



# Health Capsules

## Regional Health Indicators Report

### Inside this issue:

*Obesity Survey* 2

*How safe are Our Roads?* 3

*Other Regional Research* 4

*Be Prepared for the Flu* 4

A report released by the Metropolitan Washington Council of Governments (COG) and the Washington Grantmakers (WG) indicates that health can differ quite dramatically depending upon where one lives in the region.

Consider just a few of the report's findings:

★ There is almost a 10-year difference in life expectancy depending upon where in the region a person lives, with the lowest average life expectancy at 72 years for residents of the District of Columbia, compared to an average life expectancy of over 81 years for residents of Montgomery County;

★ The infant mortality rate per 1,000 births is roughly two and half times greater in the highest jurisdiction (Prince George's County with 11.9 deaths per 1,000 births) than in the lowest (Arlington and Loudoun Counties tied at 4.2 deaths per 1,000 births);

The percentage of people 18-64 of all income levels throughout the region who lack health insurance ranges from 11.8 percent in Loudoun County to 25.2 per-

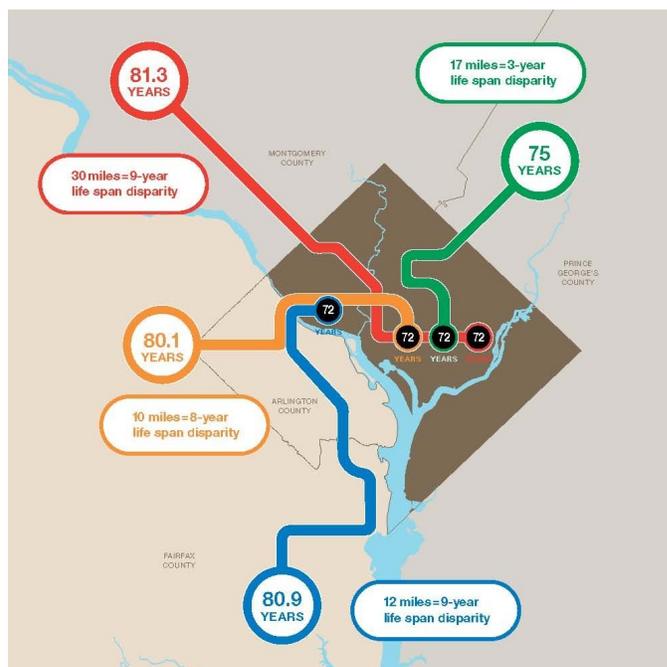
cent in the City of Manassas.

The report, *Community Health Status Indicators for Metropolitan Washington: 2009*, examines the region's health, overall and by jurisdiction. According to the report, health is more than the absence of disease; it involves physical, mental and social well being. Health is not simply a matter of genetics, personal behaviors, and lifestyle choices. Nor is it just a matter of insurance coverage and access to healthcare services. Race and ethnicity, education and income, family history and

early life experience, even the neighborhoods and homes in which people live are important factors in determining health. These factors are collectively referred to as the "social determinants" of health.

"When thinking about health, we all too often think only about health care – the services of doctors, hospitals, clinics, and others who provide care to those who are already sick," said Tamara Copeland, President of WG. "While health care is an essential component of any strategy to protect health, of equal importance

"There is almost a 10-year difference in life expectancy depending upon where in the region a person lives."



## Health indicators (cont'd)

are the other factors that can prevent health problems and improve basic health and well being.”

COG Executive Director David Robertson said that there were four major objectives for the report. “We wanted to provide a simple snapshot of the health of the region’s residents, identify issues that may be of regional concern, facilitate efforts to improve the population’s health status within and across jurisdictions, and encourage the public, private, non-profit and philanthropic sectors to work together to make the health of all residents the best in the nation,” Robertson said.

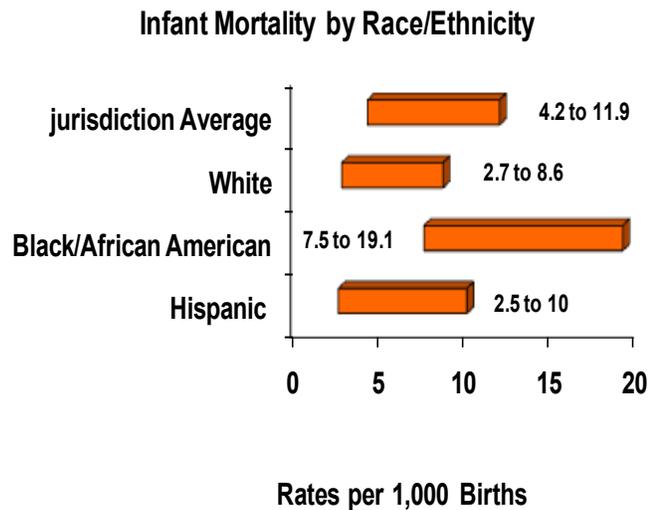
The report does contain some good news, while demonstrat-

ing areas that need improvement said Dr. Kelly Woodward, Medical Director at the Alexandria Health Department and a member of the Health Indicators Workgroup. “Overall, the region is relatively healthy when compared to the United States at large. However, comparisons with ‘peer counties’ identified through the national indicators project suggest there is room for improvement – even in areas where the region’s jurisdictions generally did well in comparison with the

United States,” Woodward said. “There are, however, notable variations among jurisdictions on some of the indicators, and several health issues common across the region.”

The report is available at [www.mwco.org](http://www.mwco.org) in the Publications section

**Health is more than the absence of disease; it involves physical, mental and social well being**



## Regional Obesity Survey

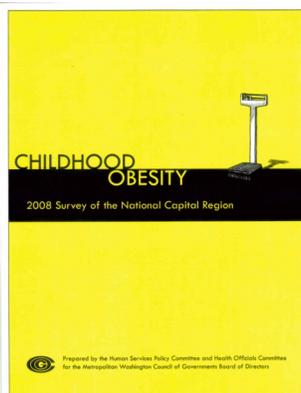
In 2009 COG released a survey of local jurisdictions that looked at policies related to childhood obesity. Some of the findings include:

- Half of jurisdictions report that they exceed the USDA standards, while the other

half are meeting them; limiting trans fats and sodium were the most common ways of exceeding

- No jurisdiction reported that their elementary school students receive the recommended 150 minutes of physical education each week .

- Mixed-use development was cited as the most common way to ensure that residents have easy access to businesses. Eight of the jurisdictions reported that they offer incentives for mixed-used development. Five of the jurisdictions conduct an analysis of the services avail-



able without the use of an automobile.

- Only two jurisdictions collect Body Mass Index data
- Seven of the nine jurisdictions have another source of data to help track obesity trends. These data are used for a variety of purposes such as monitoring trends, determining funding decisions, grant writing, developing interventions, and establishing baseline levels.

Recommendations from Obesity Prevention Workgroup:

- All elementary schools should meet physical education standards.
- All jurisdictions should

include Health Impact Assessments in land use decisions.

- All Jurisdictions should collect student BMI's

Recommendation from the Human Services Policy committee:

- Elected officials should work to build understanding of the effectiveness of policies and personal/family decisions, and the need for public support of effective land use and school policies.
- The jurisdictions should take steps to encourage retail access to fresh foods in low income areas.

- Local elected officials should reach out across all sectors of the community through health fairs, health summits, and other activities to increase support for and involvement in changing beliefs and behaviors related to eating and exercise habits.

The full report is available at [www.mwcog.org](http://www.mwcog.org) in the Publications section

	Physical Activity (completed by school PE program)									
Meets recommended minutes per week of elementary school PE										
Minutes per week of middle school PE		✓	✓		✓	✓	✓	✓		
Use of a Physical Fitness Assessment	✓	✓			✓	✓	✓	✓	✓	✓

## How Safe Are Our Roads?

Findings in the 2009 report on drunk driving, *How Safe Are Our Roads?* compiled by COG and the Washington Regional Alcohol Program (WRAP) include:

**FATALITIES...**Local alcohol and or drug-related traffic deaths **decreased** by 42.2% between 2007 and 2008.

**CRASHES...**Area traffic

crashes attributed to alcohol and or drugs **decreased** by more than 21.3% between 2007 and 2008.

**INJURIES...**Local alcohol and or drug-related traffic injuries also **decreased** by 16.8% between 2007 and 2008.

**ARRESTS...**Local arrests for either driving under the influence (DUI) or driving

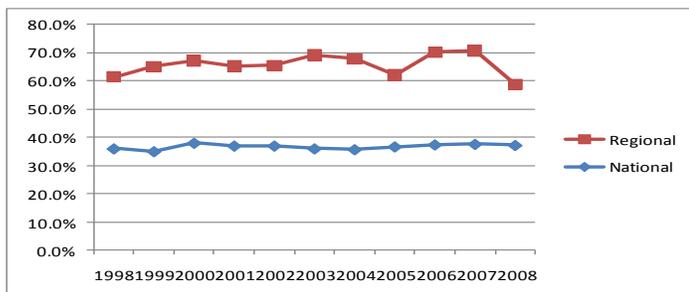
while intoxicated (DWI) **increased** by 1.2% between 2007 and 2008.

Of the Washington metropolitan area's 310 total traffic fatalities last year, 21% (67) of these roadway deaths were alcohol and or drug-related. 2008 national statistics (National Highway Traffic Safety Administration or NHTSA) show that 32% of total U.S. vehicular fatalities were reported as alcohol / drug-related.

WRAP and COG are pleased to note the effectiveness of high-profile law enforcement, but they also stress that someone is still arrested for drunk driving every 45-minutes in the Washington metropolitan area.

“Someone is still arrested for drunk driving every 45-minutes in the Washington metropolitan area.”

Percentage of Total Fatalities That Are Alcohol-Related (National Vs. Regional)





Metropolitan Washington  
Council of Governments

777 North Capitol St. NE  
Suite 300  
Washington, DC 20002  
[www.mwvog.org](http://www.mwvog.org)

Phone: 202-962-3200  
Fax: 202-962-3204  
E-mail:

## Other Regional Research

Studies about the region available at <http://www.ncbi.nlm.nih.gov/pubmed/> include:

- Active living and biking: tracing the evolution of a biking system in Arlington, Virginia (J Health Polit Policy Law. 2008 Jun;33(3):387-406)
- Evaluation of automated speed enforcement in Montgomery County, Maryland (Traffic Inj Prev. 2008 Oct;9(5):440-5)
- Factors influencing implementation of local polices to promote physical activity: a case study of Montgomery County, Maryland (J Public Health Manag Pract. 2008-May-Jun;14(3):280-8)
- Barriers to health care access in 13 Asian American communities (Am J Health Behav. 2010 Jan-Feb;34(1):21-30)
- Designing and implementing ethnic congregate nutrition programs for older Americans (J Nutr Elder. 2008;27(3-4):417-30)
- Model minority at risk: expressed needs of mental health by Asian American young adults (J Community Health. 2009 Apr;34(2):144-52)
- An Urban Food Store Intervention Positively Affects Food-Related Psychosocial Variables and Food Behaviors. ([Health Educ Behav.](#) 2009 Nov 3. [Epub ahead of print])

# Be prepared for the flu!

## Stop the spread of flu:

- Wash your hands often
- Cover your cough or sneeze with a tissue or sleeve
- Stay home when sick and don't return to work or school until fever-free for 24 hours, without using fever-reducing medication
- Get vaccinated and stay informed!

## Know the Symptoms:

- Fever (above 100°F)
- Cough
- Bodyaches or headache
- Chills and fatigue
- Sore throat
- Runny or stuffy nose
- Diarrhea and vomiting, in some cases
- See Inside to Learn What to Do if You or a Loved One Gets the Flu



Remember: Do Not return to work or school for at least 24 hours after the fever is gone, without the use of fever-reducing medicine.

If at any time you feel uncomfortable or worried about you or your loved one's symptoms, you should contact your health care provider.

### What To Do If You Or A Loved One Gets The Flu (from [www.cdc.gov](http://www.cdc.gov)):

- Get plenty of rest; drink fluids
- Consider taking fever-reducing medication
- Do Not give aspirin to children or teens who have the flu
- Take antiviral medication if prescribed
- Stay home from work or school until fever is gone for 24 hours, without use of fever-reducing medication.

If you have severe illness or you are at high risk for flu complications, contact your health care provider or seek medical care. Your health care provider will determine whether flu testing or treatment is needed.

If you become ill and experience any of the following warning signs, seek emergency medical care.

In children, emergency warning signs that need urgent medical attention include:

- Fast breathing or trouble breathing
- Bluish or gray skin color
- Not drinking enough fluids
- Severe or persistent vomiting
- Not waking up or not interacting
- Being so irritable that the child does not want to be held
- Flu-like symptoms improve but then return with fever and worse cough

In adults, emergency warning signs that need urgent medical attention include:

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Severe or persistent vomiting
- Flu-like symptoms improve but then return with fever and worse cough

This document was prepared under a grant from FEMA's Grant Programs Directorate, U.S. Department of Homeland Security. Points of view or opinions expressed in this document are those of the authors and do not necessarily represent the official position of FEMA's Grant Programs Directorate or the U.S. Department of Homeland Security.