



# Health Capsules

Metropolitan Washington Council of Governments

## Cervical Cancer Incident Rates Vary Drastically Across the Region

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Regional data compiled by the Kaiser Family Foundation shows that in 2003, the District of Columbia had the highest rate of cervical cancer in the nation. With 13.3 cervical cancer incidents per 100,000 residents, the District was above the national average, -8.1, by more than five cases per 100,000. Maryland also had a high rate of cervical cancer with a reported 9.3 cases per 100,000. Virginia was 47th in the nation and well below the national average with only 6.3 cases per 100,000 people.

In 50 years, cervical cancer has gone from the primary cause of cancer in women to the 13th biggest cause. Despite this success, it still kills an average of 4100 women per year. Cervical cancer is caused by more than one strand of the Human Papillomavirus (HPV), an incurable virus that can be spread through skin to skin contact and can also be spread even with the use of a condom during intercourse. According to the *Center for Disease Control*,

more than 80% of American women will have contracted a least one strain of genital HPV.

Preventative measures should be exercised whenever possible. Symptoms for both HPV and cervical cancer develop slowly and require medical testing. In 2006, an HPV vaccination for women ages 12-26 by the name of Gardasil was finally released to the public. Virginia is the first state to mandate the use of the vaccine.

Sources:

<http://www.statehealthfacts.org>

Lowy, DR and Schiller, JT, "Prophylactic human papillomavirus vaccines" (PubMed)



## Trust for America's Health Places

### Virginia in Top Rank for Health Preparedness

A study released by the Trust for America's Health in December of last year ranked Maryland among the least prepared states in the event of a health emergency such as bioterrorism or pandemic flu, while Virginia placed in the top 14th. The District of Columbia received a score of five out of 10 possible points and Maryland received four. Virginia scored eight out of 10.

The Washington Post quoted concerns with the report, questioning the data used. D.C. Health Officials noted the unfairness of comparing an impoverished city to entire states. They quoted Gregg Pane, director of the D.C. Health Department as saying that it "paints a misleading picture." Matthew Minson with the Maryland Health Department commented, saying that Maryland recently received good marks from the Center for Disease Control and Prevention and that the state had made substantial improvement.

This year's study, the fourth such annual study from the Trust for America's Health, placed a higher emphasis on pandemic flu. The study says that the country overall is unprepared in the event of pandemic flu, citing the vaccination rate as "a reflection of the underlying problems in the health care system. The group's study also found that half of all states, including the entire national capitol region, would run out of hospital beds within two weeks of a moderately severe pandemic flu outbreak.

Source: <http://www.healthyamericans.org/reports/bioterror06>

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# Study Surveys the Effect of a Nuclear Blast on the Region

The International Journal of Health Geographics published a report done by the University of Georgia's Center for Mass Destruction Defense entitled "Vulnerability of populations and the urban health care systems to nuclear weapon attack—examples from four American cities." Using census data from 2000, the researchers calculated various outcomes in the event of a nuclear attack in four "high priority target cities." These cities include New York City, Chicago, Atlanta, and the District. Blast results were calculated under the assumption that nuclear detonations would occur with 20 kiloton and 550 kiloton bombs.

The study places the affected population of the greater Washington region at approximately 1,066,666, 701,000, including more than 700,000 people who are within 6 miles of downtown. The effect in the area of the initial blast would be almost complete mortality, while the surrounding areas would be affected by severe burns from the thermal blast and radiation from fallout. The weather plays an important role in distributing the fallout after the initial blast. From figure 2a, it is easy to see that the distribution of fallout as wind carries it downwind makes the affected area much larger than from the blast itself with respect to the blast impact area (fig. 2c) and the thermal impact area (fig. 2b).

What might be most disturbing, however is the proximity of the blast to the locations of most hospitals and administrative buildings in the area. In this area as well as in the other three cities, such an event would render a vast majority of the hospitals, trauma centers, and other medical assets inoperable during the crisis.

Ultimately, the study concluded that among the consequences of a nuclear blast would be the probable loss of command-and-control, mass casualties that will have to be treated in an unorganized response by hospitals, and many other chaotic actions.

Source: <http://www.ij-healthgeographics.com/content/6/1/5>

Fig. 2a

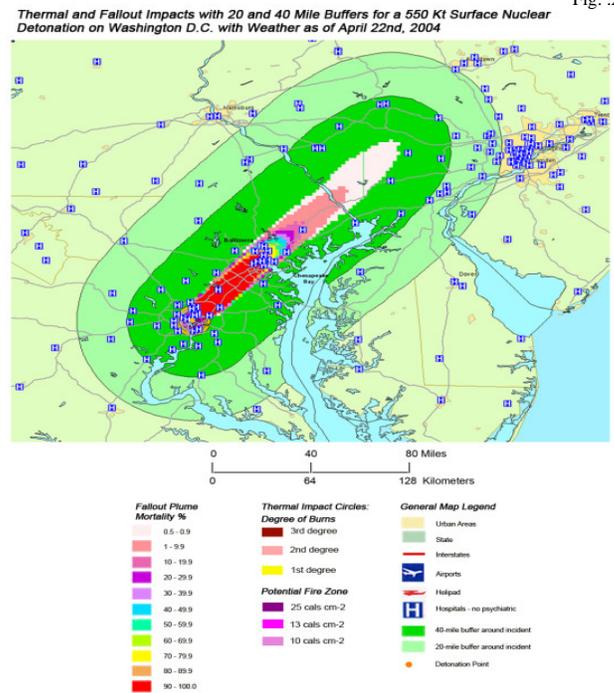


Fig. 2b

Thermal Impacts of a 550 Kt Surface Nuclear Detonation on Washington, D.C with Weather as of April 22nd, 2004

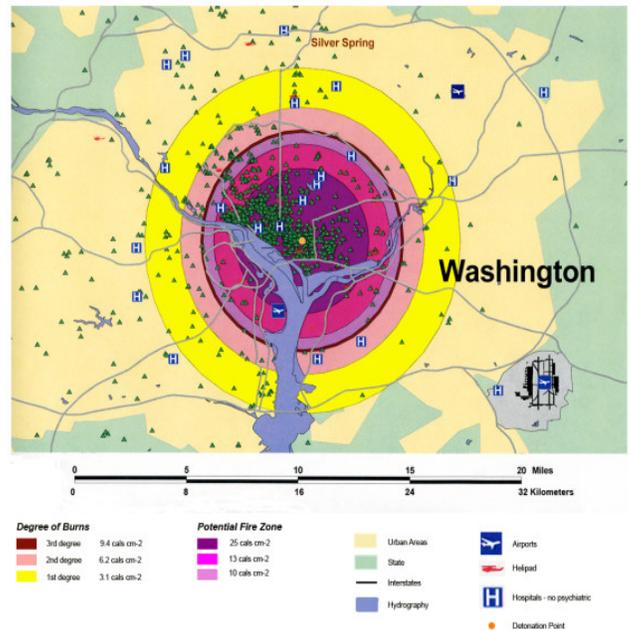
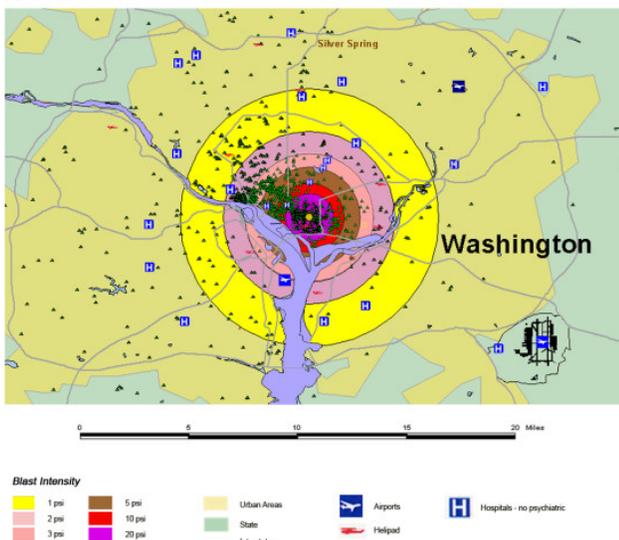


Fig. 2c

Blast Impact of a 550 Kt Surface Nuclear Detonation on Washington D.C. with Weather as of April 22nd, 2004





# LOCAL RESEARCH

## Three District Hospitals Beat National Average in Heart Failure Patient Care

The U.S. Department of Health and Human Services conducted a research study from October 2005 until September 2006 to survey the percent of heart failure patients given discharge instructions. Of the seven hospitals in the District of Columbia included in the survey, only three of them had a percentage that beat the national average of 61%. Those hospitals are Howard University Hospital (99%), Sibley Memorial Hospital (82%), and The George Washington University Hospital (77%).



Howard University Hospital ranks in the top ten percent of hospitals in the nation. The rest of the hospitals scored considerably lower. Although Washington Hospital Center (51%), Georgetown University Hospital (46%), Providence Hospital (37%), and Greater Southeast Community Hospital (33%) all failed to reach the national average, the District Hospitals as a whole averaged out to 61%.

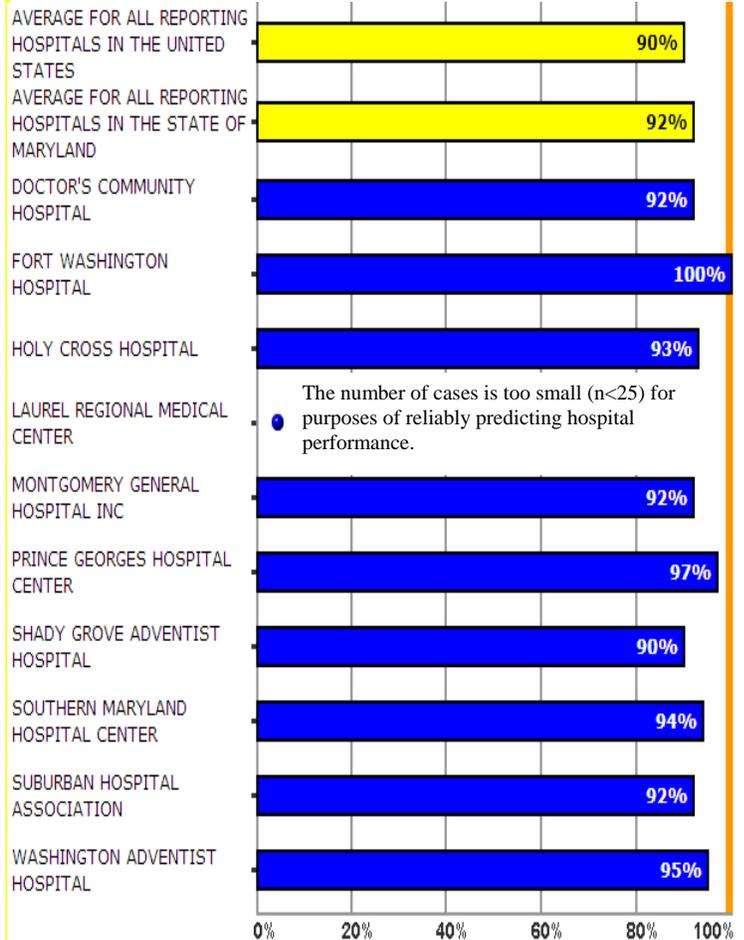
These statistics are important because heart failure is a chronic condition. In order to help manage symptoms, hospital staff members should give patients information on the following areas:

- Activity level
- Diet
- Medications
- Follow-up appointment
- Watching your daily weight
- What to do if your symptoms get worse.

Source: <http://www.hospitalcompare.hhs.gov>

## Regional Hospitals in Maryland All Exceed or Meet National Average in Preventative Antibiotic Care

In a study conducted by the U.S. Department of Health and Human Services, nine of the ten hospitals in Montgomery and Prince Georges County met or exceeded the national average of surgery patients who received the appropriate preventative antibiotic(s) for their surgery.



Since certain antibiotics are recommended to help prevent infection for particular types of surgery, the study looked at how often hospital surgical patients get the appropriate antibiotic in order to prevent a surgical wound infection.

Source: <http://www.hospitalcompare.hhs.gov>



## Virginia, Maryland, and the District All Show Marked Decline in Illicit Drug Use

The Substance Abuse and Mental Health Services Administration recently released their National Survey on Drug use and Health, which showed a substantial decline in drug use across the country among ages 12 and up, with the exception of the Northeast. As the table below shows, the National Capitol Region not only reflects the national trend, but also exceeds the trend in the south.

The largest percentage of drug use is by far the 18-25 year old group. In the Metropolitan Washington Area, however, the same age group experienced the most dramatic drop in drug use

Sources:

<http://oas.samhsa.gov/2k5state/AppC.htm#TabC.1>

<http://oas.samhsa.gov/2k5state/Ch2.htm#2.7>

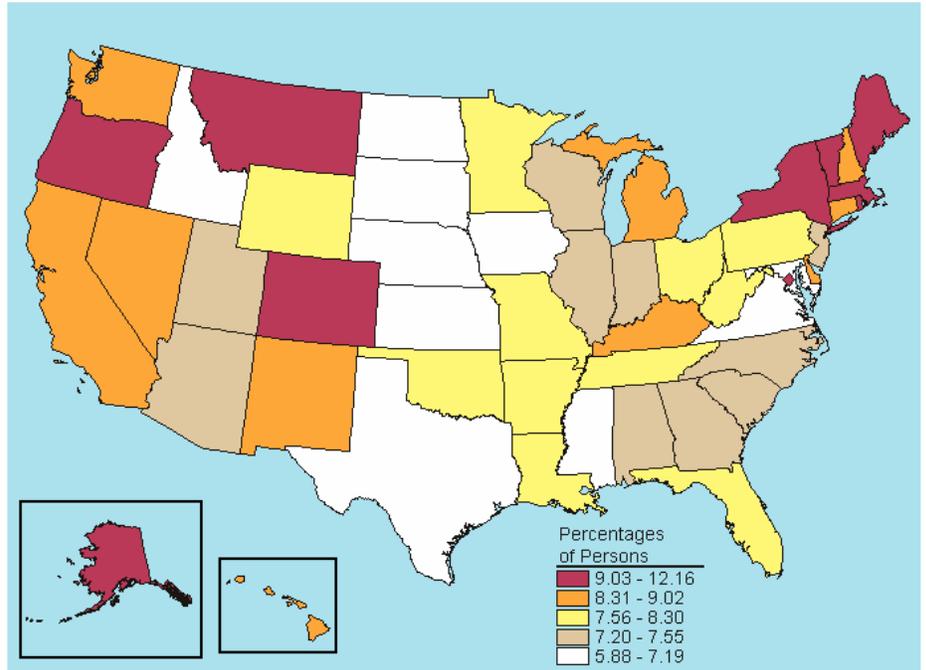


Table C.1 Illicit Drug Use in Past Month, by Age Group and State: 2003-2004 and 2004-2005 NSDUHs

State	Total		AGE GROUP (Years)					
			12-17		18-25		26 or Older	
	2003-2004	2004-2005	2003-2004	2004-2005	2003-2004	2004-2005	2003-2004	2004-2005
Total	8.06	8.02	10.92 <sup>a</sup>	10.25	19.83	19.76	5.60	5.65
Northeast	8.61	8.66	11.49 <sup>b</sup>	10.83	24.22	23.82	5.73	5.93
Midwest	7.78	7.66	10.54	10.11	19.11	18.89	5.35	5.3
South	7.41	7.47	10.09	9.73	18.17	18.31	5.15	5.25
West	8.90	8.72	12.12 <sup>a</sup>	10.74	19.75	19.8	6.45	6.41
District of Columbia	9.56	9.51	9.67	10.51	21.85	22.04	7.20	7.17
Maryland	7.03	6.57	9.61	9.14	20.62 <sup>a</sup>	16.24	4.46	4.64
Virginia	7.25	6.76	9.53	8.31	20.01	18.32	4.84	4.64

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NOTE: p value: Bayes posterior probability of no change.

NOTE: Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically.

NOTE: Estimates are based on a survey-weighted hierarchical Bayes estimation approach.

<sup>a</sup> Difference between the 2004-2005 estimate and the 2003-2004 estimate is statistically significant at the 0.05 level.

<sup>b</sup> Difference between the 2004-2005 estimate and the 2003-2004 estimate is statistically significant at the 0.10 level.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2003, 2004, and 2005.

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.