

**Obesity Stakeholder Meeting**  
**Final Report**  
**Draft**

**A publication of the Nevada Public Health Foundation**  
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Obesity has become a national epidemic. The number of Americans who are overweight and obese has risen dramatically in the last few decades, nearly doubling in the last thirty years. Overweight and obesity can have many serious health consequences, including heart disease, diabetes, cerebrovascular disease, congestive heart failure, some types of cancer, hypertension, high cholesterol, and more.<sup>1</sup> The Centers for Disease Control and Prevention's National Center for Health Statistics reports that in 2002, heart disease and cancer were the top two leading causes of death in Nevada, with cerebrovascular disease and diabetes among the top ten<sup>2</sup>. Nevada state officials are now recognizing the serious impact of overweight and obesity on the health status of Nevadans.

In 2003, the Nevada Legislative Committee on Health Care's Subcommittee to Study Medical and Societal Costs and Impact of Obesity recognized obesity as a major public health issue. This Committee asked the Nevada State Health Division to develop a statewide strategic plan on obesity, based on input from stakeholders statewide. The Nevada State Health Division subsequently contracted with the Nevada Public Health Foundation to convene a series of obesity stakeholder meetings throughout the state of Nevada, to identify issues relating to the complex problems of overweight and obesity in all areas of Nevada. Ultimately, information collected from these meetings will serve to impact the development of a statewide written plan that addresses obesity and its impact on chronic disease. The Nevada State Health Division will create this final report.

After identifying and inviting more than 1,000 potential stakeholders (individuals and organizations) statewide, the Nevada Public Health Foundation scheduled five Obesity Stakeholder Meetings during November and December 2004, with follow-up meetings held in January and February 2005. Winnemucca, Reno, Las Vegas, Fallon, and Carson City were chosen as meeting locations to provide both rural and urban perspectives on the issue, in an effort to obtain a broad statewide perspective. Unfortunately, the Fallon meeting was cancelled due to a lack of reservations made for the event. Conversely, most of the other meetings had excellent participation and created a substantial base of information from which to develop the statewide plan on obesity. In total, more than 80 participants statewide contributed to this process. In addition, additional local obesity in Carson City and Reno are now meeting regularly as a result of these initial Obesity Stakeholder Meetings.

The Foundation used an open-forum discussion format for the initial meetings, with a similar agenda for each four-hour meeting, with subsequent meetings examining issues related to the identification of key objectives. Initial meeting agenda was as follows:

1. Welcome, Overview, and Purpose
2. Introductions, Networking, and Information Sharing
3. Community Assessment
4. Identification of Barriers and Opportunities Pertinent to the Obesity Issue

## 5. Action Planning

The executive director of the Nevada Public Health Foundation, Ms. Rota Rosaschi, facilitated the stakeholder meetings. With more than 30 years serving the public in the social work and public health fields, Ms. Rosaschi is extremely qualified for facilitation of these meetings, providing excellent communication, presentation, and public speaking skills.

## **I. COMMUNITY ASSESSMENT**

Stakeholders across the state were asked to discuss, on a broad scale, current issues facing their communities. Representatives from Elko and Lovelock (at the Winnemucca stakeholders meeting) provided a great deal of information on this subject, while stakeholders in Reno, Carson City, and Las Vegas chose to focus attention on the Opportunities and Barriers facing their communities more specifically to the obesity issue (these sections of the report follow).

### **Elko and Lovelock**

- Mining industry is prominent
- Significant, rapid community size fluctuations depending on productivity of mines
- Miners: shift work can cause unhealthy lifestyle choices. 75% of miners smoke and 30% are obese, many hypertensive.
- Communities are aging, 20-somethings leaving town for larger cities
- 35 to 45-year olds largest age group
- High proportion of smokers among community members
- Increasing number of medically fragile children attending schools
- School children facing weight problems: 34% overweight, 20-22% obese, many underweight, not very many children are normal weight (stats are estimates from a school nurse)
- Many people in rural areas not highly educated
- Tribal areas have a great deal of chronic disease, substance abuse, domestic violence, and limited social services
- Not enough gyms/workout facilities
- Hospitals not sufficiently staffed—physicians and nurses lacking
- Limited jobs in smaller communities
- Not enough social workers or community health nurses
- Large undocumented Hispanic population
- Low unemployment (Elko)
- High unemployment (Lovelock)

## **II. OPPORTUNITIES PERTINENT TO OBESITY ISSUE**

Stakeholders were asked to discuss opportunities and barriers in their communities specific to the issue of overweight and obesity. Interestingly, a great deal of the issues presented were similar in all communities. Several overall themes developed over the

course of these stakeholder meetings, including issues regarding schools, physical activity, food, workplace, medical, health education, research, and community/cultural.

### **Schools**

- Teachers are motivated to help students
- Schools still have recess
- High school: 2 years of PE, 1 semester of Health
- Opportunities for prevention: change attitudes, work with schools
- “Agriculture in the Classroom” is available to help educate students and teachers about where food comes from, and a few schools have established gardens with help from school nurses
- “Food, Land, and People” K-12 curriculum available from Dairy Council, aligned with Nevada Content Curriculum. This is also a resource available to those who would like to develop curriculums
- National PTA/Local workshops on obesity
- Open-minded, active school districts
- Nutrition policy implemented by CCSD— successful and supported by teachers and administration
- Education resources available—such as alternatives to candy as rewards
- Some teachers make attempts to provide physical activities for kids
- Viable food program in school
- Many existing food school models can be followed
- No pop machines in some middle schools
- Pilot testing of preschool program “Happy, healthy family”

### **Physical Activity**

- YMCA: developing more physical activity for all, especially kids; nutritional counseling, no one turned away due to inability to pay
- Geographic area allows for outdoor recreation and physical activity, often these activities are free
- Many health clubs in larger cities
- Strong Parks & Recreation Infrastructure
- County trying to address play areas using infill development areas
- Trails for walking and biking, plans in place for a trail system in Las Vegas area
- Development of regional recreation centers—create more access for people
- National Parks looking at obesity, trails, activity—Las Vegas has a grant
- Great opportunity for sports through Recreation Departments
- Great weather 9 months of the year for outdoor activities
- Gas prices up (more walking??)
- Communities giving more money to parks and rec, open space (e.g. Carson City 1996 Question 18)
- Some after school sports clubs have transportation
- Skiing, snowboarding, other outdoor sports opportunities
- Many opportunities for organized sports activities for kids
- Rivers in cities can be used for recreation (bike trails, parks, kayak course)

## **Food**

- National direction toward better eating
- Access to good nutritious food
- Master gardeners available to help set up community gardens
- Hispanic grocery stores offer quality produce
- Helping people gain access to cultural foods improves healthy eating
- When families eat together, better behavior and improved school outcomes
- Good access to grocery stores
- Good access to farmers markets, good prices

## **Workplace**

- Mines have incentive program to promote physical activity. Receive \$30 per month to reduce BMI and receive \$380 at the end of the year if goal is met (Elko)
- Mining clinic saves dollars in community by treating miners and their families (Elko)
- Miner wellness program paid for by employees (Elko)
- Miners receive extensive physicals prior to working (Elko)
- Washoe County School District incentive wellness programs successful, recognized nationally
- Other successful workplace wellness programs: Sierra Pacific, IGT, Children's Cabinet, Reno Hilton. More and more employers focusing on wellness
- St. Mary's Community Benefits/ Wellness Program: helps employers develop wellness programs. Major trend.
- Caesars doing wellness competition, particularly related to diabetes
- Sierra Health Services expanding into more areas
- Some insurance companies offer incentives to stay well
- Some organizations allow minimal time off for walking or to go to fitness programs
- Corporate models available for organizations to follow for wellness programs
- Chamber of Commerce presentations could be made to promote wellness programs in cities
- Weight loss challenges are popular
- Some businesses offer programs in coordination with a local fitness center (NSHD)
- State is a huge local employer; diabetes education

## **Medical**

- New health center opening in 2005- Elko
- Hospital wellness clinics
- Hospitals are expanding
- Medicaid and CDC recognizing obesity as a disease; insurance starting to pay
- Reno has a Take Care a Van, brings dental sealant program to Carson City
- Do have some mental health services
- Access to nutrition services

### **Health Education**

- School of Public Health at UNR
- School of Public Health at UNLV
- Osteopathic School in Henderson
- University of Southern Nevada
- School of Dental Medicine has a nutritionist
- Western Nevada Community College nursing program
- Great Basin College nursing program
- Cooperative Extension has four nutrition specialists
- Diabetes prevention program available by Cooperative Extension to Hispanic community
- Posters available from Dairy Council showing different body sizes and other information
- WIC has good information for primary care providers
- Don't have to reinvent nutrition education—many available
- Nutrition specialists know targeted areas that need to be addressed and can help with biggest bang for buck for coalition

### **Research**

- Smoking models in line with nutrition models
- Washoe County School District performed a pilot study about food in schools, now have access to study data
- UNR Census data updated frequently, access to good data
- School of Public Health at UNR
- School of Public Health at UNLV
- Faculty support and grant funding at UNR School of Medicine
- Osteopathic School in Henderson
- University of Southern Nevada
- Information sharing has begun between Clark County and UNLV, need to merge and maximize resources

### **Community/Cultural**

- Younger populations willing to work on lifestyle behaviors, including children and families
- Support for obesity issue; great deal of interest in communities
- Fundraisers for diabetes, other issues
- Built environment: NIH program—discover opportunities and enhance
- Access to community developers to help design communities
- Nevada is a diverse area with wide variety of ethnic groups
- Opportunity for funding is available through grants
- Nevada is fast growing, but with little services for obesity
- Many Nevadans are outdoor enthusiasts and health-conscious
- Government interested in obesity issue, legislators accessible in small state
- YMCA is affordable
- Boys and Girls club affordable

- Dr. Gamell and Community Partners for Better Health in Las Vegas
- LUCES- reaching out to Hispanic community
- Diabetes grant to Moapa
- Church models available which can be duplicated, e.g. Healthy Hearts Program
- Policy changes can be made through schools, local elected officials
- Can take pieces of grants—group to come together to help
- Oral health providers have educated well on sugar water and bottle mouth, particularly in Hispanic areas
- Have strong entities which can be coordinated; have recognized local and national experts in area
- Excellent free programs available online—don't need to reinvent, e.g. Wellness in the Rockies
- Public policies are developing
- Need to address obesity with chronic diseases
- Know who gatekeepers are in community for specific services and population served
- Carson is capital and in a position to speak our piece to legislature
- Surrounding communities provide input and support to Carson
- Lot of non-profits in state
- Media funded for promotions, including CAP 10
- Popular Hispanic radio station and newspapers
- Wise Women

### **III. BARRIERS PERTINENT TO OBESITY ISSUE**

#### **Schools**

- No structured physical education program at elementary school.
- Middle school has elective physical education program.
- High school has mandatory physical education of just two credits.
- Schools not diversified
- School curriculums not integrated (e.g. health ed. and physical ed)
- Healthy food not available in schools
- Children not learning how to eat right, only one chapter on nutrition in one semester of health class
- Local school control—schools manage their own food and activities
- School vending machines provide fundraising opportunities for schools
- Short lunch/"nutrition" breaks allow for only quick foods
- Not enough nutrition education going on in schools
- Lack of a solid PE/Health program on a daily basis in schools, No Child Left Behind hinders other programs
- Medically fragile children in schools
- Easy access to junk food at some schools
- Most fundraisers are related to "bad" foods (cookie dough, candy, etc.)
- School food service has to balance revenue with expenses
- Eliminated/reduced PE in schools

- Some schools start as early as 7 am, kids aren't eating breakfast, eating quick foods, not sleeping properly
- Buses used by schools causes transportation issues for schools starting early
- Numbers of medically fragile children in schools are increasing, puts lots of pressure on already overworked school nurses
- School kids more transient, hard to track and measure
- Reduction of Home Economics classes—lifestyle issues
- Manpower and time constraints prevent creative opportunities for school nurses: legislative requirements time-consuming; mandated to screen vision and hearing; physical and health education standards are challenging
- Staff have too much responsibility—e.g. one dietitian for school district

### **Physical Activity**

- Some local parks not taken advantage of for recreation
- Outdoor public swimming pools only available in summer months
- Some areas experience discontinued adult recreation leagues such as softball
- Lack of structured sports available for youth in summer
- People in community not walking enough, will drive two blocks. 17 blocks in the town of Elko, walking is a choice for all people in the town.
- Lack of transportation to physical activities: live in areas where safety is an issue, particularly for children
- Safety issue also hinders children's outdoor play—sedentary lifestyle
- Money needed for nutrition and physical activity programs
- Lack of structured family activities—games at swimming pool or sport games
- Most cities unfriendly to bikes, etc., anything not a car
- Lack of public transportation in smaller towns
- Many families can't afford sport activities, health clubs for kids or adults
- How to motivate people to get out of cars to walk
- Parents not involved in kids activities
- Parental time commitment when children involved in extracurricular activities
- Education needed on what activities are available, cost, etc.
- Inequalities exist in park acreage between affluent areas and poor areas
- Kids not going outside for activity: Summers too hot, winter too cold, urban design, gated communities, safety issues, walking to school issues
- Homeowners associations don't like kids playing outside
- "Built" Environment often not conducive to physical activity (e.g. cul de sacs), increase "walkability"
- Computer-based society—sedentary; more violent so fear/safety issues, parents don't allow children out
- Houses and yards are smaller, few neighborhood parks, have to travel, kids can't play in neighborhoods anymore
- Small population of coaches/teachers for organized sports

### **Food**

- Cheaper to buy high calorie foods vs. healthy foods

- Going out to dinner is a problem in smaller communities – restaurants commonly available include Basque, Mexican and fast food.
- Cost of food is extremely high in rural grocery stores.
- Fast food explosion, generally unhealthy foods
- Marketers are spending large amounts of money to advertise to children (Pepsi, etc.) must counter with positive message
- Can we put healthier food in fast food restaurants?
- Quick availability of mostly unhealthy fast food
- Fast food portions set by corporate office
- Healthier foods are more expensive; challenge to buy with limited income
- Many nutrient programs are under-utilized
- Children home alone—comfort foods
- Fad diets—health literacy
- Shopping for healthy foods time-consuming
- Social aspect of eating/drinking out
- Fast food is cheap—but healthier items at fast food (e.g. salads) are more expensive
- Processed foods: are they addictive?
- Senior center food service has to balance revenue with expenses
- Fresh food is more costly than canned or fast food
- Kids are hungry: eat anything available at school/home
- Takes more time to prepare good foods
- Travel by outlying populations to purchase healthy foods is a challenge
- Promoting farmers markets for those not interested in community gardening
- Parents don't understand nutrition/healthy foods and how to prepare foods
- Growth in the Overton area has taken over the natural foods for the American Indian population
- Families not sitting down to family meals
- Hispanics: Language barrier—lack of understanding nutrition

### **Workplace**

- Mines heavily regulated
- High hypertension in mining population
- Most worksites still lack specific worksite wellness programs
- Can Health Division lead the way for workplace wellness?
- Lack of alliance building, companies worried about bottom line
- Business generally not focusing on weight loss or physical activity, wellness promotion

### **Medical**

- Antidepressants heavily prescribed in rural areas
- Hard to get spouses and children of miners to clinics for wellness checks and regular exams.
- Limited medical resources in rural communities—medical needs are filtered through hospital emergency rooms.
- Patients need to go out of rural areas for medical follow-up.

- No Medicaid providers in Elko.
- Many Hispanics in rural areas have employment but no health insurance.
- Oral health is biggest community problem. No Medicaid provider for dental, teeth in children rotting, need to send community members outside of community for treatment, problems with transportation for children and adults that need dental care most (Lovelock)
- Lack of community health nurses in rural areas.
- Insufficient number of physicians and nurses in rural communities.
- Medical care focused on treatment not prevention
- Doctors have limited info on nutrition
- Need more access to dietitians; can nutritionists go to low-income populations?
- Need an obesity model to be developed for doctors
- Need to use/work with medical providers
- Extremely poor oral health in Nevada
- Not enough resources for those with eating disorders, or mental health
- Carson City needs Take Care a Van
- Provider networks not mature; no clear direction; breakdown in communication
- Not enough medical insurance coverage
- No 3<sup>rd</sup> party reimbursement by Medicaid for nutrition services
- Some obese people wait for doctors to “fix” problem; lack of responsibility
- Strong genetic component to weight gain/loss; really hard for people to lose weight and keep it off
- Physicians/health care professionals don’t have time to educate patients about healthy lifestyles
- Asthma/Allergy PE waivers increasing significantly, need to educate providers
- Behavioral health and medical community don’t work together. Lack of integration
- Lack of acceptance that pediatric obesity is an issue, and lack of referrals available
- Insurance companies limit what they will pay for—some only cover specific diseases; don’t pay for education; not set up for wellness, set up for disease control
- Physicians not communicating with patients in positive manner about obesity—lack of ability/knowledge?
- Integration of PCP’s with Behavior Health community
- Obesity is not a diagnosed disease
- Medical costs increasing due to obesity and chronic disease

### **Health Education**

- Education does not equal behavior change, how to motivate
- Need a consolidated website for all programs offering services
- Low education levels of TANF/food stamp families on healthy lifestyles
- Food education: label reading/understanding
- Low awareness of obesity issue among public
- Need consistent messages

- Public information campaigns must be ongoing to meet new population needs—resource issue
- Public campaigns must also be culturally appropriate
- Can't address obesity as stand-alone, need to focus on health, not weight
- Need to address the obesity problem in more positive terms such as “lifestyle changes”

### **Research**

- Lack of access to obesity statistics, none for children
- Policy for data collection on obesity does not exist
- Nevada chronic disease statistics very poor

### **Community/Cultural**

- Alcohol and drug use are prevalent in rural communities.
- Stay-at-home moms are often overweight and smoke heavily (particularly low-educated).
- Transient population in mining and gaming areas.
- Many residents of rural areas live outside city limits, which creates access to services issues.
- Poorer the family – the more obese the family.
- Native American population over age 30 - 80% have diabetes- problems related to alcohol consumption and poor food choices. 95 % are obese (statistics are educated guesses given by stakeholders).
- Hispanic population also high obesity rates
- Increase in diversity in cities, but with community isolation
- Community infrastructure under-funded
- Formula funding sources not being updated as growth occurs
- High rate of tobacco use statewide
- High suicide rate: gaming and related lifestyle issues
- Limited public funding—legislative support of health-related services
- Disease-oriented vs risk-orientation: funding is specific to diseases
- No clear definition of obesity; lose weight slowly not fast
- Fragmented programs, existing programs not cohesive
- Communication lacking between stakeholders
- Great deal of homeless, but lack of sufficient shelters
- Hispanic population is increasing all over Nevada
- Surrounding communities use all facilities which have limited resources
- Costs associated with larger sized clothing, medical services
- Responsibility not often taken by obese people
- Some cultures ideal body: bigger is better, need community champions to make a difference
- Peer pressure to diet and not sweat among teens, especially girls
- Lack a sense of community in some areas because of growth
- No sense of “Community Health”—what can WE do?
- Not integrating programs where money is available
- 24/7 towns

## **IV. OBJECTIVES**

The next step following identification of the opportunities and barriers facing obesity and overweight in Nevada was for the stakeholders to discuss objectives to be incorporated into the statewide plan on obesity. At all meeting sites, this took place at subsequent stakeholders meetings.

### **Overall**

- Reduce the prevalence of overweight and obesity in Nevada

### **Schools**

- Increase consistent nutrition education in all educational institutions/settings
- Increase levels of physical activity available to all students
- Increase participation by the Nevada Department of Education and local school districts in adopting healthier environments for children

### **Physical Activity**

- Increase opportunities for physical activity
- Increase the “walkability” of all communities
- Increase physical activity among Nevadans

### **Food**

- Increase availability and consumption of fruit, vegetables and whole grain
- Increase the number of Nevadans who adopt healthy food choices

### **Workplace**

- Increase employer-based incentive programs to expand the number of workplace wellness programs

### **Medical**

- Increase the number of health professionals trained in obesity and behavior modification
- Increase provider awareness of existing community-based programs for obesity-related services
- Analyze and increase provider reimbursement for obesity treatment

### **Health Education**

- Increase public awareness of benefits of weight loss, healthy body weight, and healthy choices when dining out
- Advocacy for legislation and policy change to encourage healthy lifestyles

### **Research**

- Increase access and collaboration of Nevada experts working in the fields of nutrition, weight management, public health, and obesity
- Develop a statewide obesity resource center for practitioners, researchers, and consumers
- Support research to identify efficacious community-based programs

### **Community/Cultural**

- Increase awareness of the socioeconomic, racial, and ethnic health disparities related to obesity, and increase community-based programming for underserved groups
- Increase accurate delivery of health-related information by the media
- Increase public awareness and involvement in the decision-making process regarding community planning
- Initiate a statewide discussion regarding the most appropriate language to use when discussing obesity and related issues. Many stakeholders feel strongly that the word “obesity” is stigmatizing and may make certain populations feel disenfranchised from the issue

## **V. ACTION ITEMS**

In addition to providing the state with valuable information regarding community obesity issues, the statewide obesity stakeholder meetings conducted by the Nevada Public Health Foundation have resulted in the formation of several local obesity coalitions (in Carson City, Washoe County, and Las Vegas). These coalitions are currently working on several of the many action items discussed at the stakeholder meetings. A list of these action items follows.

### **Schools**

- Safe walking to school: “Walking School Bus”

### **Physical Activity**

- Parks and Recreation to work on offering family activities (Carson)

### **Food**

- Open dialogue with large retailers, locally owned food stores and restaurants regarding healthy foods
- Explore expansion of community gardens
- Provide food vouchers to seniors for farmers markets, provide transportation to markets

### **Workplace**

- Presentations to Chamber of Commerce for workplace wellness promotion
- State Health Division to lead the way in developing workplace wellness programs

### **Medical**

- Locate and apply for grant funding regarding access to health care
- Provide primary care provider education and CME's

### **Health Education**

- Use media for health education and wellness promotion. Collaborate with the Broadcaster's Association to develop nutrition, physical activity, workplace wellness, and chronic disease Public Service Announcements throughout Nevada, and use CAT 10 and 26 (public access) in English and Spanish
- Washoe County Senior Services has four kiosks, willing to put obesity information on them
- Get health media involved in coalitions (local news, etc.)
- Create counter-marketing campaign statewide; Healthy Nevadans concept; same message everywhere—branding statement/logo
- Nutrition education programs to target food stamp recipients, Hispanic Services, and other food-related outreach centers

### **Research**

- Creating a consolidated website for all programs offering services (GBPCA)
- Research statewide data component
- Research committee to seek grant opportunities (Washoe)
- Legislative: follow health-related bills
- Collaborate with school nurses for data on children

### **Community/Cultural**

- Convene meetings to encompass a more broad range of obesity stakeholders and work to involve more groups in the ongoing promotion of healthy lifestyles
- Develop Northern Nevada Obesity Coalition to encompass the rural areas of Elko, Lovelock, Winnemucca, Ely, and other areas
- Community outreach activities such as Philadelphia's 76 Tons of Fun
- Work with local churches model to involve communities

## **VI. STAKEHOLDERS INVOLVEMENT**

Stakeholders were asked to discuss how they would like to be represented in the development of the statewide plan on obesity. Stakeholders decided that they would like to review the Nevada Public Health Foundation's initial stakeholders meetings summation report with opportunity for input. Secondly, stakeholders have nominated one or two individuals to represent each area/coalition, who will participate in the development of the statewide plan with the Nevada State Health Division.

Representatives include:

- Rota Rosaschi or Kareen Prentice, NPHF
- Diane Thorkildson, HS AHEC, Washoe County
- Michelle Cowee, private practice nutritionist, Carson City
- Barbara Howe, BFH, NSHD, Carson City
- Barbara Paulsen, Dairy Council, Las Vegas

- Nicole Bungum, CCHD, Las Vegas
- Jodi Tyson, SN AHEC, Las Vegas

Additionally, stakeholders completed a short survey of what roles their organization can play in the work on obesity in Nevada: Community, Worksite, Family, School, Combination (specified), or All. The answers are compiled in the statewide matrix.

## REFERENCES

1. U.S. Department of Health and Human Services. The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity. 2001. Available at: <http://www.surgeongeneral.gov/topics/obesity/calltoaction/CalltoAction.pdf>.
2. Centers for Disease Control and Prevention, National Center for Health Statistics Vital Statistics Center. 10 Leading Causes of Death, Nevada 2002. Available at: <http://webapp.cdc.gov/sasweb/ncipc/leadcaus10.html>.