

WTHD 2010 HEALTH PROFILE

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Acting Health Director

WTHD 2010 HEALTH PROFILE

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Improving community health requires engagement of both individuals and local leaders. May this profile galvanize all of us to seek creative, effective ways to develop a healthier community.



PUBLIC HEALTH

“The science and art of preventing disease, prolonging life and promoting health and efficiency through organized community effort.”

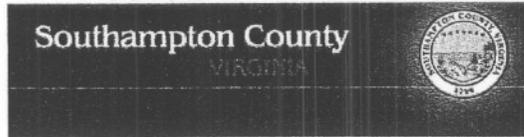
—Winslow, 1920



ISLE OF WIGHT
COUNTY IN VIRGINIA



Suffolk
VIRGINIA



FORWARD –
This year’s report provides information on Western Tidewater’s health status, as compared against state benchmarks. Perhaps more importantly, in most cases the data is presented within the context of a five-year trend line to make it clear whether the status is improving or getting worse.

Although Western Tidewater compares favorably in many health categories, we continue to face challenges in several areas including: health insurance coverage, tuberculosis, number of people who smoke, obesity, motor vehicle-related death rate, birth outcomes, sexually transmitted disease rates, and drug-related and firearm-related death rates.

Significant local initiatives have been launched to address some of the most compelling health challenges, such as chronic disease case manage-

FRANKLIN CITY HEALTH DEPARTMENT
200 FAIRVIEW DRIVE
FRANKLIN, VA 23851

ISLE OF WIGHT COUNTY HEALTH DEPARTMENT
402 GRACE STREET
SMITHFIELD, VA 23430

SOUTHAMPTON COUNTY HEALTH DEPARTMENT
26022 ADMINISTRATION CENTER DRIVE
COURTLAND, VA 23837

SUFFOLK CITY HEALTH DEPARTMENT (HEADQUARTERS)
135 HALL AVENUE, SUITE A
SUFFOLK, VA 23434

ment, baby care and medication programs.

Clearly, there are many health challenges that we must face as a community. Most require individuals to make lifestyle choices to protect and improve their own health.

Other improvements will require societal action and perhaps policy change. The health of a community is

contingent on the health of its individual citizens and impacts economic stability, educational progress and family unity.

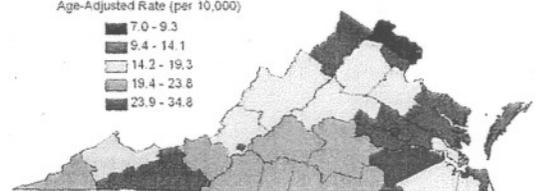
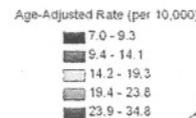
The staff of the Western Tidewater Health District is committed to working with all stakeholders in an effort to make Western Tidewater a healthier place to live, work and play.

Nancy M. Welch, MD, MHA, MBA
Acting Director

CHRONIC DISEASE — DIABETES HOSPITAL DISCHARGE RATE

(See additional chronic disease data on pages 4 - 6.)

Diabetes Hospital Discharge Rate by Virginia Health District, 2006



Source: Virginia Health Information (VHI). Rates are age-adjusted to the 2000 U.S. standard population.

State
15.3

WTHD
18.6

DEMOGRAPHICS AND ACCESS TO HEALTH CARE

Invest in yourself—

Eat right, exercise, reduce stress.

You're worth it!

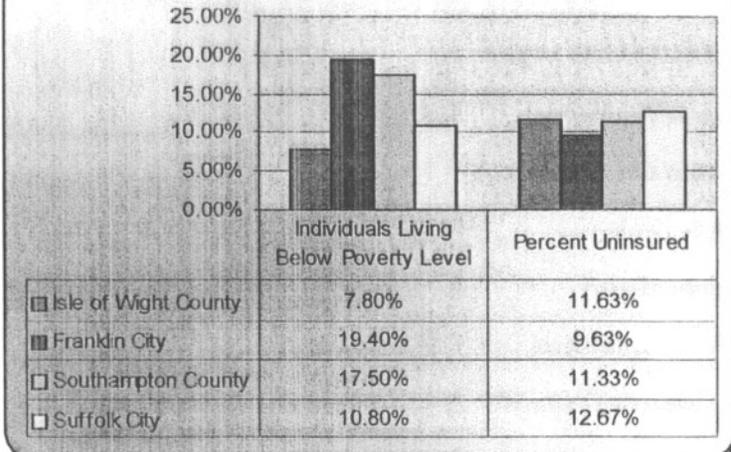


Accessible/Affordable Health Care for Vulnerable Populations

Concerns:

Uninsured populations may experience worsened chronic disease control and higher complication rates

Individuals Living Below Poverty Level and Percent Uninsured in Western Tidewater Health District, 2008



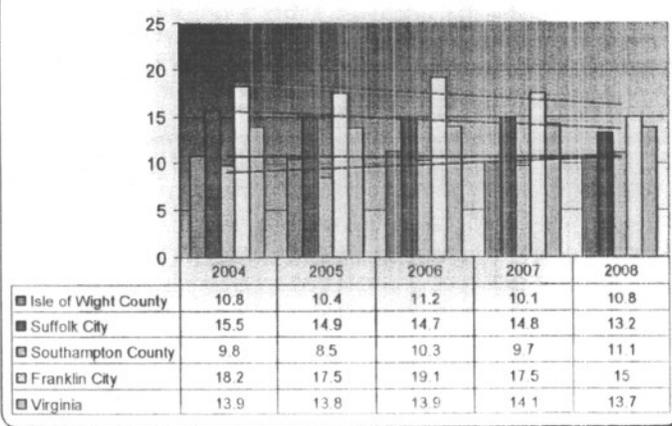
Source: <http://www.communityhealth.hhs.gov>

A higher percent of uninsured than below poverty level may indicate more working poor who do not qualify for assistance insurance, such as Medicaid, FAMIS or Medicare. Without insurance, not only is it difficult to access care, but also to obtain needed medications. All too often the choice may be between food or healthcare.

LOW WEIGHT BIRTH



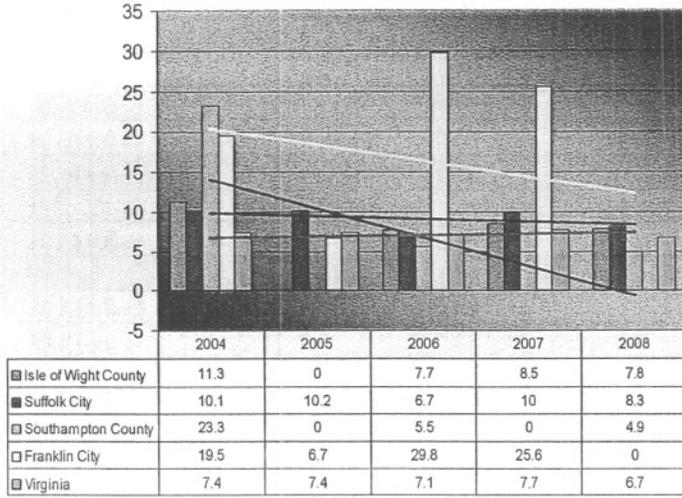
Western Tidewater Health District
Total Birth Rate/1,000 Estimated Female Population
w / linear regression trendlines



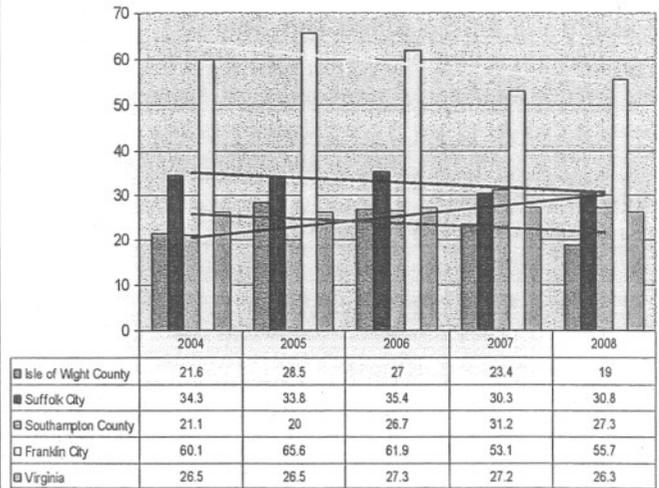
A goal would be that all children are planned and welcomed into homes financially an emotionally prepared to provide a nurturing environment where the child may thrive. Regardless of the circumstances, we know that early childhood is critical in strengthening the child's potential.

MATERNAL & CHILD HEALTH

Western Tidewater Health District
Infant Mortality Rate/1,000 Live Births, w/trendlines



Western Tidewater Health District
Total Teen Pregnancy Rate/1,000 Pop Ages 10-19



TEEN PREGNANCY

While in 2008, Franklin City teenage pregnancy is **47.2% higher** than the State, it shows a decreasing trend, along with Suffolk City and Isle of Wight County.

Southampton County is closer to the State rate; however, it shows a slightly increasing trend of teen pregnancies.

A lack of adequate prenatal care has been strongly linked to poor birth outcomes (infant death, low birth weight (<2500 grams), prematurity (<37 weeks)).



Prematurity

Babies born <29 weeks cost an average of \$240,000 (50.1 x greater cost), 29-36 weeks cost an average of \$16,647 (3.5 x greater) than full-term births.

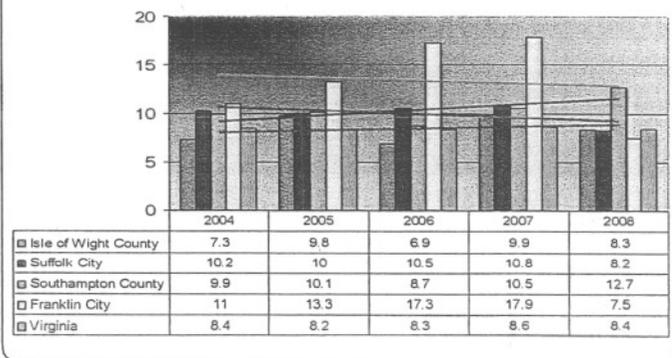
http://www.nursingcenter.com/prodev/ce_article.asp?tid=591445

LOW WEIGHT BIRTH

Low birth weight (LBW) may result from numerous factors: medical conditions, limited prenatal care, poor nutrition, to name a few. Women, Infant and Children (WIC) has been proven to dramatically improve birth weight.

LBW is of concern because it immediately places the child at greater risk of newborn medical problems, delayed growth and educational achievement. Some studies find LBW babies have a greater risk of chronic diseases as an adult.

Western Tidewater Health District
Low Weight Birth (<2500 grams) as Percent of Total Births w/Trendlines



CHRONIC DISEASE IN WESTERN TIDEWATER HEALTH DISTRICT (WTHD), 2010

This table compares chronic disease health indicators of residents in Western Tidewater Health District to all residents in Virginia for 2010. The first two columns present estimated rates followed by 95% confidence intervals (the range within which we can be 95 percent certain that the estimate is correct), population numbers (rounded to the nearest hundred), and rankings for select indicators. The last column indicates if the district rate is **significantly better** (▼), **worse** (▲), or **not significantly different (ns)** than the state rate.

	WTHD	VIRGINIA	DIFF
Tobacco Use & Other Health Risk Behaviors			
Percent (%) adults who currently smoke (95% CI)	21.4	18.1	(ns) (▲)
Percent (%) adults who are overweight or obese (95% CI)	62.9	61.7	(ns) (▲)
Percent (%) adults who eat < 5 fruits/vegetables servings (95% CI)	80.1	73.7	(ns) (▲)
Percent (%) adults who binge drink alcohol (95% CI)	11.7	13.5	(ns) (▼)
Chronic Conditions			
Percent (%) adults with diabetes (95% CI)	8.6	7.8	(ns) (▲)
Percent (%) adults with current asthma (95% CI)	5.4	8.6	(▼)
Percent (%) adults with high blood pressure (95% CI)	28.7	28.0	(ns) (▲)
Percent (%) adults with high cholesterol (95% CI)	36.1	38.1	(ns) (▼)
Cancer Incidence (new cases)			
Cancers (all sites comb.) diagnosed - age-adjusted rate (per 100,000)	480.5	445.6	(ns) (▲)
Preventive Health Behaviors			
Percent (%) adults (aged 50+) - no sigmoidoscopy/colonoscopy (95% CI)	35.0	35.2	(ns) (▼)
Percent (%) women (aged 40+) - no recent mammogram (95% CI)	21.3	23.8	(ns) (▼)
Percent (%) women (aged 18+) - no recent Pap smear (95% CI)	5.5	14.3	(▼)
Morbidity (Hospitalizations)			
Heart disease - age-adjusted rate (per 10,000)	144.4	98.1	(▲)
Cerebrovascular disease - age-adjusted rate (per 10,000)	32.4	26.9	(▲)
Chronic obstructive pulmonary dx (COPD) - age-adjusted rate (per 10,000)	18.1	17.8	(ns) (▲)
Diabetes - age-adjusted rate (per 10,000)	18.3	15.1	(▲)
Asthma - age-adjusted rate (per 10,000)	12.2	11.8	(ns) (▲)
Mortality (Deaths)			
Diabetes - age-adjusted rate (per 100,000)	40.4	21.7	(▲)
Ischemic Heart disease - age-adjusted rate (per 100,000)	120.1	101.7	(▲)
Cerebrovascular disease - age-adjusted rate (per 100,000)	46.1	42.0	(▲)
COPD - age-adjusted rate (per 100,000)	53.4	38.5	(ns) (▲)
Cancer (all sites comb.) - age-adjusted rate (per 100,000)	208.5	176.8	(▲)
Quality of Life & Access to Health Care			
Pct. of adults who report fair or poor health status (95% CI)	10.5	13.3	(ns) (▼)
Pct. of adults with limitations in activities (95% CI)	15.3	18.4	(ns) (▼)
Pct. of adults who report frequent poor mental health days (95% CI)	5.3	9.3	(ns) (▼)
Pct. of adults who have no health insurance - 18-64 years (95% CI)	9.7	12.6	(ns) (▼)
Basic Demographics			
Population - all ages (2008 est.)	145,131	7,769,089	
Percent (%) - 18-64 years	63.2	63.2	
Percent (%) - 65 years and older	12.4	12.1	
Percent (%) - White, non-Hispanic	58.1	67.7	
Percent (%) - non-Hispanic Black	38.3	20.0	
Percent (%) - Hispanics, any race	2.2	6.8	
Percent (%) adults with high school degree or more (25 years & older)	84.6	85.7	
Percent (%) people with no health insurance - U.S. Census (< 65 years)	13.8	15.5	
Percent (%) people living below 100% poverty	9.2	9.9	
Source: VDH Div. of Chronic Disease Prevention & Control (Report created 4/17/2010) http://www.vahealth.org/cdpc			

CHRONIC DISEASE

HEART DISEASE —

Heart disease death is measured as the age-adjusted rate of deaths per 100,000 people.

People at risk are those with high cholesterol and/or high blood pressure, those over age 65, those who use tobacco, and those who are overweight or obese.

In 2008, **319 people** died from Diseases of the Heart in Western Tidewater Health District.

Although there was an average **30% decrease in the death rate** for the localities from 2004 to 2008, their rates were still higher than the State.

Virginia's death rate in 2008 was **176.2**

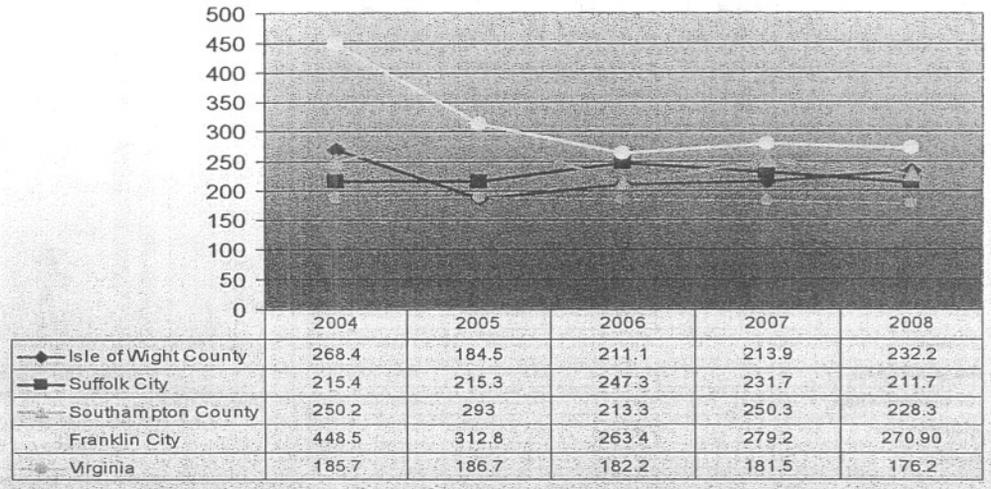
CEREBROVASCULAR DISEASE —

Since 2004, Western Tidewater deaths due to stroke increased significantly while the Suffolk City and State rate declined.

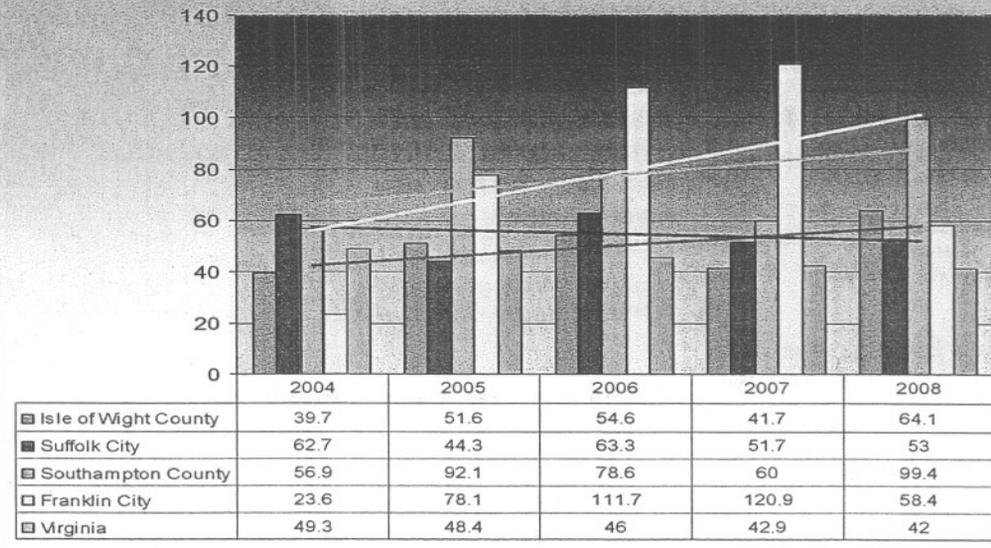
Cerebrovascular disease deaths, including stroke, are **increasing in Isle of Wight, Southampton County and Franklin!** Suffolk has shown a **moderate decrease**.

Uncontrolled hypertension is a major cause of stroke.

Western Tidewater Health District
Deaths from Heart Disease, age-adjusted rate/100,000



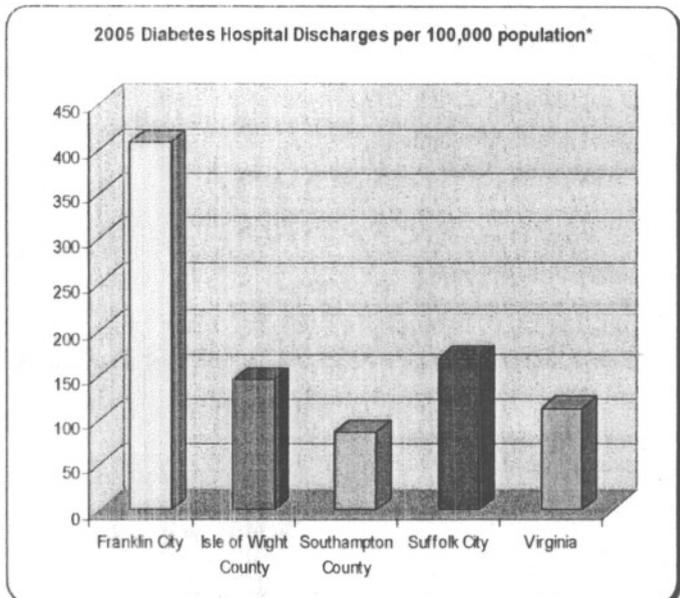
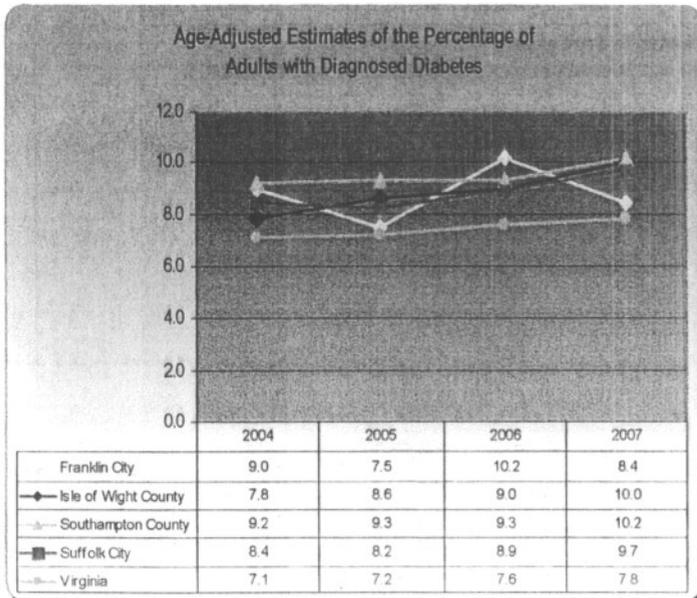
Western Tidewater Health District
Deaths from Cerebrovascular Disease,
Age-adjusted rate/100,000



“The real tragedy is that overweight and obesity, and their related chronic diseases, are largely preventable,”

Robert Beaglehole

CHRONIC DISEASE — DIABETES MELLITUS



DEATHS CAUSED BY DIABETES

DIABETES IS COSTLY

Hospital Discharges with a Primary Diagnosis of Diabetes in Virginia, 2006* (pg. 24)

Total diabetes discharges 11,881
 Total charges \$ 227,469,424
 Average charges per discharge \$ 19,145.65
 Average length of stay 5.1 days

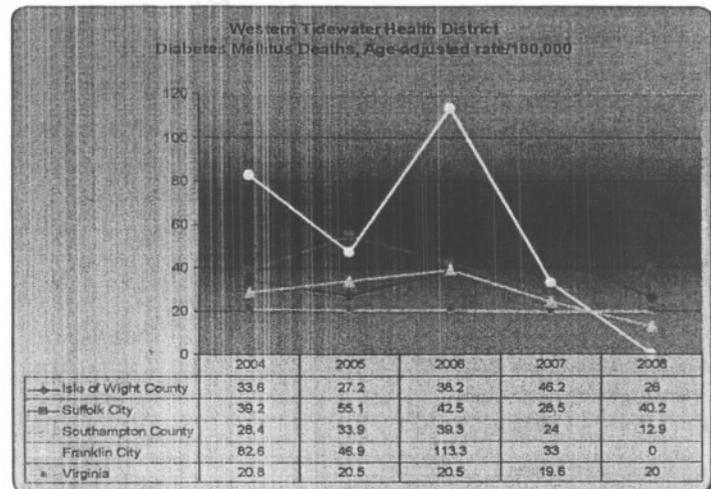
Except in Franklin City, there is an increasing trend (and consistently greater than the State) in the percentage of adults with diagnosed diabetes.

Some studies indicate that up to 1/4 of persons with diabetes are undiagnosed due to limited medical care.

The very high diabetes hospitalization discharge rate for Franklin (and low prevalence) may indicate that many diabetics are diagnosed when hospitalization is required due to a crises. This information serves as a major impetus to expand access to medical care.

In 2006, diabetes mortality rates for contributing cause of death were significantly higher in the Portsmouth (51.0/100,000) and Western Tidewater (43.4/100,000) health districts than any other district in the state.*

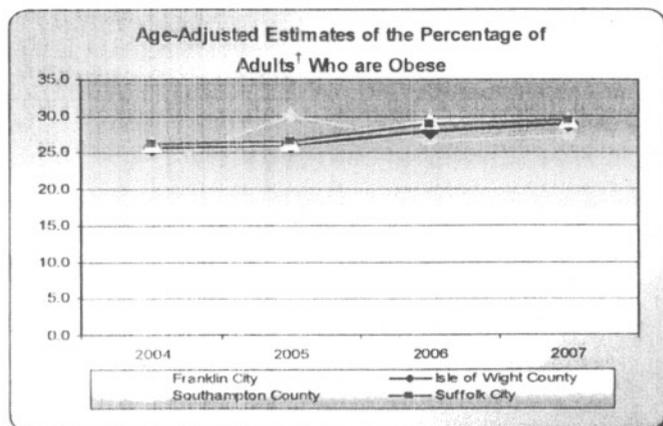
*Diabetes in Virginia: A Comprehensive Data Report, 2009, pg. 19



The future looks ominous. Currently, one of every three children is overweight or obese, and more children than ever in our history have diabetes. Some predict that this pattern will result in a decrease in life expectancy for the first time in our country.

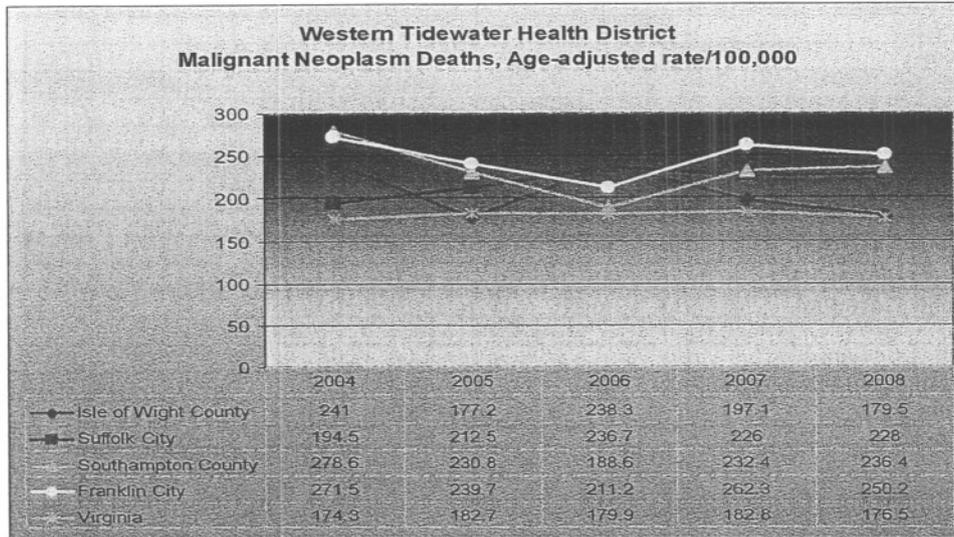
"It's bizarre that the produce manager is more important to my children's health than the pediatrician." — Meryl Streep

PERCENTAGE OF OBESE ADULTS



OTHER CAUSES OF DEATH

MALIGNANT NEOPLASM DEATHS

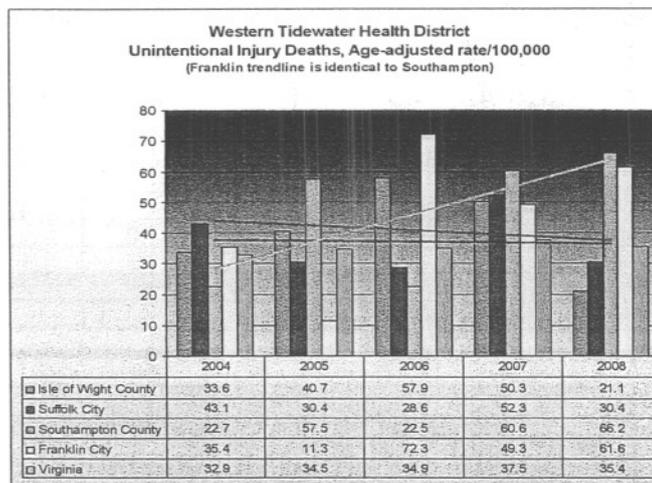


How It's Measured

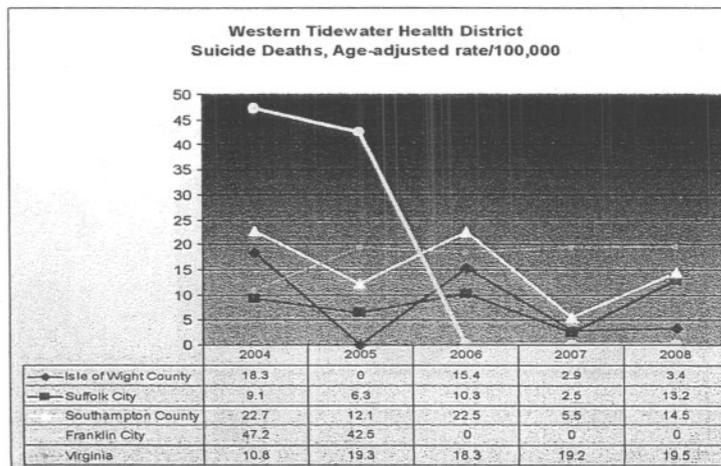
Cancer is measured by the number of expected new cases in a year and the rate of cancer deaths. The Healthy People 2010 objective for deaths due to cancer is no more than 159 deaths per 100,000 people.

UNINTENTIONAL INJURY DEATHS

The rural nature of Western Tidewater predisposes it to a higher risk of farm-associated injuries.



SUICIDE DEATHS



"It is a lot harder to keep people well than it is to just get them over a sickness."

—DeForest Clinton Jarvis

**SEXUALLY—
TRANSMITTED
DISEASES**

According to the Centers for Disease Control & Prevention, one in every four teenage girls is infected with an STD. In Virginia, the highest rates of gonorrhea and Chlamydia are in young women aged between 15-24.

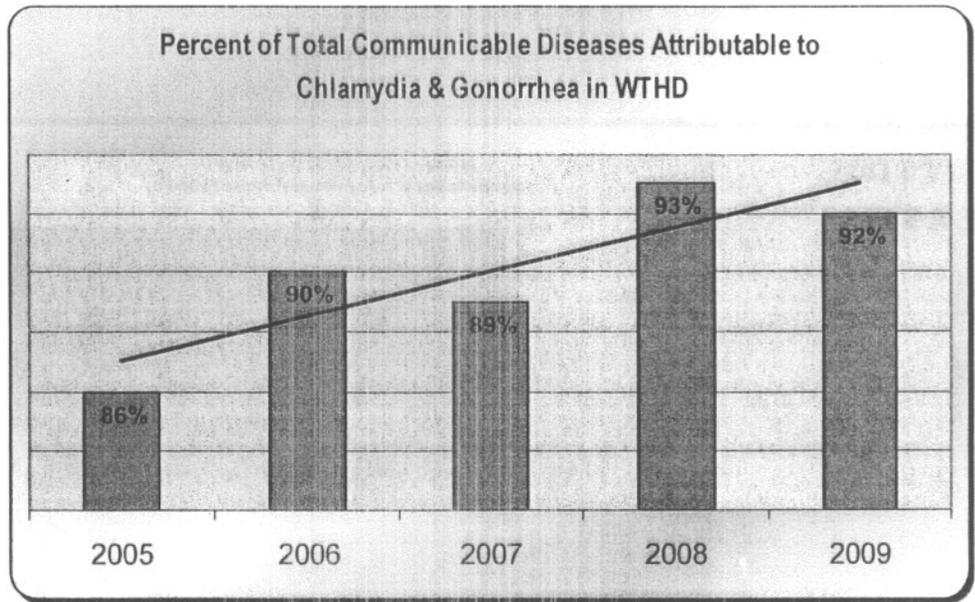
<http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/Data>



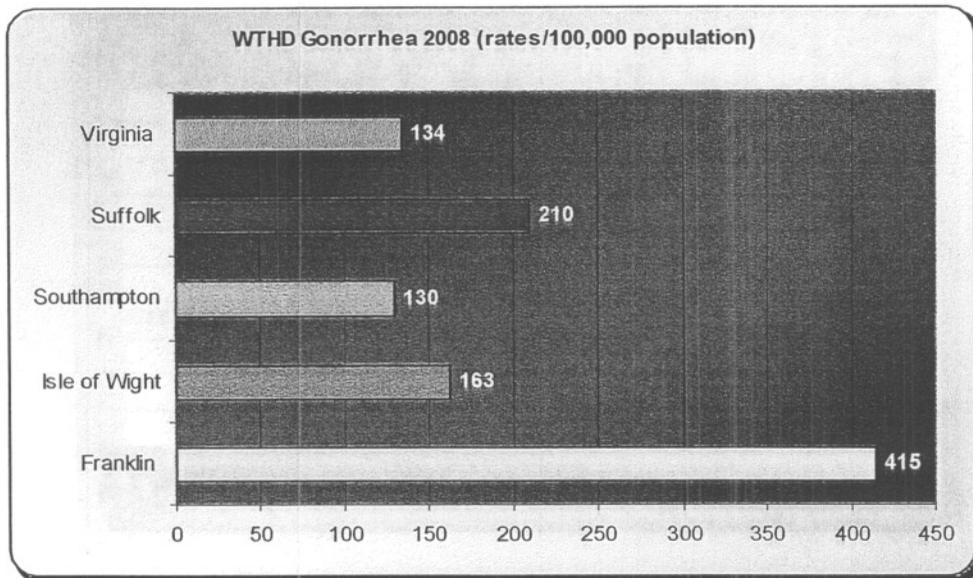
Most people who have chlamydia don't know it since the disease often has no symptoms.

COMMUNICABLE DISEASES

Western Tidewater Communicable Disease Totals from 2005 to 2010 (YTD)						
Disease	Totals					
	2005	2006	2007	2008	2009	2010 (YTD)
Campylobacter	2	7	9	12	5	5
Chancroid	0	1	0	0	0	0
Chickenpox	5	4	1	0	0	0
Chlamydia	638	674	614	933	963	562
E. Coli O157:H7	1	0	0	4	0	0
Giardiasis	2	2	7	8	4	2
Gonorrhea	318	219	185	288	177	178
H. Influenzae	4	0	3	0	0	0
Hepatitis A	2	0	0	0	0	0
Hepatitis B (acute)	9	0	0	2	2	1
Hepatitis B (chronic)	4	0	0	0	0	0
Hepatitis C (acute)	4	0	0	0	0	0
HIV	9	21	20	23	25	17
Kawasaki syndrome	1	0	0	0	0	0
Lead (elevated blood level)	16	6	18	6	0	0
Legionellosis	2	0	0	0	0	0
Listeriosis	2	0	0	0	0	0
Lyme	10	3	2	0	0	0
Meningococcal	1	0	0	0	0	0
Pertussis	8	5	4	2	2	0
Rocky Mountain Spotted	14	4	0	0	0	0
Salmonellosis	11	11	20	25	31	16
Shigellosis	3	0	2	4	0	1
Staph aureus, methicillin-resistant (MRSA)	**	**	**	**	13	2
Streptococcal (Group A, Invasive)	2	1	0	0	2	0
Streptococcal pneumoniae	2	0	0	0	0	0
Syphilis, primary	36	19	15	6	8	14
Syphilis, secondary	1	1	0	0	0	0
Syphilis, tertiary	1	0	0	0	0	0
Tuberculosis	5	9	1	4	3	1
Totals	1113	986	901	1317	1235	799
**MRSA was not reportable these						

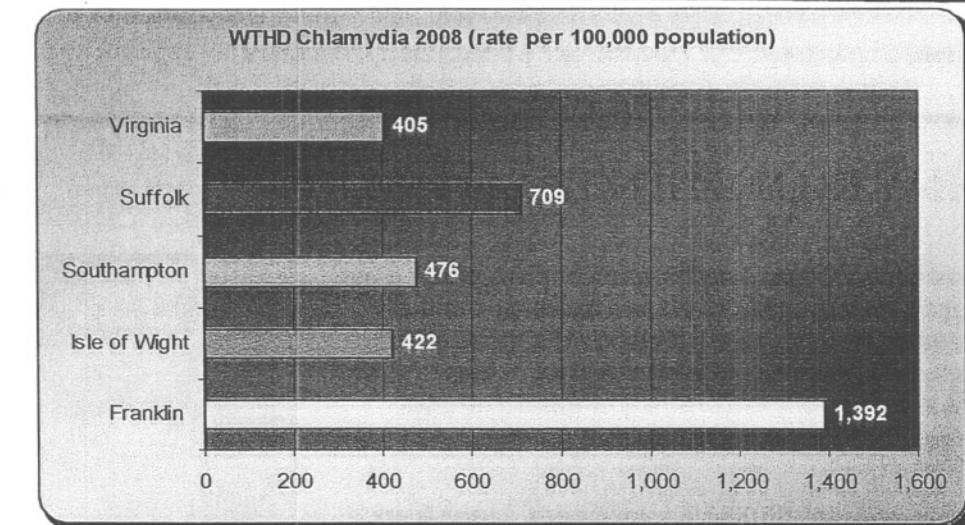


WTHD GONORRHEA RATES

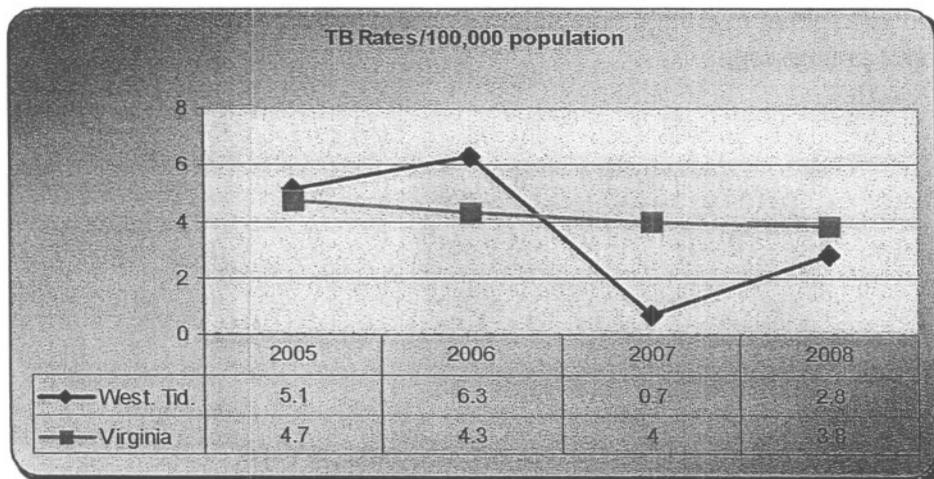


The number of Gonorrhoea cases in WTHD decreased by 44% from 2005 (318 cases) to 2009 (177 cases).

Note: Total Early Syphilis rates were too small to be significantly accurate.



WTHD experienced a dramatic increase in Chlamydia cases in 2008 and 2009 (933 and 963, respectively) from the 2005 figure of 638.



Tuberculosis is measured by the rate of clinician-reported cases per 100,000 people. Cases are confirmed through health department investigation. The Healthy People 2010 objective for tuberculosis is no more than one new case annually per 100,000 people.

Western Tidewater Health District

For more information, contact:
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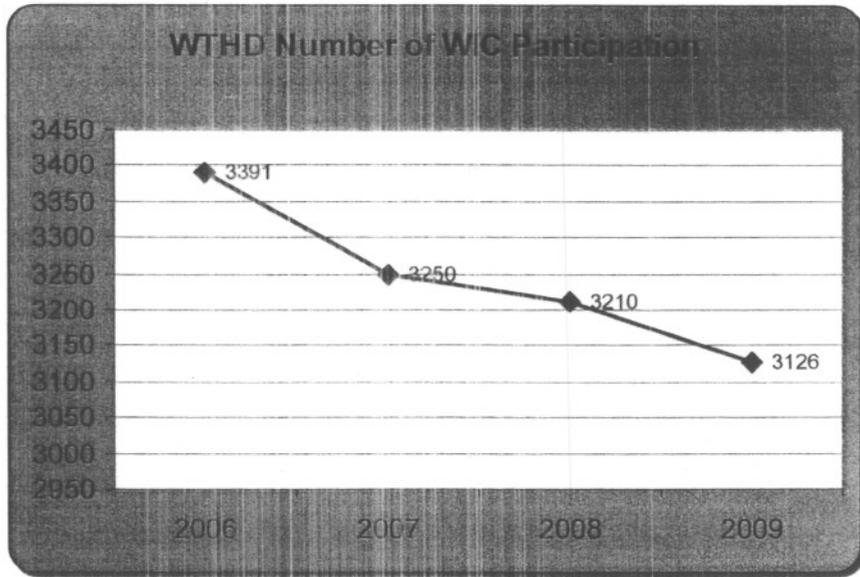
www.vdh.virginia.gov
/LHD/WestTide/

Public health is the cheapest, yet one of the most broad-scoped health insurance programs in existence. And every citizen of the community is on our plan! From the wealthiest taxpayer to the struggling welfare recipient, we care about your health and look out for your well-being.

We want you to know the benefits you're receiving for a mere "premium" of about \$15.64 per person in Franklin, \$14.73/person in Isle of Wight, \$17.13/person in Southampton, and \$9.98 in Suffolk.

We want you to know how we *prevent disease, promote healthy behaviors and protect you from environmental risks.*

WOMEN, INFANTS & CHILDREN (WIC)



WIC has been proven to improve birth outcomes, so the decrease in number of participants and show-rates is compelling evidence of a need to increase our community education in this area.

ENVIRONMENTAL HEALTH

Demands for restaurant inspections are growing and septic system applications are increasing and are more complex as new developments increase in our area. Our staff must be ever vigilant in assuring that we are free from foodborne and waterborne outbreaks.

We investigate 250-350 animal bites a year & work with animal control, private physicians and the individuals to either quarantine the animal or recommend rabies prophylaxis.

