

2013 CLALLAM COUNTY HEALTH PRIORITIES

BACKGROUND: In August and September 2013, a Partnership Group reviewed and discussed community health assessment data to guide prioritization of health issues. In October 2013, Community Participants voted for final Health Priorities at a Community Health Summit. Multi-disciplinary groups are meeting to determine strategies to address the priorities.

PRIORITY: CHRONIC DISEASE PREVENTION/MANAGEMENT

GOAL: Reduce the Burden of Chronic Disease in Clallam County

NOVEMBER 2014 Overview: Chronic Diseases of the Heart and Lungs and Diabetes are leading causes of premature death and disability in Clallam County. Primary prevention of these diseases through improved nutrition, exercise programs, and risk reduction is the highest priority. Early detection and expanded access to high quality treatment of chronic disease are secondary goals.

ACTION AREAS (as of November 2014, NOT UPDATED):

Promote Optimal Nutrition and Physical Activity

- Support and expansion of programs such as “Growing Healthy” offers innovative strategies for teaching improved nutrition and providing wholesome and economical sources of locally grown food.
- Community Supported Agriculture offers a broad range of economic and health benefits to community members as well as reducing the carbon footprint of food production.

Support Regional Efforts to Improve Chronic Disease Management

- Clallam, Jefferson, Kitsap, and a number of Tribal governments have submitted a regional grant focused on chronic disease prevention and management. Should it be funded it will provide a work plan for regional collaboration. If it is not funded, many of its components can be implemented with local resources.
- The expanded use of Electronic Health Records offers unprecedented opportunities to improve chronic disease management by engaging patients in their own care and accurately tracking the impacts of individual and community interventions.

Promote Alternative Models of Health Care Delivery

- Health care services largely exist within an acute care model that is reimbursed for the volume and intensity of services delivered. Chronic disease management requires a different model such as the Patient Centered Medical Home Model. To support this model, reimbursement patterns must change.

UPDATED FACTS

OBESITY RATES:

16% OF LOW-INCOME PRESCHOOL CHILDREN¹;

18% OF TENTH GRADERS²;

21% OF ADULTS³

62% OF ADULTS ARE OVERWEIGHT OR OBESE³

38% OF ADULTS EVER TOLD THEY HAVE HIGH BLOOD PRESSURE;

47% OF ADULTS EVER TOLD THEY HAVE HIGH CHOLESTEROL³

10% OF ADULTS EVER TOLD THEY HAVE DIABETES³;
DIABETES DEATHS AND HOSPITALIZATIONS HAVE INCREASED OVER TIME⁴

1 IN 11 ADULTS HAVE EVER BEEN TOLD THEY HAVE CARDIOVASCULAR DISEASE³

MAJOR CARDIOVASCULAR DISEASES AND CANCERS ARE THE LEADING CASUES OF DEATH; 55% OF ALL DEATHS⁴