

Health Capsules

Metropolitan Washington Council of Governments

Area Nonprofits Respond to Isabel

Nonprofit agencies across the metropolitan Washington area came to the aid of many area residents who were victims of Hurricane Isabel. The Community Foundation for the National Capital Region and the Nonprofit Roundtable of Greater Washington recently released a report, *A Region Responds to Isabel: The Nonprofit Sector's Role in Emergency Preparedness and Response*, highlighting nonprofit organizations that assisted the region before, during and after Isabel hit suburban Maryland, the District and northern Virginia in September.

Organizations such as Food and Friends, Greater DC Cares, the Salvation Army, the United Way, and DC Central Kitchen operated shelters, mobilized volunteers, and provided meals to hurricane victims. The American Red Cross staffed emergency operation centers and coordinated with local health and human service departments to meet disaster-related needs. The Greater Washington Task Force on Nonprofit Emergency Preparedness (a regional group working to establish regional cooperation among nonprofit agencies in the event of an emergency) convened via teleconference to coordinate response efforts and create messages about volunteers and donations for the media.

Members of the nonprofit sector continue to work together to build infrastructure for providing services to the community. The Nonprofit Roundtable of Greater Washington, in conjunction with nonprofit groups and local government officials, is working to establish a regional 2-1-1 hotline that will provide access to information on and referrals to health and social service providers. For more information on this initiative and other efforts, please visit www.211.org and www.cfncr.org.



The work of nonprofit agencies is critical in natural and manmade disasters as seen in the response to the 9/11 events

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County Teen Birth Rates Ranked

For the 11th year in a row, the national teen birth rate continued to drop in 2002, according to the National Center for Health Statistics of the U.S. Department of Health and Human Services. Despite this good news, the United States still has much higher teen pregnancy and teen birth rates than other industrialized countries. The National Campaign to Prevent Teen Pregnancy recently released teen birth data by county and ranked each county's rate from lowest to highest. Fairfax County ranked 14th nationwide (the lowest in the region) and the District of Columbia ranked 350th. (For the rankings of the other jurisdictions, please see the table on the next page.)

Each state is diligently working to reduce adolescent pregnancy and childbearing. Statewide coalitions to prevent teen pregnancy exist in Maryland, Virginia, and the District of Columbia. For example, the DC Campaign to Prevent Teen Pregnancy is based on a youth development model of comprehensive teen pregnancy prevention. Some of the DC Campaign work includes working directly with parents, schools, and faith communities and convening Teen Town Hall meetings to mobilize youth and educate them about teen pregnancy.



Adolescent Pregnancy Facts

- The United States has the highest rates of teen pregnancy and births in the western industrialized world.
- Teen pregnancy costs the United States at least \$7 billion annually.
- The teen birth rate has declined slowly but steadily from 1991 to 2002 with an overall decline of 31 percent for those aged 15 to 19. These recent declines reverse the 23 percent rise in the teenage birth rate from 1986 to 1991.
- Thirty-five percent of young women become pregnant at least once before they reach the age of 20.

Source: The National Campaign to Prevent Teen Pregnancy. (Aug 2003). *General Facts and Stats*, <http://www.teenpregnancy.org>

County Birth Statistics*

Jurisdiction	No. of Teen Births	% of Total Births to Teens	Rank (458 = Highest %)
Fairfax, VA	596	4.2	14
Montgomery County, MD	601	4.5	21
Alexandria City, VA	122	4.7	27
Arlington, VA	129	4.8	30
Frederick County, MD	183	6.5	67
Prince William County, VA	403	8.0	112
Prince George's County, MD	1,252	10.2	184
Washington, DC	1,088	14.2	350
Loudoun County, VA	105	**	**

Source: Adapted from the National Campaign to Prevent Teen Pregnancy County and City Birth Data (<http://www.teenpregnancy.org/resources/data/countycitydata.asp>)

* Birth rates were taken from the 2000 public-use birth data set (most recent available) to calculate the percentage of all births to teens for the 458 counties that have populations of at least 100,000 (approximately 15% of the 3,066 counties in the United States).

**There were 105 births to teens in 2000. This figure was obtained from the Loudoun County Health Department and is not included the National Campaign's data set.



According to the National Institute of Mental Health, ADHD is one of the most common mental disorders among youth affecting nearly two million American children.

It is estimated that at least one child in every classroom in the United States needs help for the disorder.

Who is the First to Suggest ADHD?

A recent survey of practitioners in the metropolitan Washington region found that teachers were most likely to be first to suggest the diagnosis of Attention-Deficit Hyperactivity Disorder (ADHD).

ADHD is a diagnosis applied to individuals (children as well as adults) that consistently display certain characteristic behaviors over a period of time. These behaviors fall into three categories: inattention, hyperactivity, and impulsivity. Medications, such as Ritalin and Adderall, are used to manage ADHD.

The study, conducted by Leonard Sax, MD, Ph.D., and Kathleen Kautz, RN, BSN, of the Montgomery Center for Research in Child and Adolescent Development, surveyed 412 family physicians, pediatricians, and child psychiatrists in the District of Columbia, Northern Virginia, and Prince Georges and Montgomery Counties.

According to the doctor's estimates, teachers and school personnel recommended ADHD diagnosis 46.4 percent of the time. Next in line were parents at 30.2 percent and

primary care physicians at 11.3 percent.

Survey responses also indicated that DC area physicians prescribed medication for 77 percent of ADHD patients and that 75.4 percent children taking medication are boys.

For more information on this study or on ADHD, please contact Dr. Sax at leonard-sax@prodigy.net or visit www.nimh.nih.gov.

SARS and the National Capital Region

Area health departments are preparing for Severe Acute Respiratory Syndrome (SARS), the respiratory illness that hit parts of Asia, North America, and Europe last year. Health professionals and emergency planners met last October to discuss lessons learned from Toronto and China and surge capacity in the National Capital Region. This meeting was the third in a series of SARS preparedness workshops presented by the Institute for Public Health Emergency Readiness and the Center for Biological Counter Terrorism & Emerging Diseases at the Washington Hospital Center.

While this disease has not become a problem for the metropolitan Washington area, local health officials are actively responding to the

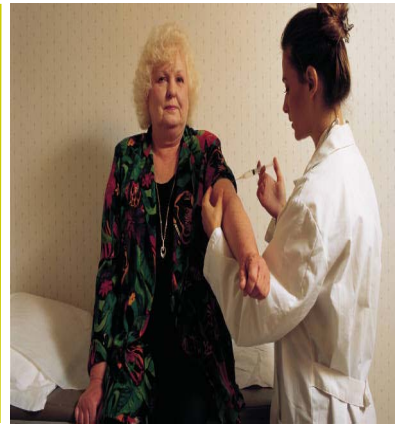
threat of SARS as part of normal response to infectious diseases. Collaboration across the region is based on the RESF #8 of COG's Regional Emergency Coordination Plan.

Because this disease is emerging, there are still many unanswered questions. Many jurisdictions have provided advisories to their citizens. To find out more about what your community is doing, please contact your local health department.

To learn more about SARS, please check out the following resources:

- *The Centers for Disease Control & Prevention (CDC)* - <http://www.cdc.gov/ncidod/sars/>

- *The World Health Organization (WHO)* - <http://www.who.int/csr/sars/en/>
- *National Institutes of Allergy & Infectious Diseases (NIAID)* - <http://www.niaid.nih.gov/factsheets/sars.htm>
- *U.S. Food & Drug Administration (FDA)* - <http://www.fda.gov/oc/opacom/hottopics/sars/>
- *The American Medical Association (AMA)* - <http://www.ama-assn.org/ama/pub/article/1949-7564.html>
- *SARS Support Centre* - <http://www.sarssupportcentre.net>



The CDC does not recommend influenza vaccination for the primary purpose of reducing the number of persons who might be evaluated for SARS. According to CDC's Morbidity & Mortality Weekly, widespread use of the influenza vaccine will reduce the number of influenza cases and might decrease the number of persons with a febrile respiratory illness who are evaluated for SARS. However, these secondary benefits cannot be reliably anticipated.

The Metropolitan Washington Council of Governments has a number of committees working to improve the health and well-being of the National Capital Area.

- | | |
|-------------------------|---------------------------------|
| Health Officials | Substance Abuse & Mental Health |
| Bioterrorism Task Force | Co-Occurring Disorders |
| Health Work Group | Corrections Health Care |
| Bio-Emergency Planners | Mosquito-Borne Pathogens |

For more information or to join any of these committees, please contact COG's Health & Substance Abuse Programs at 202-962-3275.

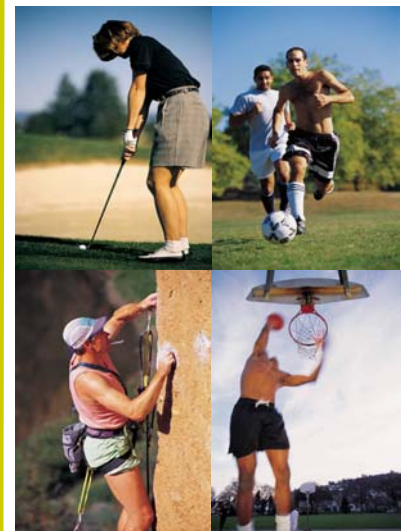
Metropolitan Behavioral Risk Factors

The Centers for Disease Control and Prevention (CDC) offers a web-based tool for individuals to compare data on health-related behaviors through the SMART (Selected Metropolitan/Micropolitan Area Risk Trends) project. Users are able to access local health risk data and view printable charts by geographic area.

SMART uses data collected for 2002 on health risk behaviors, preventive health practices and health care access from the CDC's Behavioral Risk Factor Surveillance System (BRFSS). Individual jurisdictions use BRFSS data to monitor the progress of existing health improvement initiatives and establish health department priorities. For

example, the District of Columbia uses the BRFSS to provide data for legislative advocacy and education supporting the passage of tobacco control legislation.

The SMART BRFSS tool is available at <http://apps.nccd.cdc.gov/brfss-smart/index.asp>.



According to SMART BRFSS, 80.2 % of Washington area adults reported that they had participated in physical activities during the past month.



Reports and Resources of Interest

- Loudoun County’s Online Mental Health Screening tool — <https://www.mentalhealthscreening.org/screening/welcome.asp>
- First Citywide Comprehensive Substance Abuse Strategy for the District of Columbia — http://dchealth.dc.gov/services/administration_offices/apr/public_comment_draft.shtm
- Directory of Health Department Services for Prince George’s County — <http://www.goprincegeorgescounty.com/Government/AgencyIndex/Health/A-122.pdf>
- Epidemiology & Prevention of Vaccine-Preventable Diseases, 8th Edition (“The Pink Book”), available February 2004 — www.phf.org
- Recovery, Employment & Rehabilitation Services: Report of the Mental Health Day Support Work Group <http://www.co.fairfax.va.us/service/csb/announcements/RecoveryModel.pdf>
- CDC’s National Immunization Program Flu Home Page — <http://www.cdc.gov/nip/flu/>
- Mid-Atlantic Public Health Training Center— <http://www.maphtc.org>
- The Healing Project of Montgomery County— <http://www.montgomerycountymd.gov/mcgtmpl.asp?url=/Content/HealingProj/index.asp>
- District of Columbia Health Care Access Survey 2003— <http://www.kff.org/minorityhealth/minorityhealth103003pkg.cfm>
- Arlington County Post-Isabel Survey— http://www.co.arlington.va.us/emergency/isabel_survey_questions.htm
- "Preparing Makes Sense. Get Ready Now." — http://www.ready.gov/pdf_brochure.html

The Metropolitan Washington Council of Governments is the association of 18 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 Adomako-Bempong at 202-962-3275 or sabempong@mwkog.org.



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