

Search Results

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Search History

1. MEDLINE; *"HEALTH SERVICES NEEDS AND DEMAND"/ OR *NEEDS ASSESSMENT/; 17540 results.
2. MEDLINE; *HEALTH/; 7721 results.
3. MEDLINE; *POVERTY/ OR *POVERTY AREAS/; 10190 results.
4. MEDLINE; 1 AND 3; 237 results.
5. CINAHL; *NEEDS ASSESSMENT/ OR *HEALTH SERVICES NEEDS AND DEMAND/ [Limit to: Publication Year 2000-2010 and (Language English)]; 3935 results.
6. CINAHL; *POVERTY/ OR *POVERTY AREAS/ [Limit to: Publication Year 2000-2010 and (Language English)]; 2745 results.
7. CINAHL; 5 AND 6 [Limit to: Publication Year 2000-2010 and (Language English) and (Language English)]; 49 results.
8. HMIC; exp HEALTH NEEDS ASSESSMENT/ [Limit to: Publication Year 2000-Current and Latest Update]; 3 results.
9. HMIC; (health AND needs AND assessment).ti,ab [Limit to: Publication Year 2000-Current and Latest Update]; 1 results.
10. HMIC; exp POVERTY/ [Limit to: Publication Year 2000-Current and Latest Update]; 11 results.
11. HMIC; 8 AND 10 [Limit to: Publication Year 2000-Current and Latest Update]; 0 results.
12. PsycINFO; *NEEDS ASSESSMENT/ OR *HEALTH SERVICE NEEDS/; 4292 results.
13. PsycINFO; *POVERTY/ OR *POVERTY AREAS/; 3094 results.
14. PsycINFO; 12 AND 13; 11 results.
15. MEDLINE,CINAHL,HMIC,PsycINFO; Duplicate filtered: [1 AND 3], [5 AND 6 [Limit to: Publication Year 2000-2010 and (Language English) and (Language English)]], [exp HEALTH NEEDS ASSESSMENT/ [Limit to: Publication Year 2000-Current and Latest Update]], [(health AND needs AND assessment).ti,ab [Limit to: Publication Year 2000-Current and Latest Update]], [12 AND 13]; 301 results.
16. MEDLINE; *NEEDS ASSESSMENT/ [Limit to: Publication Year 2005-Current and English Language]; 2222 results.
17. MEDLINE; deprivation.ti,ab; 36082 results.
18. MEDLINE; *POVERTY AREAS/ OR *POVERTY/; 10190 results.
19. MEDLINE; 17 OR 18; 45705 results.
20. MEDLINE; 16 AND 19 [Limit to: Publication Year 2005-Current and English Language]; 28 results.
21. MEDLINE; (social AND deprivation).ti,ab; 0 results.
22. MEDLINE; (social AND deprivation).ti,ab; 2010 results.
23. MEDLINE; *RESIDENCE CHARACTERISTICS/; 4075 results.
24. MEDLINE; 16 AND 23 [Limit to: Publication Year 2005-Current and English Language]; 13 results.
25. MEDLINE; 16 AND 22 [Limit to: Publication Year 2005-Current and English Language]; 8 results.

1. Qualitative health needs assessment of a former mining community

Citation: Community Practitioner, 2010, vol./is. 83/2(27-30), 1462-2815 (Feb 2010)**Author(s):** Smith, Alison M; Adams, Ruth; Bushell, Fiona**Publication Type:** Article**Subject Headings:** COMMUNITY HEALTH NEEDS ASSESSMENT
PRIMARY CARE
NURSE PRACTITIONERS
HEALTH NEEDS ASSESSMENT
VILLAGES
MINING
KENT**Source:** HMIC**Full Text:** Available in *fulltext* at [ProQuest](#)
Available in *fulltext* at [in fulltext](#); Note: This is a donated journal**2. Suburban poverty and the health care safety net.**

Citation: Research Briefs, July 2009, vol./is. /13(1-12) (2009 Jul)**Author(s):** Felland LE; Lauer JR; Cunningham PJ**Language:** English**Abstract:** Although suburban poverty has increased in the past decade, the availability of health care services for low-income and uninsured people in the suburbs has not kept pace. According to a new study by the Center for Studying Health System Change (HSC) of five communities--Boston, Cleveland, Indianapolis, Miami and Seattle--low-income people living in suburban areas face significant challenges accessing care because of inadequate transportation, language barriers and lack of awareness of health care options. Low-income people often rely on suburban hospital emergency departments (EDs) and urban safety net hospitals and health centers. Some urban providers are feeling the strain of caring for increasing numbers of patients from both the city and the suburbs. Both urban and suburban providers are attempting to redirect patients to more appropriate care near where they live by expanding primary care capacity, improving access to specialists, reducing transportation challenges, and generating revenues to support safety net services. Efforts to improve safety net services in suburban areas are hampered by greater geographic dispersion of the suburban poor and jurisdictional issues in funding safety net services. To improve the suburban safety net, policy makers may want to consider flexible and targeted approaches to providing care, regional collaboration to share resources, and geographic pockets of need when allocating resources for community health centers and other safety net services and facilities.**Country of Publication:** United States**Publication Type:** Journal Article**Subject Headings:** *Health Services Accessibility/ec [Economics]
Humans
*Needs Assessment/ec [Economics]
*Poverty
*Suburban Health Services/ec [Economics]
United States
Urban Health Services/ec [Economics]**Source:** MEDLINE**3. Health reality show: regular celebrities, high stakes, new game: a model for managing complex primary health care.**

Citation: New Zealand Medical Journal, 2009, vol./is. 122/1301(31-42), 0028-8446;1175-8716 (2009)

Author(s): Sheridan N; Kenealy T; Parsons M; Rea H

Institution: School of Nursing, University of Auckland, Auckland, New Zealand.
n.sheridan@auckland.ac.nz

Language: English

Abstract: AIM: To evaluate a collaborative model that integrates secondary care support into general practice, targeting the main health problems of patients with long-term conditions. METHODS: The model was tested in two general practices in an area of high deprivation. Eligible patients were high users of the Middlemore Hospital Adult Medical Service. Model elements included nurse home visiting, record review, inter-professional case conference, and assertive follow-up and intervention. Data were collected from clinical records and interviews with patients and clinicians. Interviews were analysed using a general inductive approach. RESULTS: Record review and home visiting uncovered clinical and social information buried in the 'systems records' or unknown. Inter-professional case conferences resulted in prioritising interventions before assigning to practitioners for follow-up. Home visiting led to advocacy for social services, not possible in earlier general practice or emergency department (ED) consultations. Specialist hospital physician support in accessing hospital services strengthened the relationship with general practice. Case finding was an unexpected outcome of home visiting with individuals from the same household as the index patient assisted to access services. CONCLUSION: All model elements -- nurse home visiting, record review, inter-professional case conference, and assertive follow-up and intervention -- were essential to resolving problems seriously impacting health status.

Country of Publication: New Zealand

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: [Adult](#)
[Aged](#)
[*Community Networks/og \[Organization & Administration\]](#)
[Female](#)
[*Health Services Needs and Demand/og \[Organization & Administration\]](#)
[*Home Care Services/og \[Organization & Administration\]](#)
[Humans](#)
[Interinstitutional Relations](#)
[Male](#)
[Middle Aged](#)
[*Models, Organizational](#)
[*Needs Assessment/og \[Organization & Administration\]](#)
[New Zealand](#)
[Outcome and Process Assessment \(Health Care\)](#)
[Patient Education as Topic/og \[Organization & Administration\]](#)
[Pilot Projects](#)
[Preventive Health Services/og \[Organization & Administration\]](#)
[*Primary Health Care/og \[Organization & Administration\]](#)
[Professional-Patient Relations](#)
[Treatment Outcome](#)

Source: MEDLINE

4. Screening for basic social needs at a medical home for low-income children.

Citation: Clinical Pediatrics, January 2009, vol./is. 48/1(32-6), 0009-9228;0009-9228 (2009 Jan)

Author(s): Garg A; Butz AM; Dworkin PH; Lewis RA; Serwint JR

Institution: Division of General Pediatrics and Adolescent Medicine, Johns Hopkins University School of Medicine, Baltimore, Maryland, USA. agarg@tuftsmedicalcenter.org

Language: English

Abstract: The goals of this cross-sectional study were to (a) describe the prevalence of 5 basic social needs in a cohort of parents attending an urban teaching hospital-based pediatric

clinic, (b) assess parental attitudes toward seeking assistance from their child's provider, and (c) examine resident providers' attitudes and behaviors toward addressing these needs. Parents (n = 100) reported a median of 2 basic needs at the pediatric visit. The most common was employment (52%), followed by education (34%), child care (19%), food (16%), and housing (10%). Most parents (67%) had positive attitudes toward requesting assistance from their child's pediatrician. The majority of resident providers (91%) believed in the importance of addressing social needs; however, few reported routinely screening for these needs (range, 11% to 18%). There is great potential for assisting low-income parents within the medical home. Further practice-based interventions are needed to enhance providers' self-efficacy to screen and address low-income families' needs at pediatric visits.

Country of Publication: United States

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: [Adolescent](#)
[Attitude](#)
[Child](#)
[*Child Health Services/st \[Standards\]](#)
[Child, Preschool](#)
[Cross-Sectional Studies](#)
[Health Services Accessibility](#)
[*Health Services Needs and Demand/td \[Trends\]](#)
[Humans](#)
[Infant](#)
[Infant, Newborn](#)
[Parents/px \[Psychology\]](#)
[*Poverty](#)
[United States](#)
[Young Adult](#)

Source: MEDLINE

5. Perception of needs and responses in food security: divergence between households and stakeholders.

Citation: Public Health Nutrition, December 2008, vol./is. 11/12(1389-96), 1368-9800;1368-9800 (2008 Dec)

Author(s): Hamelin AM; Mercier C; Bedard A

Institution: Department of Food Sciences and Nutrition, Pavillon Paul-Comtois, Universite Laval, 2425 rue de l'Agriculture, Quebec City, Canada G1V 0A6.
 anne-marie.hamelin@al.n.ulaval.ca

Language: English

Abstract: **OBJECTIVES:** The aim of the study was (i) to describe the needs of food-insecure households and their assessment of community programmes, as expressed by households and perceived by stakeholders; and (ii) to examine the similarities and differences between households' and stakeholders' perceptions in Quebec City area. **DESIGN/SETTING/SUBJECTS:** A semi-structured interview and sociodemographic questionnaire with fifty-five households and fifty-nine stakeholders (community workers, managers, donor agencies). The transcriptions were subjected to content analysis and inter-coder reliability measurement. **RESULTS:** The respondents' perceptions converge towards three main categories of needs: needs specific to food security, conditions necessary for achieving food security and related needs. There was agreement on the necessity of better financial resources, although the impact of financial resources alone may be uncertain in the opinion of some stakeholders. Different perceptions of needs and of their fulfilment by community programmes emerge between both groups. Despite households found positive aspects, they complained that quality of food and access were major needs neglected. Their account suggests overall a partial fit between the programmes and food security needs; even a combination of programmes (e.g. collective kitchens, purchasing groups, community gardens) was insufficient to adequately meet these needs. In contrast, most stakeholders perceived that the household's primary need

was a basic amount of food and that the households were satisfied with programmes.
CONCLUSIONS: It is urgent to evaluate the overall effect of community programmes on specific aspects of household food insecurity. The results emphasise that community programmes alone cannot bring about social change needed to prevent food insecurity.

Country of Publication: England

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: [Adult](#)
[Educational Status](#)
[Family Characteristics](#)
[Female](#)
[*Food/st \[Standards\]](#)
[Food Supply/ec \[Economics\]](#)
[*Food Supply/st \[Standards\]](#)
[*Food Supply/sn \[Statistics & Numerical Data\]](#)
[Humans](#)
[Interviews as Topic](#)
[Male](#)
[Middle Aged](#)
[*Needs Assessment](#)
[Perception](#)
[*Poverty](#)
[Public Assistance](#)
[Quebec](#)
[Questionnaires](#)
[Social Class](#)
[Young Adult](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [ProQuest](#)

6. Breastfeeding and infant illness in low-income, minority women: a prospective cohort study of the dose-response relationship.

Citation: Journal of Human Lactation, 01 February 2008, vol./is. 24/1(14-26), 08903344

Author(s): Freeman K; Bonuck KA; Trombley M

Language: English

Abstract: The authors' objective was to determine whether cumulative weekly breastfeeding duration by 13 weeks was associated with infant otitis media, respiratory and gastrointestinal illness, and total illness visits up to 12 months. The authors performed a secondary analysis of data from a randomized clinical trial of low-income, primarily Hispanic and Black women enrolled from 2 medical center affiliated clinics. "Breastfeeding sensitive" (BFS) outpatient and emergency room (ER) visit data for the above illnesses were obtained for 255 mother/infant dyads. Outcome measures were unadjusted and adjusted rates of outpatient and ER visits with sick and BFS diagnoses. The authors found no significant associations between breastfeeding intensity and infant visits for otitis media, respiratory and gastrointestinal illness, or total illness visits. In this low-income, multiethnic sample, breastfeeding intensity was not associated with infant health service use, in contrast to other evidence-based reports. Low exclusive breastfeeding rates and lack of coverage for health visits may be reasons for this finding.

Publication Type: journal article

Subject Headings: [Breast Feeding](#)
[Gastrointestinal Diseases](#)
[Health Services Needs and Demand](#)
[Lung Diseases](#)
[Minority Groups](#)
[Otitis Media](#)
[Poverty](#)

Academic Medical Centers
 Adult
 Bivariate Statistics
 Blacks
 Confidence Intervals
 Descriptive Statistics
 Education, Continuing (Credit)
 Emergency Service
 Female
 Funding Source
 Hispanics
 Infant
 Infant Feeding
 Infant, Newborn
 Interviews
 Male
 Medical Records
 Mothers
 Multiple Linear Regression
 Multiple Logistic Regression
 New York
 Odds Ratio
 Outcome Assessment
 Outpatients
 Power Analysis
 Primary Health Care
 Record Review
 Secondary Analysis
 Self Report
 Socioeconomic Factors
 Step-Wise Multiple Regression
 Summated Rating Scaling
 T-Tests
 Time Factors
 Urban Areas
 Wilcoxon Rank Sum Test
 Human

Source: CINAHL

7. The plea of the needy.

Citation: Journal of Christian Nursing, January 2008, vol./is. 25/1(51), 0743-2550;0743-2550 (2008 Jan-Mar)

Author(s): Salladay S; Shrubsole J; Parrill R

Institution: Cedarville University, Cedarville, Ohio, USA.

Language: English

Country of Publication: United States

Publication Type: Journal Article

Subject Headings:

- *Christianity
- *Health Promotion/es [Ethics]
- *Health Services Needs and Demand
- *Health Status Disparities
- Humans
- *Poverty
- United States

Source: MEDLINE

8. Introduction to cost-effectiveness

Citation: , 2008

Author(s): Muennig, Peter

Publication Type: Book; Chapter-DH-HELMIS

Subject Headings: COST EFFECTIVENESS
HEALTH ECONOMICS
DECISION ANALYSIS
COST BENEFIT ANALYSIS
RESEARCH DESIGN
EVALUATION METHODS
ECONOMIC MODELS
HEALTH SERVICES RESEARCH
QUALITY ADJUSTED LIFE YEARS
COST OF ILLNESS STUDIES
ECONOMIC ANALYSIS
ECONOMIC RESEARCH
EPIDEMIOLOGICAL ASSESSMENT
HEALTH STATUS
LIFE EXPECTANCY
PROBABILITY THEORY
OPPORTUNITY COSTS
RESOURCE ALLOCATION
COSTS

Source: HMIC

9. Cost-effectiveness analyses in health: a practical approach

Citation: San Francisco, Calif - 989 Market Street, San Francisco, CA 94193-1741: Jossey-Bass, 2008(xvi, 266p)

Author(s): Muennig, Peter

Publication Type: Book

Subject Headings: COST EFFECTIVENESS
HEALTH ECONOMICS
DECISION ANALYSIS
COST BENEFIT ANALYSIS
RESEARCH DESIGN
EVALUATION METHODS
ECONOMIC MODELS
HEALTH SERVICES RESEARCH
QUALITY ADJUSTED LIFE YEARS
COST OF ILLNESS STUDIES
ECONOMIC ANALYSIS
ECONOMIC RESEARCH
EPIDEMIOLOGICAL ASSESSMENT
LIFE EXPECTANCY
PROBABILITY THEORY
RESEARCH METHODS

Source: HMIC

10. A better future for women and children.

Citation: Lancet, October 2007, vol./is. 370/9595(1297-8), 0140-6736;1474-547X (2007 Oct 13)

Author(s): Gayle HD; Daulaire N

Institution: CARE USA, Atlanta, GA 30303, USA. hgayle@care.org

Language: English

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [*Child Mortality/td \[Trends\]](#)
[Child, Preschool](#)
[*Developing Countries](#)
[Female](#)
[*Health Services Needs and Demand/ec \[Economics\]](#)
[Health Services Needs and Demand/og \[Organization & Administration\]](#)
[Health Services Needs and Demand/td \[Trends\]](#)
[Humans](#)
[*Maternal Mortality/td \[Trends\]](#)
[*Poverty](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [ProQuest](#)
 Available in *print* at [Bolton PCT](#)

11. New powers to help assembly tackle child poverty in Wales.

Citation: Paediatric Nursing, 01 September 2007, vol./is. 19/7(4-4), 09629513

Language: English

Publication Type: journal article

Subject Headings: [Child Health Services](#)
[Child Welfare](#)
[Health Services Needs and Demand](#)
[Poverty](#)
[Health Policy](#)
[Wales](#)

Source: CINAHL

Full Text: Available in *fulltext* at [EBSCO Host](#)
 Available in *fulltext* at [ProQuest](#)

12. Application of health equity audit to health visiting.

Citation: Community Practitioner, May 2007, vol./is. 80/5(38-41), 1462-2815;1462-2815 (2007 May)

Author(s): Pritchard C; de Verteuil B

Institution: Charnwood and North West Leicestershire PCT.

Language: English

Abstract: Equitable access to health care services is an important driver to improve health. The link between socio-economic status and ill health has long been established and yet some population groups are still disadvantaged in accessing services. Health equity audit is a tool that enables the identification and redistribution of resources on the basis of need. Within the former Charnwood and North West Leicestershire Primary Care Trust, a health equity audit was undertaken to ensure the provision of health visiting resource was based on the health needs of the population. Equity was assessed utilising neighbourhood-based indices of multiple deprivation (IMD) and hours of health visiting activity.

Country of Publication: England

Publication Type: Evaluation Studies; Journal Article

Subject Headings: [Adolescent](#)
[Child](#)
[Child, Preschool](#)
[Clinical Competence](#)

[*Community Health Nursing/og \[Organization & Administration\]](#)
[England](#)
[Health Resources/og \[Organization & Administration\]](#)
[*Health Services Accessibility/og \[Organization & Administration\]](#)
[Health Services Research](#)
[Humans](#)
[Infant](#)
[Infant, Newborn](#)
[*Needs Assessment/og \[Organization & Administration\]](#)
[Nursing Administration Research](#)
[*Nursing Audit/og \[Organization & Administration\]](#)
[Nursing Evaluation Research](#)
[Personnel Staffing and Scheduling](#)
[*Poverty Areas](#)
[Primary Health Care/og \[Organization & Administration\]](#)
[Socioeconomic Factors](#)
[State Medicine/og \[Organization & Administration\]](#)
[Vulnerable Populations](#)
[Workload](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [ProQuest](#)
 Available in *fulltext* at [in fulltext](#); Note: This is a donated journal

13. Low-income uninsured children with special health care needs: why aren't they enrolled in public health insurance programs?.

Citation: Pediatrics, January 2007, vol./is. 119/1(60-8), 0031-4005;1098-4275 (2007 Jan)

Author(s): Haley J; Kenney G

Institution: Urban Institute Health Policy Center, 2100 M Street NW, Washington, DC 20037, USA.

Language: English

Abstract: OBJECTIVE: We examined potential barriers to enrollment in public programs among low-income children with special health care needs who are uninsured. Barriers considered include parents not knowing about the Medicaid and State Children's Health Insurance programs, not believing that their child is eligible for public coverage, not perceiving the enrollment processes as easy, and not wanting to enroll their child in a public program. METHODOLOGY: The source of data is the 2001 National Survey of Children With Special Health Care Needs. A series of 5 questions about the child's health needs, known as the Children With Special Health Care Needs Screener, was used to identify children with special health care needs. Uninsurance is defined as having no insurance coverage at the time of the survey. Low-income families are defined as those with household incomes below 200% of the federal poverty level. The analytic sample consists of 968 low-income uninsured children with special health care needs. We examined the socioeconomic and demographic characteristics of the sample, the reasons the children lack coverage, and the awareness and perception measures, both individually and combined as a summary measure. RESULTS: Many low-income parents with uninsured children with special health care needs do not have full information about Medicaid and State Children's Health Insurance programs or do not have positive perceptions of the application processes. Although 93.5% had heard of at least 1 of the 2 programs, only 54.6% believed that their child was eligible for public coverage, and just 48.1% believed that the application processes were easy. Almost all said that they would enroll their child if told he or she was eligible for public coverage. CONCLUSIONS: Understanding why uninsured children with special health care needs do not participate in public programs is important, because these programs have the potential to cover almost all of this population. Initiatives to increase enrollment should yield real dividends given that the vast majority of low-income uninsured children with special health care needs have parents who say they would enroll their children in public coverage.

Country of Publication: United States

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: [Child](#)
[*Child Health Services](#)
[*Health Services Needs and Demand](#)
[Humans](#)
[Medicaid](#)
[*Medical Assistance](#)
[*Medically Uninsured](#)
[*Poverty](#)
[United States](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [Highwire Press](#)

14. Perceptions of the neighbourhood environment and self rated health: a multilevel analysis of the Caerphilly Health and Social Needs Study.

Citation: BMC Public Health, 2007, vol./is. 7/(285), 1471-2458;1471-2458 (2007)

Author(s): Poortinga W; Dunstan FD; Fone DL

Institution: Welsh School of Architecture, Cardiff University, Bute Building, King Edward VII Avenue, Cardiff, Wales, CF10 3NB, UK. poortingaw@cardiff.ac.uk

Language: English

Abstract: BACKGROUND: In this study we examined whether (1) the neighbourhood aspects of access to amenities, neighbourhood quality, neighbourhood disorder, and neighbourhood social cohesion are associated with people's self rated health, (2) these health effects reflect differences in socio-demographic composition and/or neighbourhood deprivation, and (3) the associations with the different aspects of the neighbourhood environment vary between men and women. METHODS: Data from the cross-sectional Caerphilly Health and Social Needs Survey were analysed using multilevel modelling, with individuals nested within enumeration districts. In this study we used the responses of people under 75 years of age (n = 10,892). The response rate of this subgroup was 62.3%. All individual responses were geo-referenced to the 325 census enumeration districts of Caerphilly county borough. RESULTS: The neighbourhood attributes of poor access to amenities, poor neighbourhood quality, neighbourhood disorder, lack of social cohesion, and neighbourhood deprivation were associated with the reporting of poor health. These effects were attenuated when controlling for individual and collective socio-economic status. Lack of social cohesion significantly increased the odds of women reporting poor health, but did not increase the odds of men reporting poor health. In contrast, unemployment significantly affected men's health, but not women's health. CONCLUSION: This study shows that different aspects of the neighbourhood environment are associated with people's self rated health, which may partly reflect the health impacts of neighbourhood socio-economic status. The findings further suggest that the social environment is more important for women's health, but that individual socio-economic status is more important for men's health.

Country of Publication: England

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: [Adolescent](#)
[Adult](#)
[Aged](#)
[Attitude to Health](#)
[Cross-Sectional Studies](#)
[Female](#)
[*Health Status Indicators](#)
[Humans](#)
[Male](#)
[*Men's Health/ec \[Economics\]](#)
[Middle Aged](#)

[*Needs Assessment](#)
[*Poverty Areas](#)
[Quality of Life/px \[Psychology\]](#)
[Questionnaires](#)
[Regression Analysis](#)
[*Residence Characteristics/cl \[Classification\]](#)
[Self Concept](#)
[*Social Environment](#)
[Social Isolation/px \[Psychology\]](#)
[Social Support](#)
[Socioeconomic Factors](#)
[Wales/ep \[Epidemiology\]](#)
[*Women's Health/ec \[Economics\]](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [BioMedCentral](#)
 Available in *fulltext* at [National Library of Medicine](#)

15. Theme issue on poverty and human development: Call for papers on interventions to improve health among the poor.

Citation: JAMA, December 2006, vol./is. 296/24(2970-1), 0098-7484;1538-3598 (2006 Dec 27)

Author(s): Flanagin A; Winker MA

Language: English

Country of Publication: United States

Publication Type: Editorial

Subject Headings: [*Health Promotion](#)
[*Needs Assessment](#)
[*Poverty](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [Highwire Press](#)

16. The status of occupational therapy: addressing the needs of people experiencing homelessness.

Citation: Occupational Therapy in Health Care, 01 September 2006, vol./is. 20/3-4(1-8), 07380577

Author(s): Herzberg GL; Ray SA; Miller KS

Language: English

Abstract: This paper discusses the move of occupational therapy practitioners towards providing services for people who are homeless, presents the results of an internet-based survey of assessment tools used with this population, and provides an overview of this volume's papers while discussing the current status of occupational therapy interventions.

Publication Type: journal article

Subject Headings: [Homelessness](#)
[Needs Assessment](#)
[Occupational Therapy](#)
[Poverty](#)
[Clinical Assessment Tools](#)
[Public Assistance](#)

Source: CINAHL

17. Should uptake of state benefits be used as indicators of need and disadvantage?

Citation: Health & Social Care in the Community, 01 July 2006, vol./is. 14/4(294-301), 09660410

Author(s): Rosato M; O'Reilly D

Language:	English
Abstract:	Government requires indicators of disadvantage to guide programmes and allocate resources to those areas which are most in need. Proxy measures of relative disadvantage are often utilised for this task in the absence of ideal indicators of need. The recent availability of government administrative datasets, such as social security benefit uptake levels, are increasingly being used throughout the UK and have been hailed as a significant advance on previous measures of need. However, their suitability presupposes that the association between those in need of benefit and those actually in receipt of benefit is not confounded by non-needs-related factors. In the present study, the authors examine area-level factors associated with uptake of one health-related benefit and show that, while closely correlated with health status, it is also associated with factors which might be related to the propensity and ability to make a successful claim, as well as local adjudication practices. They conclude that, while the use of these government datasets has increased our ability to target resources, researchers and policy makers should be aware of these additional influences.
Publication Type:	journal article
Subject Headings:	Economic and Social Security Needs Assessment Poverty Adolescence Adult Child Child, Preschool Confidence Intervals Correlational Studies Data Analysis Software Geographic Factors Health Status Infant Linear Regression Middle Age Mortality Self Report United Kingdom Human
Source:	CINAHL
Full Text:	Available in <i>fulltext</i> at EBSCO Host

18. The development of a Local Index of Need (LIN) and its use to explain variations in social services expenditure on mental health care in England.

Citation:	Health & Social Care in the Community, May 2006, vol./is. 14/3(254-63), 0966-0410;0966-0410 (2006 May)
Author(s):	McCrone P; Thornicroft G; Boyle S; Knapp M; Aziz F
Institution:	Health Services Research Department, Institute of Psychiatry, King's College London, De Crespigny Park, London SE5 8AF, UK. p.mccrone@iop.kcl.ac.uk
Language:	English
Abstract:	Wide variations in deprivation exist across England and it is likely that these variations translate into differences in the need for mental health care. Social Services Departments in England account for a substantial proportion of mental health expenditure. It is important that the distribution of expenditure reflects mental health needs. This paper's aims are to (1) describe the development of a new indicator of mental health needs, (2) use the index to explain variations in social services expenditure on mental health, and (3) compare the index with other established measures of need. A principal components analysis of sociodemographic variables considered to be indicators of need was used to produce four distinct factors for 148 Local Authority areas in England. A weighted sum

of these factors was used to produce a single index. (Weights were the proportion of variance explained by each factor.) The index was used in a regression model to explain variations in spending on mental health care and was compared with (1) a model containing the four individual factors, (2) the current method of allocating resources, (3) the index used to allocate resources to primary care trusts, (4) the Mental Illness Needs Index (MINI), (5) four indices of deprivation produced by the Office of the Deputy Prime Minister, and (6) the average of the above four indices. The new index could explain 54% of variation, compared with 56% using the current method. The four-factor model could explain 66%, whilst the other models could explain between 37% and 20%. This new index has the advantage that it is not based on previous levels of utilisation or expenditure and yet still explains a comparable amount of variation as the current method. However, a disaggregated model containing individual factors may be preferable.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Adolescent](#)
[Aged](#)
[Aged, 80 and over](#)
[Catchment Area \(Health\)](#)
[Child](#)
[Child, Preschool](#)
[Demography](#)
[England](#)
[Factor Analysis, Statistical](#)
[Female](#)
[*Health Expenditures](#)
[Humans](#)
[Infant](#)
[Infant, Newborn](#)
[Male](#)
[Mental Disorders/ec \[Economics\]](#)
[Mental Disorders/eh \[Ethnology\]](#)
[*Mental Disorders/th \[Therapy\]](#)
[*Mental Health Services/ec \[Economics\]](#)
[Mental Health Services/sd \[Supply & Distribution\]](#)
[*Needs Assessment](#)
[*Social Work/ec \[Economics\]](#)
[Socioeconomic Factors](#)
[*State Medicine/ec \[Economics\]](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [EBSCO Host](#)

19. Tideswell health survey: a population survey of the health needs and service utilization of a farming community.

Citation: Public Health, March 2006, vol./is. 120/3(221-8), 0033-3506;0033-3506 (2006 Mar)

Author(s): Syson-Nibbs L; Saul C; Cox P

Institution: Farm Out Health Project, Newholme Hospital, High Peak and Dales Primary Care Trust, Baslow Road, Bakewell DE45 1AD, UK. linda.syson-nibbs@highpeakanddalespct.nhs.uk

Language: English

Abstract: OBJECTIVES: In the UK, there have been no epidemiological studies focusing on the general health status of rural communities, despite the prevalence of rural deprivation and the widely acknowledged link between poverty and ill health. The primary objective of this study was to test the null hypothesis that no differences existed between the health status of the farming and non-farming populations registered with one general practice, in order to inform a local health needs assessment. The secondary objective was to test the suitability of the research method as a model for a wider study. STUDY DESIGN: A postal questionnaire survey was undertaken with the total farming population (n = 248) registered with Tideswell general practice, and matched with an equivalent random

sample of non-farmers (n = 248) from the remainder of the practice list. The main outcome measures were income, general health status, quality of life (EQ5D), musculoskeletal problems, mental health status and service utilization. RESULTS: Significant differences were found between the two groups. Farmers were identified as having health needs that were greater than those found in the local non-farming sample. In addition, the observed EQ5D value for farmers was found to be significantly lower than that found in social classes IV and V (0.78 vs 0.82) and the UK mean. CONCLUSIONS: This modest controlled study is the first of its kind in the UK. Health inequalities and inequities were identified that may be generalizable to other UK hill farmers. However, a larger, wider epidemiological study across different types of farming groups is now required to gain a fuller understanding of the health status of this indigenous rural population. The methodology employed in this study was successful and could serve as a model for such a study.

Country of Publication: England

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: [*Agriculture](#)
[Case-Control Studies](#)
[England](#)
[Female](#)
[*Health Surveys](#)
[Humans](#)
[Male](#)
[Middle Aged](#)
[*Needs Assessment](#)
[Questionnaires](#)
[*Rural Health/sn \[Statistics & Numerical Data\]](#)
[*Rural Health Services/ut \[Utilization\]](#)
[State Medicine](#)

Source: MEDLINE

20. Listening to the experts: provider recommendations on the health needs of immigrants and refugees.

Citation: Journal of Cultural Diversity, 2006, vol./is. 13/4(190-201), 1071-5568;1071-5568 (2006)

Author(s): Fennelly K

Institution: 144 Humphrey Center, Herbert H. Humphrey Institute of Public Affairs, University of Minnesota, Minneapolis, MN 55455, USA. fenne007@umn.edu

Language: English

Abstract: The purpose of this qualitative, exploratory study was to better understand the needs of immigrants and refugees and how they are affected by poverty and post-immigration stresses. Data were obtained through in-depth interviews with 62 health and social service providers working with immigrants in the state of Minnesota. Although the state is home to many refugees who were victims of torture or severe deprivation in their home countries, the majority of providers defined the principal needs of their clients as affordable housing, jobs, and access to health services rather than needs related to health conditions or services per se. The providers' open-ended comments painted a picture of the ways in which post-immigration experiences lead to tangible stresses that compromise immigrants' health and well-being.

Country of Publication: United States

Publication Type: Journal Article

Subject Headings: [Adult](#)
[Attitude of Health Personnel](#)
[Child](#)
[Delivery of Health Care/og \[Organization & Administration\]](#)
[*Emigration and Immigration](#)
[Female](#)
[Health Care Surveys](#)

[*Health Services Needs and Demand/og \[Organization & Administration\]](#)
[Human Rights](#)
[Humans](#)
[Male](#)
[Minnesota](#)
[Narration](#)
[*Needs Assessment/og \[Organization & Administration\]](#)
[*Physician's Practice Patterns/og \[Organization & Administration\]](#)
[Poverty](#)
[*Refugees](#)
[*Social Work/og \[Organization & Administration\]](#)
[Stress Disorders, Post-Traumatic](#)

Source: MEDLINE
Full Text: Available in *fulltext* at [EBSCO Host](#)
 Available in *fulltext* at [ProQuest](#)

21. Council tax valuation bands, socio-economic status and health outcome: a cross-sectional analysis from the Caerphilly Health and Social Needs Study.

Citation: BMC Public Health, 2006, vol./is. 6/(115), 1471-2458;1471-2458 (2006)
Author(s): Fone DL; Dunstan F; Christie S; Jones A; West J; Webber M; Lester N; Watkins J
Institution: Department of Epidemiology, Statistics and Public Health, Centre for Health Sciences Research, School of Medicine, Cardiff, UK. foned@cf.ac.uk
Language: English
Abstract: Council tax valuation bands (CTVBs) are a categorisation of household property value in Great Britain. The aim of the study was to assess the CTVB as a measure of socio-economic status by comparing the strength of the associations between selected health and lifestyle outcomes and CTVBs with two measures of socio-economic status: the National Statistics Socio-Economic Classification (NS-SEC) and the 2001 UK census-based Townsend deprivation index. **METHODS:** Cross-sectional analysis of data on 12,092 respondents (adjusted response 62.7%) to the Caerphilly Health and Social Needs Study, a postal questionnaire survey undertaken in Caerphilly county borough, south-east Wales, UK. The CTVB was assigned to each individual by matching the sampling frame to the local authority council tax register. Crude and age-gender adjusted odds ratios for each category of CTVB, NS-SEC and fifth of the ward distribution of Townsend scores were estimated for smoking, poor diet, obesity, and limiting long-term illness using logistic regression. Mean mental (MCS) and physical (PCS) component summary scores of the Short-Form SF-36 health status questionnaire were estimated in general linear models. **RESULTS:** There were significant trends in odds ratios across the CTVB categories for all outcomes, most marked for smoking and mental and physical health status. The adjusted odds ratio for being a smoker in the lowest versus highest CTVB category was 3.80 (95% CI: 3.06, 4.71), compared to 3.00 (95% CI: 2.30, 3.90) for the NS-SEC 'never worked and long-term unemployed' versus 'higher managerial and professional' categories, and 1.61 (95% CI: 1.42, 1.83) for the most deprived versus the least deprived Townsend fifth. The difference in adjusted mean MCS scores was 5.9 points on the scale for CTVB, 9.2 for NS-SEC and 3.2 for the Townsend score. The values for the adjusted mean PCS scores were 6.3 points for CTVB, 11.3 for NS-SEC, and 2.5 for the Townsend score. **CONCLUSION:** CTVBs assigned to individuals were strongly associated with the health and lifestyle outcomes modelled in this study. CTVBs are readily available for all residential properties and deserve further consideration as a proxy for socio-economic status in epidemiological studies in Great Britain.

Country of Publication: England
Publication Type: Journal Article; Research Support, Non-U.S. Gov't
Subject Headings: [Adolescent](#)
[Adult](#)
[Aged](#)
[Aged, 80 and over](#)

[Censuses](#)
[Chronic Disease](#)
[Cross-Sectional Studies](#)
[Employment/ec \[Economics\]](#)
[Employment/sn \[Statistics & Numerical Data\]](#)
[Female](#)
[*Health Status Indicators](#)
[*Housing/ec \[Economics\]](#)
[Humans](#)
[Life Style](#)
[Logistic Models](#)
[Male](#)
[Middle Aged](#)
[*Needs Assessment](#)
[Odds Ratio](#)
[Poverty Areas](#)
[Questionnaires](#)
[*Residence Characteristics/cl \[Classification\]](#)
[*Social Class](#)
[*Taxes](#)
[Wales](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [BioMedCentral](#)
 Available in *fulltext* at [National Library of Medicine](#)

22. The effect of income question design in health surveys on family income, poverty and eligibility estimates.

Citation: Health Services Research, October 2005, vol./is. 40/5 Pt 1(1534-52), 0017-9124;0017-9124 (2005 Oct)

Author(s): Davern M; Rodin H; Beebe TJ; Call KT

Institution: State Health Access Data Assistance Center, University of Minnesota, School of Public Health, 2921 University Avenue, Suite 345, Minneapolis, MN 55414, USA.

Language: English

Abstract: OBJECTIVE: To compare systematic differences between an "omnibus" income measure that asks for total family income amounts with a central survey item and an aggregated income measure that sums specific amounts of income obtained from multiple income sources from everyone within a family. DATA SOURCE: The 2001 Current Population Survey-Demographic Supplement (CPS-DS). Data were collected from 78,000 households from February through April 2001. STUDY DESIGN: First, we compare the omnibus family income to the aggregated family income amounts for each family. Second, we use the various aggregated family income sources to predict whether there is a mismatch between the omnibus and aggregated family income amounts. Finally, we assign a new aggregated amount of income that is restricted to be within the range of the omnibus amount to observe differences in poverty rates. DATA COLLECTION: Data were extracted from University of Michigan's ICPSR website. PRINCIPAL FINDINGS: There is a great deal of variation between the omnibus family income measure and the aggregated family income measure, with the omnibus amount generally being lower than the aggregated. As a result, the percent of people estimated to be in poverty is higher using the omnibus income item. CONCLUSIONS: Health surveys generally rely on an omnibus income measure and analysts should be aware that the income estimates derived from it are limited with respect to poverty determination, and the related concept of eligibility estimation. Analysts of health surveys should also consider matching respondents or multiple imputation to improve the usability of the data.

Country of Publication: United States

Publication Type: Comparative Study; Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: [Adolescent](#)
[Adult](#)

[Aged](#)
[Censuses](#)
[Demography](#)
[*Eligibility Determination/mt \[Methods\]](#)
[Family/eh \[Ethnology\]](#)
[*Family](#)
[Family Characteristics/eh \[Ethnology\]](#)
[Female](#)
[Health Services Research](#)
[Health Surveys](#)
[Humans](#)
[*Income/cl \[Classification\]](#)
[Income/sn \[Statistics & Numerical Data\]](#)
[Male](#)
[Middle Aged](#)
[*Needs Assessment](#)
[Poverty/eh \[Ethnology\]](#)
[*Poverty/sn \[Statistics & Numerical Data\]](#)
[*Public Assistance](#)
[*Questionnaires](#)
[Research Design](#)
[United States](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [National Library of Medicine](#)

23. A needs index for mental health care in England based on updatable data.

Citation: Social Psychiatry & Psychiatric Epidemiology, September 2004, vol./is. 39/9(730-8), 0933-7954;0933-7954 (2004 Sep)

Author(s): Glover G; Arts G; Wooff D

Institution: Centre for Public Mental Health, University of Durham, Elvet Riverside II, New Elvet, Durham DH1 3JT, UK. Gyles.Glover@durham.ac.uk

Language: English

Abstract: BACKGROUND: Mathematical models relating rates of mental health care use to population characteristics such as social deprivation are widely used in both planning and researching mental health services. The models currently in wide use in England are based on data mostly derived from the 10-yearly population censuses. These are perceived to be out of date many years before new census data are available for their replacement. A new set of government deprivation monitoring statistics based mainly on annually updatable data has recently been developed. This study set out to produce a mental illness needs index based on these new data. METHODS: A series of regression models were tested using individual domain scores from the DETR Index of Multiple Deprivation and the Office of National Statistics area-type classification as independent variables to predict 1998/9 psychiatric admission rates for broad diagnostic groups for 8251 of the 8414 electoral wards in England as dependent variables. RESULTS: The distribution of admission numbers in wards showed a pattern of over-dispersion with an excessive number of zero values for conventional regression approaches. A two-stage 'hurdle' model was, thus, adopted, predicting first the likelihood that wards would produce any admissions and second the probable number. This produced satisfactory predictive power, with residual variance showing strong geographical patterns associated with administrative areas, probably arising from differential resourcing or idiosyncratic clinical practice. CONCLUSIONS: A website providing data on the various indicators has been provided and its uses are indicated.

Country of Publication: Germany

Publication Type: Journal Article

Subject Headings: [Adolescent](#)
[Adult](#)

Censuses
England/ep [Epidemiology]
Female
Health Surveys
Humans
Male
Mental Disorders/ep [Epidemiology]
*Mental Health Services/ut [Utilization]
Middle Aged
*Needs Assessment
*Patient Admission/sn [Statistics & Numerical Data]
*Poverty Areas
Regression Analysis

Source:

MEDLINE

Full Text:Available in *fulltext* at [ProQuest](#)