Sedgwick County Health Department · Data Book

Healthy Communities for Healthy People



Sedgwick County... working for you

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The vision of the Sedgwick County Health Department (SCHD) is Healthy People for Healthy Communities. How do we know if the community is healthy? The determinants of health include a wide variety of biological, psychological, behavioral and sociological variables. This resource contains the most current information available about many of those indicators.

We hope this book will provide community organizations, agencies, coalitions and Sedgwick County residents with measures that will support new and continued efforts to improve the health of Sedgwick County.

Our department has developed five priority areas and these data inform our progress toward these community goals:

Tobacco – Over the last six years, the percentage of Sedgwick County adults who smoke has reduced from 24% to 20%. (Section 7.3)

Healthcore Access – An estimated 45,825 people in Sedgwick County do not have health insurance. SCHD supports efforts to expand access to community health clinics. SCHD programs link people to appropriate health services and provide health services like immunizations, prenatal care, family planning, STD testing and treatment and women's cancer prevention exams. Assessment of health access and assuring health care access are core functions of public health. (Section 2)

Health Protection – Much of our work aims to protect health. Immunizations protect the individual and the community as a whole from communicable diseases. Section 7.6 describes the series of vaccines recommended for children before age two. Most recent survey data show the coverage rate improved 10 percentage points over the previous year.

Physical Activity • Mutrition - In section 7.2, the risks of obesity are described, and over 64% of Sedgwick County residents are overweight or obese. Thus, our priority is to encourage people to move more and eat better. Only 17.7% of adults eat the recommended amount of fruits and vegetables.

Low Birth Weight Prevention – Babies born weighing less than 5.5 pounds are at greater risk for infant death and developmental disorders. Though the percentage of LBW babies has steadily increased nationwide, the percent of LBW babies in Sedgwick County has remained constant.

In addition to our specific health priorities, we hope this book will be a ready reference for community demographic information. We know about the need to plan for an aging generation of Baby Boomers; the age demographics in Section 1 tell this story. Since 1990, there has been an 85% increase in the number of adults age 45-54 and a 61% increase in adults age 55-59. More than a third of our population is over age 45.

From demographics to leading health indicators, the staff of the Sedgwick County Health Department looks forward to using this community health profile to work with our community to lead healthy changes.

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Healthy Communities for Healthy People

Section 1 Sedgwick County Population

Note: Unless otherwise noted, source information in Section 1 was collected from the U.S. Census Bureau, American Community Survey.

Social determinants of health are factors that contribute to or detract from the health of individuals and communities. These factors include, but are not limited to: socioeconomic status, transportation, access to services, housing, discrimination by social grouping (e.g., race, gender, or class), and social or environmental stressors.

The diagram to the right presents the determinants of health in terms of layers of influence, starting with the individual and moving to wider society.

1.1 Population

Since 1980, the Sedgwick County population has increased 23.6% to the 2000 Census total population of 452,869. Sedgwick County's population is 16.8% of the state's total 2000 Census population (2,688,418). Population increases in Sedgwick County are consistent with the national trend. The U.S. experienced a 24.22% population increase from 226,542,199 to 281,421,906 over the same 20 years. The Kansas population has only increased 14.9% from 1980 to 2000 (2,338,884 to 2,688,418).

In 2007, Sedgwick County had a total population of 476,026 - 50.4% female and 49.6% male. The median age was 34.7 years. Twenty-eight percent of the population was under 18 years (slightly greater than KS at 25.1% and the US at 24.5%); 11.5% were 65 years and older (slightly less than KS at 12.9% and the US at 12.5%).

There are five urban counties within Kansas, and among those, Sedgwick is the largest according to the Census population survey from 2000. Kansas, by total population, ranks as the 33rd largest state in the United States.



1.2 Population by Racial Demographic

Sedgwick County Residents by Race and Ethnicity - 2007

Total	476,026	100.0%
* Hispanic	50,330	10.6%
• Other or two or more races, Not Hispanic	13,774	2.9%
Asian Not Hispanic	18,290	3.8%
Am. Indian or Alaska Native Not Hispanic	2,306	0.5%
Black Not Hispanic	41,252	8.7%
• White Not Hispanic	350,074	73.5%



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1.3 Population by Educational Attainment

Education: In 2007, 88% of people 25 years and over had at least graduated from high school and 27% had a bachelor's degree or higher. Thirteen percent had left school before graduating from high school.

Educational Attainment of Sedgwick County Residents Aged 25 and Over



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1.4 Population by Age

Sedgwick County Population by Age

									% Change
	19	90	20	000	20	06	20	07	(1990 to 2007
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
Under 5 years	34422	8.5%	35697	7.9%	37,373	7.9%	37,938	8.0%	10%
5 to 9 years	32872	8.1%	36325	8.0%	36,547	7.8%	35,483	7.5%	8%
10 to 14 years	28999	7.2%	35043	7.7%	34,638	7.4%	36,069	7.6%	24%
15 to 19 years	26051	6.5%	32772	7.2%	33,094	7.0%	33,620	7.1%	29%
20 to 24 years	29092	7.2%	30791	6.8%	30,787	6.5%	31,425	6.6%	8%
25 to 34 years	75460	18.7%	64459	14.2%	64,191	13.6%	65,070	13.7%	-14%
35 to 44 years	60436	15.0%	72868	16.1%	67,076	14.2%	65,691	13.8%	9%
45 to 54 years	37289	9.2%	59162	13.1%	68,246	14.5%	68,886	14.5%	85%
55 to 59 years	16914	4.2%	19271	4.3%	26,774	5.7%	27,221	5.7%	61%
60 to 64 years	16141	4.0%	14907	3.3%	19,102	4.1%	20,334	4.3%	26%
65 to 74 years	27305	6.8%	26923	5.9%	26,524	5.6%	27,720	5.8%	2%
75 to 84 years	14092	3.5%	18677	4.1%	18,640	4.0%	19,410	4.1%	38%
85 years and over	4589	1.1%	5974	1.3%	7,903	1.7%	7,159	1.5%	56%
	403662	100.0%	452869	100.0%	470,895	100.0%	476,026	100.0%	18%

1.5 Household Income

The 2007 median income of households in Sedgwick County was \$46,976. Eighty-two percent of the households received earnings and 16% received retirement income other than Social Security. Twenty-five percent of the households received Social Security. The average income from Social Security was \$15,098. These income sources are not mutually exclusive; that is, some households received income from more than one source.

Sedgwick County Household Income



Many community health plans are based on addressing specific population groups by age. At age 65, most adults begin eligibility for Medicare, and based on the 2007 American Community Survey, there were 54,289 adults aged 65 and over. The population of K-12 students age 5 to 19 was 105,172.

Population



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1.6 Poverty

In 2007 the US poverty threshold for a single person under 65 was \$10,787; for a family of four (including 2 children), was \$21,027. In 2007, 13% of people were in poverty. Seventeen percent of children under 18 lived in households that were below the poverty level, compared with 8% of people 65 years old and over. Ten percent of all families and 30 percent of families with a female householder and no husband present had incomes below the poverty level.

1.7 School Free & Reduced Lunch Populations

Any child at a participating school may purchase a meal through the National School Lunch Program. Children from families with incomes at or below 130% of the poverty level are eligible for free meals. Those with incomes between 130% and 185% of the poverty level are eligible for reduced-priced meals, for which students can be charged no more than 40 cents. (For the period July 1, 2007 through June 30, 2008, 130% of the poverty level is \$27,560 per year for a family of four; 185% is \$39,220 per year). *Source: USDA*

In 2007, 94,731 students (K-12) were enrolled in Sedgwick County schools. An additional 7,867 were enrolled in pre-school.

Percent of Sedgwick County Students Enrolled in the Free/Reduced Meals Program by School

	2006	2007
Cheney, USD 268	18%	16%
Clearwater, USD 264	20%	17%
Derby, USD 260	34%	33%
Goddard, USD 265	16%	17%
Haysville, USD 261	36%	37%
Maize, USD 266	12%	11%
Mulvane, USD 263	23%	23%
Renwick, USD 267	14%	14%
Valley Center, USD 262	24%	26%
Wichita, USD 259	66%	66%
Source: KSDE		

1.8 Employment

Employment Status of Sedgwick County Residents - 2007

 Population 16 year 	rs and over	358,504
•Not in labor force	108,781	
 Labor force 		249,723
 Employed 		233,627
 Unemployed 	14,897	
 Armed Forces 		1,199
In labor force	69.7%	*
*Not in labor force	30.3%	
Employed	93.6%	
▼Unemployed	6.0%	
Armed Forces	0.3%	

Industries: In 2007, for the employed population 16 years and older, the leading industries in Sedgwick County were manufacturing, 23%; and educational services and healthcare and social assistance, 20%. Top occupations and type of employer for 2007:

Among the most common occupations were:

- Management, professional, and related occupations (34%)
- Sales and office occupations (25%)
- Production, transportation, and material moving occupations (17%)
- Service occupations (15%)
- Construction, extraction, maintenance and repair occupations (10%)

Eighty-one percent of the people employed were private wage and salary workers; 13% were federal, state, or local government workers; and 5% were self-employed.

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Employment by Industry in Sedgwick County

	2000	2007
* Agriculture, forestry, fishing and hunting,		
and mining	0.8%	0.6%
* Construction	6.0%	6.5%
Manufacturing	24.5%	23.2%
★Wholesale trade	3.2%	2.9%
Retail trade	11.4%	9.9%
 Transportation and warehousing, and utilities 	3.9%	4 7%
	2.2%	2.2%
	2.2/0	2.3/0
and real estate and rental and leasing	5.5%	5.3%
 Professional, scientific, and management, and administrative and waste management services 	7.2%	8.0%
 Educational services, health care, and social assistance 	19.6%	20.3%
 Arts, entertainment, and recreation, and accommodation, and food services 	7.6%	8.5%
Other Services, except public administration	4.7%	3.8%
▲Public administration	3.3%	4.1%



2007 Percentages

1.9 Married Population for Sedgwick County

Married Population for Sedgwick County - 2007

 Married 	53.41%
 Divorced 	12.19%
Never Married	26.85%
▼Separated	1.53%
Widowed	6.02%



1.10 Nativity and Language

Nearly 7% of the people living in Sedgwick County in 2007 were foreign born; 93% were born in the US, of them, 64% were born in Kansas.

Among people at least five years old living in Sedgwick County in 2007, 12.7% (55,514) spoke a language other than English at home. Of those speaking a language other than English at home, 62.6% spoke Spanish and 37.4% spoke some other language; 44.5% (24,692) reported that they did not speak English "very well."





1.11 Chronic/Other Homeless Population

Sedgwick County Chronically Homeless (Sheltered versus Unsheltered Homeless)



Sheltered - A homeless person who resides in an emergency shelter or a transitional housing program for persons who originally came from the streets or emergency shelters.

Unsheltered – A homeless person who resides in a place not meant for human habitation, such as cars, parks, abandoned buildings, or on the streets, sidewalks, doorways and alleys.

Source: United Way, Continuum of Care Point in Time Homeless Counts, 2003-2008



Section 2 Access to Care

Access to health care services is both difficult to define and difficult to accurately measure. Most people in the US, Kansas, and Sedgwick County receive their care through the use of health insurance, most often provided by an employer. Sedgwick County is fortunate to have a number of health access points that provide medical homes to people without health insurance. More information about these access points can be found on the Health Department page of the www.sedgwickcounty.org Web site.

In a 6-volume series on the consequences of uninsurance, the Institute of Medicine (IOM) reported the following conclusions:

Compared to people with insurance, uninsured children and adults experience worse health and die sooner.

Families can suffer emotionally and financially when even a single member is uninsured.

Uninsurance at the community level is associated with financial instability for health care providers and institutions, reduced hospital services and capacity, and significant cuts in public health programs, which may diminish access to certain types of care for all residents, even those who have coverage.

The nation as a whole is economically disadvantaged as a result of the poorer health and premature death of uninsured Americans. The IOM estimated the lost economic value of uninsurance is between \$65 billion and \$130 billion annually.

(Institute of Medicine. 2004. Insuring America's Health. Washington, DC: National Academy Press, p. xi) This section describes health access through insurance for residents under age 65 of Sedgwick County, Kansas, US, and peer communities. Data included in this section were pulled from the Small Area Health Insurance Estimates (SAHIE) for Counties and States, conducted by the US Census Bureau. According to this most recent data, the 2005 Health Insurance Coverage Status for Sedgwick County indicates that 10.9% are uninsured, an estimated 45,825 uninsured people (including children). Additional data come from the Current Population Survey and the Behavioral Risk Factor Surveillance System.

2.1 Percent Uninsured in US, Kansas, Sedgwick County Residents and peer Communities under Age 65

These data come from the Small Area Health Insurance Estimates. Sedgwick County has a smaller percentage of uninsured residents than Douglas County, KS (Lawrence); Wyandotte County, KS (Kansas City); Denver County, CO (Denver); Oklahoma County, OK (Oklahoma City); and Tulsa County, OK (Tulsa).



2005 Percent Uninsured for All Under Age 65



2.2 Uninsured Sedgwick County Residents by Gender, Age, and Income, 2005

These gender, age, and income data come from the Small Area Health Insurance Estimates and are the most specific data available for Sedgwick County. *(see right)*

2.3 Health Insurance Coverage in Kansas & US by Payer

As the chart illustrates below, in both Kansas and the US, private insurance coverage is declining while government insurance and the percent uninsured are on the rise. These data come from the US Census Bureau's Current Population Survey.

Insurance Coverage in Kansas & US by Payer

	Number	Percent
Sex	Uninsured	Uninsured
Male	25,422	12.0%
Female	20,403	9.8%
Age		
40-64	13,261	9.0%
18-64	38,529	13.3%
Income		
at/below		
200% poverty	22,826	18.0%

Source: US Census Bureau, SAHIE

Notes:

-Private Health Insurance includes Employment-Based, Own-Employment-Based, and Direct Purchase Health Insurance.

-Government Health Insurance includes Medicaid, Medicare, and Military Health Insurance.

-Government Health Insurance and private health insurance may be utilized by the same person simultaneously.



Source: US Census Bureau, SAHIE

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2.4 Health Coverage for Adults 18-64 by Race & Ethnicity

The Kansas Department of Health and Environemnt (KDHE) conducts the Behavioral Risk Factor Surveillance System. Among many questions, the survey asks Kansans, "Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?" The chart reports the percentage of adults ages 18 - 64 who lack health care coverage by household income, education, and race/ethnicity.

NOTE: The % given equals the percent of uninsured in that category. For example, 3.9% of people who make \$50.000+ are not insured.



Percentage of Kansas Adults Ages 18 to 64 Years Old Who Lack Health Care Coverage - 2007





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Section 3 Birth

Birth statistics and the health of infants is an important reflection of community health. Premature births, low birth weight, teenage pregnancy, and lack of sufficient prenatal care are all crucial risk factors in a newborn's health and subsequent quality of life. Many of these prenatal factors are indeed preventable through individual determination and family planning, as well as available options, opportunities for action, and public advocacy.

In 2007, of the 41,951 births to Kansas residents, almost 20% (8,244) were to residents of Sedgwick County. In recent history, the number of births each year in Sedgwick County and in the State of Kansas has remained relatively stable.

Throughout this section, references are made to *Healthy People 2010*. Developed with the best scientific knowledge available, *Healthy People 2010* is a comprehensive set of disease prevention and health promotion objectives for America. The national health objectives were designed to identify the most significant preventable threats to our health and to establish national goals to reduce those threats. *Healthy People 2010* established national goals and targets to be achieved by the year 2010.

3.1 Sedgwick County Birth Statistics by Age

Considering average births per age-group (2000-07), 11.8% of births have been to mothers age 19 and under, including an average of 12 births per year to adolescents 14 and younger. Most births (78.1%) are to mothers aged 20-34.

Births to Sedgwick County Residents by Age of Mother and Year (2000-07 Average)

						_			
									I
Ages	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45+	Total*
2000	14	1004	2348	2174	1505	643	142	6	7835
2001	14	885	2171	2166	1421	624	129	9	7419
2002	19	880	2202	2208	1528	603	112	9	7561
2003	10	854	2215	2170	1518	640	152	9	7568
2004	11	868	2266	2215	1555	674	157	10	7756
2005	10	903	2240	2306	1503	634	146	2	7744
2006	10	899	2417	2375	1458	627	132	7	7925
2007	9	937	2383	2468	1654	658	127	7	8243
8-yr. AVG	12	904	2280	2260	1518	638	137	7	7756

Source: KDHE Annual Summary of Vital Statistics

Note: * total includes only records of where age of mother was reported

3.2 Preterm Births

A preterm birth is a birth before 37 weeks gestation. According to *Healthy People 2010*, preterm birth is the leading cause of neonatal deaths that are not associated with birth defects. The national goal, set by *Healthy People 2010*, is to reduce preterm births to 7.6% of all births.

Percent of Preterm Births to Sedgwick County Mothers



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3.3 Low Birth Weight Births

Low birth weight (LBW), defined as a birth weight less than 2,500 grams (5.5 pounds), remains a major problem across the United States. LBW is the most prevalent and dominant risk factor for infant mortality (infant death prior to the first birthday) and childhood developmental disorders. The *Healthy People 2010* goal is to reduce low birth weight births to 5% of all births.



natio	onal goa 5.0%	1				Ï	Ï	Ï	<u> </u>
	Year	2000	2001	2002	2003	2004	2005	2006	2007
	SC	7.6	7.9	7.5	8.0	7.8	7.8	7.9	7.8
	KS	6.9	7.0	7.0	7.4	7.3	7.2	7.2	7.1
	US	7.6	7.7	7.8	7.9	8.1	8.2	8.3	8.2

Source: KDHE Annual Summary of Vital Statistics and National Vital Statistics Report



3.4 First Trimester Care

Prenatal care is a critical factor in achieving a healthy pregnancy outcome. Early identification of maternal disease and risk for complications of pregnancy are the primary reason for early prenatal care. The national *Healthy People 2010* goal is to increase the proportion of pregnant women who receive early and adequate prenatal care beginning in the first trimester of pregnancy to 90%.

Live Births by Initiation of Prenatal Care in First Trimester ▼Sedgwick County ◆Kansas

2005	2006	2007
▼ 73%	73%	69%
5,392	5,421	5,489
◆ 76%	75%	72%
27,687	28,286	28,677

Source: KDHE Annual Summary of Vital Statistics

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3.5 Out-of-Wedlock Births by Age and Race

According to the National Center for Health Statistics, tracking the number and percentage of births to unmarried women is a key social indicator. Children of unmarried mothers are at higher risk of having adverse birth outcomes such as low birth weight and infant mortality. Children of unmarried mothers are also more likely to live in poverty than children of married mothers. In 2006, 38.5% of all births in the US were to unmarried women. In 2007, 36.4% of all births in KS and 42.4% of all births in Sedgwick County were to unmarried women.



Source: KDHE Annual Summary of Vital Statistics

3.6 Teenage Pregnancy

Kansas: Teenage females (10-19) accounted for 11% of all pregnancies (47,816) in 2007. 81.8% of teenage pregnancies resulted in a live birth (4,310), 17.7% in abortion (930) and the remainder in stillbirths (28). The pregnancy rate for females ages 10-19 was 27.8 per 1,000 women in 2007, up 2.6% from 2006 (27.1).

The rates for teenage subgroups 10-17 (10.9 per 1,000) and 15-19 (53.2 per 1,000) each rose 4.8% and 1.9% respectively between 2006 and 2007. The rate for teenagers 10-14 (0.8 per 1,000) years, declined 11.1% during this time period.

The long term trend for teenage pregnancy is downward. Teenage pregnancy rates (10-19) dropped 17.5% overall during the past two decades 1988-2007. Sedgwick County: In 2007, there were 376 births to mothers age 17 and younger. The teen pregnancy rate for females ages 10-17 was 13.5 per 1,000. Together, the rate for the five urban counties in Kansas, including Sedgwick was 11.5 per 1,000 and for the whole state of Kansas the rate was 10.9.

Sedgwick County Teen Pregnancy Rates ages 10-17

Year	White	Black	Hispan	nic
2000	11.7	27.4	28.8	
2001	11.1	21.7	26.2	
2002	10.4	21.1	24.9)
2003	9.4	21.6	23.6	,
2004	9.3	20.1	22.9)
2005	8	20.1	24	
2006	7.3	19.5	23.5	
2007	7.3	16.6	28.5	

Source: KDHE Annual Summary of Vital Statistics (2000-2007)



Section 4 Injury

Regardless of gender, race, or economic status, injuries remain a leading cause of death for Americans of all ages. Additionally, millions of Americans are injured each year and survive. Unintentional accidents, such as falls, broken bones, and motor vehicle accidents vary widely in their impact on people, from temporary discomfort and inconvenience to more serious suffering and disability to chronic pain, lifestyle modifications and even death.

This section describes various types of injuries, such as fractures, burns, and poisoning, obtained through hospital discharge data from Kansas Information for Communities (KIC) and motor vehicle accident data obtained from the Kansas Department of Transportation (KDOT).

Although this data does not separate intentional and unintentional injury, unintentional injuries commonly include burns, falls, poisonings, and road traffic injuries; intentional injury commonly includes domestic violence and poisonings from drug or alcohol overdose.

In the United States, the leading causes of injury deaths in 2005, as classified by mechanism, were:

30,694 32,691

20,426

13,920

- Motor Vehicle 43,667
- Firearm
- Poisoning
- ▼Fall
- Suffocation

Source: National Center for Health Statistics

4.1 Injury Statistics from Hospital Discharge Data by Diagnosis in Sedgwick County

One way to look at injury is by hospitalization diagnosis. (See the table below) It is important to note that these are in-patient, not emergency department visits. It is interesting to note that when all poisonings are totaled (658) they are the leading injury diagnosis for hospitalization. Complications from medical devices and complications from surgical procedures or medical care are defined in the original data set as injuries, but not included here.

Hospital (in-patient) Discharge Statistics for Sedgwick County for Injury Diagnosis in 2005 and 2006

	2005		2006	
Diagnosis	Frequence	cy F	Frequency	
• Fracture of neck of femur (hip)	444	>	427	
• Fracture of lower limb	389	>	350	
 Poisoning by other medications and drugs 	336	<	407	
• Other fractures	305	-	305	
 Intracranial injury 	291	<	298	
 Other injuries and conditions due to external causes 	268	>	187	
 Fracture of upper limb 	184	<	195	
 Poisoning by psychotropic agents 	172	<	203	
 Crushing injury or internal injury 	148	<	153	
 Superficial injury - contusion 	113	<	136	
 Open wounds of head - neck - and trunk 	96	<	115	
 Skull and face fractures 	85	<	107	
• Open wounds of extremities	55	<	65	
• Poisoning by nonmedicinal substances	5 51	>	48	
 Sprains and strains 	47	-	47	
 Joint disorders and dislocations - trauma-related 	45	>	40	
• Burns	38	>	33	
• Spinal cord injury	14	<	19	

Source: Kansas Information for Communities

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4.2 Injury Statistics from 2007 Hospital Discharge Data by Age in Sedgwick County



Source: Kansas Information for Communities

4.3 Motor Vehicle Accidents, Injuries and Deaths by Year

It is important to note that these data refer to numbers of people injured or killed, as opposed to number of accidents.

Motor Vehicle Accident Injuries and Deaths in Sedgwick County in Kansas by Year

	Sedgwi	ck County		Ka	ansa	as
Year	Injury	Death		Injury		Death
2000	6,076	39		29,047		461
2001	6,443	48		28,828		494
2002	5,750	68		27,059		511
2003	4,728	36		24,795		469
2004	4,744	47		23,776		460
2005	4,612	52		22,723		428
2006	4,796	61		22,320		468
2007	4,905	39		22,904		416

Source: Kansas Department of Transportation

4.4 Motor Vehicle Accidents by Year and Cause

Deer, speed and alcohol account for approximately 25% of all motor vehicle accidents each year in Sedgwick County. By contrast, those same indicators account for 28% of all motor vehicle accidents each year in Kansas. In Kansas, 13% of accidents are deer-related; in Sedgwick County about 3% of accidents are deer-related.

Deer-related Automobile Accidents in Sedgwick County and Kansas



Speed-related Automobile Accidents in Sedgwick County and Kansas



Alcohol-related Automobile Accidents in Sedgwick County and Kansas



Total Automobile Accidents in Sedgwick County and Kansas *(all causes)*



Source: Kansas Department of Transportation





Section 5 Sedgwick County Mortality

Studying causes of death and differences among population groups can assist the understanding of the overall health status of a population. Death rates reflect the cumulative impact of individual behaviors, environmental factors, and the community's health care system. Nationally, heart disease and cancer continue to be the leading causes of death across the U.S.

This section provides a description of Sedgwick County's mortality. Sedgwick County death statistics are also provided by gender and race/ethnicity breakdown. The Leading Causes of Death are provided by age. All rates are age-adjusted per 100,000.

Note: Age-Adjusted refers to an age standardization technique used to better allow populations to be compared when the ages of the populations are quite different. For instance, a community with a large elderly population would tend to have more mortality than a community with a larger population of youth. Age-Adjustment addresses this baseline discrepancy.

Note: Death statistics for Sedgwick County, Kansas are Vital and Health Statistics Data gathered from the Kansas Information for Communities (KIC) database, and is the most current available data. Some limitations should be addressed as set forth by the KIC database researchers: Death statistics were gathered from death certificates mandated by Center for Health and Environmental Statistics at the Kansas Department of Health and Environment. Causes of death refer to the underlying cause of death, or the origin of the chain of events that led to the subsequent fatality. All rates are age-adjusted to the standard U.S. 2000 population.

5.1 Mortality Rate, Sedgwick County and Kansas

In the U.S., the estimated age-adjusted death rate, which accounts for changes in the age distribution of the population, reached a record low of 776.4 deaths per 100,000 in 2006. As is illustrated below, the age-adjusted death rate in Kansas and Sedgwick County is higher than the US.

Sedgwick County and Kansas Death Statistics: Age-Adjusted Rates per 100,000

	2000	2001	2002	2003	2004	2005	2006	2007
KS	846.4	839.8	845.7	817.9	790.1	818.9	792.7	780.4
SC	883	879.2	902.3	885.4	840	900.9	819.5	829.3

Sources: KIC/KDHE Vital Statistics/NVSR

5.2 Sedgwick County Mortality Rate by Gender and Race

Studying variations in mortality and survival may provide important clues to understanding the determinants of health outcomes related to differences in lifestyle choices, health care seeking behavior and access to health services.



Sources: KIC

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Sedgwick	County	Mortality	Rate by	Gender and	Race: Age-Ad	usted Rates	per 100,000
9	<i></i>	J	J		J J	/	

			Male		Female		White		Black		Hispanic		Other
2000	SG		1083.7	SG	743.5	SG	861.8	SG	1122.9	SG	437.9	SG	487.5
2000	KS		1028.1	KS	716	KS	790.3	KS	1117.8	KS	550.4	KS	561.5
2001	SG		1047.8	SG	750	SG	844.9	SG	1161.5	SG	596.8	SG	442.3
2001	KS		1014.4	KS	709.5	KS	789.6	KS	1093.1	KS	600.9	KS	506.3
2002	SG		1059.7	SG	783.6	SG	871.7	SG	1180.3	SG	690.5	SG	494.9
2002	KS		1007.9	KS	722.6	KS	794.7	KS	1113.2	KS	588.4	KS	561.1
2002	SG		1013.4	SG	781.2	SG	859.9	SG	1159.9	SG	485.0	SG	684.6
2003	KS	_ te	961.8	KS	704.5	KS	774	KS	1055.9	KS	503.1	KS	566.8
2004	SG	Ra	981.4	SG	726.4	SG	817	SG	1121.5	SG	655.6	SG	406.7
2004	KS		920.8	KS	683	KS	744.7	KS	1053.9	KS	532.1	KS	490.4
2005	SG		1071.7	SG	770.5	SG	875.3	SG	1195.7	SG	679.9	SG	1057.5
2005	KS		973.5	KS	698.4	KS	802.9	KS	1118.9	KS	580.0	KS	1133.1
2006	SG		969.8	SG	698	SG	793.7	SG	1113.6	SG	471.2	SG	1058.4
2000	KS		932.2	KS	681.8	KS	779	KS	1125.6	KS	500.8	KS	989.9
2007	SG		1000.9	SG	695.3	SG	802.9	SG	1081.1	SG	520.7	SG	1132.3
2007	KS		930.8	KS	663.3	KS	772.1	KS	979.9	KS	518.7	KS	932.9

Source: KIC

5.3 10 Leading Causes of Death, Sedgwick County (Number & Rate), Kansas (Rate) and United States (Rate)

	Sedgwick	County	Kansas	US
Causes of Death	2007 (N)	2007 (R)	2007 (R)	2007 (R)
*Heart disease	940	202	178	211.1
*Cancer	805	174	179.1	183.8
Chronic lower respiratory diseases	251	55.5	48.6	43.2
*Cerebrovascular disease (Stroke)	233	50.4	45.8	46.6
• Accidents & adverse effects	131	27.4	25.1	39.1
◆Diabetes	100	21.5	22.6	24.6
Alzheimer's disease	102	21.6	25.2	22.9
▼Pneumonia & influenza	90	19	19.7	20.3
 Kidney disease 	105	22.6	17.5	14.3
*Septicemia (bacterial infection)	52	11.0	13.6	10.9



Sources: KIC/National Vital Statistics Report

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5.4 Death Statistics for Sedgwick County by Cause and Age group in 2007

Age Group	All Causes of Death (Number)	Leading Cause (Number)
Under 15	95	Conditions of perinatal period (early infancy) (39)
15 to 24	63	Motor vehicle accidents (16)
25 to 44	205	Heart disease (30)
45 to 64	778	Cancer (230)
65+	2734	Heart disease (769)
Source: KIC		

5.5 Suicide

The *Healthy People 2010* objective is to reduce the suicide rate to 5 per 100,000.

United States - In 2005 (most recent final data), suicide was the 11th leading cause of death. The risk of dying from suicide is more than fifteen times for the white population than for the black population (29,527 deaths compared to 1,992 respectively). In 2005, there were 32,637 suicide deaths in the US. The age groups with the highest suicide rate in the US were age 75 and up (16.9). The age group with the highest number of suicides was ages 45-54 (6,991).

Kansas - In 2007 there were 380 suicide deaths in Kansas, and 344 of those were White. The highest reported suicide rate by age group was 20.5 in the 45 to 64 year-old range. The same age group also had the highest number of suicide deaths, 144.

Sedgwick County - In 2007, there were 68 suicide deaths in Sedgwick County, and 58 of those were White. The highest reported suicide rate by age group was 21.4 in the 45 to 64 year-old range. The same age group also had the highest number of suicide deaths, 25.

Sedgwick County Kansas **United States** 2000 10.80 12.40 10.40 2001 10.70 11.10 10.70 2002 11.00 12.70 10.90 2003 12.50 12.60 10.80 2004 13.00 13.40 10.90 2005 13.70 13.00 10.9 2006 14.20 13.70 n/a 2007 14.60 13.60 n/a

Suicide Age-Adjusted Rates per 100,000

Source: State/County rates - KIC, National rate: CDC/NCHS

15-24 25-44 45-64 All ages 2000 22 o 48 2001 15 48 2002 49 2003 21 22 2004 20 23 60 2005 24 24 25 2006 20 2007 22 25 68

Suicide in Sedgwick County by Age and Year

Source: KIC

Note: # means that fewer than 6 cases were reported. Note: There were too few suicides under age 15 to report.



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5.6 Infant Deaths

The Kansas Department of Health and Environment Annual Summary of Vital Statistics provided the following state data. A total of 333 infant deaths occurred to Kansas residents in 2007. Infant mortality rates are deaths under 1 year of age per 1,000 live births in a specified group. The overall Infant Mortality Rate for 2007 was 7.3 infant deaths per 1,000 live births. For comparison, the 2007 rate (7.3) represents a decrease of 47.5% from the rate of 13.9 in 1976. The white infant death rate was 6.8 deaths per 1,000 live births in 2007, a decrease of 47% from the rate of 12.8 in 1976. The black infant death rate in 2007 was 19.6, a decrease of 35% from the rate of 30.0 in 1976. In Sedgwick County in 2007, there were 76 infant deaths, or 9.22 deaths per 1,000 live births.

Sedgwick County Infant Deaths by Race/Ethnicity



Source: KIC

Note: Races (White, Black and Other) are reported as not-Hispanic



5.7 Infant Mortality Rate by Year and Select Location





5.8 Infant Mortality Rate by Race in Sedgwick County





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Section 6 Sedgwick County Morbidity

In terms of public health and epidemiology, morbidity can refer to the incidence and prevalence of a disease, the state of acquiring a disease, or the severity of a disease.

The Burden of Cancer

Every year, cancer claims the lives of more than half a million Americans. Cancer is the second leading cause of death in the United States, exceeded only by heart disease. According to United States Cancer Statistics: 2005 Incidence and Mortality, which tracks cancer incidence for about 96% of the U.S. population and mortality for the entire country, more than 559,000 Americans died of cancer, and more than 1.34 million had a diagnosis of cancer in 2005. The financial costs of cancer are overwhelming. According to the National Institutes of Health, cancer cost the United States an estimated \$228 billion in medical costs in 2008.

Racial and Ethnic Differences

Cancer does not affect all races equally in the United States. African Americans are more likely to die of cancer than people of any other racial or ethnic group. In 2005, the age-adjusted death rate per 100,000 people for all types of cancer combined was 224 for African Americans, 183 for whites, 125 for American Indians/Alaska Natives, 124 for Hispanics, and 111 for Asians/Pacific Islanders.

Source: CDC

Select Cancers Table (see right)

Source: KIC

Note: #.# means that fewer than 6 cases were reported. Age adjusted rates per 100,000 used 2000 standard population.

6.1 Selected Cancers by Number and Rate per 100,000 in Sedgwick County (2003-2005)

Each year approximately 2,000 people are diagnosed with cancer in Sedgwick County. In this table, you can find the number of new cancers reported by type and the rate for each. The rates are similar to the rates for the State of Kansas. These cancers are reported for the whole population. Cancers affecting only males or females are reported separately. Note that lung and colorectal cancers are among the highest incidence and rate each year.

	20	03	2004		2005	
Cancer	N	Rate	Ν	Rate	Ν	Rate
• Bladder (including in situ)	90	21	72	16.4	104	23.7
•Brain	29	6.6	21	4.7	28	6.2
 Colorectal 	207	48	224	51	206	46.6
• Esophagus	16	#.#	7	#.#	17	#.#
 Hodgkins Lymphoma 	14	#.#	19	#.#	12	#.#
 Kidney & Renal Pelvis 	48	11.2	50	11.4	67	14.9
●Larynx	18	#.#	17	#.#	17	#.#
•Leukemia	62	14.2	53	12.1	51	11.3
•Liver & Biliary Tree	24	5.5	21	4.8	28	6.1
 Lung & Bronchus 	281	66	264	61.5	301	68.6
 Melanoma of Skin 	86	19.5	58	13.3	99	21.5
 Multiple Myeloma 	24	5.6	23	5.4	25	5.5
 Non-Hodgkins Lymphoma 	87	20.1	85	19.6	90	20.6
Oral Cavity & Pharynx	46	10.4	50	11	33	7.2
 Pancreas 	24	5.5	43	9.9	52	11.9
•Soft Tissue	24	5.4	15	#.#	13	#.#
Stomach	15	#.#	34	7.8	26	6
 Thyroid 	42	9.4	62	13.7	45	10
• Unknown Primary	57	13.1	48	11	45	10
•All other sites	111	25.7	97	21.7	85	19.2
• Total for Selection	1,305	301.8	1,263	288.1	1,344	302.7
All Cancers	2,059	477.1	1,966	449.3	2,026	455.3

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6.2 Female Cancers

Mammograms are the best method to detect breast cancer early. Women age 40 years or older should get screened every one to two years. 77.4% of Sedgwick County women age 40+ had a mammogram within the past two years, which is slightly higher than the State of Kansas, 74.6%. The Healthy People 2010 goal was to increase the proportion of women aged 40 years and older who have received a mammogram within the preceding 2 years to 70%, which means both Sedgwick County and Kansas exceeded the goal. Another important cancer screening for women is the Pap (Papanicolaou) test: a microscopic examination of cells collected from the cervix. The Pap test is used to detect cancer, changes in the cervix that may lead to cancer, and noncancerous conditions, such as infection or inflammation. 88.2% Sedgwick County women age 18+ had a pap test within the past three years compared to 83.6% of all Kansas women aged 18 and older. There were so few incidents of cervical cancer from 2003 to 2005 that a rate could not be calculated. The Healthy People 2010 goal was to increase the proportion of women aged 18+ who receive a Pap test at least every three years to 90%. Source: BRFSS, HP2010

Female Cancers in Sedgwick County

	20	03	2004		2005	
Cancer	Ν	Rate	N	Rate	Ν	Rate
•Cervix	19	#.#	13	#.#	19	#.#
• Corpus uteri (including NOS)	50	21.6	45	18.8	49	20.5
• Female Breast	304	131	306	132	309	128
• Ovary	25	10.6	25	10.3	25	10.4
Total for Selection	398	171	389	166	402	167

The symbol #.# signifies the number reported for the given year was small enough that a rate per 100,000 was not figured or reported. Source: KIC



6.3 Male Cancers

Healthy People 2010 reports that prostate cancer is the most commonly diagnosed form of cancer other than skin cancer in males and the second leading cause of cancer death among males in the United States. The PSA (prostate-specific antigen) test measures the level of an enzyme in the blood that increases due to diseases of the prostate gland, including prostate cancer. Doctors often use the PSA test and DRE (digital rectal exam) as prostate cancer screening tests; together, these tests can help doctors detect prostate cancer in men who have no symptoms of the disease.

Source: HP2010

Male Cancers in Sedgwick County

	20	03	20	04	2005	
Cancer	N	Rate	N	Rate	N	Rate
 Prostate 	341	181	299	157	262	133
• Testis	15	#.#	15	#.#	18	#.#
 Total for Selection 	356	188	314	164	280	141

The symbol #.# signifies the number reported for the given year was small enough that a rate per 100,000 was not figured or reported. Source: KIC



• SCHD Data Book

Healthy Communities for Healthy People



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6.4 Asthma

Asthma is a disease in which the airways become blocked or narrowed. These effects are usually temporary, but they cause shortness of breath, breathing trouble, and other symptoms. If an asthma episode is severe, a person may need emergency treatment to restore normal breathing.

An estimated 20 million people in the United States have asthma and, despite the availability of treatments, it remains poorly controlled among many. This health problem is the reason for nearly 500,000 hospital stays each year in the US, and its treatment costs billions of dollars each year. Asthma affects people of all races, both sexes and all ages, and it affects people in every region of the U.S., however, asthma is seen more often among children, women and girls, African Americans, Puerto Ricans, people in the Northeast, those living below the federal poverty level, and those with particular work-related exposures. According to Healthy People 2010, asthma is responsible for 5,000 deaths and 134 million days of restricted activity a year.

The two common types of asthma, allergic and non-allergic, are characterized by airway obstruction and inflammation, which may be partially reversed with medication. Both types share similar symptoms (coughing, wheezing, shortness of breath or rapid breathing, and chest tightness). Allergic asthma is triggered by inhaling an allergen such as dust mites, pet dander, pollens, mold, etc. Non-allergic asthma is set off by factors like stress, anxiety, exercise, cold air, dry air, hyperventilation, smoke, viruses or other irritants. Unlike allergic asthma, non-allergic asthma does not involve the immune system.

Reducing hospitalizations for asthma is a goal and is a national standard measure. This table reports the rate of asthma hospitalizations for Sedgwick County.

2003 2004 2005 2006 Under 1 29 16 188 1-4 127 141 5-14 138 108 129 355 251 286 235 <15 55 23 15-24 19 29 115 25-44 81 51 134 108 71 45-64 65-84 58 58 44 85+ 7 11 na 724 533 532 Total 475

Asthma Hospitalizations in Sedgwick County

Source: KIC

Prevalence of Current Asthma Among Children and Adults

	Kansas									
Age	0-4	5-9	10-14	15-17	Adult	Adult				
2006	4.50%	7.90%	13%	13.90%	8.3%	8.6%				
2007	4.9%	8.2%	10.6%	9.7%	8.4%	8.5%				
	Source: BRI	FSS								

Source: BRFSS



Source: National Asthma Control Program



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6.5 Tuberculosis

KDHE statistics show 57 new TB cases statewide in 2008. The range for the past 5 years has varied from 57 to 89 cases. Sedgwick County reported 16 new cases in 2008 and traditionally reports more new cases each year than any other Kansas countys.

Patients with active TB are treated daily with several drugs for 6 to 12 months. If they don't finish the medication, they can become sick again and may be resistant to the medication, making the TB more difficult and expensive to treat. Therefore, Health Department TB staff provides directly observed therapy, meeting regularly with the patients to watch them take their medication. In addition to the active cases described above, the Health Department tracks and treats individuals with latent TB infection. People with latent TB infection have TB germs in their bodies, but they are not sick because the germs are not active. These people do not have symptoms of TB disease, and they cannot spread the germs to others, however, they may develop TB disease in the future. To prevent them from developing TB disease, these persons receive daily treatment for 9 months. In 2008, the Sedgwick County Health Department provided treatment for 371 people with latent TB, a total of 2,379 patient visits.



Tuberculosis Rate per 100,000 (2002-2008)

Number of Active Tuberculosis Cases, 2008

	Sedgwick County	Kansas
•Male	10	35
• Female	6	22
• American Indian/ Alaska Native	0	2
•Asian/Pacific Islander	6	17
Black	5	11
• White	5	27
Hispanic all races	4	21
• Children under 20	2	10*
• Ages 15-24	3	8*
• Ages 25-44	5	20
• Ages 45-64	3	11
• Ages 65+	3	9
•Co-infection with HIV	1	2
Total	16	57

Source: KDHE

* one person was included in both age categories

6.6 Oral Health

Cavities are the most common chronic disease in childhood. Children often get cavities in the back teeth (molars), where there are lots of cracks for bacteria to hide. Not only are untreated cavities painful, they can be deadly. Untreated cavities can cause brain and heart abscess formation. Children have died from these secondary conditions due to delayed treatment. Even milder forms of untreated decay can result in unnecessary pain and suffering, poor nutrition (it is hard to eat), and can stop a child from smiling. Among the students screened in 2008, 591 were in need of emergency dental care. A dental emergency may include hemorrhage, infection, pain, or trauma that requires immediate attention.

SCHD Data Book

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Percent of Untreated Primary Tooth Decay

Percent of Untreated Permanent Tooth Decay in Sedgwick County Middle Schools



6.7 Communicable Diseases in Sedgwick County

Surveillance, detection and control of communicable disease outbreaks has historically been one of the most effective activities of public health and continues to be a function of state and local health departments throughout the United States. The Sedgwick County Health Department has specific programs for tuberculosis, sexually transmitted diseases, immunizations, and HIV/AIDS. Epidemiologists and Disease Investigators receive and investigate reports of communicable diseases and respond to outbreaks. The table to the right reports the incidence of diseases that are required to be reported to the Health Department for 2005 through 2008.

This data refers only to confirmed cases of selected reportable diseases in Sedgwick County, Kansas reported by health care providers, hospitals, and laboratories. It does not include any suspected and/or probable cases that were reported and investigated by the Sedgwick County Health Department.

*Prior to 2008, all suspect, probable, and confirmed cases of WNV were included in the totals. Beginning in 2008, only confirmed cases were included.

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Source: SCHD School Screenings

Sedgwick County Health Department Communicable Disease Report, 2005 - 2008

Communicable Disease	2005	2006	2007	2008
 Campylobacter 	52	38	53	45
 Cryptosporidiosis 	0	5	53	5
•E. coli 0157:H7	1	1	0	1
• Giardiasis	10	15	25	20
•Hepatitis A	1	1	2	3
 Hepatitis B, acute 	4	1	5	1
•Hepatitis B, chronic	24	1	25	4
•Hepatitis C, chronic	415	410	430	532
●Influenza A & B	23	11	0	2
 Legionellosis 	0	3	0	1
 Measles (Rubeola) 	0	0	0	0
 Meningitis, bacterial 	5	1	2	0
• Mumps	0	5	3	0
 Pertussis 	84	28	26	11
 Salmonellosis 	46	39	38	60
● Shigellois	16	16	4	20
•Strep A, invasive disease	11	18	18	10
•Strep. pneumoniae, invasive	33	43	39	23
 Tuberculosis, active 	20	25	16	16
 Tuberculosis, infection 	544	783	588	541
 Varicella (Chickenpox) 	139	106	144	79
West Nile Virus *	15	11	35	0
Sexually Transmitted Diseases	2005	2006	2007	2008
● Chlamydia	1,923	1,777	2,244	2431
• Gonorrhea	656	585	643	758
• Syphilis (primary, secondary & early latent)	4	4	3	24
• Total Source: KDHE	2,583	2,366	2,890	3,213



6.8 HIV/AIDS Incidence & Prevalence for Sedgwick **County and Kansas**

Surveillance of disease is a core public health function. Monitoring case reports in the HIV/AIDS epidemic allows for analysis of trends in infection, and provides accurate information for planning, prevention and care activities. The public health goal is to prevent HIV infection and its related illness and death.

HIV and AIDS Statistics for Kansas and Sedgwick County (1999-2008) Incidence (the number of new occurrences) and Prevalence (total persons currently living with the disease) Cases

	Kansa	as HIV	Kansa	s AIDS	Sedgwick Co. HIV		Sedgwick Co. AIDS	
Year	Incidence	Prevalence	Incidence	Prevalence	Incidence	Prevalence	Incidence	Prevalence
•1999	52	489	108	663	13	114	37	200
•2000	47	534	85	739	13	127	25	221
•2001	73	603	86	809	25	152	19	236
•2002	79	681	84	872	15	167	28	256
•2003	71	747	117	967	15	179	37	282
•2004	81	827	92	1048	22	201	33	310
•2005	100	926	119	1155	22	222	36	344
•2006	98	1024	90	1237	26	248	29	371
•2007	81	1103	106	1337	20	266	22	392
•2008	n/a	n/a	n/a	n/a	28	318	18	378
			•		•		•	

Source: KDHE

6.9 Diabetes

Diabetes is one of the leading causes of death and disability statewide and continues to increase at an alarming rate, now affecting nearly 7.1% of adults or more than 150,000 Kansans. Another 65,000 may have diabetes but are undiagnosed. The increase in diabetes has paralleled the increase of the number of adult Kansans who are overweight or obese. These parallel trends reflect a strong correlation between being overweight or obese and the development of diabetes.



Type-2 Diabetes, which prior to 1980 was usually seen in adults, is becoming increasingly common in children and adolescents. According to the Centers for Disease Control and Prevention, if current trends in obesity and Type-2 Diabetes continue, children born in the year 2000 will face a 1 in 3 chance of developing diabetes at some time in their life. In Latino children, the risk is predicted to be even higher: 1 in 2. Diabetes research indicates that through reasonable lifestyle modification of physical activity and diet, this devastating disease can be prevented.

Types of Diabetes

Type-1 Diabetes (insulin dependent diabetes or juvenile onset diabetes) - This form of diabetes makes up 5-10% of cases and is usually diagnosed in children, teenagers and young adults. A person who has Type-1 Diabetes must take insulin, either by injection or insulin pump, everyday.

Type-2 Diabetes (adult-onset diabetes) - This is the most common form of diabetes in adults, making up 90-95% of all cases. People with Type-2 Diabetes produce insulin, but their bodies either make an insufficient amount or their bodies do not use the insulin they make.

Pre-diabetes - Pre-diabetes is a condition that occurs when a person's blood sugar levels are higher than normal but not high enough for a diagnosis of Type-2 Diabetes.

Gestational Diabetes - Gestational diabetes develops in some women during pregnancy and usually disappears when the pregnancy is over.

Diabetes Complications

- Cardiovascular disease 3 to 5 times greater risk in Diabetics.
- Blindness Diabetes is a leading cause of new cases of blindness in adults (20-74 years).
- Kidney Failure will ultimately affect 10-40% of people w/ Type-2 Diabetes.
- Nervous system damage affects 60% to 70% of people with diabetes.
- Lower-limb amputations Over 60% of non-traumatic amputations occur in people with diabetes.
- Hypertension about 73% of adult diabetics experience high blood pressure.
- Flu and pneumonia diabetics are more susceptible and have a greater likelihood of fatality due to flu and pneumonia.

Source: KS Diabetes Plan, National Diabetes Fact Sheet



Section 7 Leading Health Indicators

The leading health indicators are selected by the United States Department of Health and Human services. They include:

- * Physical Activity
- * Overweight and Obesity
- Tobacco Use
- Substance Abuse
- Responsible Sexual Behavior
- Mental Health
- Injury and Violence
- Environmental Quality
- Immunization
- +Access to Health Care

These indicators were chosen based on their ability to motivate action, the availability of data to measure their progress, and their relevance as broad public health issues. Full sections are devoted to injury and access to health care. Environmental Services information can be found on the City of Wichita's website: www.wichitagov.org.

Source: Healthy People 2010



7.1 Physical Activity

The BRFSS asks respondents if they get either 30+ minutes of moderate physical activity five or more days per week, or vigorous physical activity for 20+ minutes three or more days per week. In 2007, 45.7% of respondents met the recommended level of physical activity; higher than 43.8% in 2003, but a decrease from 2005 (48.3%). The objective for Healthy People 2010 is for 50% of respondents to answer "yes."

Percent of Adults Achieving Recommended Physical Activity Standards

	2003	2005	2007
Sedgwick County	43.8%	48.3%	45.7
Kansas	43.7%	48.7%	48.5
United States	47.4%	49.1%	49.5

Source: BRFSS/SMART BRFSS

7.2 Overweight and Obesity

The rate of obesity raises concern because of its implications for the health of Americans. Obesity increases the risk of many diseases and health conditions. These include:

- * Coronary heart disease
- * Type-2 diabetes
- Cancers (endometril, breast, and colon)
- Hypertension (high blood pressure)
- Dyslipidemia (for example, high total cholesterol or high levels of triglycerides)
- Stroke
- Liver and gallbladder disease
- Sleep apnea and respiratory problems
- Osteoarthritis (a degeneration of cartilage and its underlying bone within a joint)
- + Gynecological problems (abnormal menses, infertility)

Leading Health Indicators

Healthy Communities for Healthy People

Body Mass Index is used to define normal, overweight and obese. Body Mass Index (BMI) is a relationship between weight and height that is associated with body fat and health risk. To calculate BMI, the following equation is used: BMI = body weight in kilograms/height in meters squared. Research has identified the health risks associated with a wide range of BMIs (both high and low values). A BMI calculator is available on the Sedgwick County Health Department Web site. As an example, a person who weighs 220 pounds and is 6 feet 3 inches tall has a BMI of 27.5. A BMI of over 25 is considered overweight; BMI over 30 is obese. The *Healthy People 2010* target is 60% of people aged 20 years and older will have a BMI equal to or greater than 18.5 and less than 25.0; and to reduce the proportion of adults who are obese to 15%. *Source: CDC*



Overweight and Obese

Source: BRFSS/SMART BRFSS

Nutrition (Diet)

Another *Healthy People 2010* goal is to promote health and reduce chronic disease associated with diet and weight. Diet is a major contributing factor to body weight. The Dietary Guidelines for Americans recommend three to five servings from various vegetables and vegetable juices and two to four servings from various fruits and fruit juices, depending on calorie needs. Fruits and vegetables contain essential vitamins, minerals, and fiber that may provide protection from chronic diseases. Compared with people who consume a diet with only small amounts of fruits and vegetables, those who eat more generous amounts are likely to have reduced risk of chronic diseases, and certain cancers.

The CDC reports that "although we lack direct evidence from clinical trials that consumption of fruits and vegetables promotes weight loss, we have indirect evidence that eating fruits and vegetables may be very helpful to people who want to lose or maintain weight, as fruits and vegetables are low in calories and fat as well as high in fiber and water content."

Healthy People 2010's objectives include:

- Increase the proportion of persons aged 2 years and older who consume at least two daily servings of fruit to 75%.
- Increase the proportion of persons aged 2 years and older who consume at least three daily servings of vegetables, with at least one-third being dark green or orange vegetables to 50%.

The best available data about fruit and vegetable consumption is BRFSS, which asks adults about whether they consume 5 or more per day. Research trends indicate the proportion of adults eating at least 5 per day increases with age. The United States, Kansas, and Sedgwick County are all far from the national targets.

Percent of adults who consumed fruits & vegetables five or more times per day by year and location

+ Sedgwick County → Kansas ▲ United States

	2002	2003	2005	2006	2007
+ SC	16.8%	21.5%	18.2%	n/a	17.7%
▶ KS	18.2%	18.8%	19.9%	n/a	18.8%
▲US	22.6%	22.6%	23.2%	n/a	24.4%

Source: BRFSS



7.3 Tobacco Use

Since the first Surgeon General's report on smoking and health in 1964, 27 additional reports have concluded that tobacco use is the single most avoidable cause of disease, disability, and death in the United States. The 2006 Surgeon General's report on tobacco considered 900 peer-reviewed research studies to conclude that there is no safe level of exposure to secondhand smoke.

Smoking harms nearly every organ of the body, causing many diseases and reducing the health of smokers in general. Quitting smoking has immediate as well as long-term benefits, reducing risks for diseases caused by smoking and improving health in general. The list of diseases caused by smoking has been expanded to include abdominal aortic aneurysm, acute myeloid leukemia, cataract, cervical cancer, kidney cancer, pancreatic cancer, pneumonia, periodontitis, and stomach cancer. These are in addition to diseases previously known to be caused by smoking, including bladder, esophageal, laryngeal, lung, oral, and throat cancers; chronic lung diseases; coronary heart and cardiovascular diseases; as well as reproductive effects and sudden infant death syndrome.

Source: Surgeon General's Report on Tobacco Use

According to the Behavioral Risk Factor Surveillance System, tobacco use among adults in the United States, Kansas, and in Sedgwick County has declined slightly over the last 6 years.

Percent of Adults who Currently Smoke

	Seagwick County	Kansas	United States
2002	24.0%	22.1%	23.2%
2003	22.4%	20.4%	22.0%
2004	22.0%	19.8%	20.9%
2005	22.7%	17.8%	20.6%
2006	22.4%	20.0%	20.1%
2007	20.0%	17.9%	19.8%
	0		

Source: BRFSS

The BRFSS asks a number of demographic questions which can be analyzed at the state-level. While 18% of Kansans are current smokers, the most distinct differences in the proportion of smokers are within the income and education categories.

Smoking and Income in Kansas

	2006		2007
Less than \$15,000	33.9%		27.8%
\$15,000-\$24,999	25.2%		25.5%
\$25,000-\$34,999	23.5%		23.1%
\$35,000-\$49,999	19.5%		19.8%
\$50,000+	15.7%		13.1%
	Source: Bl	RESS	

Smoking and Education in Kansas

	2006	2007
Less than HS	28.1%	26.4%
HS or GED	27.1%	24.3%
Some post-HS	20.3%	20.8%
College Graduate	10.8%	8.6%

Source: BRFSS

Leading Health Indicators



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7.4 Substance Abuse

Alcohol, tobacco, illicit drugs, and prescription medications may all be substances of abuse. Substance abuse and its related problems are among society's most pervasive health and social concerns. Costs to society include health care expenses, motor vehicle crashes, crime, lost productivity, and death. Each year, about 100,000 deaths in the United States are related to alcohol consumption.

Adults & Alcohol

Kansas: According to the 2006 BRFSS, 50% of Kansas adults had at least one drink of alcohol within the past 30 days. Further, 15% reported that they were binge drinkers: males having five or more drinks on one occasion, females having four or more drinks on one occasion.

Sedgwick County: According to the 2006 BRFSS, 49% of Sedgwick County adults had at least one drink of alcohol within the past 30 days. Further, 12% reported that they were binge drinkers.

The national *Healthy People 2010* goal is to reduce the proportion of adults engaging in binge drinking of alcoholic beverages during the past month to 6%. Binge drinking is a potentially harmful pattern of drinking that contributes to the health and social costs of alcohol misuse. It has been associated with various negative outcomes, including drunk driving, accidents and injuries, as well as other risky behaviors in adults as well as in young people. Some of the health outcomes described for binge drinking include:

- increased risk for stroke and other cardiovascular problems
- during pregnancy, binge drinking may contribute to adverse effects on the health of the fetus
- continued and long-term binge drinking may cause neurological damage

Adverse social consequences of binge drinking have also been described for both adults and young people. They include:

- impaired performance and absenteeism from the workplace
- impaired academic performance
- increased risk of motor vehicle crashes
- increased risk of unintended social consequences, such as unprotected sexual activity

Adolescents & Substance Abuse

Local data about adolescent use of marijuana is available through the Communities That Care (CTC) survey conducted annually among 6th, 8th, 10th and 12th graders. According to CTC, 48% of all Sedgwick County students in those grades took the survey.

Adolescent Use of Alcohol

Healthy People 2010's objective is to increase the proportion of high school seniors who never used any alcoholic beverages to 29%. Healthy People 2010's objective is to increase the average age of first use of alcohol among adolescents 12-17 to age 16. When answering the CTC question: "How old were you when you first began drinking alcoholic beverages regularly, that is, at least once or twice a month?" the average age for both Kansas and Sedgwick County was 14.

Adolescent use of Marijuana

Within the total CTC survey population, 8% smoked marijuana within the last 30 days, when selecting only 12th graders, the proportion increases to 15%.



• • SCHD Data Book

Healthy Communities for Healthy People

Kansas <i>(BRFSS)</i>	2006	2007	2008
Adults who have had at least one drink of alcohol in the past 30 days?	49%	49.7	n/a
Binge drinkers?	15%	14.6	n/a
Sedgwick County (BRFSS)			
Adults who have had at least one drink of alcohol in the past 30 days?	48%	48.8	n/a
Binge drinkers?	14%	12.2	n/a
Adolescents & Substance Abuse <i>(CTC)</i> CTC Survey completion rate?	n/a	45%	48%
Adolescents and Use of Alcohol (CTC) How old were you when you first began drinking alcohol (years)?	14.25	14.1	14.23
Adolescent use of Marijuana (CTC)			
Marijuana use in the last 30 days (all respondents)?	8.60%	8.40%	7.60%
Marijuana use (only 12th graders)?	16.20%	15.90%	14.50%

There is increasing awareness and concern in the public health sector regarding the impact of stress, its prevention and treatment, and the need for enhanced coping skills. Stress may be experienced by any person and provides a clear demonstration of mind-body interaction. Coping skills, acquired throughout the lifespan, are positive adaptations that affect the ability to manage stressful events. *Source: HP 2010*

Measuring access to quality, appropriate mental health care is a challenge and efforts to develop those measures are currently underway.

Measuring mental health is accomplished most frequently through surveys, like the Behavioral Risk Factor Surveillance System.

7.5 Mental Health

The Healthy People 2010 Goal for mental health is to improve mental health and ensure access to appropriate, quality mental health services. Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships, and the ability to adapt to change and cope with adversity. Mental health is indispensable to personal well-being, family and interpersonal relationships, and contribution to community or society. Promising universal and targeted preventive interventions, implemented according to scientific recommendations, have great potential to reduce the risk for mental disorders and the burden of suffering in vulnerable populations. Also, social and behavioral research is beginning to explore the concept of resilience to identify strengths that may promote health and healing. It is generally assumed that resilience involves the interaction of biological, psychological, and environmental processes. With increased understanding of how to identify and promote resilience, it will be possible to design effective programs that draw on such internal capacity.

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Percentage of Adults by Days Who Reported Their Mental Health Was Not Good in the Past 30 Days

Kansas	Sed	Sedgwick Count		
2006		2006		
0.00%		11.00%		
0.00%		22.40%		
69.50%		66.60%		
	Kansas 2006 0.00% 0.00% 69.50%	Kansas Sed 2006 - 0.00% - 69.50% -	Kansas Sedgwick Could 2006 2006 0.00% 11.00% 0.00% 22.40% 69.50% 66.60%	

Percentage of Adults by Days Who Felt Down, Depressed or Hopeless Over the Last 2 Weeks

	Kansas	Sed	Sedgwick Count		
Response	2006		2006		
14 days	2.10%		4.00%		
5-13 days	5.00%		6.00%		
1-4 days	19.50%		20.90%		
None	73.40%		69.20%		

Source: BRFSS

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7.6 Immunizations

Childhood Immunizations

The *Healthy People 2010* goal is to increase the proportion of children fully immunized by age two to 80%.

The most accurate tool to track childhood immunizations is the **Retrospective Immunization Coverage Survey (RICS)**. To conduct the RICS, the Kansas Certificates Immunization (KCIs) for children five-years of age enrolled in a kindergarten class in a Kansas public or private school during the current school year are collected and evaluated for immunization coverage rates.

Sedgwick County Immunization Coverage Rates by Age 2

	1999 - 2000	2000 - 2001	2001 - 2002	2002-2003	2003-2004
•DTaP (DTP4)	76.90%	83.10%	75.20%	72.50%	80.00%
• MMR (MMR1)	89.50%	89.90%	92.90%	89.40%	89.00%
• Polio (Polio3)	89.20%	92.30%	90.20%	n/a	89.00%
• 4-3-1-3-3	75%*	79.40%*	72.60%*	52.1%	62%
•Hib (Hib3)	90.10%	88.30%	89.10%	76.70%	86.00%
•Hep B (HepB3)	88.60%	90.30%	88.70%	80.90%	88.00%

*Indicates the rate for 4-3-1 (combination of DTP4-Polio3-MMR1), instead of 4-3-1-3-3 (combination of DTaP4-Polio3-MMR1-Hib3-HepB3). Beginning in 2002-2003, RICS no longer reported the 4-3-1 rate.

Flu and Pneumonia Vaccinations in Kansas and Sedgwick County for Adults over Age 65

	Flu Sho	t	Pneumonia Vaccine			
	Sedgwick County	Kansas	Sedgwick	County	Kansas	
2003	69.3%	70.8%	68.2	2%	60.3%	
2004	63.8%	68.1%	59.2	2%	62.5%	
2005	59.8%	65.9%	66.0	0%	66.8%	
2006	74.2%	72.5%	71.4	·%	69.5%	
2007	70.9%	73.5%	68.7	'%	68.7%	

Source: BRFSS

Vaccines protect more than the vaccinated individual. They also protect society. When vaccination levels in a community are high, the few who cannot be vaccinated - such as young children and persons with allergies to vaccinations - often are indirectly protected because of group immunity. In other words, they live among vaccinated persons who may offer protection from exposure to disease. Vaccines can prevent the debilitating and, in some cases, fatal effects of infectious diseases. Vaccines help to eliminate the illness and disability of polio, measles, and rubella.

The Kansas Immunization Registry, also referred to as KSWebIZ, is the statewide immunization registry. It is a Web-based centralized birth-to-death database that maintains secure immunization records for Kansas residents. The purpose of KSWebIZ is to consolidate immunization information among health care professionals, assure adequate immunization levels, and avoid unnecessary immunizations. Registry data is used by healthcare professionals to monitor the immunization status of children and adults; assure compliance with state statutes on immunization requirements for individuals; identify geographic areas at high risk due to low immunization rates; and document/assess vaccination coverage during disease outbreaks.

CDC's recommended immunizations by age 2 include: 3 doses of Hep B (Hepatitis B); 3 doses of Rotatvirus (by 32 weeks); 4 doses of DTAP (Diphtheria, Tetanus & Pertussis); 3 doses of Haemophilus Influenza; 4 doses of PCV (Pneumococcal); 3 doses of IPV (Polio); Yearly Influenza; 1 dose of MMR (Measles, Mumps, Rubella); 1 dose of Varicella (Chicken Pox); 2 doses of Hep A (Hepatitis A). For a more detailed schedule, visit: www.cdc.gov/vaccines.

Source: Kansas Retrospective Immunization Study



7.7 Responsible Sexual Behavior

The Healthy People 2010 goal is to Increase the proportion of adolescents who abstain from sexual intercourse or use condoms if currently sexually active to 95%. There is no local youth survey that provides information about adolescent sexual behavior. However, across Kansas, youth participate in the Youth Risk Behavior Survey and among 9th-12th graders, 54% abstain from sexual intercourse. Among the 46% who had sexual intercourse in the last three months, 67% used a condom. Among adolescents who had ever had sex, the percentage was similar within gender: male 46% and female 45%. However, there are significant racial disparities in adolescent sexual behavior. First, among students who had ever had sex, 71% of Black students answered yes compared to 42% of Whites. Further, among those who had sexual intercourse in the last three months, only Whites used a condom. No Blacks or Hispanics reported using a condom.



Source: 2007 YRBS Kansas High School Survey *Non-Hispanic



Percentage of Kansas Students who ever had Sexual Intercourse



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Healthy Communities for Healthy People

Kansas, Sedgwick County, and National Healthy People 2010 Goals					
Objective	Kansas Rate	Sedgwick County Rate	HP2010 Goal		
Physical Activity					
Increase the proportion of adolescents who engage in vigorous physical activity that promotes cardio-respiratory fitness 3 or more days per week for 20 or more minutes per occasion.	70% 2005 KS Youth Risk Behavior Surveillance System, grades 9-12	Local level data not available	85%		
Increase the proportion of adults who engage in moderate physical activity for at least 30 minutes per day 5 or more days per week or vigorous physical activity for at least 20 minutes per day 3 or more days per week.	48.5% 2007 KS BRFSS	3.5% 45.7% 2007 KS BRFSS 2007 SG BRFSS			
Overweight and Obesity					
Reduce the proportion of children and adolescents who are overweight or obese.	11% - 2007 KS Youth Risk Behavior Surveillance Survey, grades 9-12	Local level data not available	5%		
Reduce the proportion of adults who are obese.	27.7% 2007 KS BRFSS	28.4% 2007 SG BRFSS	15%		
Tobacco Use					
Reduce cigarette smoking by adolescents.	21% 2007 KS Youth Risk Behavior Surveillance Survey, grades 9-12 22% 12th Graders and	19% 2006 Youth Tobacco Survey - Derby Schools grades 9-12 only 20% 12th Graders and	16% grades 9-12		
	16% 10th Graders <i>Communities That</i> <i>Care 2008</i>	14% 10th Graders <i>Communities That</i> <i>Care 2008</i>			
Reduce cigarette smoking by adults.	17.9% 2007 KS BRFSS	20% SG BRFSS	12%		
Substance Abuse					
Increase the proportion of adolescents <i>not</i> using alcohol or any illicit drugs during the past 30 days.	73% of 6th, 8th, 10th, and 12th graders <i>not</i> using alcohol at least once in the past 30 days	74% of 6th, 8th, 10th, and 12th graders <i>not</i> using alcohol at least once in the past 30 days	89%		
	92% of 6th, 8th, 10th, and 12th graders <i>not</i> using marijuana at least once in the past 30 days	92% of 6th, 8th, 10th, and 12th graders <i>not</i> using marijuana at least once in the past 30 days			
	<i>2008 Kansas Communities That Care Youth Survey</i>	2008 Kansas Communities That Care Youth Survey			
Reduce the proportion of adults engaging in binge drinking of alcoholic beverages during the past month.	15% 2007 KS BRFSS	12.5% SG BRFSS	6%		

of pregnancy.

Increase the proportion of pregnant women

who begin prenatal care in the first trimester

72.4%

Healthy Communities for Healthy People

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Kansas, Sedgwick County, and National Healthy People 2010 Goals					
Objective	Kansas Rate	Sedgwick County Rate	HP2010 Goal		
Responsible Sexual Behavior					
Increase the proportion of adolescents who abstain from sexual intercourse.	55% Percentage who have not had sexual intercourse, 2007 YRBSS	Local level data not available	85% includes abstinence or condom use if sexually active		
Mental Health					
Over the last two weeks, how many days have you felt down, depressed, or hopeless?	None = 73% None = 69.2% 2006 KS BRFSS 2006 SG BRFSS		Mental Health HP 2010 Objectives Data		
Percentage of adults who reported their mental health was not good on 14 or more days in the past 30 days	9% 2006 KS BRFSS	11% 2006 SG BRFSS	Not Available		
Injury and Violence					
Reduce deaths caused by motor vehicle crashes.	16 deaths per 100,000 population <i>2007 KIC</i>	11 deaths per 100,000 population 2007 KIC	9.2 deaths per 100,000 population		
Reduce homicides.	4.1 homicides per 100,000 population 2007 KIC	9.8 homicides per 100,000 population <i>2007 KIC</i>	3.0 homicides per 100,000 population		
Immunization					
Increase the proportion of young children who are fully immunized. <i>4:3:1:3:3 series</i>	58% 2003-2004 RICS	62% 2003-2004 RICS	80% 4:3:1:3:3 series		
Increase the proportion of non-institutionalized adults aged 65 years and older who are vaccinated annually against influenza.	73.5% 2007 BRFSS	72.3% 2007 SG BRFSS	90%		
Increase the proportion of adults aged 65 years and older ever vaccinated against pneumococcal disease.	68.7% 2007 BRFSS	70.5% 2007 SG BRFSS	90%		
Access to Health Care					
Increase the proportion of adults ages 18-64 with health insurance.	87.3% 2007 CPS	89.1% 2005 SAHIE	100%		

69.4%

2007 Vital Statistics, KDHE 2007 Vital Statistics, KDHE

90%





CDC, Joyce A. Martin, M., Brady E. Hamilton, P., Paul D. Sutton, P., Stephanie J. Ventura, M., Fay Menacker, D. P., Sharon Kirmeyer, P., et al. (2009, January 7). National Vital Statistics Reports (Vol 57 Num 7), Births: Final Data for 2006. Retrieved February 1, 2009, from http://www.cdc.gov/nchs/data/nvsr/nvsr57_07.pdf

CDC, Kung HC, H. D. (n.d.). National Center for Health Statistics. Retrieved February 1, 2009, from National Vital Statistics Reports (vol 56, no 10), Deaths: Final Data for 2005: http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56_10.pdf

CDC, Melonie P. Heron, P., Donna L. Hoyert, P., Jiaquan Xu, M., Chester Scott, M., and Betzaida Tejada-Vera, B., & Statistics, D. o. (2008, June 11). National Vital Statistics Reports (Vol 56, Num 16), Deaths: Preliminary Data for 2006. Retrieved February 1, 2009, from http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56_16.pdf

CDC. (2005). National diabetes fact sheet: general information and national estimates on diabetes in the United States, 2005. Retrieved February 19, 2009, from http://www.ndep.nih.gov/diabetes/pubs/2005_National_Diabetes_Fact_Sheet.pdf

CDC. (2009, January 28). Obesity and Overweight: Introduction. Retrieved February 12, 2009, from http://www.cdc.gov/nccdphp/dnpa/obesity/index.htm

CDC. (2008). Selected Metropolitan/Micropolitan Area Risk Trends (SMART): BRFSS City and County Data. Retrieved February 1, 2009, from http://apps.nccd.cdc.gov/brfss-smart/index.asp

The Selected Metropolitan/Micropolitan Area Risk Trends (SMART) project uses the Behavioral Risk Factor Surveillance System (BRFSS) to analyze the data of selected metropolitan and micropolitan statistical areas (MMSAs) with 500 or more respondents. BRFSS data can be used to identify emerging health problems, establish and track health objectives, and develop and evaluate public health policies and programs.

CDC. (2009). YRBSS: Youth Risk Behavior Surveillance System. Retrieved March 12, 2009 from http://www.cdc.gov/HealthyYouth/yrbs/

The Youth Risk Behavior Surveillance System (YRBSS) monitors priority health-risk behaviors and the prevalence of obesity and asthma among youth and young adults. The YRBSS includes a national school-based survey conducted by the Centers for Disease Control and Prevention (CDC) and state, territorial, tribal, and local surveys conducted by state, territorial, and local education and health agencies and tribal governments.

Institute of Medicine. 2004. Insuring America's Health. Washington, DC: National Academy Press, p. xi

This report describes the consequences of lack of health insurance and offers a framework for the public and policy makers to use as they weigh the pros and cons of various proposals to eliminate the uninsurance problem.

KDHE, Center for Health and Environmental Statistics. (1998-2007). Kansas Annual Summary of Vital Statistics. Retrieved February 1, 2009, from http://www.kdheks.gov/hci/annsumm.html

The Center, through the Office of Health Assessment, produces the Annual Summary of Kansas Vital Statistics. The report is a summary of births, deaths, marriages, marriage dissolutions, and abortions in Kansas. In many instances, counts of events are accompanied by population-based rates. Trends for key indicators are tracked. The report summarizes changes in population reported for Kansas by the US Census Bureau and Annual Summaries from 1997 forward are available on-line.

KDHE. (2008, July). Kansas Diabetes Plan 2008-2013. Retrieved February 18, 2009, from http://www.kdheks.gov/diabetes/download/Kansas_Diabetes_Plan_2008-2013.pdf

The Kansas Diabetes Plan is intended to be a blueprint to guide collaborative statewide efforts to reduce the burden of diabetes and improve the health of Kansans over the next five years. This plan demonstrates a commitment to improving the Kansas diabetes public health system based on the national and state diabetes public health priorities.

KDHE. Kansas Information for Communities (KIC). Retrieved February 1, 2009, from http://kic.kdhe.stateks.us/kic/

The Kansas Information for Communities (KIC) system gives users the chance to prepare their own queries for vital event and other health care data. The queries designed into this system will answer many health data requests. KIC programs allow you to generate your own table for specific characteristics, year of occurrence, age, race, Hispanic origin, sex, and county. Other information sources are also listed.

Data-sets that can be queried are: Births, Cancer Incidence, Deaths, Hospital Discharges by Diagnosis, Hospital Discharges by Procedure, Kansas Population Estimates, and Pregnancies.

KDHE. (2008). Retrospective Immunization Coverage Survey (RICS). Retrieved on February 1, 2009 from http://www.kdheks.gov/immunize/download/RETROSPECTIVE_2007-08.pdf

This study was designed to estimate the immunization coverage rates of children at 24 months of age in Kansas by using Kindergartners enrolled in public and private schools in the 2007-08 class. This study was also designed to estimate the immunization coverage rates of kindergartners at time of school entry.

KDHE. (2007). Adolescent and Teenage Pregnancy Report. Retrieved February 1, 2009, from http://www.kdheks.gov/hci/adol_teen_preg/Adolescent_Teenage_Pregnancy_07.pdf

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Maintaining and improving family health is an essential component of the public health mission of the Kansas Department of Health and Environment. Facilitating healthy pregnancies and positive outcomes pays dividends to Kansas society in the form of reduced maternal and infant mortality and fit children capable of learning and growing into productive members of that society. It is in this role the department, through the Division of Health's Center for Health and Environmental Statistics (CHES), provides this report so progress in reducing adolescent and teen pregnancy can be monitored.

KDHE. (1999-2007). Kansas Behavioral Risk Factor Surveillance Survey (BRFSS). Retrieved February 1, 2009, from http://www.kdheks.gov/brfss

The Behavioral Risk Factor Surveillance System (BRFSS), which is coordinated and partially funded by the Centers for Disease Control and Prevention, is the largest continuously conducted telephone survey in the world. It is conducted in every state, the District of Columbia, and several United States territories. The first BRFSS survey in Kansas was conducted as a point-in-time survey in 1990, and Kansas has conducted the BRFSS survey annually since 1992.

KDOT. 2007 Kansas Traffic Accident Facts, County Summaries. Retrieved February 1, 2009, from http://www.ksdot.org/burtransplan/prodinfo/2007factsbook/County.pdf

Kansas Department of Transportation is responsible for maintaining records on all traffic accidents occurring on public roadways which involve at least one motor vehicle and a fatality, an injury, or property damage greater than \$1,000.

KSDE. (Kansas State Department of Education). 2007-2008 Sedgwick County Report Card. Retrieved February 1, 2009, from http://www3.ksde.org/cgi-bin/cnty_info?cnty_no=087

The Kansas Report Card is a collection of data compiled annually to provide information not only on a statewide basis but also by district and by building. By providing information on school performance, KSDE supports both school improvement and accountability at the state, district, and building level for educational progress. The challenge of the No Child Left Behind legislation is the continuous raising of the achievement bar so that all students are proficient. Over the past several years, Kansas schools have made significant progress in meeting the challenge. The on-going work of Kansas educators is reflected in the improvement of assessment scores by Kansas students.

Office of Disease Prevention and Health Promotion, US Dept. of Health and Human Services. (2009, February 12). Healthy People 2010 Home Page. Retrieved February 12, 2009, from http://www.healthypeople.gov/

Healthy People 2010 is a set of health objectives for the Nation to achieve over the first decade of the new century. It can be used by many different people, States, communities, professional organizations, and others to help them develop programs to improve health.

Task Force to End Chronic Homelessness (City of Wichita/ Sedgwick County). (2008, January 23). Plan to End Chronic Homelessness. Retrieved February 1, 2009, from http://www.sedgwickcounty.org/homeless_taskforce/homelessness_plan.pdf

In 2006, the Sedgwick County and the City of Wichita joined together to form the Task Force to End Chronic Homelessness (TECH). TECH is comprised of a variety of community stakeholders and is charged with identifying the issues related to ending chronic homelessness and creating a plan that includes recommendations for addressing short and long-term community needs.

The Plan to End Chronic Homelessness outlines the history of the chronic homeless population, describes best practices, and provides recommendations for solutions.

United Way of the Plains. (2008). Continuum of Care Point in Time Homeless Counts. Retrieved February 1, 2009, from: http://www.unitedwayplains.org/nonprofits/2008%20Wichita-Sedgwick%20HUD%20SuperNOFA%20Application.pdf

U.S. Cancer Statistics Working Group, U.S. Department of Health and Human Services. (2007). United States Cancer Statistics, 2004 Incidence and Mortality, . Retrieved February 1, 2009, from http://www.cdc.gov/cancer/npcr/npcrpdfs/US_Cancer_Statistics_2004_Incidence_and_Mortality.pdf

U.S. Department of Health and Human Services. (2007, July). National Asthma Control Program: America Breathing Easier 2007. Retrieved February 19, 2009, from http://www.cdc.gov/asthma/pdfs/aag07.pdf

U.S. Census Bureau. (n.d.). American Community Survey, 2000-07 Summary Tables. Retrieved February 1, 2009, from http://www.factfinder.census.gov

The American Community Survey is a nationwide survey designed to give communities current and accurate information every year about their socioeconomic and housing characteristics. It is part of the official census of the United States and as such, responses are mandatory.

The American Community Survey is not the official source of population counts. The official population count - including population by age, sex, race and Hispanic origin - comes from the once-a-decade census, supplemented by annual population estimates (the Population Estimates Program). American Community Survey data are designed to show the characteristics of the nation's population and should not be used as actual population counts or housing totals for the nation, states or counties.

U.S. Census Bureau. (2008). Model-based Small Area Health Insurance Estimates (SAHIE) for Counties and States. Retrieved February 1, 2009, from http://www.census.gov//did/www/sahie/

The Census Bureau's Small Area Health Insurance Estimates (SAHIE) program produces estimates of health insurance coverage for states and all counties. In July 2005, SAHIE released the first nation-wide set of county-level estimates on the number of people without health insurance coverage for all ages and those under 18 years old. In October 2008, SAHIE released 2005 estimates of health insurance coverage by age, sex, race, Hispanic origin, and income categories at the state-level and by age, sex, and income categories at the county-level.

U.S. Census Bureau. (2008). Current Population Survey (CPS). Retrieved March 12, 2009, from http://www.census.gov/cps/

The Current Population Survey (CPS) is a monthly survey of about 50,000 households conducted by the Bureau of the Census for the Bureau of Labor Statistics. The CPS is the primary source of information on the labor force characteristics of the U.S. population. Estimates obtained from the CPS include employment, unemployment, earnings, hours of work, and other indicators. They are available by a variety of demographic characteristics including age, sex, race, marital status, and educational attainment.

U.S. Department of Agriculture. (n.d.). Income Eligibility Guidelines, SY 2008-2009 (corrected version). Retrieved February 1, 2008, from http://www.fns.usda.gov/cnd/governance/notices/iegs/iegs.htm

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Sedgwick County Health Department · Data Book

Healthy Communities for Healthy People



If you have questions

about community health data, please call our community health assessment coordinator at 316-660-7335 for more information.



Sedgwick County Health Department - 1900 E Ninth St N - Wichita, Kansas - phone - 316-660-7300 - www.sedgwickcounty.org



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Creating the future for our regional community.



Sedgwick County Health Department

Acknowledgements

The Visioneering Wichita Health Alliance would like to thank the following organizations for participating in the planning sessions that led to the community health priorities outlined in this report:

Access to Health Advanced Allergy **American Cancer Society** American Lung Association **Arthritis Foundation BMI-Fit Temple Health** The Boeing Co. **Bombardier Aerospace** Center for Health and Wellness **Central Plains Area Agency on Aging** Central Plains Regional Health Care Cessna Aircraft Co. **Chamber of Commerce** Child Advocacy Center **Children's Mercy Family Health Partners** ChildStart City of Derby COMCARE **Communities in Schools Community Volunteer City of Wichita City of Wichita Police Department** City of Wichita, District 6 City of Wichita, Environmental Services First Metropolitan Community Church **Genesis Health Club** GraceMed Health Clinic Harvey County Public Health Health Care Foundation Healthy Kid's Challenge Howerton+White Interactive

Kansas Academy of Family Physicians Kansas Children's Service League **Kansas Health Foundation** Kansas Dept. of Health & Environment University of Kansas School of Medicine - Wichita Medical Society of Sedgwick County Mental Health Association Mid American Diabetes Association **Oral Health Kansas** Patterson Dental **Project Access** Pure & Simple Health Ed. **Regional Prevention Center/Mirror Inc** Sedgwick County Government Sedgwick County EMS Sedgwick County Health and Human Services Sedgwick County Health Department State of Kansas, SRS Thin and Healthy's Total Solution Unicare Health Plan of Kansas **USD 259** Via Christi Via Christi Health Systems Via Christi Behavioral Health Wichita Business Coalition on Health Care Wichita Child Guidance Center Wichita YMCA Wichita State University WSU College of Health Professions WSU Nursing

In addition, the Alliance would like to thank the Sedgwick County Health Department for funding the process and Bothner and Bradley Inc., a communication consulting firm, for facilitating the community forums and reports.

Visioneering Wichita Health Alliance Leadership Team members are:

Amber Sellers, Anne Nelson, Claudia Blackburn, Dennis Bender, Diane Tinker, Gerry Lichti, Hoyt Hillman, Jack Brown (Co-Chair), Jason Scheck, Jason Verbeckmoes, Jeff Usher, Jon Rosell, Kathy Sexton, Kim Walker, Mim McKenzie, Pamala White, Roderick Harris, Roger Smith, Ron Whiting, Sonja Armbruster (Co-Chair), Susan Bumsted

Executive Summary

What are the health priorities for Wichita and Sedgwick County?

That was the question facing the more than 100 people representing organizations, businesses, government and nonprofit agencies in early 2010. Through a three-month planning process, the group focused on those issues that affect the greatest number of people and yet have experienced a low level of community action – a place where positive change could happen.

The discussions were based on data, trends, observations and experience. The result? A plan that focuses on what one participant called "actionship." It is a phrase that combines action and leadership. It does not reassess what already has been done. Nor does it focus on lofty wishful thinking. This plan asks for action that will lead to positive change in five areas:

Access

Connecting the ongoing Health Access Project efforts working to improve the capacity of community health clinics and access to the medical system (including "medical home" models). The working group recognized the influence of national health care reform and the many unknown changes expected as a result. However, there was a general acceptance that there will be increasing needs for cost-effective primary care services and a gap in insurance coverage, particularly for the working poor.

Obesity and Diabetes

As obesity rates rise, diseases like diabetes and heart disease increase. Workplaces, neighborhoods, schools and the community-at-large need to be focused on ways to increase physical activity and healthy eating.

Mental Health

Costs to treat the results of mental illness and substance use are borne by the community through increased responses by emergency medical services, law enforcement, and lost time at work for the individual and for families who care for them. By working together, the behavioral health community hopes to improve the understanding of mental illness and substance use, reducing the stigma associated with these disorders. One emphasis for this plan will include promoting public education and early intervention.

Oral Health

Tooth decay is considered preventable, but is four times more common than asthma among adolescents and remains one of the most common chronic diseases among children and young people. Efforts that engage community partnerships and focus on public health solutions will be pursued.

Health Disparities

Disparities in health outcomes among some populations in our community are avoidable and unjust. This plan seeks to ensure that the voices of the disenfranchised are heard within each priority area. Identifying and countering health disparities will be a central focus.



The following plan is focused on action.

It will require engaged leadership and new ways of working together to accomplish improved health. The action steps center on *convening, cafalyzing and collaborating*. While the report will provide more in-depth analysis, there are specific actions we can all **pledge to support** that will improve the overall health of our community:

- Community partnerships and efforts that improve the oral health of our citizens
- Increased physical activity and healthy eating in workplaces, neighborhoods, schools and the community
- Access to primary care providers who can provide consistent, quality and affordable care
- Efforts that reduce the stigma of mental health issues and connect citizens who need help to the existing resources, especially for issues related to substance abuse

We hope you find your work, expertise or passions intersect with this plan to make our community healthier. For more information, visit the Visioneering Health Alliance website at *www.visioneeringwichita.org/sa-healthcare.cfm* or contact the Sedgwick County Health Department at 316-660-7335 or *www.sedgwickcounty.org*.

The Community Planning Process

Background

The goal of this planning project was to engage community stakeholders in a process that would increase awareness about the issues affecting the health of the community, as well as identify strategic priorities and new ways of working together. This information is the basis for a strategic action plan implemented and monitored by the Visioneering Wichita Health Alliance.

Based on a nationally recognized planning process called Mobilizing for Action through Planning and Partnerships (MAPP), the process was coordinated by the Sedgwick County Health Department and organized through the Visioneering Wichita Health Alliance. The county contracted with an outside communication and consulting firm, Bothner and Bradley Inc., to facilitate the process. As the graphic (right) depicts, improving community health requires leadership from diverse sectors taking action together. This plan represents the results of assessing needs and resources and picking priorities. Visioneering hopes to convene, catalyze and collaborate with many community partners to support programs, policies, strategies and evaluation efforts.

The Visioneering Wichita Leadership Team organized the larger community for this process with the intention of bringing together representatives from private sector business, health care, public health, government and community leaders. At each forum, 55 to 60 agency and community leaders provided input. Throughout the three forums there were more than 100 unique participants.



The Community Planning Process

Forum Series



infant mortality Prevention

Sedentary lifestyle

Access to health care

Forum One

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Community Health Assessment, February 26, 2010

Participants were provided a variety of community health measures, including the Sedgwick County Health Department Databook1, but also were asked to bring and share community health data. Through a facilitated discussion process using the expertise and experience of participants and existing measures of community health, results identified five priority health areas: mental health, oral health, obesity and diabetes, access to care and health disparities.

Forum Two

Forces of Change Assessment, March 26, 2010

First, participants confirmed the five priority health areas selected during the first forum. The County Health Rankings report was used to provide additional data related to each priority area. Then, utilizing the SOAR framework (strengths, opportunities, assets and resources) participants generated comprehensive lists for each priority area. This provided a frame for considering which strengths should be enhanced or when opportunities should be addressed.

Forum Three

Stratesic Priorities, April 30, 2010

Using the a framework called "The Health Impact Pyramid" (pg 5), participants were asked to engage in focused discussions about strategic interventions that could have *long-lasting protective measures* or would *change the context to make an individual's default decisions healthy ones.* Guiding the discussions were questions asking:

1. Can a coalition get this done?

2. Are we getting to "actionship"? This term was coined during the planning process and was intended to focus the group on specific, measurable activities.

3. Which strategy will be used – awareness/education, policy or program?

Specifically, the groups addressed the following questions:

Substance abuse prevention Childhood Obesit Behavior change Healthcare cost containment Addiction disorders Physical Activity add Nutrition

Chronic Obesity Adult dependent care

hronic Disease Wellness

- Among our community strengths and opportunities, where do we have an opportunity to work together differently?
- Who needs to be involved?
- What are the first steps?
- By when can this be accomplished? One year? Five years?
- What will be different?
- What will we measure?

Health Disparities

"Health disparities" is a term used to describe differences in health conditions, treatments and health outcomes that are seen as avoidable and unjust. For example, certain racial or socioeconomic groups in the United States are more likely to lack health care coverage, receive lower-quality health care diagnoses and treatments, and suffer from disproportionate sickness and death.

Participants in this health improvement planning process deemed health disparities to be a central theme in addressing priorities that will improve the overall health outcomes in the community. In addition, they determined that addressing health disparities would take a new combination of traditional public health stakeholders, as well as non-traditional partners, including employers, schools, public safety officials, urban planners, communication professionals and the general public.

Health disparities are influenced by many factors, ranging from individual behaviors and literacy, social support systems, access to healthy foods, and environmental conditions to the lack of social policies that promote safe and healthy living. As health disparities are addressed effectively, health care delivery may improve, which may lead to improved community health indicators and reduced health care costs.

One key to reducing health disparities is community-based participation. That means the community is engaged and empowered by defining the problems, planning programs and implementing projects. Ideally, community members will be active participants in evaluation planning and data collection, as well. Ultimately, such community capacity-building activities enable residents to solve their <u>self-identified</u> problems that contribute to poor health outcomes.

The Center for Health Equity (CHE) at the Sedgwick County Health Department will serve as the lead resource for this cross-cutting component of the health plan. Health disparities will be addressed by each of the four priority area working groups, including some community engagement activities. CHE will provide technical assistance and appropriate community engagement training to working group members and their audiences as requested. Additionally, CHE will be available to coordinate presentations in topic areas particularly pertinent to health disparities, including social determinants of health, health literacy and cultural competency.

What follows is the action plan for our community priorities. Within each plan, intentional efforts will be made to identify and address health disparities.

A Framework for Public Health Action:





Priority Health Issue: Access

Situational Analysis: Why is this a problem?

Two factors converging on Wichita and Sedgwick County in the past couple of years make access to health care an issue in need of community attention. The first is the growing number of uninsured residents as a result of layoffs in the aviation manufacturing industry. In Wichita, an estimated 11 percent of the population, or more than 58,000 people, are uninsured, and more than 40,000 of those uninsured are working. For these people, that means more delay in care and difficulty paying for services, including those received by emergency departments and community health clinics.

The second trend is the introduction of national health reform, designed to decrease costs and increase the number of people covered by health insurance. Still, access to primary care and costs will continue to be an issue for an estimated 20,000 or more local residents who will find themselves unable to qualify for or afford health insurance coverage.

As a result of these factors, the community health clinics in Wichita are anticipating a growing demand for services. This indicates a need for more primary care providers (physicians, nurses and nurse practitioners) and more clinic space, from facilities to equipment. It also will mean more coordination to optimize technology, manage costs and keep people connected to primary care providers.

In Kansas, recent studies show those who are uninsured are working poor or are part of a minority population. The number of uninsured children continues to rise. Of the adults who are uninsured, 60 percent work full time.

	Sedgwick County	Omaha	Tulsa	Oklahoma City	Denver
Uninsured adults ²	11%	10%	19%	20%	19%
Primary care provider rate ^{2*}	146	201	132	133	226

*Primary care providers include practicing physicians specializing in general practice medicine, family medicine, internal medicine, pediatrics, and obstetrics/gynecology. The measure is presented as a rate per 100,000 population.



Best Practices

On a national level, the concept of a patient-focused medical home has gained attention as a way to improve quality of care across all socioeconomic levels, while providing a continuous relationship with a primary care provider who coordinates care for wellness and illness.

In Wichita, three community-based initiatives are working toward access goals under the umbrella of the Health Access Project, which launched in 2007. These are:

1. Coalition of Community Health Clinics

A network also known as "safety net" clinics, this group provides health care services regardless of an individual's ability to pay.

2. Community Coverage Initiative

A pilot program examining ways to fund a health coverage option for small businesses and their employees.

3. Wichita Health Information Exchange

A provider-driven group working to ensure physicians and health care providers prompt and secure electronic access to patient information at the point of care.

Opportunities for Community Action

In order to promote quality of life and a culture of wellness, the Visioneering Health Alliance supports these initiatives and will work to support their efforts in the community. The Alliance will seek to:

- Communicate about access needs in the community and progress being made within these initiatives, including:
 - Organizing meetings
 - Making presentations
 - Writing letters of support

To connect with these initiatives, contact:

- Roderick Harris, director, Center for Health Equity, Sedgwick County Health Department at 316-660-7312 or rlharris@sedgwick.gov
- Anne Nelson, MS, associate executive director, Central Plains Regional Health Care Foundation at 316-688-0600 or annenelson@projectaccess.net

Anticipated Outcomes

- Increased proportion of primary care providers
- Expansion of community health clinics
- Greater percentage of people who have a direct relationship with a health care provider or a "medical home"
- Decreased health insurance costs for individuals and employers

Priority Health Issue: Obesity and Diabetes

Situational Analysis: Why is this a problem?

During the past 20 years, there has been a dramatic increase in the number of people who are overweight, as well as a decrease in physical activity and healthy eating. With this convergence has come an increased likelihood of diabetes and other serious health problems, including heart disease, stroke and some forms of cancer.

In fact, nearly two-thirds of American adults and one in three children are overweight or obese. Furthermore, the trends are over-represented in minority populations. On a national level, blacks had 51 percent higher prevalence of obesity, and Hispanics had 21 percent higher obesity prevalence compared with whites.

In Kansas, the obesity rate among adults is more than 27 percent¹ – meaning that more than one in four people are considered obese. In addition, less than half of the adults living in Sedgwick County are achieving the recommended physical activity standards and less than one in five are eating the recommended daily amounts of fruits and vegetables. The table below provides additional measures of health related to Obesity and Diabetes comparing Sedgwick County to several peer communities.

8	Sedgwick County	Omaha	Tulsa	Oklahoma City	Denver
Adult obesity ²	28%	27%	27%	28%	16%
Diabetic screening ²	83%	83%	80%	77%	62%
Access to healthy foods ²	51%	49%	41%	37%	44%
Meeting recommended physical activity ³	45.7%	51.9%	47.6%	44.8%	55.3%
Eating at least 5 fruits and veggies daily ³	17.7%	26.0%	18.8%	17.6%	25.8%

The increasing rates of obesity and decreasing rates of physical activity and healthy eating are a communitywide problem and will need a communitywide response. In addition to the added stress on the health care system to treat the medical conditions, employers are seeing a decrease in productivity and added health care costs for employees. Educators are seeing students who are not reaching their full potential and who are learning unhealthy habits that threaten to have negative consequences for a lifetime.

Best Practices

To approach obesity and diabetes from a community perspective takes initiatives that improve access to healthy foods and makes it easier to engage in physical activity where people live, learn, worship, work and play. To encourage healthy eating, best practices include:

- Incentives to food retailers to locate or offer healthier choices, particularly in underserved areas, as well as in child care facilities, schools and at worksites
- Healthy food options in an easily accessible location in stores that are attractive to the buyer
- Healthy food choices are competitively priced compared with less healthy options

- Social support interventions focusing on changing physical activity behavior through building, strengthening and maintaining social networks that provide supportive relationships for behavior change (e.g., setting up a buddy system, making contracts with others to complete specified levels of physical activity, or setting up walking groups or other groups to provide friendship and support)
- Implementing programs that increase the length of, or activity levels in, school-based physical education classes
- Creating walking trails, building exercise facilities or providing access to existing nearby facilities by involving the efforts of worksites, coalitions, agencies and communities

Opportunities for Community Action

The Visioneering Wichita Health Alliance endorses the work of the Health and Wellness Coalition, Wichita Business Coalition on Health Care and their work to increase the awareness of worksite wellness programs and increased physical activity and healthy eating among all generations. The Alliance also recognizes the many different individuals and organizations working toward promoting healthy eating and physical activity in the community.

The Alliance further pledges to work to help:

- Engage a broader base of partners, particularly in the business community
- Highlight best practices, especially in worksite wellness programs
- Support policies that improve the built environment for walking and bicycling, as well as the safety of neighborhoods and access to local foods
- Work with others to support physical activity and healthy eating options in places where we work, play, worship and live.
 - To connect with these initiatives, contact:
 - Mim McKenzie, Wichita YMCA, community development executive director at 316-264-4066 or mim@wichitaymca.org
 - Ron Whiting, Wichita Business Coalition on Health Care, executive director at 316-268-1154 or ron@wbchc.com
 - Becky Tuttle, health promotion coordinator, Sedgwick County Health Department at 316-660-7251 or btuttle@sedgwick.gov
 - Go to www.goplaykansas.org, enter your zip code and find ways to get outside, get active and go play

Anticipated Outcomes

- Reduced obesity rate, increased proportion of adults eating five or more fruits and vegetables and getting
 recommended physical activity of 30 minutes or more five days a week
- Common messages in the community that promote physical activity and healthy eating
- Increased emphasis on change in health benefits packages that support wellness activities for employees
- Increased access to local food markets, particularly for low-income residents
- Neighborhoods, parks and outdoor spaces that provide easy access for walking and bicycling for recreation and transportation, as well as other outdoor activities

Priority Health Issue: Mental Health

Situational Analysis: Why is this a problem?

Mental disorders affect about one in every four adults annually and are a leading cause of disability. Left untreated, mental disorders can disrupt nearly every aspect of life, including education, career, social relationships (including marriage), health habits and drug and alcohol use. Delays in seeking treatment range from six years to more than 20 years, during which the disorder often worsens and becomes more disruptive. Stigma about having a mental health condition often contributes to delays in seeking treatment.

Mental health problems not only affect the individual, but also have an impact on children, families and the community. From increased absenteeism in the workplace to poorer academic performance among young people to increased pressure on the emergency medical system and police departments, the overall impact to the community is serious.

		Sedgwick County	Omaha	Tulsa	Oklahoma City	Denver
10	Binge drinking ²	13%	19%	14%	15%	21%
Poor mental health days		3.1	2.7	3.6	3.8	3.3

"Poor mental health days" included in the table above represents the average number of days a county's adult respondents report that their mental health was not good. As a subset of mental health concerns, alcohol abuse and other forms of substance use was of particular concern to forum participants. Recent survey data show that 50.1 percent of Sedgwick County adults reported they had at least one drink of alcohol within the past 30 days and 13 percent reported they were binge drinkers (consuming more than four (women) or five (men) alcoholic beverages on a single occasion in the past 30 days)¹. In a similar survey, more than 28 percent of high school seniors reported they had consumed five or more alcoholic drinks in a row in the past two weeks.

About one in 10 (9.8 percent) Sedgwick County adults 18 years of age and older reported their mental health was not good for 14 days or more in the last 30 days. Differences in income and education also impact mental health. The percentage of Sedgwick County adults who reported their mental health was not good on 14 or more days in the past 30 days with an annual household income of less than \$15,000 was 31.2 percent as compared to 5.2 percent among adults with an annual household income greater than \$50,000. The percentage of Sedgwick County adults was not good on 14 or more days in the past 30 days with a annual household income greater than \$50,000. The percentage of Sedgwick County adults who reported their mental health was not good on 14 or more days in the past 30 days with a college degree was 5.8 percent as compared to 13.9 percent among adults with some post high school level education.

Best Practices

Research suggests that stigma may be reduced through education about the signs and symptoms of mental illness. Mental Health First Aid is an evidenced-based approach to public education that helps reduce stigma and equips the public with key skills to help individuals who are developing a mental health problem or experiencing a mental health crisis.

The clinical and qualitative evidence behind the program demonstrates that it helps the public better identify, understand and respond to signs of mental illness, improving outcomes for individuals experiencing these illnesses.

Opportunities for Community Action

The Visioneering Wichita Health Alliance recognizes the importance and responsibility for a community to work together to promote mental health literacy, reduce the stigma of mental illness and promote early intervention for mental disorders. The Alliance endorses the concept of a "Mental Health Literacy Coalition" within the mental health and substance use treatment communities that will coordinate and promote mental health and substance use literacy efforts. The main focus for the Alliance will be to highlight the importance of mental health literacy and early intervention, particularly since this issue has the potential to directly improve both mental health and physical health in the community.

The Alliance will work to help:

- Organize meetings of the Mental Health Literacy Coalition to identify, coordinate and promote mental health literacy public education efforts in the community
- Identify opportunities for leveraging funds to promote mental health literacy efforts that will reduce stigma
 and promote early intervention

To connect with these initiatives, contact:

- Jason Scheck, director, Crisis Intervention Services at jscheck@sedgwick.gov
- Gerry Lichti, National Alliance on Mental Illness (NAMI) Wichita at 316-685-9157

Anticipated Outcomes

- Coordinated promotion of public education opportunities
- Increased participation in public education opportunities, such as number of trainers trained, number of classes offered, number of attendees
- Increased number of referrals for mental health services
- Improved community mental health indicators



Priority Health Issue: Oral Health

Situational Analysis: Why is this a problem?

Oral health is connected to overall health. Gum disease can let bacteria into a person's bloodstream and tooth decay and cavities can affect the ability to eat a healthy diet. In fact, recent studies show an association between oral infections and heart disease, diabetes, stroke and low-weight babies.

In the United States, dental caries – or tooth decay and cavities – are the leading cause of childhood illness. Almost 25 percent of children experience dental caries – more than hay fever or asthma. In Kansas, more than 58 percent of children have dental caries by the time they reach third grade, and in Wichita, that number jumps to more than 70 percent.



Caries experienced in third grade students in some states compared to Wichita

According to the Centers for Disease Control and Prevention (CDC), the burden of oral diseases is spread unevenly throughout the population. Many more poor people and some racial/ethnic minority groups have untreated oral disease than does the population as a whole. In fact, a recent study of Sedgwick County school screening data revealed that students in schools in high and very high income areas were more likely to have no caries, more likely to have sealants, and less likely to need emergency care.

Best Practices

One of the most effective and cost efficient ways to prevent oral health problems is through community water fluoridation. Wichita is one of the largest cities in the United States not to have fluoride in its water system, which results in increased incidents of oral health problems for adults and children.

Economic analysis studies conducted by the CDC indicate that for larger communities of more than 20,000 people where it costs about 50 cents per person to fluoridate the water, every \$1 invested in this preventive measure yields approximately \$38 in savings in dental treatment costs.

Opportunities for Community Action

In order to promote improved oral health, the Visioneering Wichita Health Alliance supports the Wichita/Sedgwick County Oral Health Coalition. The Alliance will help the Coalition build a broad community partnership, including potentially pursuing a water fluoridation strategy. Among the strategies that will be supported are:

- Assisting in identifying and recruiting community advocates
- Assessing and building community will
- Leveraging financial resources
- Communicating key messages
 - To connect with these initiatives, contact:
 - Amber Sellers, co-chair of Wichita/Sedgwick County Oral Health Coalition at 316-682-1853 or asellers@childstart.org
 - Kim Walker, co-chair of Wichita/Sedgwick County Oral Health Coalition at 316-660-7346 or kmwalker@sedgwick.gov

Anticipated Outcomes

- Improved oral health conditions among residents of Wichita/Sedgwick County, including decreased incidents
 of tooth decay, dental caries and emergency oral health incidents
- Reduced oral health costs



Resources

General

- Sedgwick County Health Department Databook, www.sedgwickcounty.org
- 2. County Health Rankings, www.countyhealthrankings.org
- **3.** Selected Metropolitan/Micropolitan Area Risk Trends (SMART) analysis of Behavioral Risk Factor Surveillance System (BRFSS), *apps.nccd.cdc.gov/brfss-smart/index.asp*

Centers for Disease Control and Prevention, *www.cdc.gov* The Guide to Community Preventive Services, *www.thecommunityguide.org* Visioneering Wichita Health Alliance, *www.visioneeringwichita.org/sa-healthcare*

Access

Community Coverage Initiative Report Health Access Project, www.sedgwickcounty.org Kansas Health Institute, www.khi.org Project Access, www.projectaccess.net

Mental Health

National Institute of Mental Health National Comorbidity Survey Replication (NCS-R) Study, www.nimh.nih.gov/science-news/2005/mental-illness-exactsheavy-toll-beginning-in-youth.shtml

CDC Morbidity and Mortality Weekly Report, May 28, 2010, www.cdc.gov/mmwr/pdf/wk/mm5920.pdf

National Council for Community Behavioral Healthcare, www.thenationalcouncil.org

National Alliance on Mental Illness (NAMI) – Kansas, www.namikansas.org

Mental Health First Aid, www.mentalhealthfirstaid.org

Obesity and Diabetes

Health and Wellness Coalition, www.hwcwichita.org PROS Plan, www.wichita.gov/CityOffices/Planning/AP/Comprehensive/PROSPlan

Healthy Wichita Leadership By Example, healthywichita.com

Oral Health

Wichita/Sedgwick County Oral Health Coalition, www.oralhealthkansas.org/coalitions.html#Sedgwick CDC Community Water Fluoridation, www.cdc.gov/fluoridation





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