



**Western Tidewater Health District  
2014 County Health Rankings & Health Profile**

# ROAD MAP TO GOOD HEALTH

Improve Health  
Outcomes



# LOCAL OUTCOME TRENDS

Chronic &  
Communicable Diseases  
Maternal/Child Health



# COUNTY HEALTH RANKINGS

**PREVENTION -  
Take Charge of  
Your Health**





# Public Health

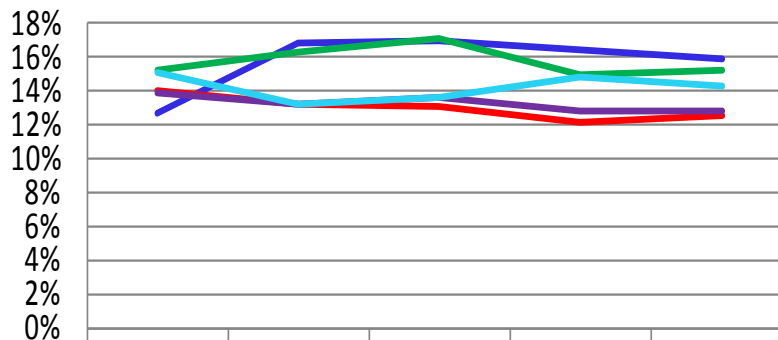
Improving community health requires engagement of both individuals and local leaders.



# Demographics and Access to Health Care



## Uninsured Western Tidewater Residents



	2007	2008	2009	2010	2011
Franklin City	13%	17%	17%	16%	16%
Isle of Wight	14%	13%	13%	12%	13%
Southampton	15%	16%	17%	15%	15%
Suffolk	14%	13%	14%	13%	13%
Virginia	15%	13%	14%	15%	14%

The majority of uninsured (**69.6%**) are part of **working** families.

The uninsured in Virginia **represent all racial/ethnic groups** and the vast **majority are US citizens**.

- ◆ 47% are Caucasian
- ◆ 24% are African American
- ◆ 20% are Hispanic
- ◆ 7% are Asian/Pacific Islanders

### What is the impact of being uninsured?

Uninsured populations may experience worsened chronic disease control, higher complication rates, and lower survival rates and their children also suffer unmet medical needs.

A higher percentage of uninsured residents than those below poverty level may indicate more working poor who do not qualify for assistance insurance, such as Medicaid, FAMIS or Medicare.

Source: 2012 VHCF Profile of the Uninsured

# Chronic Disease

- Risk Factors and Health Indicators
- Cardiovascular Disease
- Diabetes Mellitus
- Cerebrovascular Disease (Stroke)
- Malignant Neoplasms



# Chronic Disease Risk Factors – Diabetes

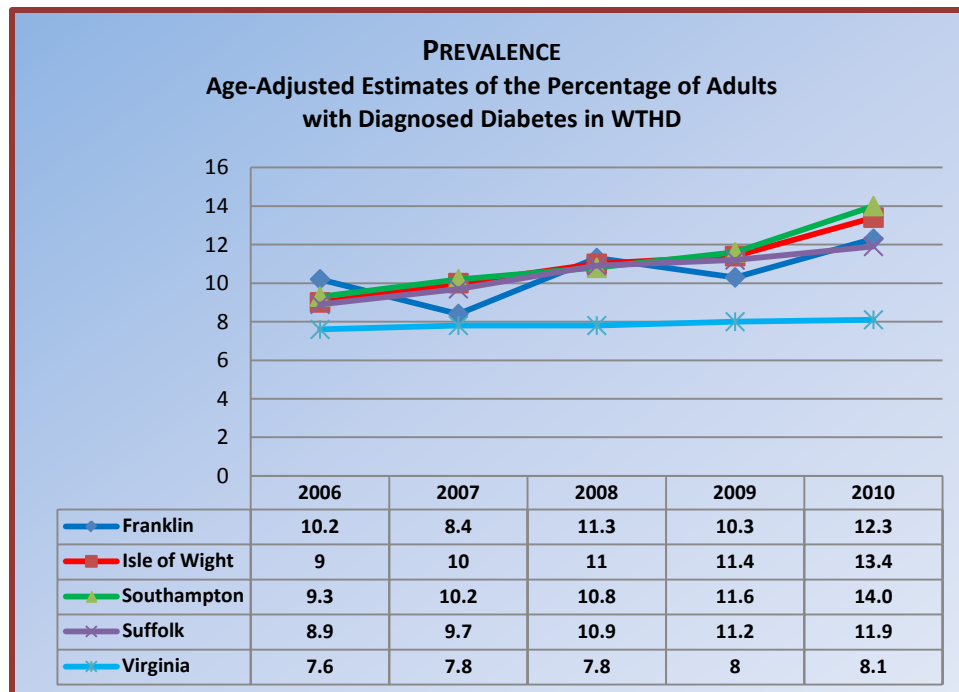
- The number of Americans diagnosed with diabetes has more than tripled since 1980, primarily due to Type 2 diabetes, which is closely linked to a rise **in obesity, inactivity, and older age.**
- In 2012, **26%** of adults in Western Tidewater reported no leisure time physical activity or **no physical activity or exercise** in the last 30 days, other than at their regular jobs.

[http://www.vdh.virginia.gov/OFHS/brfss/brfss\\_maps/Virginia%20BRFSS%20Maps/atlas.htm](http://www.vdh.virginia.gov/OFHS/brfss/brfss_maps/Virginia%20BRFSS%20Maps/atlas.htm)



## Chronic Disease Risk Factors – Diabetes Mellitus (DM)

- Diabetes affects **8.3 percent of Americans of all ages, and 11.3 percent of adults aged 20 and older**, according to the *National Diabetes Fact Sheet for 2011*. About 27 percent of those with diabetes (7 million Americans) do not know they have the disease. Pre-diabetes affects 35 percent of adults aged 20 and older.<sup>(b)</sup>
- The average medical expenditures among people with **diagnosed diabetes were 2.3 times higher** than what expenditures would be in the absence of diabetes.<sup>(c,d)</sup>

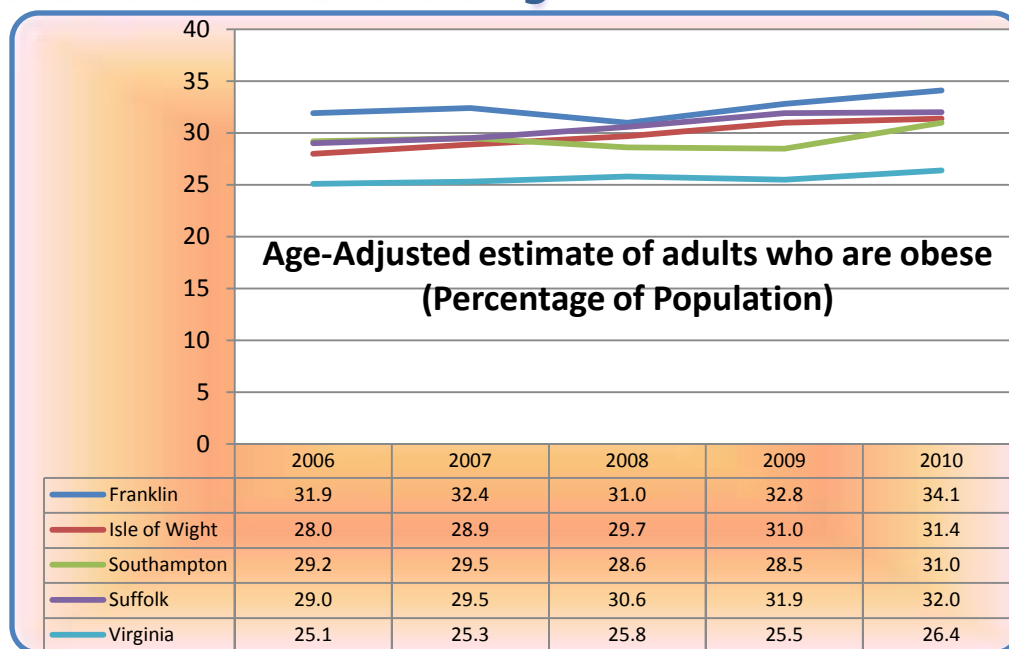


- a) <http://www.cdc.gov/diabetes/atlas/countydata/atlas.html>  
 b) [http://www.cdc.gov/diabetes/pubs/pdf/ndfs\\_2011.pdf](http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf)  
 c) [http://www.cdc.gov/media/releases/2011/p0126\\_diabetes.html](http://www.cdc.gov/media/releases/2011/p0126_diabetes.html)  
 d) <http://www.cdc.gov/diabetes/pubs/estimates11.htm>

2011/2012 BRFSS Updated Weighting, Definition & Sampling Methodology (cannot compare w/previous years' data)		
2011	2012	
24.0	15.0	WT Health District
10.0	11.0	VA



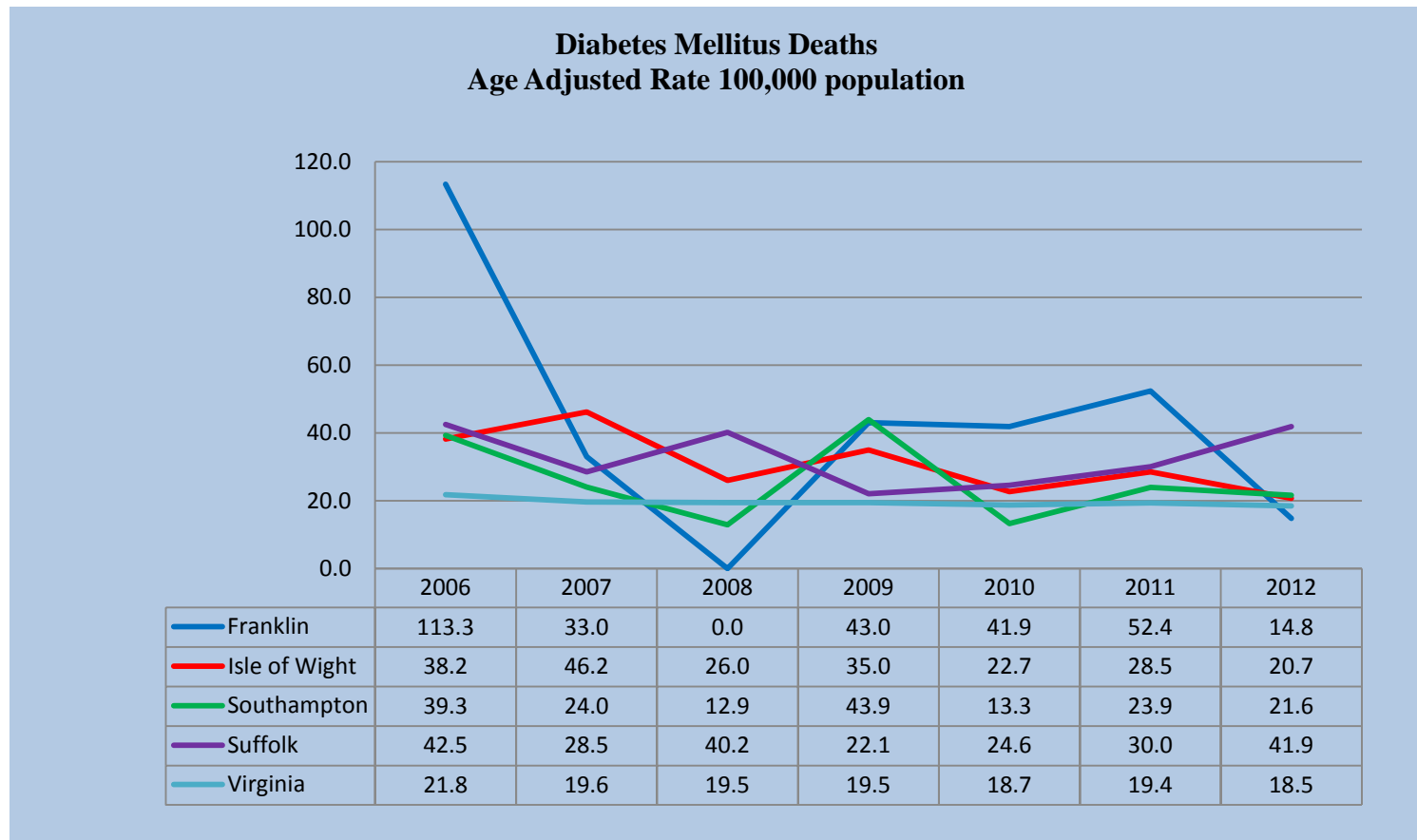
# Chronic Disease Risks Factors – Obesity



2011/2012 BRFSS Updated Weighting, Definition & Sampling Methodology (includes Overweight & Obese #s—cannot compare w/previous years)		
2011	2012	
77.0	70.0	WT Health District
63.0	64.0	VA

- In 2009-2010, **35.7%** of U.S. adults and **16.9%** of children and adolescents were obese.
- The average annual medical costs for an obese person are **\$1,429 more** than those of a normal weight person.

# Chronic Disease – Deaths from Diabetes Mellitus (DM)





# Chronic Disease Trends

## Diabetes Mellitus Deaths

(Age-Adjusted Rate/100,000 population)

< Reduction in rate since 2006 Increase in rate >

1.4% ↓ (Suffolk 2012 rate  
126% > State)

23% ↓ (Isle of Wight 2012  
rate is 12% > State)

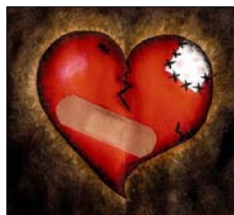
45% ↓ (Southampton is  
still 17% > State)

86% ↓ (Franklin is 20%  
< State)





# Chronic Disease – Cardiovascular Disease

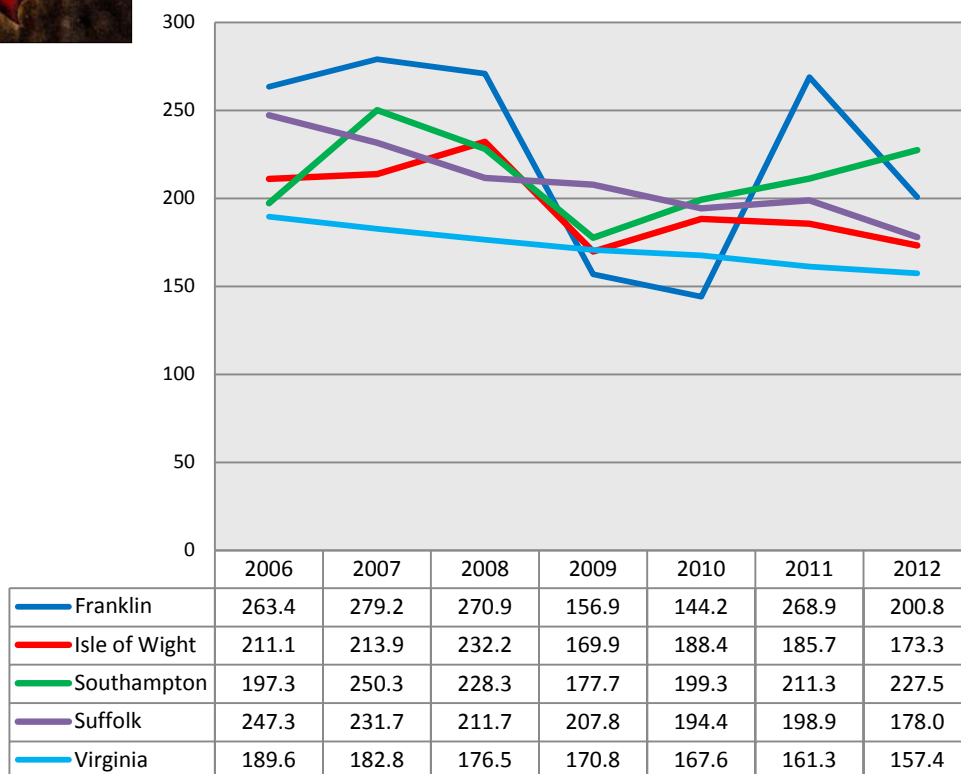


People at risk of death from Heart Disease are those:

- With high cholesterol and/or high blood pressure
- Over age 65,
- Who use tobacco, and
- Who are overweight or obese.

Although there was an average **15% decrease in the death rate** for the localities from 2006 to 2012, their rates were still higher than the State.

**Deaths from Diseases of the Heart**  
Age-adjusted Rate/100,000 population



# Chronic Disease Trends

## Cardiovascular\* Disease Death Rates



< Reduction since

2006

Increase >

28% ↓ (Suffolk 2012 rate is 13% > State rate)

18% ↓ (Isle of Wight 2012 rate is 10% > State)

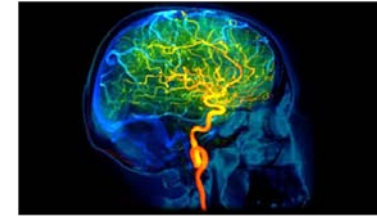
24% ↓ (Franklin 2012 rate is 27% > State)

15% ↑ (Southampton 2012 rate is 44% > State)

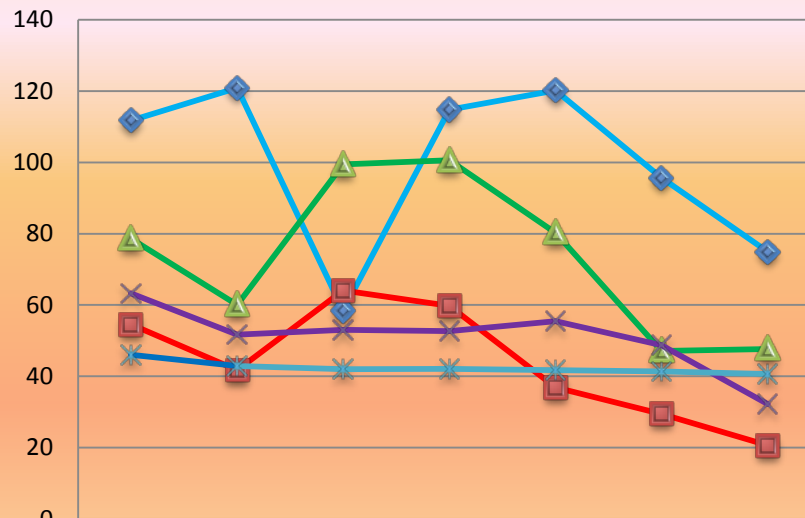


\*Diseases of the Heart

# Chronic Disease – Cerebrovascular (Stroke)



**Deaths from Cerebrovascular Disease**  
(age-adjusted rate/100,000 population)



	2006	2007	2008	2009	2010	2011	2012
Franklin	111.7	120.9	58.4	114.8	120.2	95.7	74.9
Isle of Wight	54.6	41.7	64.1	59.8	36.9	29.4	20.6
Southampton	78.6	60.0	99.4	100.6	80.2	47.1	47.7
Suffolk	63.3	51.7	53.0	52.7	55.5	48.7	32.2
Virginia	46.0	42.9	42.0	42.1	41.7	41.4	40.7

Cerebrovascular disease deaths, including stroke, are **decreasing** in all of Western Tidewater Health District since 2006.

**Isle of Wight and Suffolk are below the state rate.**

Uncontrolled hypertension is a major cause of stroke.

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

~ [Robert Beaglehole](#)

# Chronic Disease Trends

## Cerebrovascular\* Disease Death Rates

< Reduction in rate since 2006 Increase in rate >

50% ↓ (Suffolk 2012 rate is 20% < State rate)

62% ↓ (Isle of Wight 2012 rate is 49% < State)

40% ↓ (Southampton 2012 rate is 17% > State)

33% ↓ (Franklin 2012 rate is 84% > State)



\*Stroke

# Maternal & Child Health (MCH)





## MCH – Causes of Infant Mortality

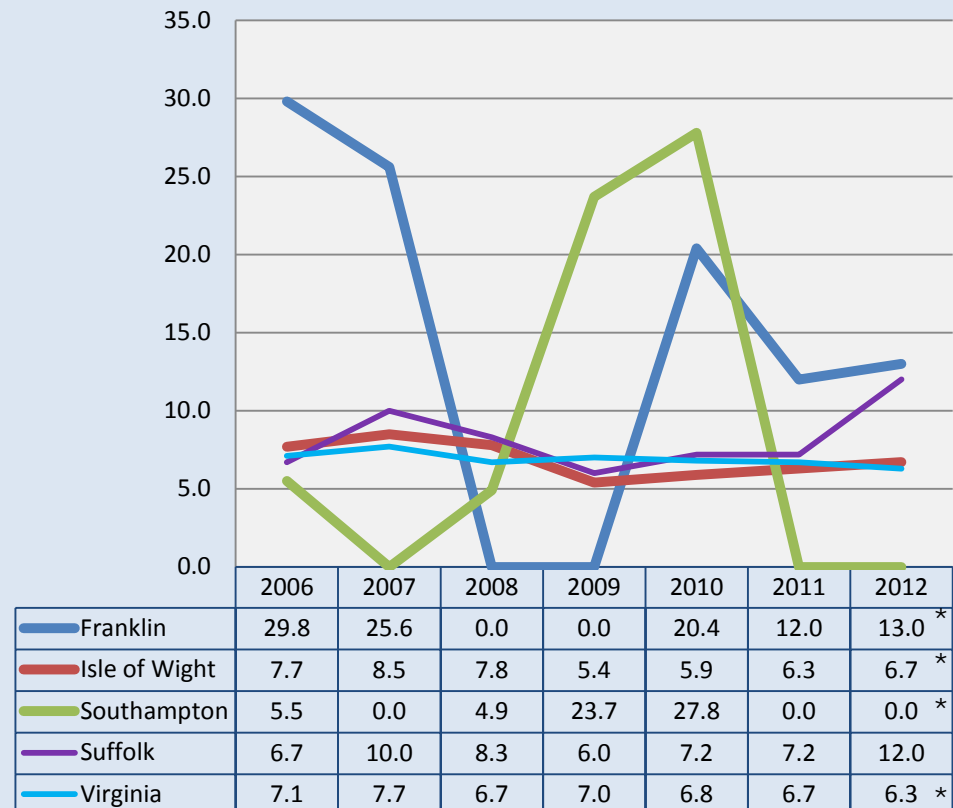
- The exact cause behind the relative differences in infant mortality rates across regions is unclear. Generally, however, the rate is associated with:
  - **Maternal health**
  - **Quality and access to medical care**
  - **Socioeconomic conditions, including poverty, substandard housing, illiteracy, substance abuse, and exposure to pollutants.**
- In Virginia, the three leading causes of infant deaths are:
  - **Birth defects**
  - **Extreme immaturity (preterm birth and low-birth weight)**
  - **SIDS (sudden infant death syndrome)**

# MCH – Infant Mortality

- Infant mortality is the death of an infant, prior to one year of age, who was born alive.
- In Virginia, the three leading causes of infant mortality are:
  - 1) Birth Defects
  - 2) Extreme immaturity (pre-term birth and low birth weight)
  - 3) SIDS (sudden infant death syndrome)



**Total Infant Mortality by Place of Residence**  
Rate/1,000 Live Births

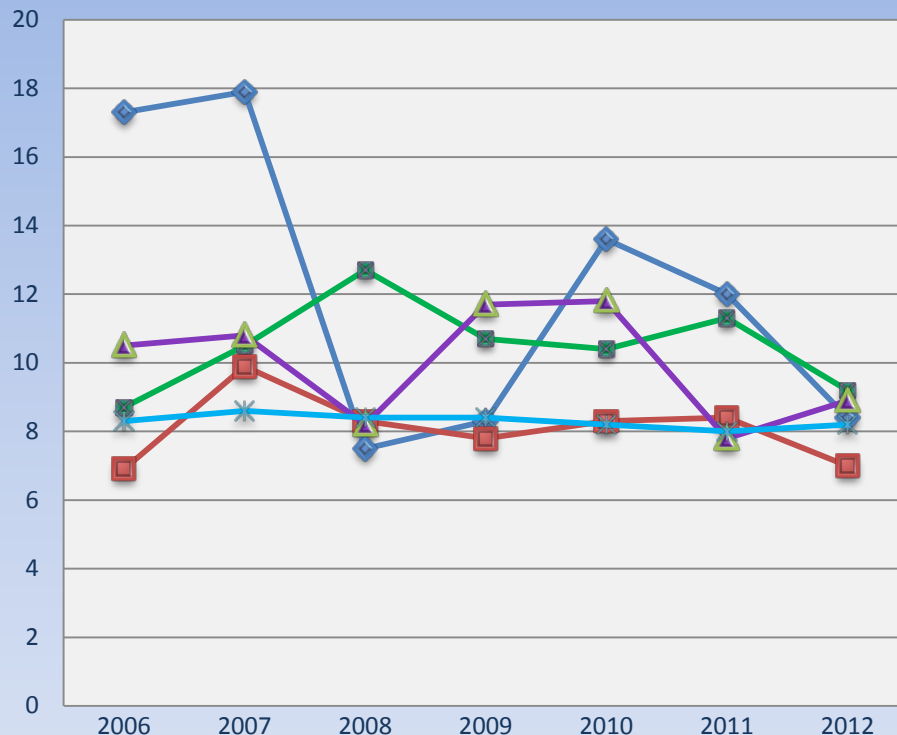


\*Denotes improvement since 2006

# MCH – Low Birth Weight



WTHD Low Birth Weight <2500 grams  
(as percent of total births)



Low birth weight (LBW) may result from numerous factors:

- medical conditions
- limited prenatal care
- poor nutrition, to name a few.

Women, Infant and Children (WIC) has been proven to dramatically improve birth weight.

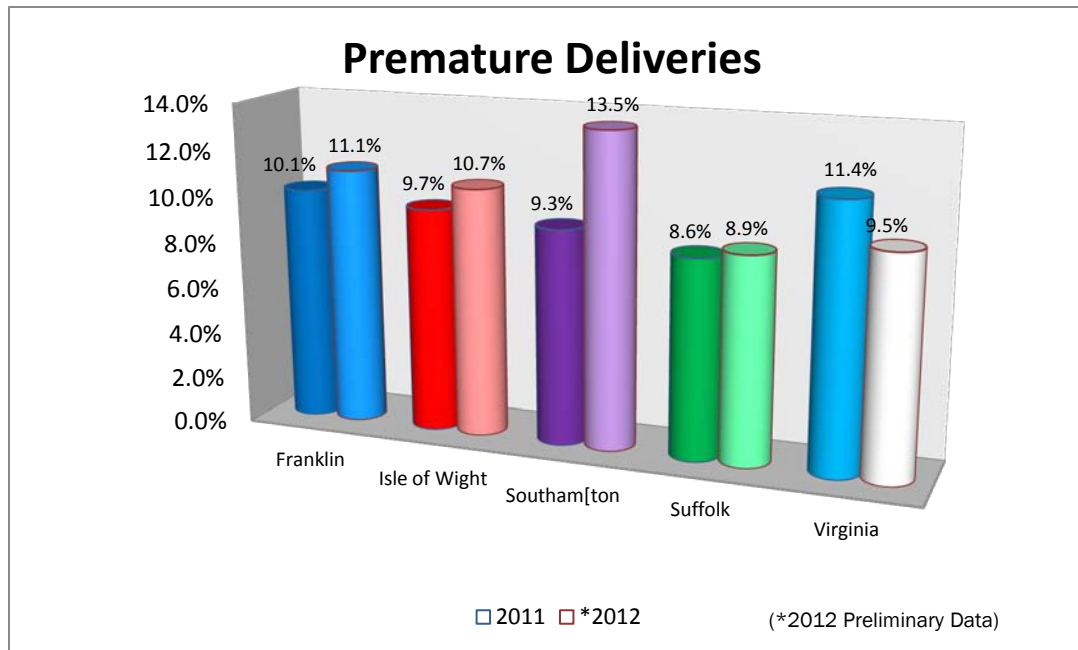
LBW is of concern because it immediately places the child at greater risk of newborn medical problems, delayed growth and educational achievement. Some studies find LBW babies have a greater risk of chronic diseases as an adult.

\*Denotes improvement since 2006

# MCH – Prematurity

Suffolk has already attained a MOD 2020 goal of 9.6% or less prematurity rate.

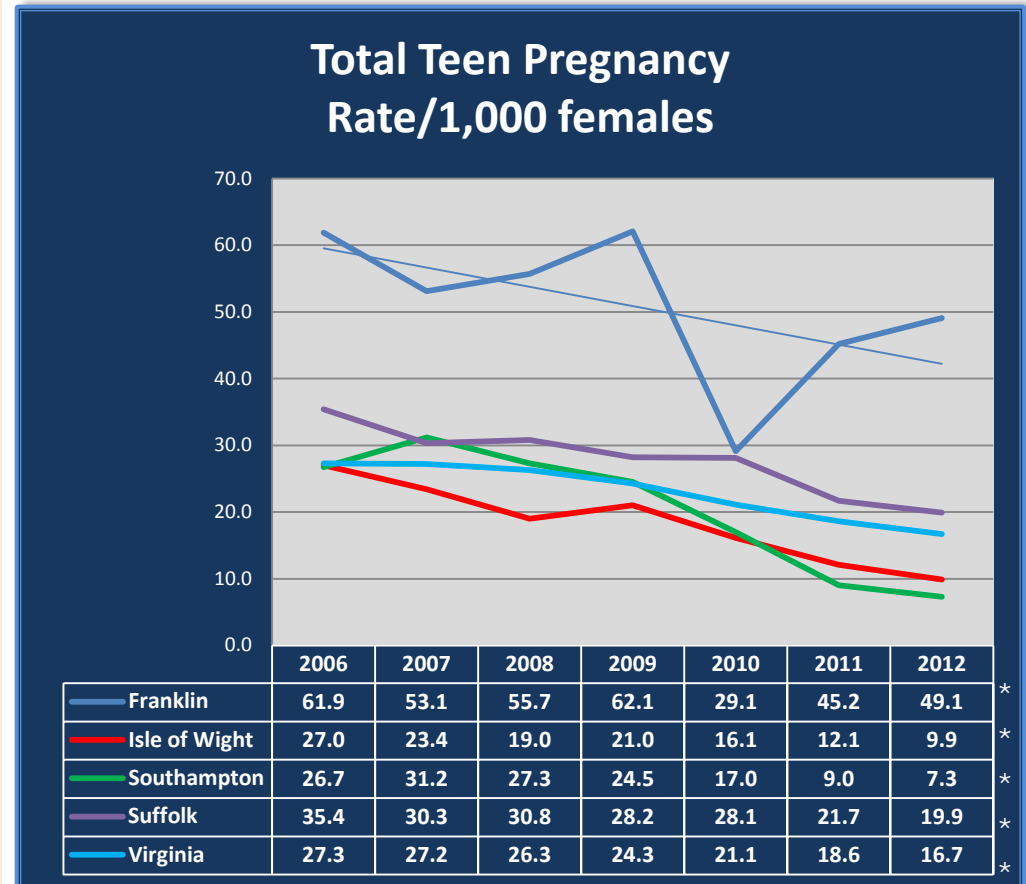
In 2012, WTHD experienced 30 fewer preterm deliveries than it would have if they were at the 2011 State preterm delivery rate of 11.4%.



The Institute of Medicine determined that the **annual societal economic burden associated with pre-term birth was \$51,600 per pre-term infant.**

- While in 2012 Franklin City teenage pregnancy is **56% higher** than the State, it shows a **decreasing trend, along with Suffolk, Isle of Wight, and Southampton.**
- A lack of adequate prenatal care has been strongly linked to poor birth outcomes (infant death, low birth weight (<2500 grams), prematurity (<37 weeks)).

## MCH – Teen Pregnancy



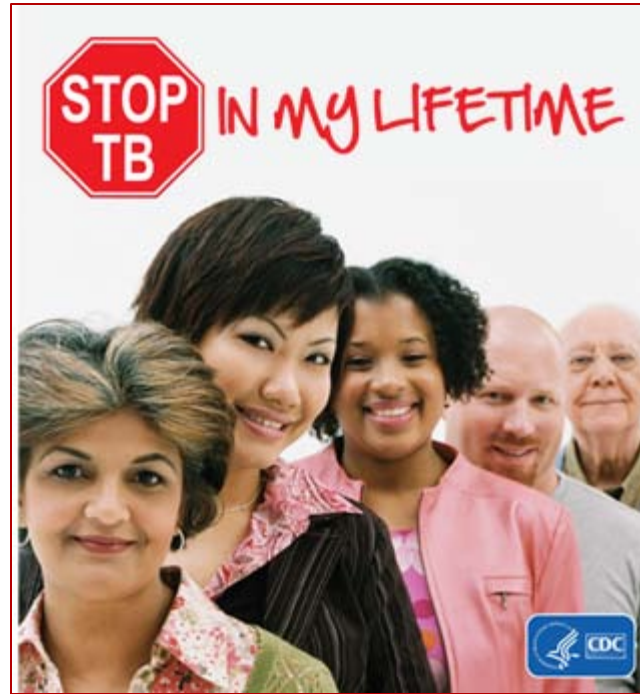
<http://www.vdh.virginia.gov/healthstats/>

\*Denotes improvement since 2006



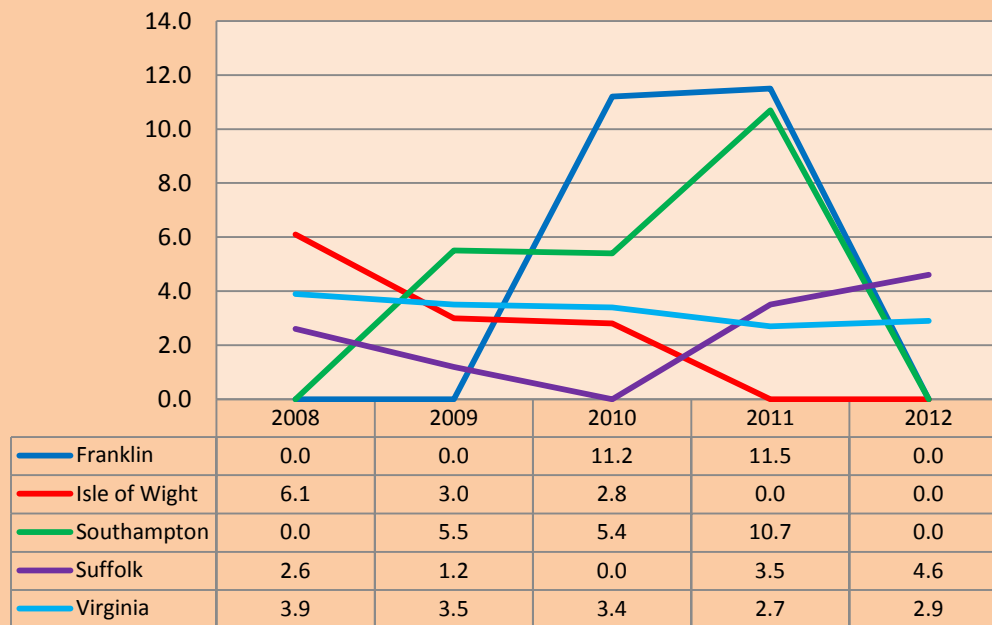


# Communicable Diseases



# Tuberculosis Cases

**Reported Tuberculosis Cases 2008-2012**  
per 100,000 population



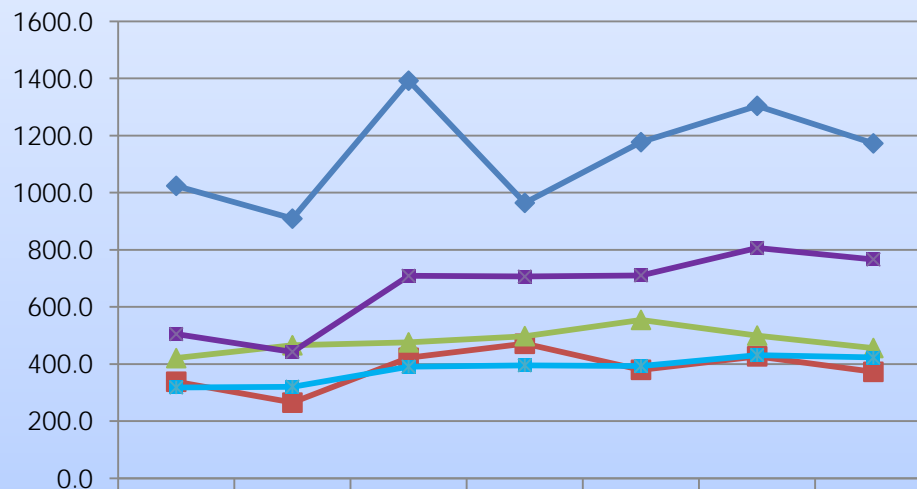
Tuberculosis is measured by the rate of clinician-reported cases per 100,000 people. Cases are confirmed through Health Department investigations.

**The Healthy People 2010 objective for tuberculosis is no more than one new case annually per 100,000 people.**

# Sexually Transmitted Infections – Chlamydia Cases



**WTHD Reported Chlamydia Cases**  
(rate/100,000 population)



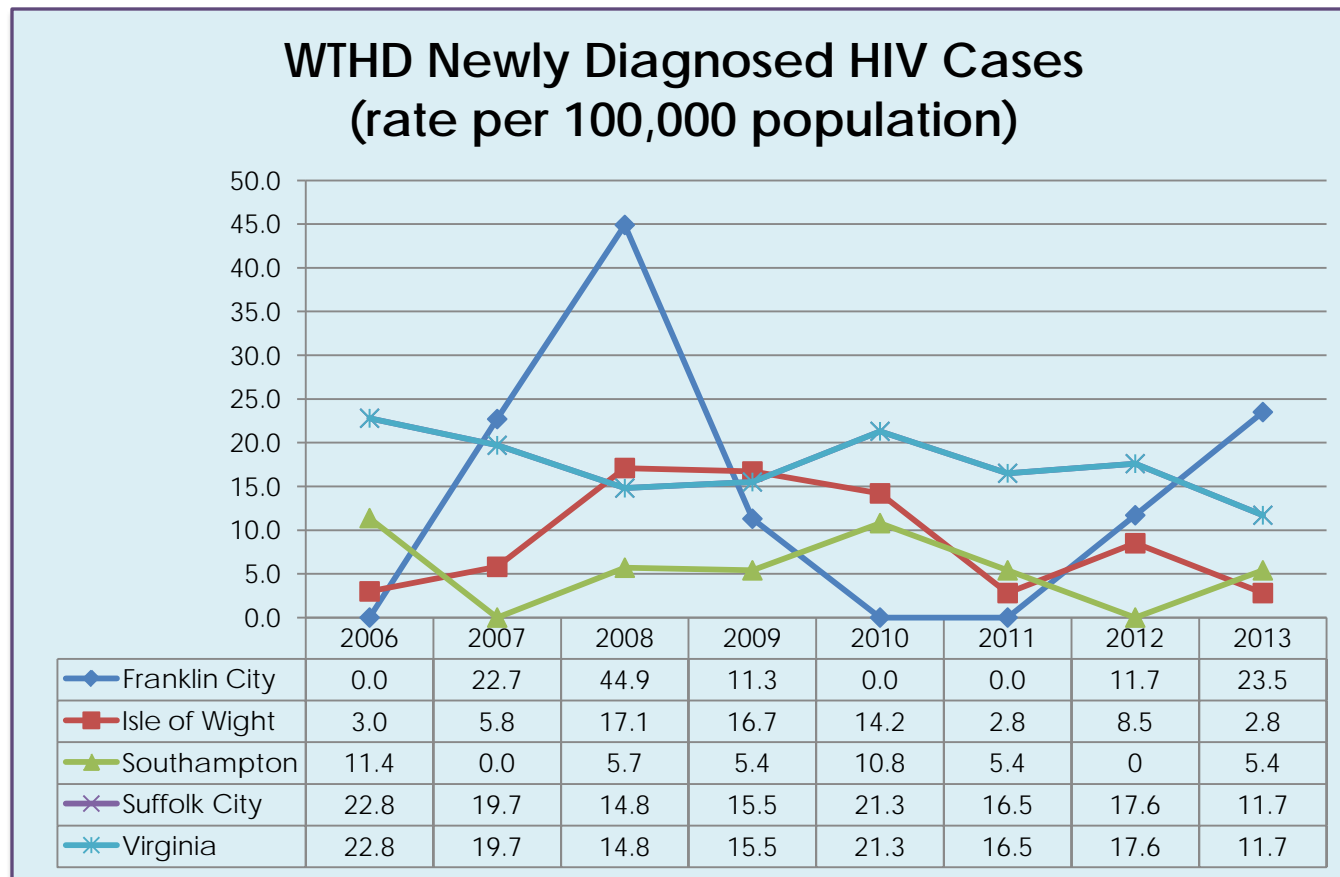
Chlamydia is a common sexually transmitted infection (STI) caused by a bacterium. Chlamydia can infect both men and women and can cause serious, permanent damage to a woman's reproductive organs.

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

	2006	2007	2008	2009	2010	2011	2012
Franklin City	1024.0	909.1	1392.0	964.4	1176.9	1304.1	1172.6
Isle of Wight	338.2	265.0	422.0	471.1	379.9	427.1	372.9
Southampton	420.8	465.9	476.0	497.8	554.7	499.8	456.3
Suffolk City	505.1	442.8	709.0	706.4	710.5	806.5	766.6
Virginia	318.2	320.9	391.0	395.9	393.0	431.5	422.9

# Sexually Transmitted Infections

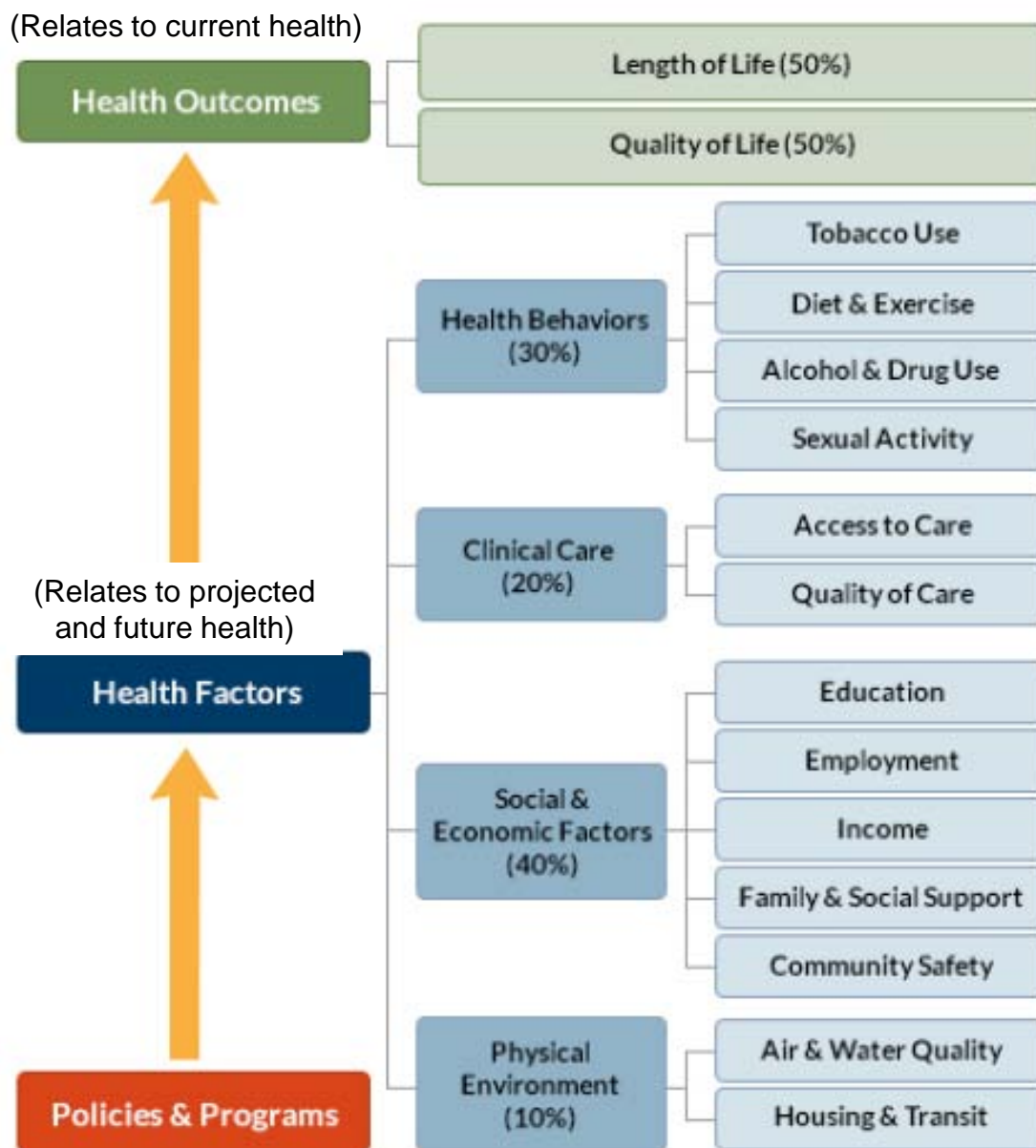
## - Newly Diagnosed HIV Cases



# What are the County Health Rankings?

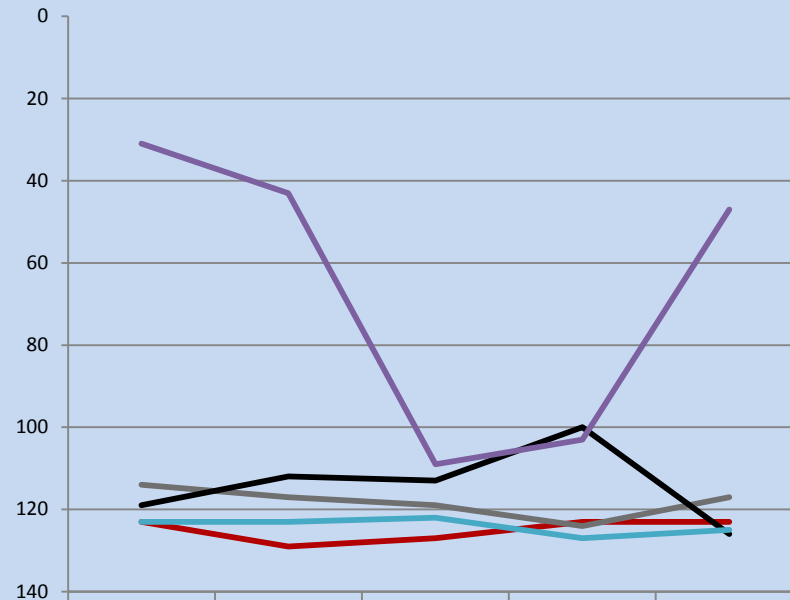
The Rankings look at a variety of measures that affect health and are published for nearly every county in the nation.

- Highlight community success
- Identify root causes of poor health
- Support policy change
- Engage communities in health improvement



# WTHD County Health Ranking Trends

## Franklin Health Rankings

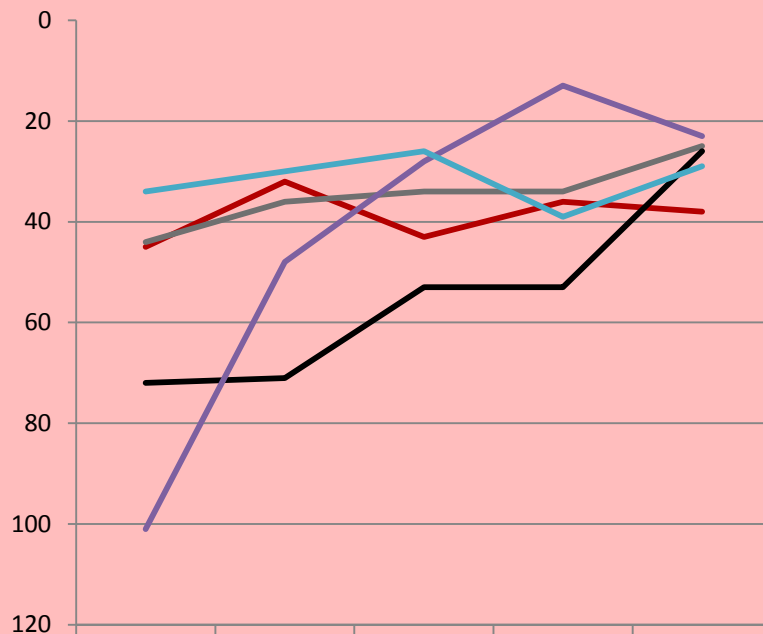


	2010	2011	2012	2013	2014
HEALTH OUTCOMES RANKING (Overall)	123	129	127	123	123
HEALTH FACTORS RANKING (Overall)	114	117	119	124	117
Health Behaviors	119	112	113	100	126
Clinical Care	31	43	109	103	47
Social & Economic Factors	123	123	122	127	125





## Isle of Wight Health Rankings

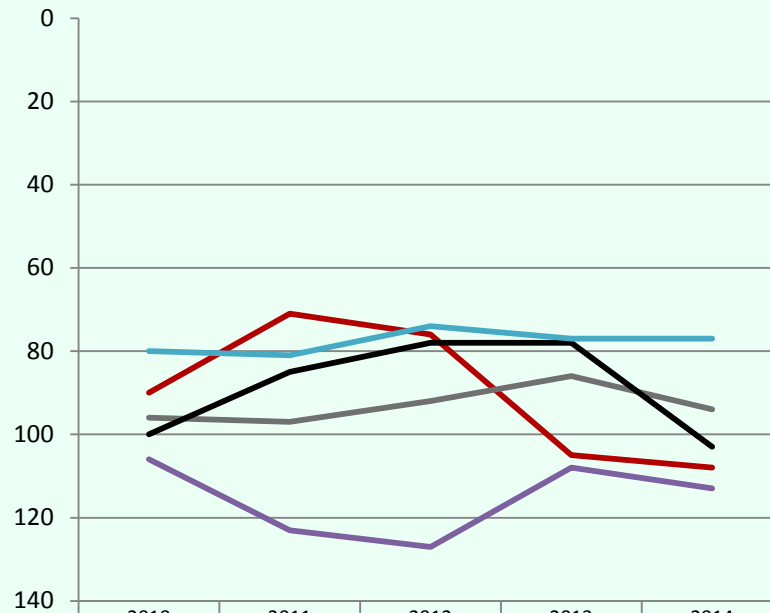


	2010	2011	2012	2013	2014
HEALTH OUTCOMES RANKING (Overall)	45	32	43	36	38
HEALTH FACTORS RANKING (Overall)	44	36	34	34	25
Health Behaviors	72	71	53	53	26
Clinical Care	101	48	28	13	23
Social & Economic Factors	34	30	26	39	29

## WTHD County Health Ranking Trends



## Southampton Health Rankings



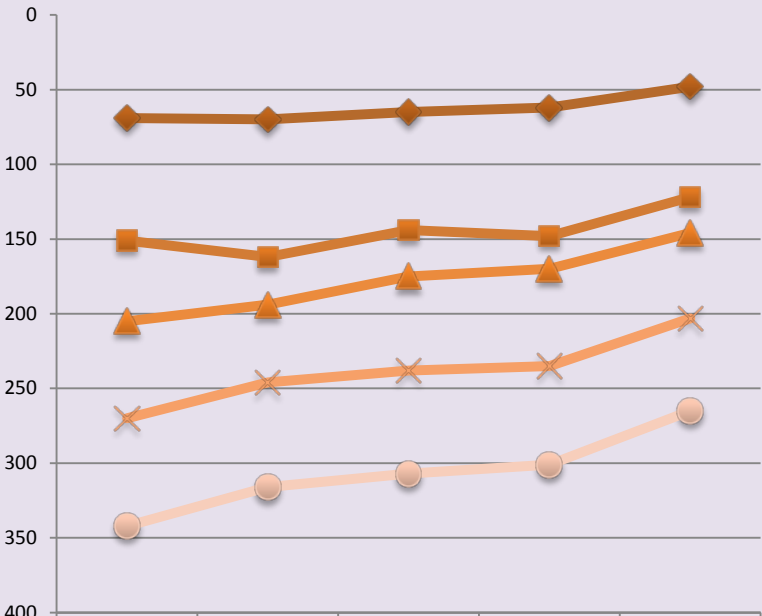
	2010	2011	2012	2013	2014
HEALTH OUTCOMES RANKING (Overall)	90	71	76	105	108
HEALTH FACTORS RANKING (Overall)	96	97	92	86	94
Health Behaviors	100	85	78	78	103
Clinical Care	106	123	127	108	113
Social & Economic Factors	80	81	74	77	77

## WTHD County Health Ranking Trends



# WTHD County Health Ranking Trends

## Suffolk Health Rankings



	2010	2011	2012	2013	2014
HEALTH OUTCOMES RANKING (Overall)	72	70	69	66	62
Social & Economic Factors	65	52	63	65	57
Clinical Care	54	32	31	22	24
Health Behaviors	82	92	79	86	74
HEALTH FACTORS RANKING (Overall)	69	70	65	62	48



# FRANKLIN HEALTH PROFILE SUMMARY

(Compared to 2006)

## IMPROVEMENTS

- 20% ↓ Low Birth Wt (close to State 2012 rate)
- 46% ↓ Infant Mortality
- 86% ↓ Diabetes Deaths (20% < State 2012 rate)
- 33% ↓ Cerebrovascular Deaths (84% > State)
- 24% ↓ Cardiovascular Deaths (still 27% > State)

- 17% ↑ Diabetes prevalence  
(correlates w/70% obese or overweight)
- Teen Pregnancy 3x State 2012 rate
- Chlamydia almost 3x State rate
- HIV 2x State 2012 rate
- Prematurity ↑ 10% but still < State rate

## CONCERNS



# ISLE OF WIGHT HEALTH PROFILE SUMMARY

(Compared to 2006)

IMPROVEMENTS

- 63% ↓ Teen Pregnancy (42% < State in 2012)
- Stable Prematurity & LBW rate (below State)
- 18% ↓ Cardiovascular Deaths (10% > State in 2012)
- 23% ↓ Diabetes Deaths (12% > State)
- 62% ↓ Cerebrovascular Deaths (49% < State)
- Continuing low HIV rate (76% < State)

- 50% ↑ Diabetes prevalence  
(correlates w/70% obese or overweight)

CONCERNS



# SOUTHAMPTON HEALTH PROFILE SUMMARY

(Compared to 2006)

## IMPROVEMENTS

- 73% ↓ Teen Pregnancy (56% < State 2012 rate)
- Infant Mortality (Zero in 2011 & 2012)
- 45% ↓ Diabetes Deaths (17% > State)
- 40% ↓ Cerebrovascular Deaths (17% > State)
- 50% ↓ HIV cases (One-half State rate)

- 50% ↑ Diabetes prevalence  
(correlates w/70% obese or overweight)
- 15% ↑ Cardiovascular Deaths (44% > State)

## CONCERNS





# SUFFOLK HEALTH PROFILE SUMMARY

(Compared to 2006)

IMPROVEMENTS

- 20% ↓ Low Birth Wt (**9% > 2012 State rate**)
- 44% ↓ Teen Pregnancy (**19% > State**)
- 1.4% ↓ Diabetes Deaths (**126% > State**)
- 28% ↓ Cardiovascular Deaths (**13% > State**)
- 50% ↓ Cerebrovascular Deaths (**20% < State**)
- HIV case rate the same as State

- 34% ↑ Diabetes prevalence  
(correlates w/70% obese or overweight)

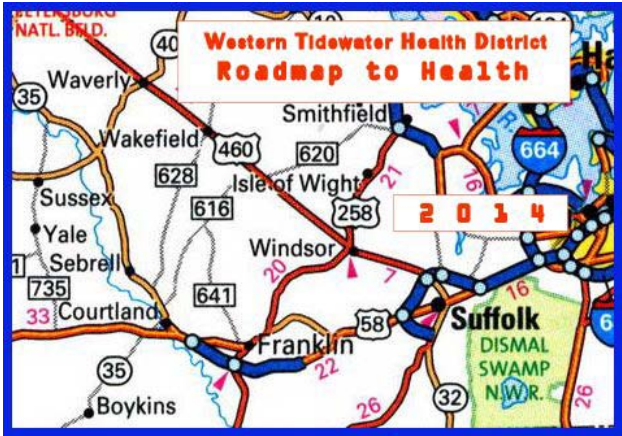
CONCERNS



# Watch the Signs & Stay on the Road

**Franklin**  
Teen Pregnancy, STDs,  
Prenatal Care & Strokes

**Isle of Wight**  
Keep up the good work  
Diabetes Prevention



**Southampton**  
Diabetes Prevention  
Cardiovascular Deaths

**Suffolk**  
Cardiovascular Deaths  
Diabetes Prevention/Deaths  
Teen Pregnancy

Keep Your Eyes on the Destination!



## Note from the Director

This year's report provides information on Western Tidewater's health status, as compared against state benchmarks.

Perhaps more importantly, in most cases, the data is presented within the context of a five-year trend line to make it clear whether the status is improving or getting worse.

Although Western Tidewater compares favorably in many health categories, we continue to face challenges in several areas including: access to healthcare and health insurance coverage, diabetes, obesity, birth outcomes, heart disease, and sexually transmitted disease rates.

Significant local initiatives such as: nurse family partnership, remote patient monitoring and medication programs have been launched to address some of the most compelling health challenges such as birth outcomes and chronic disease.

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

Other improvements will require societal action and perhaps policy change. The health of a community is contingent on the health of its individual citizens and impacts economic stability, educational progress and family unity.

The staff of the Western Tidewater Health District is committed to working with all stakeholders in an effort to make Western Tidewater a healthier place to live, work and play. We would also like to thank OBICI Health Care Foundation and Franklin/Southampton Charities for Funding services that otherwise would not be available to citizens.

**--Nancy M. Welch, MD, MHA, MBA**  
*Interim Director*

### Current Primary Health Concerns & Trends:

- Increasing prevalence of diabetics and obesity
- Continued designation of all localities as a Health/Professional shortage for Mental Health Services
- Need to continue emphasis on improved outcome so we can reach rates less than state rates



[www.vdh.virginia.gov/LHD/WestTide/](http://www.vdh.virginia.gov/LHD/WestTide/)

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

We want you to know the benefits you're receiving for a mere "premium" of about [\\$12.90 per person in Franklin](#), [\\$14.76/person in Isle of Wight](#), [\\$16.02/person in Southampton](#), and [\\$9.86 in Suffolk](#).

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



Presented by  
Nancy M. Welch, MD, MHA, MBA, Interim Director  
Western Tidewater Health District  
April 8, 2014

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