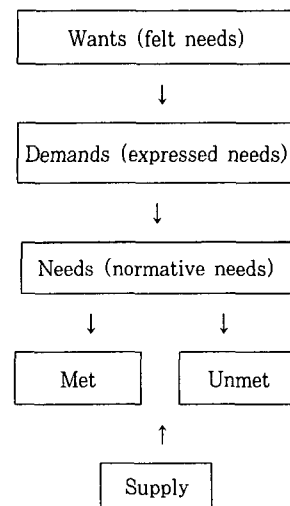

Figure1. Different aspects of needs(Wright et al., 1998).

Demand is what patients ask for; it is the needs that most doctors encounter. Community nurse have a key role as gatekeepers in controlling this demand. Demand from patients for a service can depend on the characteristics of the patient or on the media's interest in the service. Demand can also be induced by supply (Wright et al., 1998).

Supply is the health care provided. This will depend on the interests of health professionals, the priorities of politicians, and the amount of money available. National health technology assessment programmes have been developed in recognition of the importance of assessing the supply of new services and treatment before their widespread introduction(Wright et al., 1998).

Although health needs assessments have traditionally been undertaken by public health professionals looking at their local population, these local health need, should be paramount to all health professionals(Wright et al., 1998). Hospitals and primary care teams should both aim to develop services to match the needs of their local populations combining population needs assessment with personal knowledge of patient's needs may help to meet this goal (Shanks, Kherai & Fish, 1995). Assessment of health needs is not simply a process of listening to patients or relying on personal experiences. It is a systematic method of identifying unmet health and health care needs of a population and making changes to meet these unmet needs (Wright et al., 1998). Health needs assessment should not just be a method of measuring ill health, as this assumes that something can be done to tackle it. Incorporating the concept of a capacity to benefit introduces the importance of effectiveness of health interventions and attempts to make explicit what benefits are being pursued(Donaldson & Mooney, 1991). For individual practices and health professionals, health needs assessment provides the opportunity for : Describing the patterns of disease in the local population and the differences from district, regional, or national disease patterns; Learning more about the needs and priorities of their patients and the local population; Highlighting the areas of unmet need and providing a clear set of objectives to

work towards to meet these needs; Deciding rationally how to use resources to improve their local population's health in the most effective and efficient way; Influencing policy, interagency collaboration, or research and development priorities(Wright et al., 1998).

Health needs assessment also provides a method of monitoring and promoting equity in the provision and use of health services and addressing inequalities in health. One methodology to assess health need of community is rapid appraisal(Wright et al., 1998).

Rapid appraisal is a research method that has been used in the United Kingdom to provide qualitative information, especially about deprived areas (Ong, Humpris, Annett &Rifkin, 1991). During the past decade the technique named "rapid appraisal" has begun to make an important contribution in the assessment of local needs and planning in developing countries (Murray,1999). The general framework is based on the "Health for all 2000" philosophy, and it has been adapted for use in health care (WHO, 1981).

Rapid appraisal has now been used by community workers and primary health care teams to gain public involvement in the assessment of needs. It also can be used to involve the public in the identification of local health needs and can supplement more formal methods of assessing needs. Rapid appraisal is best used in homogeneous communities and members of environments who are deprived (Murray,1995). Rapid appraisal can be modified to focus on the needs of specific groups of patients. The process of rapid appraisal can give a structured orientation to new workers in the community(Murray, 1999).

Rapid appraisal may be a useful tool to involve communities in identifying their needs and priorities and could be used as the first step to involving communities in assessing needs and planning service provision(Palmer, 1999). The primary aims of rapid appraisal are to gain insight into a community's own perspective of its main needs; to translate these findings into action; and to establish an ongoing relationship between service purchasers, providers, and local communities(Murray, Tapson, Turnbull, McCallum & Little, 1994).

Information is collected on nine different aspects of information(Murray et al., 1994).

These are brought together to form an information pyramid. The bottom layer defines the composition of the community, how it is organised, and its capacities to act. The second layer covers the socioecological factors that influence health(Murray et al., 1994).

The next layer covers data on the existence, coverage, accessibility, and acceptability of services, which allows the effectiveness of present services to be evaluated and identifies what needs to be changed (Murray et al,1994). The final layer is concerned with national, regional, and local policies(Murray et al., 1994). The scientific rigour and validity of the approach depends on the concept of triangulation, with data collection from one source being validated or rejected by checking it with data from at least two other sources or methods of collection(Murray &Graham, 1995). Instead of randomly selecting informants, People who are thought to be in the best position to understand the issue are chosen (Murray et al., 1994; quotd from Anker, 1991).

2. Purpose of study

1) To gain perspectives and identify local health and social needs.
2) To ascertain the priority given by the community to health issues.
3) To translate these findings into action between the residents and service providers.

II. Method

1. Design

This study is a case study through using rapid appraisal.

2. Setting

The study setting was carried out on a council estate of 100 homes in the city of Sheffield, U.K.

3. Participants

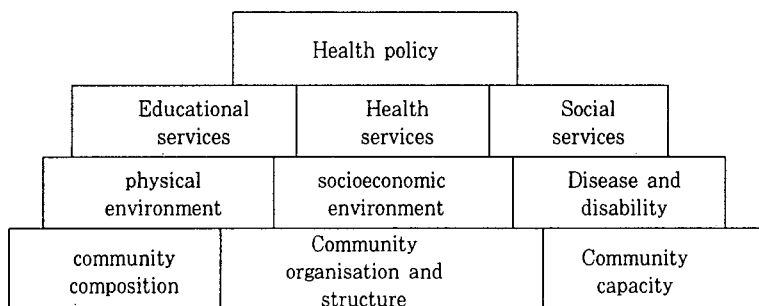| Health policy		
Educational services	Health services	Social services
physical environment	socioeconomic environment	Disease and disability
community composition	Community organisation and structure	Community capacity

Figure 2. Information pyramid constructed for rapid participatory appraisal(Murray, 1999).

A Needs assessment team consisting of an expanded primary care team (general practitioner, health visitor, two social workers, community education worker) carried out interviews. As the team could not work full time on the this study, it was done part time.

4. Data collection

1) Duration

Each member spent 4hours a week on the study for 3months(from September to November of 2000).

2) Method – Rapid appraisal

Data was collected generally from three main sources : Interviews with local residents. Existing written records about the neighbourhood. Observations made in the neighbourhood or in the homes of the interviewees.

Information was collected on the nine aspects of the information pyramid constructed for rapid appraisal.

3) Procedure

The study team devised a semi-structured interview schedule using the interview training material available from the WHO(Annet, Rifkin, 1990). It contains a relatively homogeneous, stable community, and most of the residents were patients of the Northern General Hospital. Key information was identified from various sources. They included people with professional knowledge about the community, community leaders of self help groups and voluntary organizations. We also selected 17 residents from the setting to represent various age groups, social situations, and health problems. Several group interviews were carried out by the primary care team. During some interviews new informants emerged and these people were also interviewed. Participants were visited by two team members in their homes or at work. One interviewer talked to the respondent and the other took notes. Data from written documents, interviews, and observations was allotted to appropriate blocks of the repid appraisal planning pyramid. Data from each interview was split into the 10 separate areas and allocated to each file. The data from all interviews were collated with other sources of information. We held a feedback meeting to present the finding to all informants. After this two focus groups were set up to discuss and allot priority to the problems identified and to explore potential interventions. These groups also discussed how to improve the uptake of existing services and suggested new ways to meet gaps in services.

Ⅲ. Results

1. community composition

The area for this study is place where deprived people are living on a council estate. The community had a large number of elderly people and single people. Newcomers to the area often had medical or social problems and tended to be younger. There was little sense of community identity.

2. socioecological factors

Common complaints about the physical environment included the hills in and out of the estate, the difficult steps, and generally poor access. Lack of play areas for toddlers and young children was also often mentioned. Dog fouling was a greater issue than vandalism or violence. Many people found it hard to manage financially, especially elderly people, who often turned on an extra electric bar on their fire to keep the interviewers warm. Nine percent of houses were owner occupied. The rest were

council owned. Perceived causes of ill health included unemployment, stress, dampness, poor diet and eating habits, and smoking. Drug misuse among the younger people and social isolation among elderly people were also felt to be problems. The main disease centred health problems in the estate were thought to be asthma, bronchitis, and arthritis.

3. Educational, health and Social service

Some people, unaware of recent developments, wanted an increase in local educational services such as after school care, youth provision, and adult education classes or groups. Most people with children spoke favourably about a nearby youth project. The local social services were well known, well used, and appreciated. However, the non-local services were not well known, and many people expressed a wish for more information. Informants had little knowledge about the patient's charter and the community care plan. Recent health policy interventions were thought by many to be cost cutting exercises.

4. suggestions for change.

We asked each informant for suggestions for change. The commonly recurring ideas were discussed in the two focus groups.
1. Suggestions for change mentioned during interviews and requested at focus groups.
2. Arrange for a bus to come into the estate.
3. Create multiple small play areas and dog free zones.
4. Plan activities in the community rooms.
5. Improve the running of the local general practices.
6. Ask the local chemist to help more.
7. Education on health related issues by a community nurse for informants.

IV. Discussion

In contrast to quantitative methods, rapid appraisal offers very specific insights, helping to define what the problems are, rather than how many people are affected by them. It helps identify the strength of feeling within the community on key issues(Murray et al., 1994). We did not identify any previously unknown medical problems, but the team got a deeper understanding of the health and social problems in the community(Murray et al., 1994).

As we know in this study, informants had little knowledge about the patient's charter and the community care plan. This result agree with Murray's research, We were dismayed at the lack of knowledge about and uptake of some services while other services were overstretched (Murray et al., 1994). We plan to compare the needs identified in this study. Rapid appraisal provides a structure to elicit and learn from local opinions relatively easily(Murray et al., 1994).

One attraction of such appraisal methods is their flexibility. In Sheffield we had 10 meetings of the development team and interviewed 35 people. Most of the information was gathered from the first interviews, and in retrospect the first 25 interviews(15 residence, 10 local workers) would have been sufficient. Using local workers to do the research had many advantages. They knew about available services, and when residents expressed a need which could be quickly met, they could be informed appropriately. A local directory of agencies in the community which contribute to health was quickly established and is increasingly used by the practice team. Local ownership of the research process means that the actions are more likely to be implemented.

Common complaints about the physical environment included the hills in and out of the estate, the difficult steps, and generally poor access. As we know in result of Murray's research We found generally that people thought that health service issues were not a particular priority for them. They believed that health and the environment were inextricably linked and that solutions are beyond health care, which professionals are now confirming(Thompson, 1994). They felt more competent to discuss housing, work, stress and the local general practice and community nursing services rather than priorities of more distant health services(Murray, 1999).

We asked each informant for suggestions for change. We can make future plans for Sheffield as we know in Murray' research, they can inform clients of relevant local services such as the nearby community centre, special transport schemes for elderly and disabled people, and allowances. The community education department has held introductory sessions in the community room to assess interest in complementary therapies.(Murray, Tapson, Turnbull, McCallum, 1999). They have used the opportunities that arose to work jointly with the community to develop services and to facilitate team work between statutory and voluntary agencies (Murray et al., 1999).

Many of the findings had little medical content. All major definitions of good primary care refer to the need to consider the physical, psychological, and social wellbeing of patients. This method encourages a broad perspective on the health needs of individuals and also helps doctors identify a wider professional responsibility to the community(murray et al., 1999).

How realistic is assessment of health needs based on primary care. The challenge for public health and primary care is to work increasingly together to address social and environmental causes of ill health and thus to improve the health of regions and neighbourhoods(Murray, Graham, 1995). Perhaps collaboration in assessing health needs could be such an activity and a powerful force for change in local communities (Murray, Graham, 1995).

V. Conclusion and Recommendation

This study is case study to gain perspectives of and identify local health and social needs, to ascertain the priority given by the community to health issues and to translate these findings into action between the residents and service providers for people who live on a council estate of 100 homes of Sheffield.

The design is the collection of data through Rapid appraisal by an extended primary care team from three sources : existing documents, interviews with a range of informants, direct observations. The setting is council estate of 100 homes in Sheffield.

Results found that the interviews and focus groups identified seven priorities for change, many of which were not health related, the community had a large number of elderly people and single people, and they have many other problems such as socioecological factors : physical problems : socioeconomic problems : disease and disability, educational needs, health and social service requirements. The conclusion is an expanded primary care team can use rapid appraisal as a first step in identifying and meeting local health needs and social needs.

It facilitates a multi-disciplinary approach and complements quantitative methods of

assessing need. Rapid appraisal could be used as the first step to involving communities in assessing needs and planning service provision. We did not identify any previously unknown medical problems, but the team got a deeper understanding of the health and social problems in the community. Further work is necessary to develop and test models for assessing health needs.

I suggest that the study of health need assessment should be continued to be developed for the health service in community health centre in Korea. I hope that rapid appraisal, one methodology for health need assessment, is developed to be based in a Korean setting.

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- 국문초록 -

Primary care에서 지역사회 건강과 사회적 요구사정을 위한 Rapid appraisal 경험

조 명 숙*

본 연구의 목표는 rapid appraisal의 사용을 통한 지역사회의 건강과 사회적 요구들을 알아내고 이들의 우선순위를 파악하여 지역주민과 써비스 제공자들 사이에 활동계획을 만들기 위함이다.

자료 수집은 Rapid appraisal의 정보피라미드를 통한 primary care team에 의해 3개의 자원들인 지역사회내 기존자료들과 지역 내에서 많이 사용해왔던 반 구조화된 면담지, 방문과 크리닉을 통한 직접 관찰로 자료수집을 하였다. 반 구조화된 면담지는 pilot study하고 검증한 후 사용하였다. 자료수집 대상은 Northern General hospital내에 등록되어진 100가구의 도시영세민 주택에 거주하는 자로 하였다.

결과로 면담자 들과 focus groups은 지역사회 내 지역건강요구들을 만나고 알아내며 건강뿐만이 아닌 사회적인 많은 변화가 요구되는 건강관련 우선순위를 알아내는 첫단계로써 rapid appraisal의 사용이 유용하다.

결론적으로 Rapid appraisal은 지역사회 내 Primary care에서 muti-displinary approach를 촉진하여 건강에 영향하는 다양한 요인사정의 질적인 방법으로 변화를 위한 행동 계획을 세우는데 좋은 평가 방법으로 확인되었다.

주요용어 : 건강요구사정, 빠른평가

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