

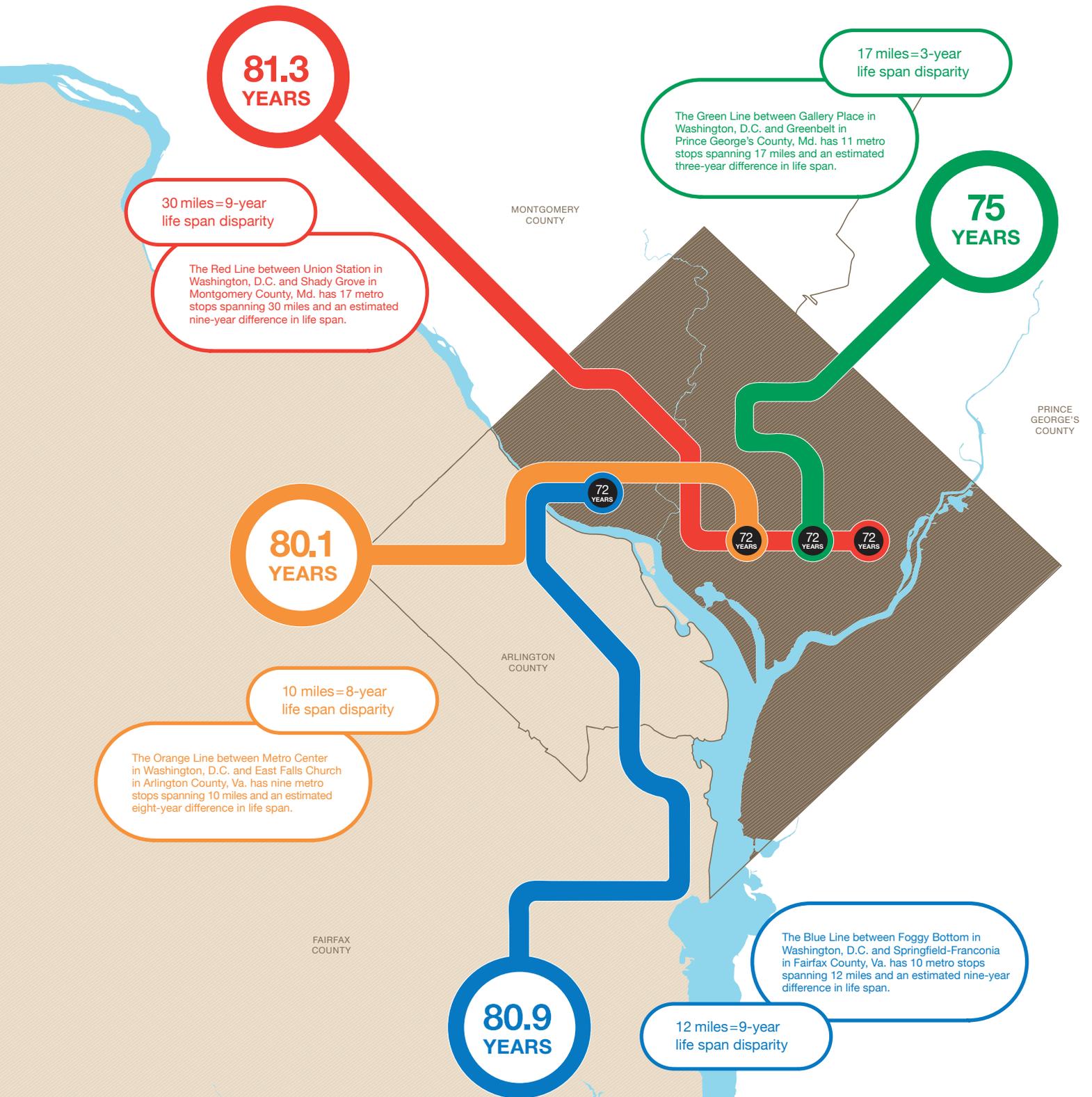
Community Health Status Indicators for Metropolitan Washington 2009

Executive Summary



Metropolitan Washington Council of Governments

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Regional Association of
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Cover graphic was prepared for the Robert Wood Johnson Foundation Commission to Build a Healthier America by the Center on Social Disparities in Health at the University of California, San Francisco.

Executive Summary

The Metropolitan Washington, D.C. area is home to more than four million people who live in the city and the surrounding Virginia and Maryland communities. All of us who live here hope that we, our families, friends, and neighbors can be healthy and stay healthy throughout our lives. But how healthy are we? What do we need to consider as we work together to enable residents of the region to be among the healthiest in the nation?

Health, we know, is more than the absence of disease; it involves one's physical, mental and social well being.¹ It is now widely accepted as fact that our health – whether excellent, good, fair or poor – is not simply a matter of genetics, personal behaviors, lifestyle choices, or medical care. Our health is determined by the conditions and characteristics of our everyday lives: our race and ethnicity, our education and income, our family history and early life experience, our neighborhoods, and even the homes in which we live.

To facilitate efforts across to improve the population's health status within jurisdictions, the Health Officials Committee (HOC) of the Metropolitan Washington Council of Government (MWCOC) and the Health Working Group (HWG) of Washington Regional Association of Grantmakers agreed to develop a simple snapshot of the health of the region's adult residents. They established a six member Health Indicator Working Group of health department representatives and funders to guide the efforts. The result of the work, *Community Health Status Indicators for Metropolitan Washington: 2009*, is contained in three documents -- *A Regional Overview*, *A More In-Depth Look at the Region* and a *Community Indicator Chart Book*. This Executive Summary highlights major findings and next steps from a regional perspective.

When reviewing these data, it is important to consider the region's demographic and social context, recognizing that there are wide variations in the characteristics of individual jurisdictions. For example, the region's 4.6 million population is racially and ethnically diverse -- almost 55% of the region's population is White, just over 27% Black or African American, 9% Asian, and the remainder of some other race or two or more races. Just over 12% of the population is of Hispanic or Latino ethnicity, regardless of race. Over a quarter of the region's population over 5 years of age speaks languages other than or in addition to English. Furthermore, income and education levels within the region vary widely.

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Overall, the region is relatively healthy when compared to the United States but, comparisons with “peer counties”² 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.

There are, however, notable variations among jurisdictions on some of the indicators, and several health issues common across the region.

- There is almost a 10-year difference in life expectancy depending where in the metropolitan area a person lives.
- The infant mortality rate per 1,000 births is roughly two and half time greater in the highest jurisdiction, ranging from a low of 4.2 to 11.9.
- Infant mortality rates for births to African-American women are higher than for other races/ethnicities in all jurisdictions for which data were available.
- The rate of deaths from coronary heart disease is just under three times greater in the highest jurisdiction than in the lowest, ranging from 92.5 to 255.7 per 100,000.
- High blood pressure in the region ranges from 14.6% to 26.7% for those jurisdictions for which data were available.
- The percentage of adults who reported low fruit and vegetable consumption ranges from 66.6% to 75.4%.
- The percentage of the population that is considered obese ranges from 13.6% to 25.5%.
- The percentage of people 18-64 who lack health insurance – ranges from 11.8% to 25.2%.

Just as health is more than the absence of disease, improving the health of our region is about more than hospitals, doctors and insurance. A 2008 Robert Wood Johnson Foundation report, *Overcoming Obstacles to Health*³, found that:

- Poor and less educated Americans as well as minority Americans die, on average, up to six years sooner than their wealthier, better educated counterparts;

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- Compared with adults in the highest income group, poor adults are three times as likely to have a chronic illness such as asthma or diabetes;
- Compared with college graduates, adults who have not finished high school are four times as likely to be in fair or poor health.

To fully understand and address these inequities, both across the region and within individual jurisdictions will require a number of actions, including:

- Collecting and mapping health data at the neighborhood level, by race/ethnicity, income and other socio-economic factors relevant to health status;
- Understanding those factors in our region that most influence health inequities;
- Understanding current work in our region to address critical health issues and identifying the gaps in service and policy;
- Understanding the health status of the region's children and adolescents;
- Educating our community to advance a broad-based and deep understanding of how fundamental causes of inequality shape community environments and how these environments, in turn, shape health;
- Researching community health models that promote health equity and give greater attention to a prevention oriented approach;
- Working across public, private, non-profit and philanthropic sectors to understand how each can contribute to health equity;
- Having a community conversation to determine what strategies might be applied to improving the overall health of our region; and
- Developing a regional plan of action.

Achieving a truly healthy region requires a holistic approach that addresses the social determinants of health and creates health equity.

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Sources:

Data for this work comes primarily from Community Health Status Reports⁴ prepared for 13 of the region's jurisdictions⁵ by the national Community Health Indicators Project, and the Census Bureau's American Communities Survey (2005-2007) and Small Area Health Insurance Estimates (2005).

Endnotes:

1. Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19 -22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948. <http://www.who.int/about/definition/en/print.html>
2. Peer counties are defined by the Community Health Status Indicators Project (see endnote 4) as "...those counties similar in population composition and selected demographics. Comparison of a county to its peers is thought to take into account some of the factors that make a difference in a community's health.... Strata, or peer groups, were developed with input from an advisory committee composed of Federal, State, and local public health professionals and members of academia for CHSI 2000. The project goal was to develop strata of 20-50 counties each, providing several peers for each county." http://www.communityhealth.hhs.gov/COMPANION_DOCUMENT/CHSI-Data_Sources_Definitions_And_Notes.pdf
3. Robert Wood Johnson Foundation's Commission to Build a Healthier America. "Overcoming Obstacles to Health." Feb. 2008. <http://www.rwjf.org/files/research/obstaclestohealth.pdf>
4. Data in the CHS Reports was drawn from the National Vital Statistics Reporting System (generally 2001-2003), and the Center for Disease Control and Prevention's Behavioral Factor Surveillance System 2000-2006. Community Health Status Indicators (CHSI) Project is a public-private partnership that includes Federal agencies, associations of public health officials and non-profit organizations. <http://www.communityhealth.hhs.gov/homepage.aspx?j=1>
5. Frederick, Montgomery, and Prince George's counties in Maryland (which include local municipalities); the counties of Arlington, Fairfax, Loudoun, and Prince William and cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park in Virginia; and the District of Columbia.