



COMMUNITY HEALTH NEEDS ASSESSMENT

4 PRIORITY NEED AREAS

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1. Lower the percentage of children, who are overweight.
2. Lower the percentage of adults (and pregnant women) who smoke, focusing on young persons and young women.
3. Lower the % adults who have high cholesterol.
4. Lower the % adults with hypertension.



PRIORITY #1 – LOWER THE PERCENTAGE OF CHILDREN, WHO ARE OVERWEIGHT

Childhood Obesity Facts

- Childhood obesity has more than doubled in children and quadrupled in adolescents in the past 30 years.
- The percentage of children aged 6–11 years in the United States who were obese increased from 7% in 1980 to nearly 18% in 2012. Similarly, the percentage of adolescents aged 12–19 years who were obese increased from 5% to nearly 21% over the same period.
- In 2012, more than one third of children and adolescents were overweight or obese.
- *Overweight* is defined as having excess body weight for a particular height from fat, muscle, bone, water, or a combination of these factors. *Obesity* is defined as having excess body fat.
- Overweight and obesity are the result of “caloric imbalance”—too few calories expended for the amount of calories consumed—and are affected by various genetic, behavioral, and environmental factors.



PRIORITY #1 – LOWER THE PERCENTAGE OF CHILDREN, WHO ARE OVERWEIGHT

Implementation Tasks:

1. Encourage USD parents to support new school wellness policies on nutrition and fitness.
2. Develop and teach healthy eating classes. Also develop Weight Watchers site at CCHC.
3. Develop informational materials on nutrition and distribute to families.
4. Improve annual Health Fair materials and programs on nutrition and fitness.
5. Increase promotion of Health Fair; through Fall Fest, church bulletins, newspaper ads, organizational web sites, information place mate, etc.
6. Hold a second Health Fair in the county, possibly in Miltonvale.
7. Develop a display on “healthy eating and nutrition” for local food bank.
8. Expand annual BMI screening to include more children.
9. Investigate Kansas Walks for Kids program.
10. Investigate promotion of youth fitness through college and professional sports.



PRIORITY #2 - LOWER THE PERCENTAGE OF ADULTS (AND PREGNANT WOMEN) WHO SMOKE, FOCUSING ON YOUNG PERSONS AND YOUNG WOMEN.

Smoking During Pregnancy

- In 2005, 10.7 percent of women smoked during pregnancy, down almost 42 percent from 1990.
 - American Indian/Alaska Native women have the highest rate of smoking during pregnancy (17.8 percent).
 - 13.9 percent of pregnant non-Hispanic white women were smokers compared with 8.5 percent pregnant non-Hispanic black women.
- Since 1990, teenagers and young adults have had the highest rates of maternal smoking during pregnancy. In 2005, 16.6 percent of female teens aged 15-19 and 18.6 percent of women aged 20-24 smoked during pregnancy.
- Neonatal health-care costs attributable to maternal smoking in the U.S. have been estimated at \$366 million per year, or \$740 per maternal smoker.
- Smoking during pregnancy accounts for 20 to 30 percent of low-birth weight babies, up to 14 percent of preterm deliveries and about 10 percent of all infant deaths.
- Maternal smoking has also been linked to asthma among infants and young children. The odds of developing asthma are twice as high among children whose mothers smoke more than 10 cigarettes a day.
- The most effective way to protect the fetus is to quit smoking. If a woman plans to conceive a child in the near future, quitting is essential. A woman who quits within the first three or four months of pregnancy can lower the chances of her baby being born premature or with health problems related to smoking.



PRIORITY #2 - LOWER THE PERCENTAGE OF ADULTS (AND PREGNANT WOMEN) WHO SMOKE, FOCUSING ON YOUNG PERSONS AND YOUNG WOMEN.

Implementation Tasks:

1. Increase promotion of Great American Smoke-out.
2. Investigate funding and grants that promote non-smoking and related education, including state and area foundations.
3. Develop a display on “benefits of non-smoking” for the local food bank.
4. Develop educational programs and counseling on effects of smoking. Target pregnant women. Tie to CCHC’s OB home visit program.



PRIORITY #3 - LOWER THE % ADULTS WHO HAVE HIGH CHOLESTEROL.

Facts

- Having high cholesterol puts you at risk of developing heart disease, the leading cause of death in the United States. People of all ages and backgrounds can have high cholesterol.

America's Cholesterol Burden

- **71 million American adults (33.5%)** have high LDL, or “bad,” cholesterol.
- Only **1 out of every 3** adults with high LDL cholesterol has the condition under control.
- **Less than half** of adults with high LDL cholesterol get treatment.
- People with high total cholesterol have approximately **twice the risk** of heart disease as people with optimal levels. A desirable level is lower than 200 mg/dL.
- The average total cholesterol level for adult Americans is about **200 mg/dL**, which is borderline high risk.

Levels Vary by Ethnicity

- Although anyone can have high cholesterol, rates vary by race, ethnicity, and gender. Below are the percentages of people with high LDL cholesterol (LDL-C > 130 mg/dL) in the United States.

Race or Ethnic Group	Men (%)	Women (%)
Non-Hispanic Blacks	34.4	27.7
Mexican Americans	41.9	31.6
Non-Hispanic Whites	30.5	32.0
All	32.5	31.0



PRIORITY #3 - LOWER THE % ADULTS WHO HAVE HIGH CHOLESTEROL.

Implementation Tasks:

1. Develop an educational program to add to Health Fair's existing screening effort by CCHC.
2. Continue and investigate ways to expand CCCC's annual screenings.
3. Continue and expand fitness events (walks, runs, etc.): Fall Fest, July 4th, Relay for Life, CCCC Homecoming.
4. Investigate developing a walking club with assistance from Parks & Recreation.
5. Continue USD 333 annual screenings.
6. Develop a monthly "wellness" column in local newspapers on cholesterol and other topics.



PRIORITY #4 - LOWER THE % ADULTS WITH HYPERTENSION.

High Blood Pressure in the United States

- **67 million** American adults (31%) have high blood pressure—that's **1 in every 3** adults.
- Only **about half (47%)** of people with high blood pressure have their condition under control.
- Nearly **1 in 3 American adults** has prehypertension—blood pressure numbers that are higher than normal, but not yet in the high blood pressure range.
- High blood pressure costs the nation **\$47.5 billion each year**. This total includes the cost of health care services, medications to treat high blood pressure, and missed days of work.

Blood Pressure Levels Vary by Age

- Women are about as likely as men to develop high blood pressure during their lifetimes. However, for people younger than 45 years old, the condition affects more men than women. For people 65 years and older, high blood pressure affects more women than men.

Age	Men (%)	Women (%)
20-34	11.1	6.8
35-44	25.1	19.0
45-54	37.1	35.2
55-64	54.0	53.3
65-74	64.0	69.3
75 and older	66.7	78.5
All	34.1	32.7

Blood Pressure Levels Vary by Race and Ethnicity

- Blacks develop high blood pressure more often, and at an earlier age, than whites and Hispanics do. More black women than men have high blood pressure.

Race of Ethnic Group	Men (%)	Women (%)
African Americans	43.0	45.7
Mexican Americans	27.8	28.9
Whites	33.9	31.3
All	34.1	32.7



PRIORITY #4 - LOWER THE % ADULTS WITH HYPERTENSION.

Implementation Tasks:

1. Assure blood pressure screenings are highly visible at Health Fair. Add educational component for upcoming fair.
2. Feature hypertension and its issues un new “wellness column”.
3. Feature hypertension education in County Health Department activities, home health visits, USD and Community College screenings.
4. Implement adult nutrition piece of USD 333’s wellness policy.



DISCUSSION:

Questions???

