



Health Capsules

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Regional Health Issues

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Access to Care Among Top Health Issues of 2007

The Department of Health and Human Services recently released *Health, United States 2007*, an annual report prepared for the President and for Congress which provides a snapshot of the state of America's health for the year. In this year's report, access to care was among the top issues presented. Other issues, such as obesity, and teenage and young adult drug and alcohol use were also featured prominently in the report.

In 1993, the Institute of Medicine defined health care access as "the timely use of personal health services to achieve the best possible outcomes."

Lack of insurance is the biggest barrier to receiving health care services. This is not to say that those with health care coverage always receive adequate services. The report views the access to care as a challenge with a variety of factors which have influence, such as propensity to seek care, compliance to medical advice, and quality of service provided.

According to Kaiser Permanente's state health facts, about 25% of the District of Columbia's population lacks any type of coverage, while Maryland and Virginia are both at 22%. The national average for coverage is about 30% without any insurance.

While employment is the major source of insurance for most Americans, it is not exclusively unemployed workers who are uninsured. Many firms do not offer health coverage, people are not eligible or people simply turn down coverage for one reason or another.

Surprisingly, children under the age of 18 were less likely to be uninsured than adults, due to programs like SCHIP, which assists low income children who might not be able to get insurance any other way.

The focus of the access to health care issue was that lack of adequate health care poses a risk, not only to the individual, but also to the community.

The discrepancy crosses all populations, but there are still some groups which are more heavily affected.



The 31st annual health report paints a picture of the nation's health.

References:

<http://www.cdc.gov/nchs/hus.htm>

<http://www.statehealthfacts.org/comparebar.jsp?ind=125&cat=3>

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Special points of interest:

- Immunization rate
- Community Training
- SCHIP
- DCPCA's new Mental Health Report

Community Readiness for Bioterror Response

In the event of an actual bio-terror emergency, the first responders to an incident may be everyday citizens. Properly trained community residents could make all the difference in assisting in a real life situation, when traditional first responders are not available.

A new report entitled "Ready or Not? Protecting the Public

Health from Diseases, Disasters, and Bioterrorism" maintains that individual and community training in emergency response could really assist in keeping the community adequately prepared for an emergency.

The report went on to say that residents in the National Capital Region are inadequately prepared for such

a response. Some obstacles that are impeding our performance include lack of planning or training opportunities, poor health literacy, and insufficient sustainable resources.

Among Maryland, Virginia and the District of Columbia, only Virginia scored above 5 on the ten-point grading scale.

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Regional Tobacco Sales To Minors Reaches New Low

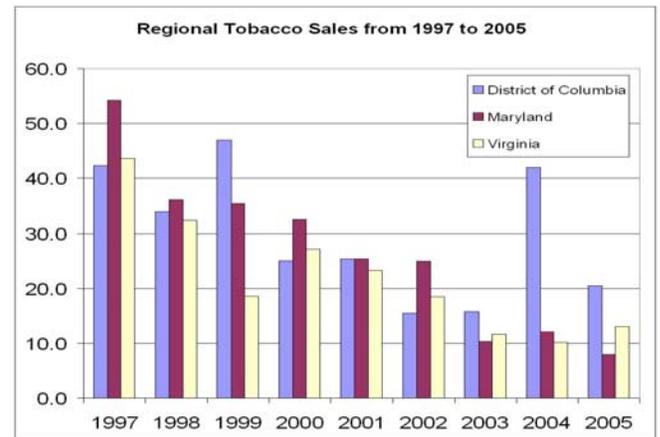
In October of this year, the Substance Abuse and Mental Health Services Administration (SAMHSA) released its latest report on the Synar Amendment; the primary goal of which is to curb the sale of tobacco products to minors. The year 2006 marked the lowest percentage of tobacco sales to minors since the Synar Amendment was passed in 1992.

In 1996, SAMHSA was given the task of implementing the amendment. Since then the rate of tobacco sales to minors has dropped from 40.1% to 10.8%.

This data was collected from a series of unannounced, random compliance checks of tobacco retailers conducted at the state level.

Not only is this the lowest national percentage of tobacco retailer violation to date, this report also marks the first time all fifty states, including the District of Columbia, have complied with the Synar goal of keeping tobacco retailer violations below 20%.

Maryland and Virginia both reported percentages below the average score of 10.32%. Virginia



reported 9.7% while Maryland did a little better with 8.9%. The District of Columbia reported 12.6%, which is still about average, and well below the target percentage of 20%.

Reference:

<http://download.ncadi.samhsa.gov/Prevline/pdfs/sma07-4300.pdf>

Amphetamine Use High in District of Columbia

“According to the study, the rate of arrestees testing positive for amphetamine usage rose to 2.5% in 2006, and even higher, to 3.7% in the first nine months of 2007.”

The Center for Substance Abuse Research recently released a study of amphetamine usage among adult arrestees in the District of Columbia. The statistics for this study come from the D.C. Pretrial Services Agency (DCPSA).

The rates of adult arrestees testing positive for amphetamine usage has risen drastically, showing levels unseen in the District since the mid-1980's.

According to the study, the rate of arrestees testing positive for amphetamine usage rose to 2.5% in 2006, and even higher, to 3.7% in the first nine months of 2007.

In the mid-80's these rates peaked at around 4.5%, but then lowered to 0.1% in the early nineties. As a result of the low rates, the DCPSA ceased consistent testing for 10 years. In April 2006, they resumed consistent testing, which yielded

the 2.5% rate and then the 3.7% rate in 2007.

These new statistics differ from those in the mid-80's in that the early results were caused by over-the-counter medications, whereas now they come from illegal drugs such as ecstasy and methamphetamines.

Reference:

<http://www.dcpsa.gov/foia/foiaERRpsa.htm>

DCPCA Offers Snapshot of DC's Mental Health System

In a report released in October of 2007 entitled *Slipping Through the Cracks: Closing the Gaps in the District's Mental Health System*, the DC Primary Care Association analyzed the District's ability to serve the area's mental health population, citing four areas of concern.

The report says, “Despite spending more on publicly-funded mental health services than each of the 50 states, the District has failed to provide adequate access

to services to low-income residents in need.”

The four areas of concern are: the absence of data regarding mental health care needs in the area; a narrowly defined mental health care delivery and financing system; a care coordination system that contains barriers to obtaining services; and a shortage of behavioral health professionals.

One of the obstacles in providing benefits to those in need is that those in need of help are

often uninsured or covered under DC HealthCare Alliance, which offers no benefit for mental health care. This is especially important, since mental illness is more prevalent in low-income populations where there is more exposure to crime, poverty, and violent events.



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Immunization Rate Stalls at 83%

In a report recently released by the Centers for Disease Control and Prevention (CDC), the rate of full immunization among two year olds has stalled for two years. This nation-wide survey shows the percentage of two year olds who are fully vaccinated at 83 percent. Virginia, Washington, DC and Maryland's rates of immunization are just above the national average at around 84%.

Vaccination of children begins as early as two years old primarily because these diseases are more prevalent

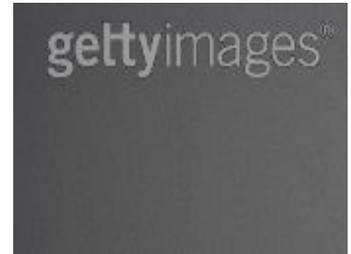
and more deadly among infants and small children. Since vaccination also helps prevent a child from transmitting the disease to other children in the community, vaccination is also viewed as a public health preventative measure.

The data from this report covers state by state statistics on child immunization starting in 1994, showing a large increase in the rate of immunization over the succeeding ten years, until 2004 when it capped at 83 percent.

This percentage does not reflect the rate of partial im-

munization, as some vaccines are more widely used. For instance, immunization with the measles-mumps-rubella vaccine is at 92 percent nationally. In 2005, 29 states received a coverage rate of 95 percent for child vaccination, which also meets a Healthy People 2010 objective.

Reference:
http://www.childtrends.org/pressrelease_page.cfm?LID=9CA41B1D-EF4A-4920-AF6004AF0CC0153D



"Vaccines are given early in life because many vaccine-preventable diseases are common and more deadly among infants and small children

Maryland Among States Facing SCHIP

Maryland faces a personal shortfall of \$162 million dollars in SCHIP funds.

With the SCHIP program facing a shortfall of about \$1.6 billion, and with no definite federal relief plans, 14 states are looking at serious deficits in the new year.

SCHIP is the State Children's

Health Insurance Program, a program initiated by Congress and administered at the state level in accord with the Department of Health and Human Services.

Maryland is one of 14 states

that will exceed their allotted funding under SCHIP, with a state shortfall of \$162 million.

While Congress attempts to sort out how to deal with these shortfalls, the result will mean reduced benefits for those enrolled in the program as well as denial of coverage for those eligible to receive it.

Maryland is one of the states which will face the effects of these shortfalls earliest. Maryland as well as 8 other states including New Jersey and Georgia may experience these shortfalls as early as March of next year.

Reference:
<http://www.statehealthfacts.org/comparatable.jsp?ind=599&cat=4>

As Maryland Counties Become More Diverse, Health Disparities Grow

Adventist Healthcare recently released a report entitled "Partnering Toward A Healthier Future" on health issues of Montgomery, Frederick, and Prince George's counties. In this study they noted growing health disparities among the Hispanic, Asian, and Black communities as these counties become more diverse. In addition to noting the health disparities, Adventist Healthcare also made

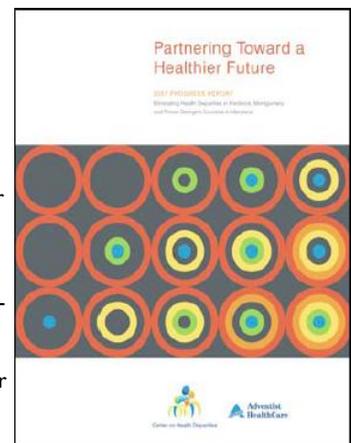
next step recommendations these areas can take to help the communities effected.

The findings indicated that Blacks in Montgomery county have a disproportionately high mortality rate. Also, Hispanics in Frederick have about twice the hospitalization rate as Hispanics in Prince George's county. Asians have the highest rate of cervical cancer in the region.

There were three main recom-

mendations in this report: to expand outreach and services for the needs of racial and ethnic minorities, to pursue coordinated research into the underlying causes of these health disparities, and to promote culturally and linguistically competent care and funding mechanisms to foster exchange of best practices.

Reference:
<http://www.adventisthealthcare.com/AHC/health-disparities/index.aspx>



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Health and Human Services



Ready or Not?

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Virginia scored an eight, while the District of Columbia scored a four and Maryland, three. The federal government received a D+ for its overall preparedness.

One key to increasing a community's effectiveness is the recognition that every community is unique. When preparing for a potential emergency (such as a biohazard incident), understanding what health resources exist in the community as well as the particular community's demographics can play a huge factor in increasing preparedness.

A series of workshops coordinated in conjunction with this study took place over the course of an eight-month period. The respondents were disproportionately female and the responses were skewed towards those living in Maryland.

The survey showed a fundamental lack of preparedness. Only 35% reported having basic first-aid training. Even fewer people seek out preparedness information on an annual basis. Also, just under half (47%) seek advice regularly from health experts. 95% acknowledge washing hands as a primary defense against infection.



One thing that resounds in this article is that people are generally unprepared for a hazardous event. Most members of the NCR community have not taken the proper steps to plan or prepare for their own safety, including business owners. Business owners who are prepared also have not shared preparedness strategies with their employees.

To obtain a copy of this report, you may visit the homeland security website at <http://www.bepress.com/jhsem/vol4/iss3/10/>

Slipping Through the Cracks

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The DCPCA offered up four policy recommendations to address these problems. The first is to conduct a mental health needs assessment to address the lack of data on the subject. The second is to establish a mental health benefit with expanded formulary under the DC HealthCare Alliance. In order for the DC HealthCare Alliance to address the needs of its population, it should mirror the coverage through managed care organizations (MCO's) under Medicare, specifically to expand the outreach beyond those with severe mental illness.

The third recommendation is the creation of a more effective care coordination system, which includes non-core service agency

community providers and managed care organizations. This point also extends to the Department of Mental Health to improve care coordination services provided by the Access Helpline. The report also said that there should be a move to help community providers in removing the internal barriers to care coordination.

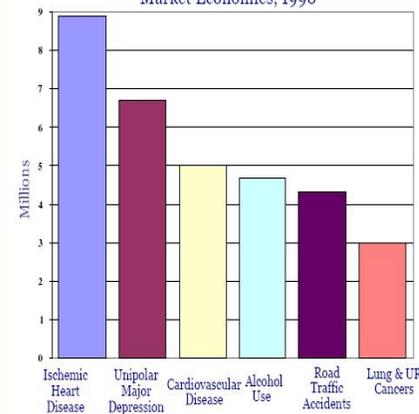
Lastly, the report recommends that an amendment of the District of Columbia Health Professional Recruitment Program Act of 2005 to include more behavioral health professionals. This act offers a loan repayment program to entice qualified professionals to work in the area. This program is only extended to psychiatrists, even though there are many other types of professionals such as psychologists, licensed clinical social workers,

and professional counselors who could benefit from it.

These four recommendations are meant to address the four main problems they attributed to the District's mental health system. For the full report, or for more information, please refer to the links below.

References:
<http://www.bepress.com/jhsem/vol4/iss3/10/>
<http://www.dcpca.org/>

Graph 1: Leading Sources of Disease Burden in Established Market Economies, 1990



Source: Adapted from NIMH. The Impact of Mental Illness on Society, 2001

“Mental illness is the second leading cause of disease burden in the United States, and ranked first among illnesses that cause disability.”