**Community health:**

**Community health** refers to the health status of a defined group of people and the actions and conditions, both private and public (governmental), to promote, protect, and preserve their health. For example, the health status of the people of Muncie, Indiana, and the private and public actions taken to promote, protect, and preserve the health of these people, would constitute community health.

*Community Health Activities*

Community health activities are activities that are aimed at protecting or improving the health of a population or community. Maintenance of accurate birth and death records, protection of the food and water supply, and participating in fund drives for voluntary health organizations such as the American Lung Association are examples of community health activities.

**Factors That Affect the Health of a Community**

There are a great many factors that affect the health of a community. As a result, the health status of each community is different. These factors may be physical, social, and/or cultural. They also include the ability of the community to organize and work together as a whole as well as the individual behaviors of those in the community.

***Physical Factors***

Physical factors include the influences of geography, the environment, community size, and industrial development.

*Geography:*

Community’s health problems can be directly influenced by its altitude, latitude, and climate. In tropical countries where warm, humid temperatures and rain prevail throughout the year, parasitic and infectious diseases are a leading community health problem In many tropical countries, survival from these diseases is made more difficult because poor soil conditions result in inadequate food production and malnutrition. In temperate climates with fewer parasitic and infectious diseases and a more than adequate food supply, obesity and heart disease are important community health problems.

*Environment*

The quality of our environment is directly related to the quality of our stewardship over it. Many experts believe that if we continue to allow uncontrolled population growth and continue to deplete nonrenewable natural resources, succeeding generations will inhabit communities that are less desirable than ours. Many feel that we must accept

responsibility for this stewardship and drastically reduce the rate at which we foul the soil,water, and air.

*Community Size*

The larger the community, the greater its range of health problems and the greater its number of health resources. For example, larger communities have more health professionals and better health facilities than smaller communities. These resources are often needed because communicable diseases can spread more quickly and environmental problems are often more severe in densely populated areas. For example, the amount of trash generated by the approximately 8\_ million people in New York City is many times greater than that generated

by the entire state of Wyoming, with its population of about 501,000. It is important to note that a community’s size can impact both positively and negatively on that community’s health. The ability of a community to effectively plan, organize, and utilize its resources can determine whether its size can be used to good advantage.

*Industrial Development*

Industrial development, like size, can have either positive or negative effects on the health status of a community. Industrial development provides a community with added resources for community health programs, but it may bring with it environmental pollution and occupational illnesses. Communities that experience rapid industrial development must eventually regulate the way in which industries (1) obtain raw materials, (2) discharge by-products, (3) dispose of wastes, (4) treat and protect their employees, and (5) clean up environmental accidents. Unfortunately, many of these laws are usually passed only after these communities have suffered significant reductions in the quality of their life and health.

***Social and Cultural Factors***

Social factors are those that arise from the interaction of individuals or groups within the community. For example, people who live in urban communities, where life is fast-paced, experience higher rates of stress-related illnesses than those who live in rural communities, where life is more leisurely. On the other hand, those in rural areas may not have access to the same quality or selection of health care (i.e., providers, hospitals, or medical specialists) that is available to those who live in urban communities. Cultural factors arise from guidelines (both explicit and implicit) that individuals “inherit “from being a part of a particular society. Culture “teaches us what to fear, what to respect, what to value, and what to regard as relevant in our lives.”8 Some of the factors that contribute to culture are discussed in the following sections.

*Beliefs, Traditions, and Prejudices*

The beliefs, traditions, and prejudices of community members can affect the health of the community. The beliefs of those in a community about such specific health behaviors as exercise and smoking can influence policy makers on whether or not they will spend money on bike trails and no-smoking ordinances. The traditions of specific ethnic groups can influence the types of food, restaurants, retail outlets, and services available in a community. Prejudices

of one specific ethnic or racial group against another can result in acts of violence and crime. Racial and ethnic disparities will continue to put certain groups, such as black Americans or certain religious groups, at greater risk.

*Economy*

Both national and local economies can affect the health of a community through reductions in health and social services. An economic downturn means lower tax revenues (fewer tax dollars) and fewer contributions to charitable groups. Such actions will result in fewer dollars being available for programs such as welfare, food stamps, community health care, and other community services. This occurs because revenue shortfalls cause agencies to experience budget cuts. With less money, these agencies often must alter their eligibility guidelines, thereby restricting aid to only the neediest individuals. Obviously, many people who had been eligible for assistance before the economic downturn become ineligible. Employers usually find it increasingly difficult to provide health benefits for their employees as their income drops. The unemployed and underemployed face poverty and The unemployed and underemployed face poverty and deteriorating health. Thus, the cumulative effect of an economic downturn significantly affects the health of the community.

*Politics*

Those who happen to be in political office, either nationally or locally, can improve or jeopardize the health of their community by the decisions they make. In the most general terms, the argument is over greater or lesser governmental participation in health issues. For example, there has been a long-standing discussion in the United States on the extent to which the government should involve itself in health care. Historically, Democrats have been in favor of such action while Republicans have been against it. However, as the cost of health care continues to grow, both sides see the need for some kind of increased regulation. Local politicians also influence the health of their communities each time they vote on health-related measures brought before them.

*Religion*

A number of religions have taken a position on health care. For example, some religious communities limit the type of medical treatment their members may receive. Some do not permit immunizations; others do not permit their members to be treated by physicians. Still others prohibit certain foods. For example, Kosher dietary regulations permit Jews to eat the meat only of animals that chew cud and have cloven hooves and the flesh only of fish that have both gills and scales, while still others, like the Native American Church of the Morning Star, use peyote, a hallucinogen, as a sacrament. Some religious communities actively address moral and ethical issues such as abortion, premarital intercourse, and homosexuality. Still other religions teach health-promoting codes of living to their members. Obviously, religion can affect a community’s health positively or negatively.

*Social Norms*

The influence of social norms can be positive or negative and can change over time. Cigarette smoking is a good example. During the 1940s, 1950s, and 1960s, it was socially acceptable to smoke in most settings. As a matter of fact, in 1960, 53% of American men and 32% of American women smoked. Thus, in 1960 it was socially acceptable to be a smoker, especially if you were male. Now, early in the twenty-first century, those percentages have dropped to 25.2% (for males) and 20.7% (for females), and in most public places it has become socially unacceptable to smoke.9 The lawsuits against tobacco companies by both the state attorneys general and private citizens provide further evidence that smoking has fallen from social acceptability. Because of this change in the social norm, there is less secondhand smoke in many public places, and in turn the health of the community has improved. Unlike smoking, alcohol consumption represents a continuing negative social norm in America, especially on college campuses. The normal expectation seems to be that drinking is fun (and almost everyone wants to have fun). Despite the fact that most college students are too young to drink legally, 85% to 90% of college students drink.2 It seems fairly obvious that the American alcoholic-beverage industry has influenced our social norms.

*Socioeconomic Status (SES)*

“In both the United States and Western Europe, the gap in health status and mortality between those commanding, and those who lack, economic power and social resources continues to widen. These parallel trends—of growing economic inequalities and growing social inequalities in health—reflect, in part, the relationship between people’s socioeconomic position as consumers and employers or employees and their social, biological, and mental wellbeing.” That is, those in the community with the lowest socioeconomic status also have the poorest health and the most difficulty in gaining access to health care. The point of entry into the health care system for most Americans is the family doctor. The economically disadvantaged seldom have a family doctor. For them, the point of entry is the local hospital emergency room. In addition to health care access, higher incomes enable people to afford better housing, live in safer neighborhoods, and increase the opportunity to engage in health promoting

behaviors.

***Community Organizing***

The way in which a community is able to organize its resources directly influences its ability to intervene and solve problems, including health problems. **Community organizing** “is a process through which communities are helped to identify common problems or goals, mobilize resources, and in other ways develop and implement strategies for reaching their goals they have collectively set.”12 It is not a science but an art of building consensus within democratic process.13 If a community can organize its resources effectively into a unified force, it “is likely to produce benefits in the form of increased effectiveness and productivity by reducing duplication of efforts and avoiding the imposition of solutions that are not congruent with the local culture and needs.”6 For example, many communities in the United States have faced community-wide drug problems. Some have been able to organize their

resources to reduce or resolve these problems while others have not.

***Individual Behavior***

The behavior of the individual community members contributes to the health of the entire community. It takes the concerted effort of many—if not most—of the individuals in a community to make a program work. For example, if each individual consciously recycles his or her trash each week, community recycling will be successful. Likewise, if each occupant would wear a safety belt, there could be a significant reduction in the number of facial injuries and deaths from car crashes for the entire community. In another example, the more individuals who become immunized against a specific disease, the slower the disease will spread and the fewer people will be exposed. This concept is known as **herd immunity.**