



Health Capsules

Metropolitan Washington Council of Governments

Montgomery County's Public Health Services' Mass Dispensing Research Published in Prominent Scientific Journal

Research presented by several members of the Montgomery County Department of Health and Human Service along with faculty members of the University of Maryland College Park was published in the November-December 2006 edition of *Interfaces*. *Interfaces* is one of twelve scholarly publications published by INFORMS which stands for the Institute For Operations Research and The Management Sciences. The ten page article brought attention to the need for county health departments to devise and test pre-existing plans in the event of a contagious outbreak. The article states that data was found using a mass-vaccination clinic that was built on Rockwell Software's Arena 5.00. Not only did the MCDHHS use information collected from computer research but they also performed discrete tests across the county that simulated several factors that relate to clinical flow. These factors include arrival rate, total time in clinic, staff efficiency, and clinical restraints.

Although this work is in its primary stages, conclusions were drawn. Counties that choose to implement the plans and software discussed in the article would be at a great advantage. The potential for bioterrorism attacks, pandemic flu, or other events is a serious reality. Models that were used by MCDHHS can be found on the *Interfaces* website.

Source:

Aaby et al.: *Montgomery County's Public Health Service Uses Operations Research*

Interfaces 36 (6) pp. 569-579



Volume 6, Issue 2

March/ April 2007

Inside this issue:

Regional HIV/AIDS Statistics 2

OHSA Publish New Workplace Influenza Pandemic Guide 2

Mental Exercise Helps Maintain Some Seniors' Thinking Skills 3

Johns Hopkins Study finds Correlation Between Pain in Nursing Homes and Dementia 3

Enhanced Depression Care can be Beneficial 3

Oral Cancer Exams among Cigarette Smokers in Maryland 4

Region shows mixed results in State Mental Health Agency data

In a study published by the scientific journal entitled *Health*, regional states show mixed results in state spending per capita and average annual percent change of State Mental Health spending. For the 2003 calendar year, Maryland and The District both spent more per capita than the national average on this issue whereas Virginia did not meet the national average. Average annual percent change numbers show The District and Virginia failing to meet the national average while Maryland, once again, exceeds the national average

	Amount per capita (\$)	2001- 2003 Avg. Annual Percent Change (%)
United States	92	6.6
District of Columbia	414	2
Maryland	147	7.6
Virginia	69	3

Source: *Health*, United States 2006



Regional HIV/AIDS Statistics

	New AIDS Cases, Reported in 2005	National Rank
District of Columbia	707	15th
Maryland	1,595	7th
Virginia	646	19th
US Total	41,993	

New AIDS Cases Reported in 2005

	AIDS Cases per 100,000 in 2005	National Rank
District of Columbia	128.4	1st
Maryland	28.5	3rd
Virginia	8.5	23rd
US Rate	14.0	

AIDS Cases per 100,000 in 2005

	Persons Living with AIDS	National Rank
District of Columbia	9,794	10th
Maryland	14,108	9th
Virginia	8,094	13th
US Total	437,982	

Estimated Persons Living with AIDS in 2005

	Total HIV/AIDS Federal Funding FY 2005 (\$)	National Rank
District of Columbia	91,455,734	9th
Maryland	98,268,743	8th
Virginia	41,809,665	16th
US Total	2,905,337,273	

Total HIV/AIDS Federal Funding FY 2005

Source: <http://www.statehealthfacts.org>

OHSA Publish New Workplace Influenza Pandemic Guide

On February 6, 2007 the U.S. Department of Labor's Occupational Safety and Health Administration (OHSA) released a new workplace safety and health guidance will be used to help employers prepare for a potential influenza pandemic. The guide, created in conjunction with the Department of Health and Human Services is entitled *Guidance on Preparing Workplaces for an Influenza Pandemic*.

The manual provides non-specialized coverage for many different types of workplaces, explains the difference between seasonal, avian, and pandemic influenza, and gives pertinent information on the nature of a potential pandemic, how the virus could

spread and how exposure is likely to occur. Information that can help alleviate fears of many employees.

When asked about the importance of workplace preparation to pandemic influenza, Assistant Secretary of Labor for OHSA Edwin G. Foulke Jr. said "In anticipation of a flu pandemic, our top priority is protecting the safety and health of America's working men and women. Employers and employees should use this guidance to help identify risk levels and implement appropriate control measures to prevent illness in the workplace."

The guide can be found by going to the following website:

http://www.ohsa.gov/Publications/influenza_pandemic.html





IN THE NEWS

Mental Exercise Helps Maintain Some Seniors' Thinking Skills

According to a *National Institutes of Health* (NIH) funded research effort published in the December 20, 2006 edition of the *Journal of the American Medical Association*, short-term cognitive training can help senior citizens combat degenerative memory loss.

The Advanced Cognitive Training for Independent and Vital Elderly (ACTIVE) Study is the first ever study to address this issue. One of the six study sites was located at Johns Hopkins University in Baltimore, Md.

The results of this study are important because it is a well-known fact among researchers that decline precedes the loss of functional ability in older adults. With these findings, it is now possible to see if it is possible to prevent loss of functional ability in older adults by teaching them cognitive tasks that strengthen their ability to effectively process thoughts.

Source: <http://www.nih.gov/news/pr/dec2006/nia-19.htm>

Johns Hopkins Study finds Correlation Between Pain in Nursing Homes and Dementia

The purpose of this study—published in the Oct-Dec 2006 edition of PubMed—was to address health problems and comorbid illnesses of nursing home residents with advanced dementia and identify correlates of staff-identified pain. Study participants were chosen from three nursing homes in Maryland, along with their surrogate decision makers and their physicians. The following co morbidities were top five percentage-wise in patients with dementia

- Skin Problems (95%)
- Nutrition/hydration problems (85%)
- Psychiatric/behavioral problems (85%)
- Gastrointestinal problems (81%)
- Infections (80%)

Source: PubMed

Enhanced Depression Care can be Beneficial

Contrary to the belief of many employers, taking care of employees with depression is more beneficial than just leaving them to their own devices. The National Institute of Health published an article entitled *The Costs and Benefits of Enhanced Depression Care*.

Researchers at Harvard University used a software program and previously compiled data to analyze the costs and benefits for workplace intervention for depression. The result was a hypothetical workplace of 40-year-old depressed workers diagnosed with depression. The workers were either prescribed “usual care” which meant no workplace interference, or enhanced care, where a master’s-level health professional screens workers for depression. With enhanced care the care managers prescribed further action if the employee was found to be depressed.



The estimated results of providing enhanced care for employees' depression would result in a cumulative savings to employers of about \$2,895 for every thousand workers over the course of five years. Mental health services would rise initially but ultimately a more productive workplace would result do to the fact that there would be less instances of absenteeism and reduced employee turnover costs. The benefits are not immediate, benefits only begin to exceed cost in the second year of establishing a depression-management system.

Expenses accumulate rapidly in several cases. One such example is using a psychiatrist instead of a primary care doctor. Brand name drugs also costs the program more than generic drugs. And lastly, expenses rose when an employee spent more than four hours in care during a three month cycle.

Source: http://www.nih.gov/news/research_matters/december2006/12112006depression.html



Oral Cancer Exams among Cigarette Smokers in Maryland

The Department of Epidemiology and Preventive Medicine at the University of Maryland School of Medicine published a study on November 20, 2006 that addressed the prevalence of current and former smokers having completed oral cancer exams. It is already known that current and former smokers are at an increased risk to develop oral cancer and so the study was done to see if current and former smokers were more likely to undergo an oral exam for cancer in comparison to non-smokers.

To complete the study, data was compiled using the 2002 Maryland Cancer Survey. This was a population-based random digit dial, state-wide survey on cancer screening and risk behaviors that targeted adults over the age of 40. In total, 4840 individuals reported whether or not they had had an oral cancer examination, smoking patterns, and access to healthcare.

Of the 4840 Marylanders polled in the survey, 2062 (42.6%) of them reported ever having had an oral cancer examination. Of those examinations, 90.9% of them were performed by dentists and dental hygienist.

Ultimately, the results indicate that current and former smokers were no more inclined to get an oral cancer examination than non-smokers. Factors that predicted the likelihood of having had an oral cancer exam— according to the survey- include:

- Having more than a high school degree
- Being female
- Being Non-Black
- Being in Excellent Health
- Having a recent physical exam
- Having visited the dentist in the last year



Source: PubMed: *Oral Cancer Exams among Cigarette Smokers in Maryland*

The Metropolitan Washington Council of Governments is the association of 21 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 Lauren Udvari at 202-962-3209 or Ludvari@mwkog.org. This edition of *Health Capsules* was prepared by MWCOG Health Committee Assistant Joey Price. He can be reached at Jprice@mwkog.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