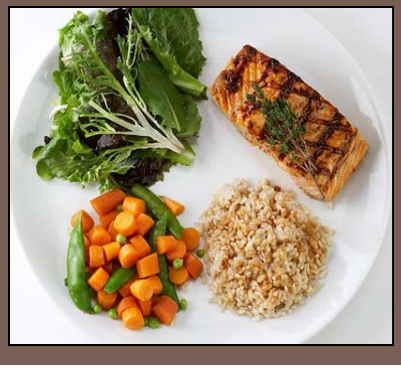


Preview:

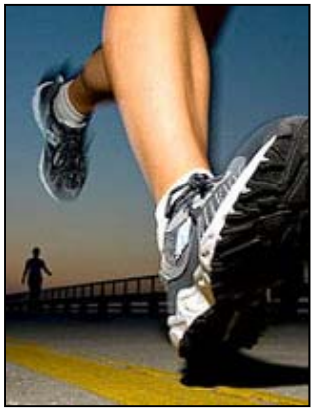
Community Health Assessment Findings for the Community Transformation Grant

Sharon Hutchins, Ph.D., MPH
Health Services Agency

November 26, 2012

Made possible with funding from the Centers for Disease Control and Prevention.

Community Transformation Grant: *Capacity Building*



- Mobilize the community
- Assess community health status and needs through a Community Health Assessment (CHA)
- Tell your story
- Develop an implementation plan

Stanislaus County HEALTH SERVICES AGENCY

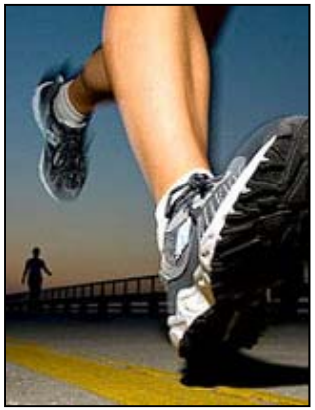
CTG Core Principles

Use & Expand Evidence Base	• Utility of Proven Strategies • Enhance Community Efforts • Fill Gaps
Maximize Health Impact	• Jurisdiction-wide • Policy & Environmental Change Strategies
Advance Health Equity	• Impact All Members of the Community

CTG Priority Areas

- Tobacco-Free Living
  - Smoke-free multi-unit housing (apartments)
  - Exterior advertising on corner stores
  - Parks and other outdoor public spaces
- Healthy Eating / Active Living
  - Exterior advertising on corner stores / point of sale strategies
  - School wellness policies and implementation
  - Sodium consumption
  - Expanding joint use agreements
- High Impact Clinical Preventive Services
  - Control high blood pressure, high cholesterol, diabetes
  - Expand use of community health workers as health extenders

Community Health Assessment

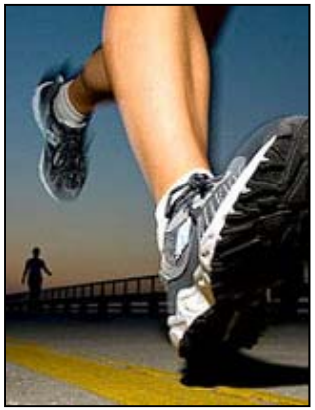


Components

- Health data
- Policy scans
- Key informant interviews
- Focus groups
- Asset inventories
- Combined assessment of clinical preventive services area

Stanislaus County HEALTH SERVICES AGENCY

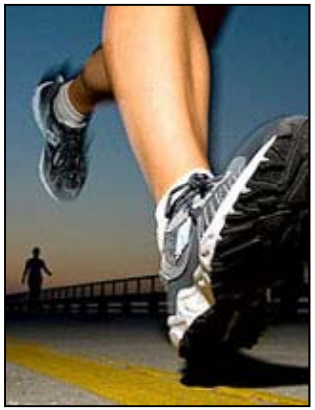
Community Health Assessment



- **Health data**
- **Policy scans**
  - **Tobacco,** (HEAL in progress)
- Key informant interviews (in progress)
- Focus Groups (in progress)
- Asset Inventories
  - HEAL, Tobacco

Stanislaus County HEALTH SERVICES AGENCY

Health Data



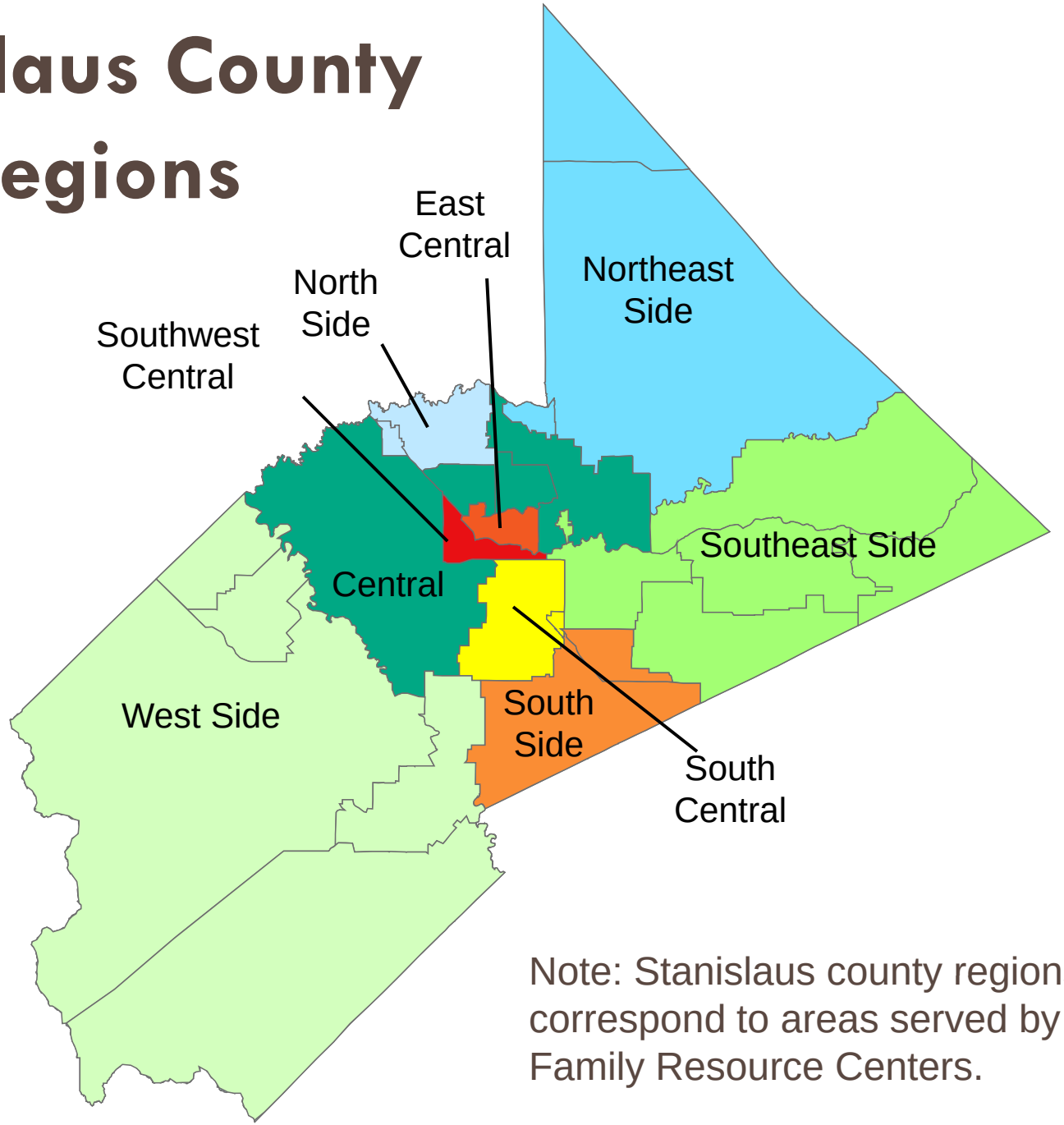
- Demographic context
- **Risk and protective factors**
- **Chronic disease prevalence**
- **ER visits**
- **Hospitalizations**
- **Compliance** and clinical quality measures
- **Mortality**

Health disparities focus

- **Gender, age, race/ethnicity, poverty/income, geographic area**

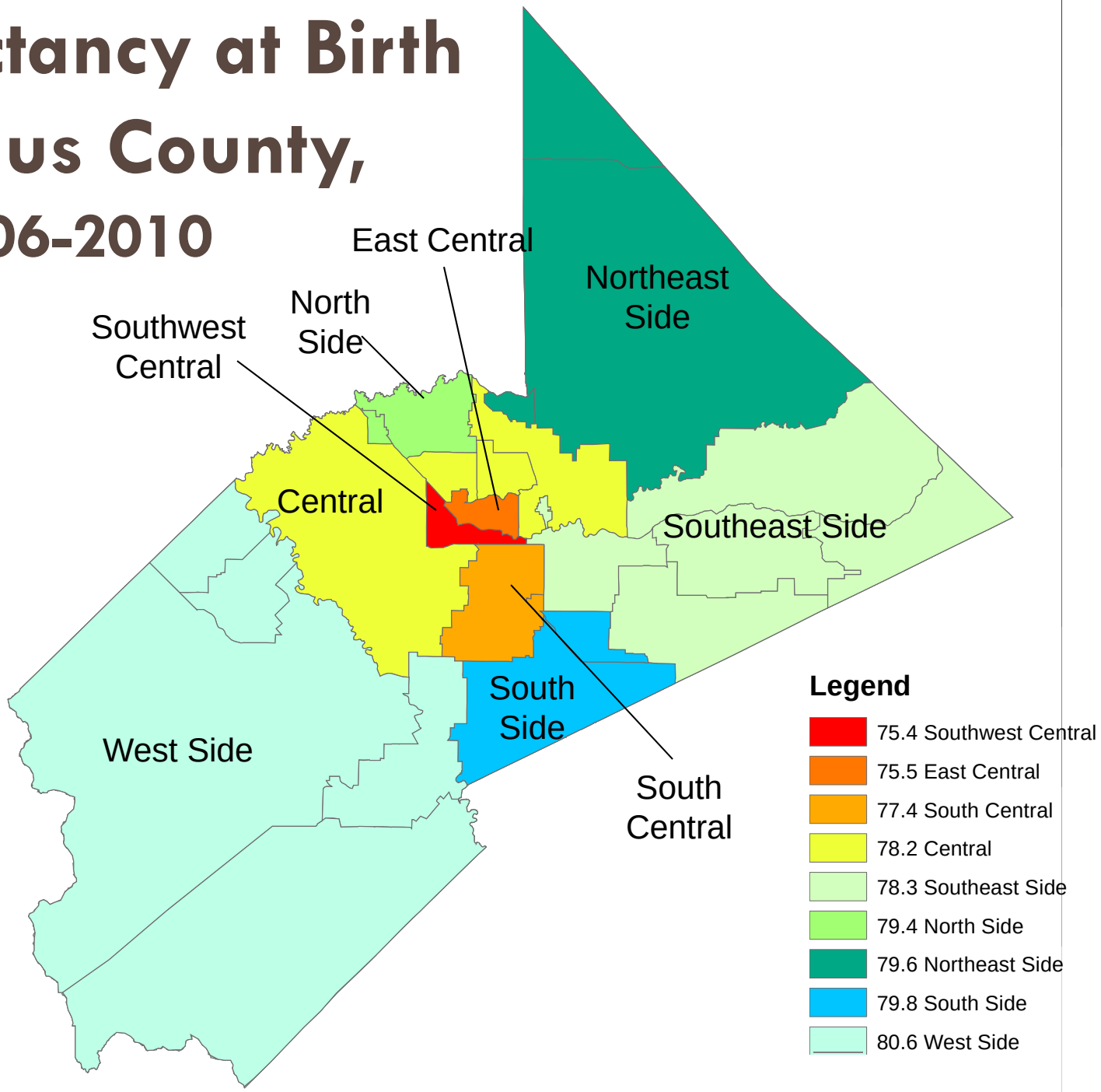
Stanislaus County HEALTH SERVICES AGENCY

Stanislaus County Regions



Note: Stanislaus county regions roughly correspond to areas served by Family Resource Centers.

Life Expectancy at Birth Stanislaus County, 2006-2010

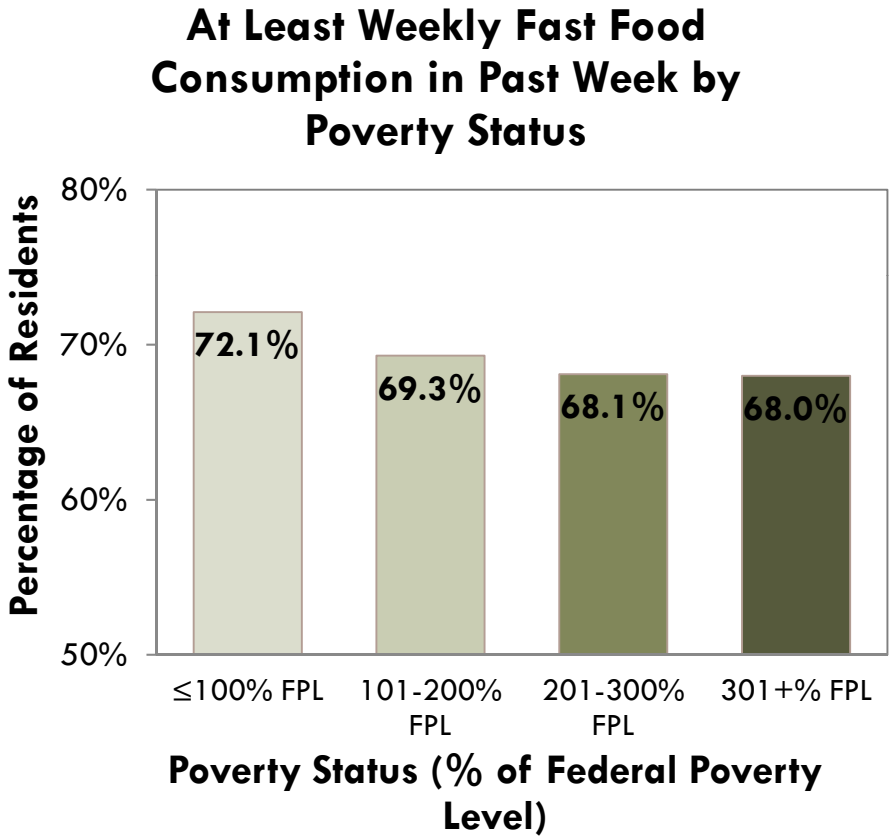


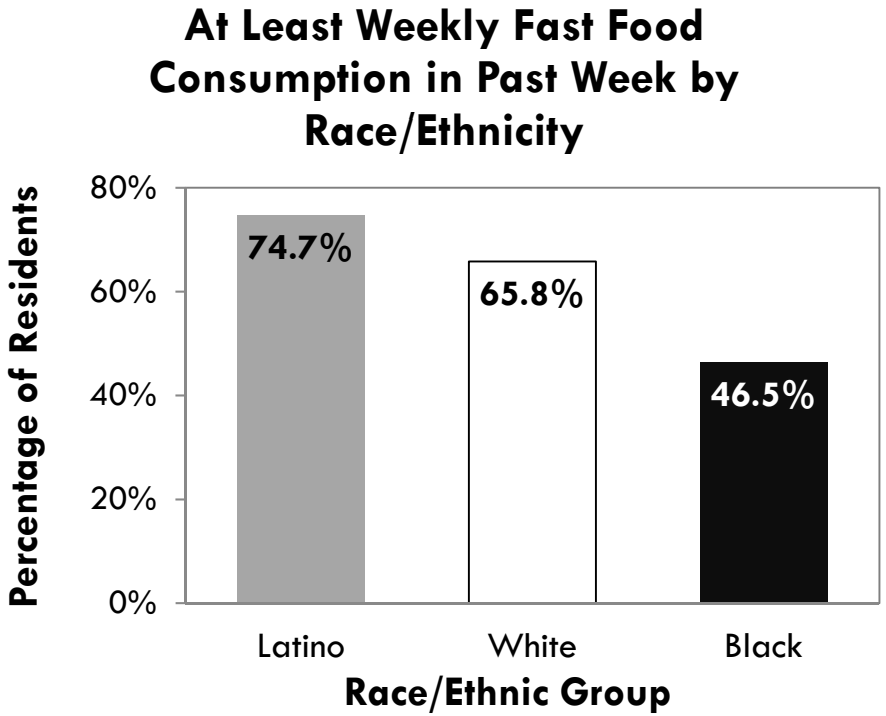
Unequal Distribution of Risk and Protective Factors

Group#	Adequate Fruit/Veggie Consumption	At least Weekly Fast Food Consumption	Adequate Physical Activity	Overweight /Obesity	Tobacco Use
Poor	**26.4%**	72.1%	41.6%	37.0%	**22.8%**
Not Poor	**46.8%**	68.4%	32.9%	33.1%	**15.1%**

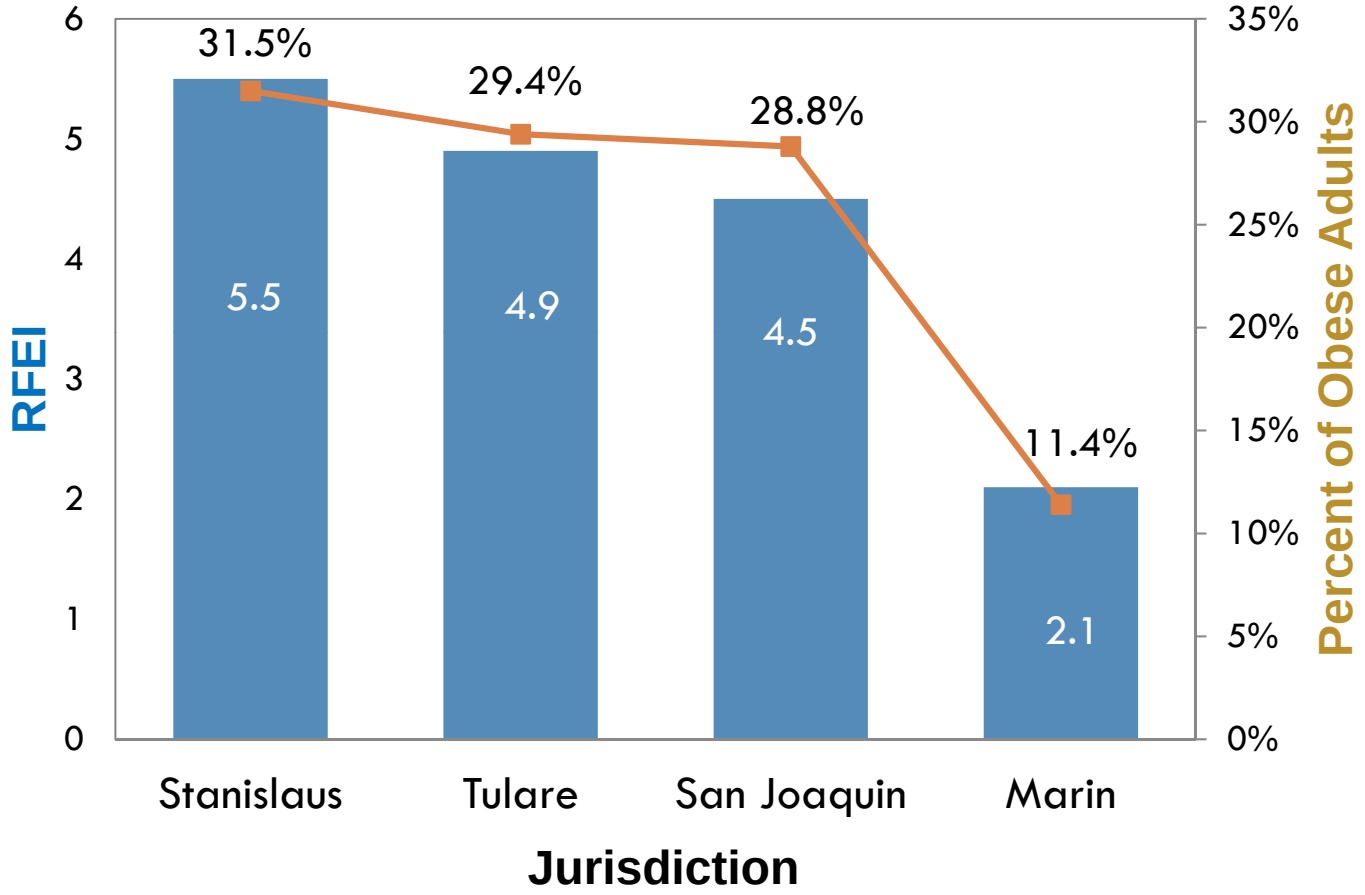
- Adults living above the poverty level are more likely to eat 5+ fruits & veggies per day than those living in poverty.
- Poor adults get marginally more physical activity, while poor children get marginally less (34.0 vs. 46.6% of kids aged 5-11 physically active at least 1 hour 5 times per week).
- A slightly higher percentage of poor adults are overweight or obese.
- Adults in poverty are significantly more likely to be current smokers.
- Personal lifestyle choices are influenced by social and environmental factors.

Poverty/Income and Racial/Ethnic Differences in Diet





Obesity Prevalence and the Retail Food Environment, by Jurisdiction



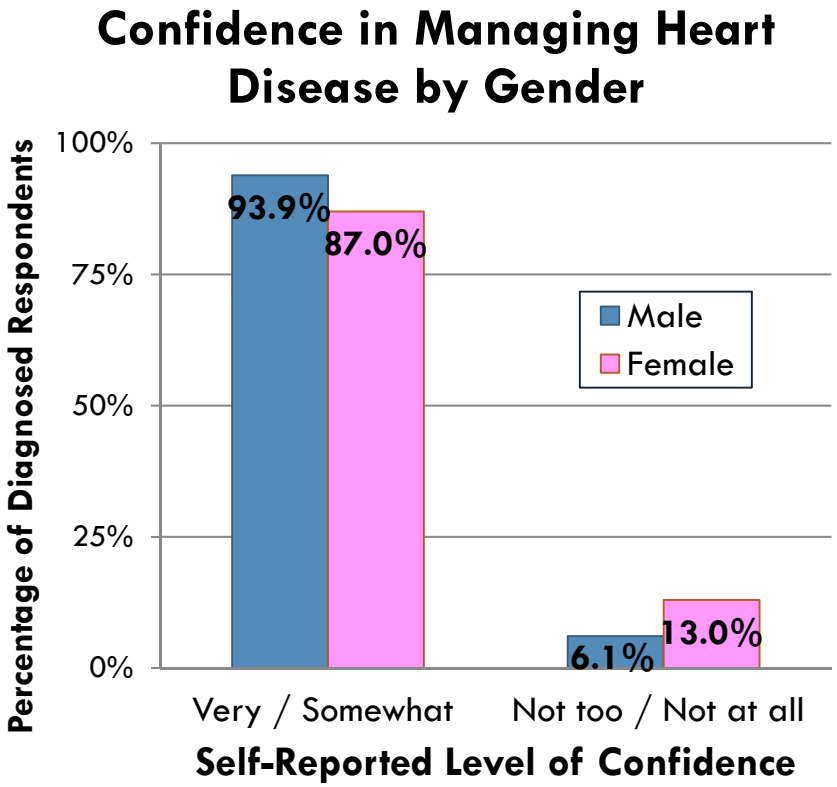
Designed for Disease: The Link Between Local Food Environments and Obesity and Diabetes. California Center for Public Health Advocacy, PolicyLink, and the UCLA Center for Health Policy Research. April 2008.

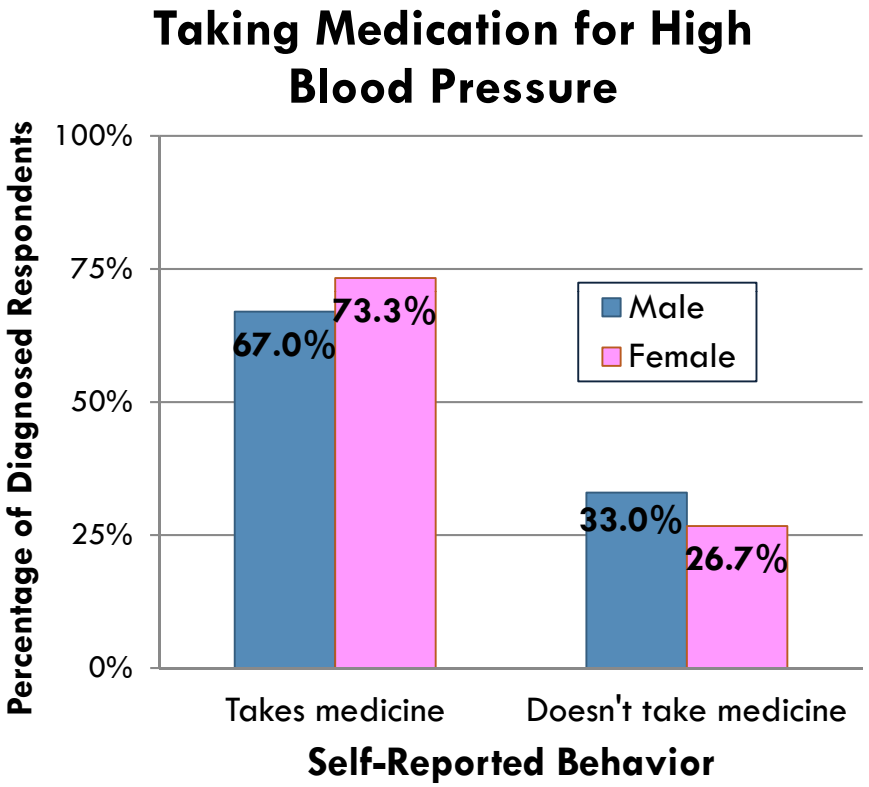
Heart Disease: Gender Disparities

Group	Hyper-tension	Heart Disease	ER Visits	Hospital-izations	Mortality	YPLL
Male	35.0%	5.4%	**64.6**	**663.6**	201.6	**7.0**
Female	27.8%	4.8%	**43.1**	**360.0**	187.5	**3.3**

- There are slight, but not statistically significant differences, in hypertension and heart disease diagnoses (i.e. women have essentially "caught up" with men).
- Males are at statistically significantly higher risk of ER visits and hospitalization due to heart disease ("ischemic heart disease").
- While mortality rates (due to "disease of the heart") are not statistically significantly different, males lose significantly more YPLL than females due to these causes.

Gender Differences in Compliance





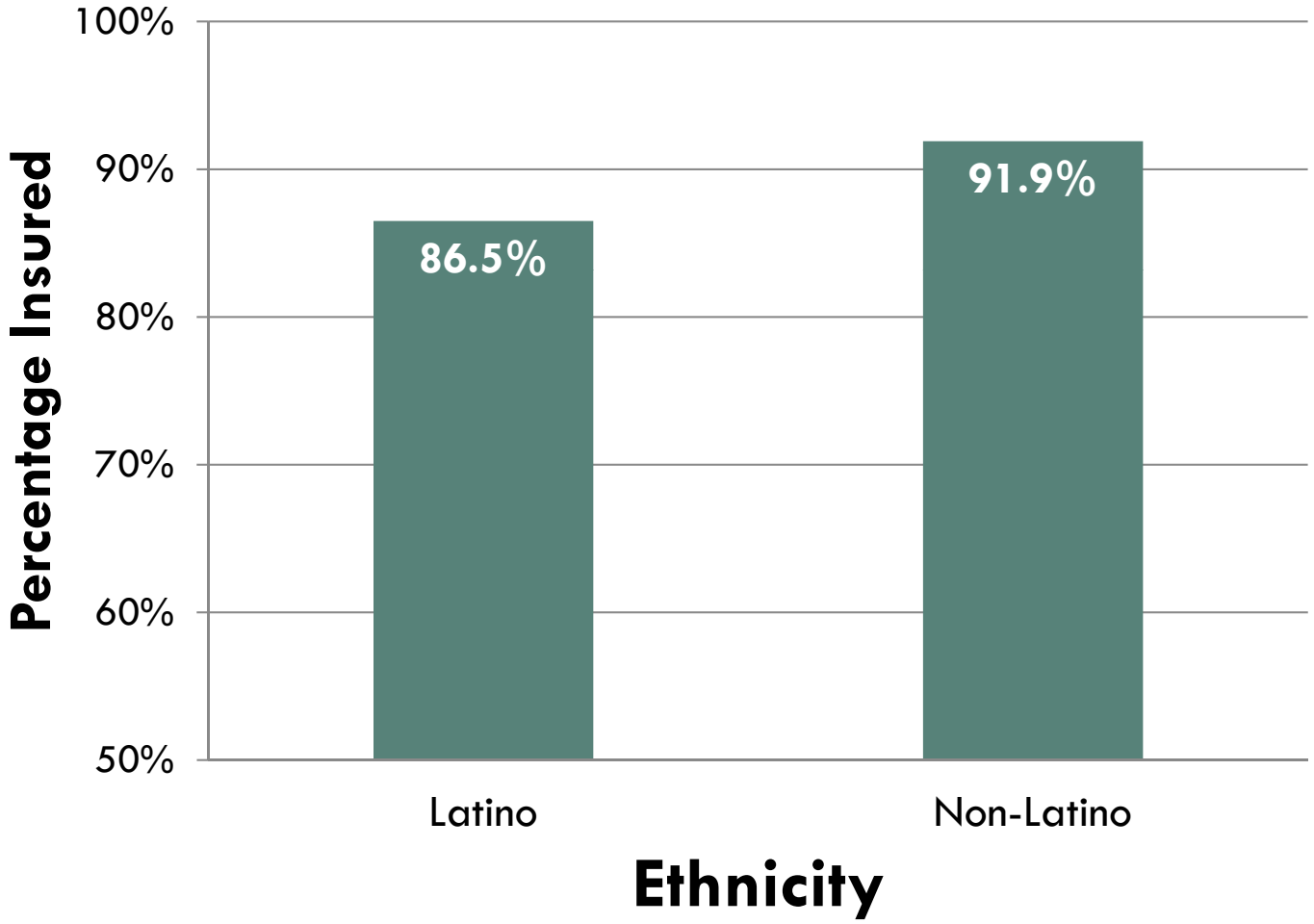
Source: UCLA's California Health interview Survey, 2009

Diabetes: Racial & Ethnic Disparities

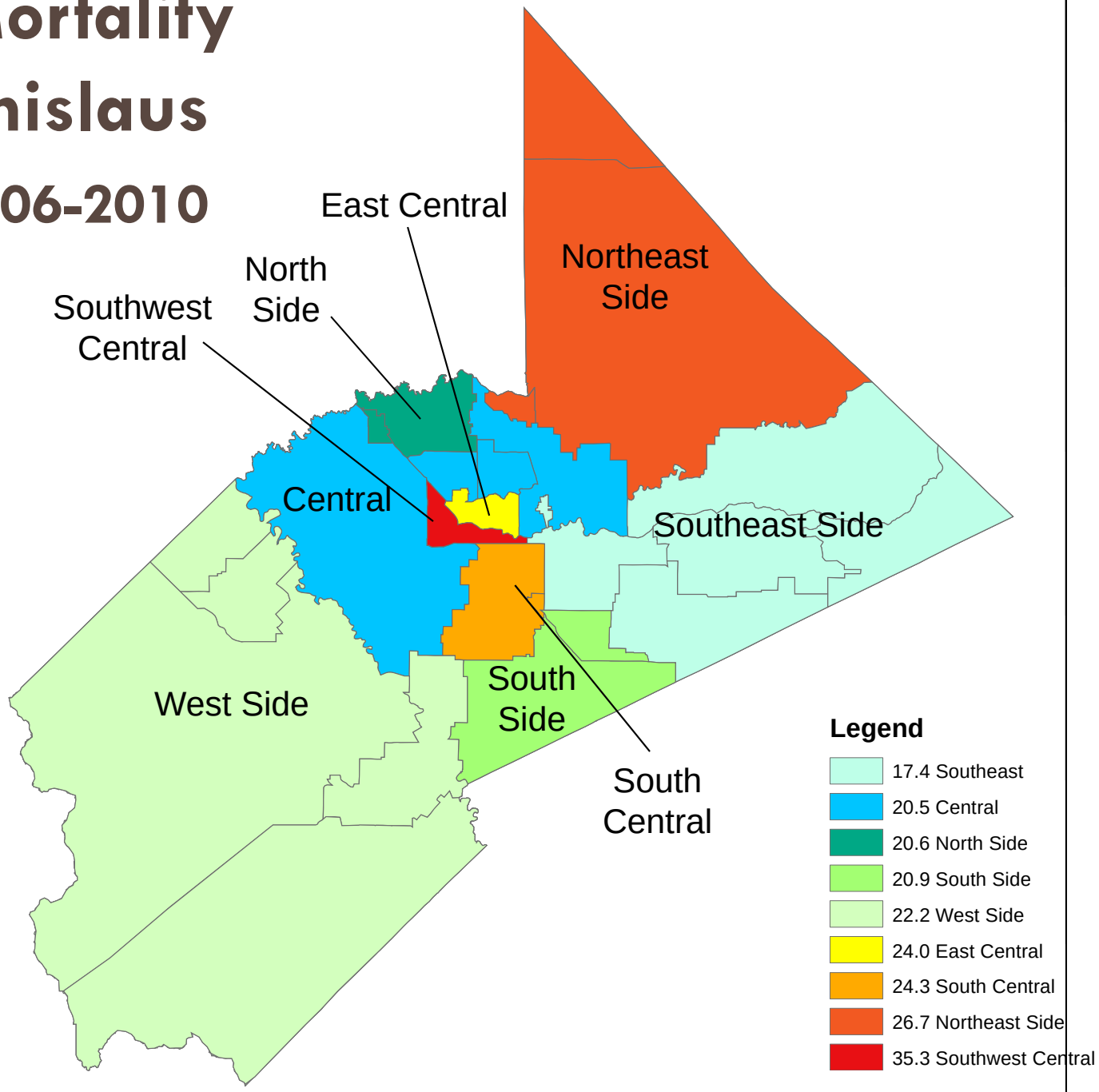
Group	Overweight/ Obesity	Diabetes	ER Visits	Hospital-izations	Mortality	YPLL
Latino	64.2%	8.3%	**229.9**	173.8	**31.9**	8.2
Non-Latino	66.2%	7.3%	**347.1**	182.5	**22.1**	6.8
Black	80.2%	NA	**510.5**	**377.0**	**69.1**	**6.8**
Asian/PI	55.0%	6.1%	**104.7**	**54.1**	**13.0**	**12.2**
White	66.5%	7.2%	**267.4**	**175.7**	**25.8**	**7.1**

- Non-Latinos have significantly higher age-adjusted rates of ER visitation, but Latinos have higher age-adjusted mortality due to diabetes.
- Age-adjusted ER visitation, hospitalization and mortality rates for diabetes are statistically significantly higher for Blacks than for Whites and for Whites than for Asians. However, Asians lose significantly more YPLL due to diabetes than either Blacks or Whites.

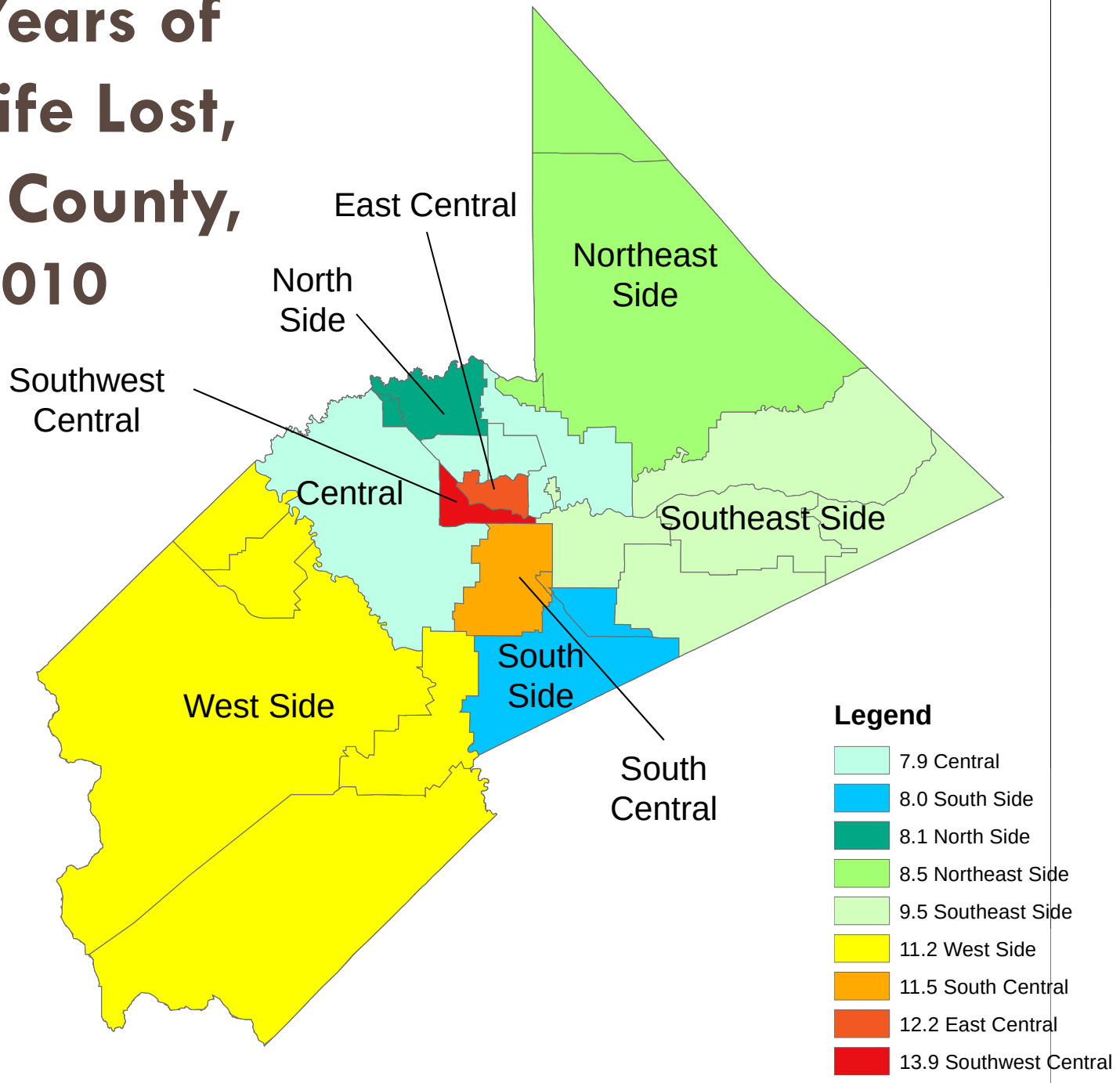
Working Age Adults with Health Insurance by Ethnicity



Diabetes Mortality Rates, Stanislaus County, 2006-2010

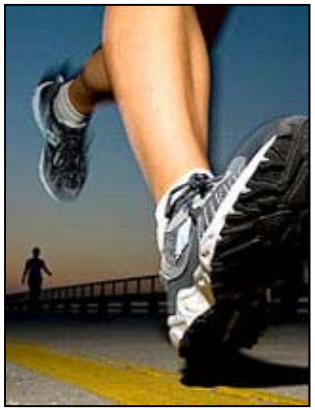


Average Years of Potential Life Lost, Stanislaus County, 2006-2010



Health Disparity Summary

- Many significantly health disparities are related to
  - Gender
  - Race and ethnicity
  - Poverty
  - Geographic area
- Personal lifestyle choices and the social, physical and policy environments all play a role.
- The areas of the county most burdened by CTG-related risk factors and conditions are:
  - Southwest Central (West Modesto and South Modesto)
  - East Central (Airport Neighborhood and La Loma area)



Questions

Stanislaus County HEALTH SERVICES AGENCY