



Health Capsules

Metropolitan Washington Council of Governments

The Impact of Health Literacy on Wellness

Nearly 90 million adults in the U.S. have difficulty understanding health information that is given to them. This includes information on prescription labels and inserts, doctor's instructions, patient information brochures and insurance forms. This deficiency in *health literacy* affects patient compliance, individuals' ability to make sound decisions on their health, and increased drug misuse. All of these lead to disempowered health consumers and higher health care costs that result from adverse health outcomes.

At the June 2005 National Institute of Environmental Health Sciences conference ("Environmental Solutions to Obesity in America's Youth"), U.S. Surgeon General Richard Carmona



stated that "the average person doesn't understand health messages. We lack a translational element.

Health literacy is the common currency to help people see that they need to change." A recent report by the Institute of Medicine (IOM) defines health literacy as "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions".

Although reading level, language and socioeconomic status come into play, other factors affect health literacy.

Even well-educated individuals encounter problems comprehending health information that they receive.

Literacy, continued on page 3

Exemplary Emergency Trauma Care in Maryland

A recent study by Lewis & Clark College in Portland, Oregon showed that Maryland has a model emergency medical system that should be replicated across the country.

In March 1970, the Maryland State Police, in cooperation with the University of Maryland, started the first statewide airborne transportation system. Modeled after the army's success in Korea and Vietnam, the world's premier statewide medical aviation division was made possible through a cooperative effort between Maryland State Police Aviation Division and University of Maryland Hospital as a public service to the citizens of the state.

Since 1993, the overall coordination of emergency medical services (EMS) has been under the management of the Maryland Institute for Emergency Medical Services Systems (MIEMSS) - an independent executive-level state agency that is governed by an appointed board and advisory council. To ensure stable funding for Maryland's world renowned EMS

system (which includes Medevac helicopters, ambulances, fire equipment, rescue squads, and trauma units) a "surcharge" of \$13.50 per year is collected with automobile registration fees where applicable.

Maryland's system is thought to be the ideal emergency medical system globally. For more information on this study, contact John R. Wish, Ph.D. at j.wish@comcast.net.



Source: Long Term Eff Med Implants2005; 15(1): 79-89.

Volume 5, Issue 2

Summer 2005

Inside this issue:

- Chronic Hepatitis C Virus & Virginia Department of Corrections* 2
- Drug-Related Deaths in the Washington Area* 2
- Fighting WNV by Raising Public Awareness* 2
- Managed Care for AIDS Patients* 3
- Homeland Security Coursework at the George Washington University* 3
- What is Public Health?* 3
- Reports & Resources of Interest* 4

Special points of interest:

- * September is Recovery Month! For details, visit www.recoverymonth.gov
- * For a comprehensive list of Homeland Security events in the National Capital Region, please visit www.mwcog.org
- * September is National Preparedness Month! Take simple steps to prepare for an emergency by visiting www.ready.gov/npm



Ribavirin and peginterferon are the leading medications to treat inmates with HCV at the Virginia Department of Corrections.

Virginia Department of Corrections Plan for Chronic Hepatitis C Virus

A study by the Virginia Commonwealth University Health System investigated effective methods to evaluate and treat inmates at the Virginia Department of Corrections with chronic hepatitis C virus (HCV) in a cost-effective manner.

HCV is common among inmate populations in the United States. Long-standing HCV can progress to cirrhosis as well as a myriad of adverse health problems. Those inmates with

histologically mild disease are unlikely to develop liver-related morbidity or mortality during their period of incarceration.

The study concluded that inmates who are diagnosed with chronic HCV should be provided treatment based upon biochemical or histological criteria. This strategy balances both the health care rights of the inmate and the impact of treating this disease on the finances and other resources of

the correctional system.

COG convenes health practitioners that represent correctional facilities in the National Capital region. The Corrections Health Care Subcommittee meets monthly to discuss issues of regional interest. To find out more about their work or to join the subcommittee, please contact Susan Wheeler at 202-962-3349 or swheeler@mwkog.org.

Source: Amer. Journal Gastroenterology, 2005 Feb, 100(2): 313-21

Drug-Related Deaths in the Washington Area

The Drug Abuse Warning Network (DAWN) has recently released a publication highlighting drug-related deaths in states and metropolitan areas (including Washington, DC and its surrounding counties) across the United States. DAWN is a surveillance system that monitors drug related deaths examined by medical examiners in selected metropolitan areas and

states. The data in this report was collected from participating coroners and medical examiners in 2003.

Roughly three-hundred three drug misuse deaths and 36 suicides were reported to the Network out of a regional population of 4,774,745. The District had the highest number of drug misuse deaths (147) followed by Prince George's County (41)

and Montgomery County (32). Fairfax County had the highest number of suicides (11).

DAWN has recently been redesigned in order to make its data more useful. Therefore, the data in this new report is not comparable to data from previous years. To view the new DAWN, please visit www.dawninfo.samhsa.gov.



Fairfax County has created a colorful, educational calendar ("Don't Be Mosquito Meat") to enhance their public education efforts. To obtain a complimentary copy, please contact Kimberly Cordero at 703-246-8635 or visit www.fairfaxcounty.gov/service/hd/westnile/wvnpamp.htm.

Fighting West Nile Virus by Raising Public Awareness

As we enter a critical phase in the annual mosquito season, most of our local and State Health Departments are gearing up their public information campaigns on the topic. In observance of the concurrent efforts in the region, the COG Human Services Policy Committee is supporting the region's participation in Mosquito Control Awareness Week from June 26th —July 2nd.

The goal of this regional effort is to inform citizens in local communities that they play a critical role in the control and prevention from mosquito-borne disease, particularly West Nile virus. Residents can help to combat and reduce the spread of West Nile virus by eliminating mosquito breeding sites around private property and by adopting strategies to protect themselves from mosquito bites.

Area citizens are encouraged to remove standing water that accumulates on their property and to use insect repellent or long sleeved clothing when outdoors.

To learn more about what your jurisdiction is doing to combat WNV, how you can help, or to view the current regional West Nile Virus Response Plan, please visit www.mwkog.org/services/health/westnileinfo.



Managed Care for AIDS patients: Is it Better than Fee-for-Service?

As the number of persons living with AIDS continues to rise in this region and in the U.S., Medicaid is an important source of payment for health care services. It is believed to be the largest single publicly funded program for AIDS health care services.

AIDS patients now have enhanced lives and better outcomes because of therapeutic advances in clinical management. Due to increasing Medicaid budgets, many state Medicaid programs have adopted managed care programs as a means of stabilizing medical costs. Maryland passed legislation in 1996 to authorize the establishment of a Medicaid managed care program.

A study conducted by the Maryland Department of Health and Mental Hygiene studied the impact of patient volume on the quality of care received by AIDS patients within a state's Medicaid managed care system. The findings showed that variations in quality of care for AIDS patients did exist. These variations occurred despite an enhanced payment system for managed care organizations who provide services to this population.

High-volume sites did substantially better in providing services than the low- and medium-volume sites. The low- and medium-volume sites lacked compliance with Public Health Service clinical guidelines and were less likely to

provide important ancillary services such as case management. Although quality of care was high, there was not improved survival among patients in high-volume sites.

The evidence available for the study supports the conclusion that provider experience significantly improves clinical outcomes among AIDS patients. These findings and the literature suggest that policies that require provision of HIV/AIDS can be provided by high-experienced/high-volume providers. This may offer the best opportunity to ensure that the care received by Medicaid HIV/AIDS patients meet established clinical standards.

Source: J Acquired Immune Deficiencies Syndr. 2005 Mar; 1;38(3):342-7.



In 1996, the Maryland General Assembly authorized a Medicaid managed care program. Following the passage of this legislation, and approval by the Centers for Medicare and Medicaid Services, Maryland's Medicaid program changed from a fee-for-service to a capitated managed care program. Under this program, Maryland's 330,000 Medicaid recipients were subsequently enrolled in managed care organizations.

Homeland Security at George Washington

The George Washington University offers a broad range of certificate and degree programs in homeland security. For more information visit:

<http://www.homelandsecurity.gwu.edu/programs.htm>

Literacy, continued from page 1

IOM states that the following factors affect health literacy: culture and society, the education system, the health system, and health outcomes and costs. These factors are all possible areas of intervention to improve the nation's health literacy. Consequently, in order to see an improvement in the way individuals are able to process and act upon health information, the health care industry, public

health, policy makers and educators must take responsibility. Copies of the IOM's report *Health Literacy: A Prescription to End Confusion* are available from the National Academies Press at <http://www.nap.edu>.

To learn more about health literacy and what you can do, please visit:

- * Ask Me 3 — www.askme3.org
- *DC Learns — www.dclearns.org
- *Clear & Simple Communication— www.cancer.gov/aboutnci/oc/clear-and-simple
- * Virginia Education Health Literacy Toolkit — www.aelweb.vcu.edu/publications/healthlit

What is Public Health?

www.whatispublichealth.org is a website developed by the American Public Health Association with Pfizer to give young professionals information ranging from the impact of public health to federal health resources



Reports and Resources of Interest

Upcoming Events

What	When & Where	Contact Information & Registration
* 2005 American Psychological Association Annual Convention	* August 18—21, 2005, Washington, DC	* Visit www.apa.org/convention2005
* MWCOG Grant Writing Seminar	* September 26-27, 2005, MWCOG Training Center, Washington, DC	* Visit www.mwcog.org to register
* MACCHE Conference on Children's Health and the Environment	* October 1, 2005, Baltimore, MD	* Contact Aurora Amoah at ehaoa@gwumc.edu or 1-866-622-2431
* 3rd National Prevention Summit: Innovations in Community Prevention	* October 24-25, 2005, Hyatt Regency on Capitol Hill, Washington, DC	* Visit www.healthierus.gov

Information & Opportunities

- For a comprehensive listing of upcoming events in epidemiology, health promotion, prevention, and related fields, go to: www.conferencealerts.com/publichealth.htm
- The OpenCourse Project at Johns Hopkins Bloomberg School of Public Health provides access to the school's most popular courses. Visit: <http://ocw.jhsph.edu/>
- The Alcohol Policy Information System (APIS) is an electronic resource that provides authoritative, detailed, and comparable information on alcohol-related policies in the US. APIS is intended to encourage and facilitate research on the effects and effectiveness of alcohol related policies <http://alcoholpolicy.niaa.nih.gov/index.asp>

The Metropolitan Washington Council of Governments is the association of 19 local governments working together for a better metropolitan region. COG provides a focus for action and develops sound regional responses to such issues as the environment, affordable housing, economic development, health and family concerns, human services, population growth, public safety and transportation.

To subscribe to *Health Capsules* or to share information on regional health issues, please contact Sandra Bempong at 202-962-3275 or sabempong@mwcog.org.



Metropolitan Washington Council
of Governments

777 North Capitol Street, NE
Suite 300
Washington, DC 20002

Phone: 202-962-3200

Fax: 202-962-3204

VISIT US ON THE WEB!

WWW.MWCOG.ORG