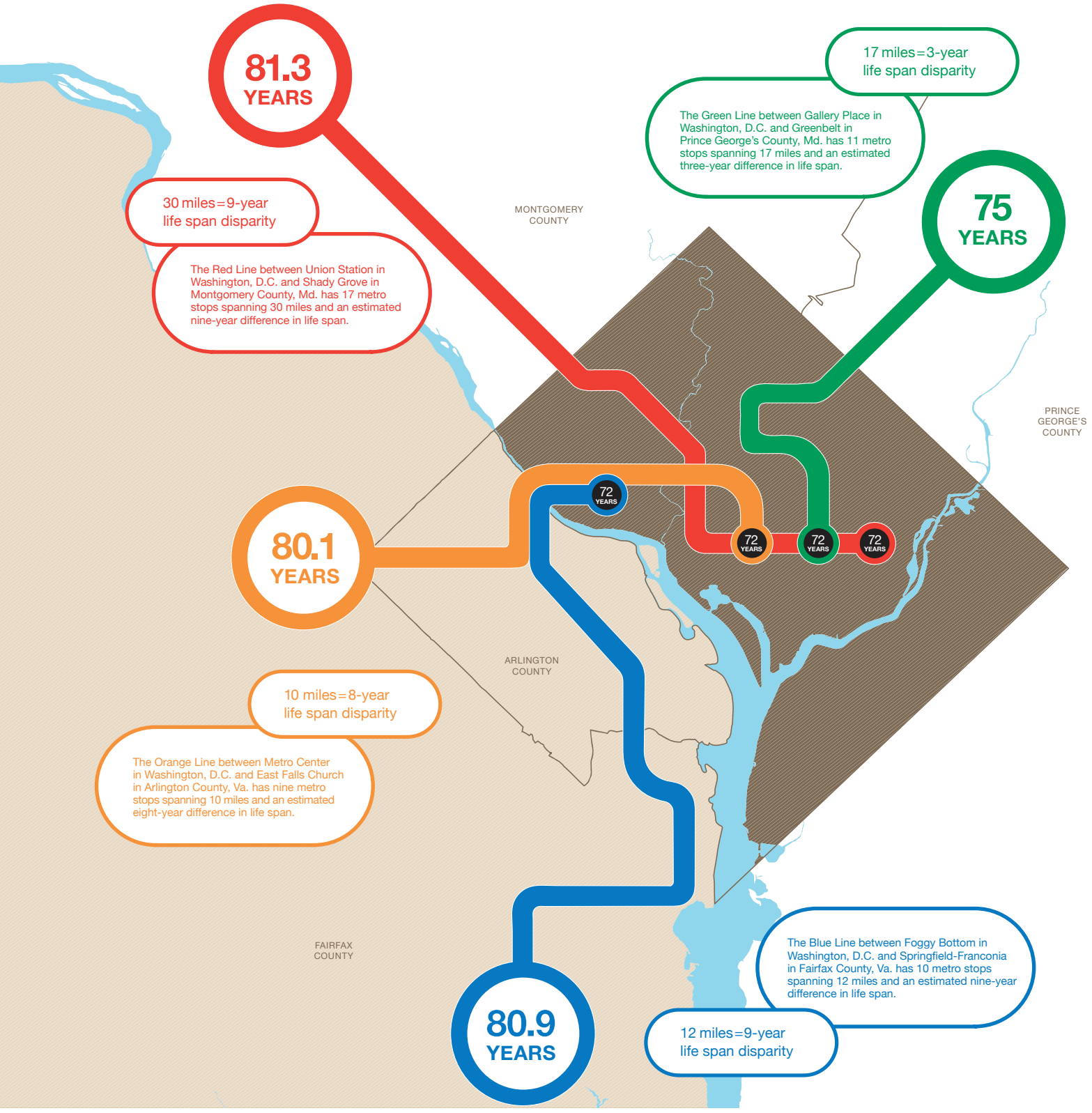
Community Health Status Indicators for Metropolitan Washington 2009

An In-Depth Look & Report Chart Book

Metropolitan Washington Council of Governments

WASHINGTON Regional Association of GRANTMAKERS



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

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INTRODUCTION

Overview

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?

When thinking about health, we all too often think about health *care*—the services of doctors, hospitals, clinics, and others who provide care to those who are already sick. But, while health care is an essential component of any strategy to protect health, of equal importance are those factors that can *prevent* health problems and *improve* basic health and well being.

> "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."
> –World Health Organization[1]

As a result of extensive research, 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, or lifestyle choices. Nor it is just a matter of insurance coverage and access to healthcare services. While these things are important, our health is actually determined by the conditions and characteristics of our everyday lives: our race and ethnicity, our educational level and income, our family history and early life experiences, our neighborhoods, and even the homes in which we live. These factors, along with the concomitant issues of racism, prejudice and discrimination, are collectively referred to as the "social determinants of health." It is therefore important to view health in the broader demographic and socioeconomic context.

This *Community Health Status Indicators for Metropolitan Washington: 2009* provides a snapshot of the region's demographic and socioeconomic characteristics and the "health" of adults in the Washington region. The report assembles data from 13 individual jurisdictions (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).

We hope that the report will:

- Provide a useful picture of the health status of the region's residents, and encourage a continuing review of the needs and opportunities for health promotion and disease prevention.
- Draw attention to some crucial gaps in health data for individual communities, and encourage efforts to collect those data so that important health concerns can be addressed and monitored more effectively, and
- Encourage area policymakers to begin focusing on the social determinants of health—those characteristics of peoples' everyday lives that impact their health status—as a means to improve the overall health of the region.

Project Origins

This report represents a collaboration between the Health Officials Committee (HOC) of the Metropolitan Washington Council of Government (MWCOG) and the Health Working Group (HWG) of Washington Grantmakers. After several months of meetings, these two groups concluded that an update of the 2001 Metropolitan Washington Council of Governments report, "*Community Health Indicators for the Washington Metropolitan Region,*" was warranted.[2] That report looked at the health of the region's population in the context of the Leading Health Indicators[3] being used by the federal and state governments to measure progress in achieving the "Healthy People 2010" objectives.

The HOC and HWG determined that their work would have four major objectives:

- To provide a simple snapshot of the health of the region's residents,
- To identify issues that may be of regional concern,
- To facilitate efforts to improve the population's health status within and across jurisdictions, and
- To facilitate efforts across the public, private, non-profit and philanthropic sectors to make the health of all residents among the best in the nation.

To guide this work, HOC/HWG set up a Health Indicator Working Group. Representatives from four of the jurisdictions and two HWG members participated: Shirley Brown-Ornish, Senior Planner, Prince George's County Department of Health; Tamara Henry, D.C. Department of Health; Patricia N. Mathews, Executive Director, Northern Virginia Health Foundation and Chair of the Health Working Group of Washington Grantmakers; Margaret K. O'Bryon, President and CEO, Consumer Health Foundation; Colleen Ryan-Smith, Montgomery County Department of Health; and Kelly Woodward, Alexandria Health Department.

Their work involved three distinct tasks:

- Developing a list of indicators that would inform our understanding of the health of the region's population and identify specific issues warranting further attention;
- Determining the availability and ease of obtaining data related to those indicators for all of the region's jurisdictions; identifying data gaps and data issues; and, creating a set of references and links to data related to these indicators;
- Creating a snapshot of the health of the region's population that could be easily understood by local policymakers, key stakeholders, and the general public.

Over the course of approximately 12 months, time was donated by several people to help identify data sources, compile data, and prepare this regional snapshot. The Health Working Group of Washington Grantmakers donated the services of Phyllis E. Kaye, lead consultant to both groups. Help was also provided by two Princeton 55 Fellows, Lara Atwater and Irit Rasooly, and graduate student Brynne Bannister at American University. Michael A. Stoto, professor of Health Systems Administration and Population Health at Georgetown University, made the services of Research Assistant Melissa Ann Higdon available for initial data compilation. There was no dedicated project staff for this work.

Identifying the Indicators, Finding and Compiling the Data

In developing this report, the Health Indicator Working Group (HIWG) concurred that the indicators used in the 2001 "*Community Health Indicators for the Washington Metropolitan Region*" report should form the basis for the work. The 2001 report was based on a set of 29 indicators that were selected after several rounds of review.

Those indicators were based on the *Healthy People 2010 Leading Health Indicators*, which corresponded to the indicators used in 1995 in *Advancing Prevention for Better Health*, and other measures reflecting the prevention and health promotion priorities of area jurisdictions. We recognize that while the indicators included in this report represent a broad range of public health concerns, they do not cover—nor were they intended to cover—all of the issues that affect one's health. In some cases, such as environmental health, MWCOG is already producing related reports.[4] In others such as asthma, mental health and substance abuse comparable data for the region's 13 jurisdictions was not easily accessible but is something that the region might want to explore further.

For this report, initial efforts involved gathering data from the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS), and other sources. Researchers focused on gathering data for the most recent point in time. One of the major challenges was finding data to replace the BRFSS data, which was no longer available at the jurisdictional level for Virginia.

While data from these sources was being collected, new sources of information became available, making it less cumbersome to compile basic health indicator data for the region.

Specifically, new data sources used in the report are:

- Community Health Status Reports for over 3,000 jurisdictions in the United States, including 13 in the Metropolitan Washington Region, released by the U.S. Department of Health and Human Services (DHHS). These reports used standardized methods for data collection and analysis making it relatively easy to build a regional picture,
- Updated demographic and socio-economic data for 11 jurisdictions, available from U.S. Census Bureau's American Communities Survey, and
- New information on health insurance coverage for selected population groups within each jurisdiction, available through the U.S. Census Small Area Health Insurance Estimates (SAHIE).

Most of the data come from these reports and are presented as multi-year averages, since the number of events occurring in a single year in an individual jurisdiction can be small and subject to substantial year-to-year variations that are not statistically

significant. We also have included a national reference point in the form of equivalent data for the United States as a whole, and Healthy People 2010 targets, where included in the Community Health Status reports.

Indicator data comes from:

- Community Health Status Reports
- American Community Survey
- Small Area Health Insurance Estimates (SAHIE)

Specific confidence intervals for the individual indicators are included in each jurisdiction's Community Health Status Report and vary by indicator and jurisdiction.[5] Similar information is included in the demographic and Small Area Health Insurance Estimates for each jurisdiction.[6] Comparisons between jurisdictions or between regional and national rates were not tested for statistical differences. Any differences, disparities, or other comparisons contained in this report are not deemed to be statistically significant, but are highlighted for consideration and discussion.

Organization of Report and Accompanying Chart Book

This report is divided into three sections.

Section I: *Demographic and Socioeconomic Characteristics of the Region* provides a demographic and socioeconomic context for looking at the community health indicators. This is particularly important because of the increasing awareness of the effect that social, economic, and environmental factors, as well as race/ethnicity have on the health of individuals and their families.

Section II: *The Health of the Region's Population* compares the region to the U.S. in general, Healthy People 2010 targets, and to peer counties identified as part of the national Community Health Status Indicators project; and provides a more detailed look at each indicator for the region and across jurisdictions.

Section III: *Implications for the Region* looks more closely at issues involved in creating community health, and offers some concluding observations.

The accompanying **Chart Book** includes the detailed charts and tables on which the narrative is based. Section A contains the demographic and socioeconomic data, Section B contains health indicator information, and Section C contains links to the related national, state and jurisdiction specific information discussed in this report, should readers want to dig deeper into the data.

SECTION I:
DEMOGRAPHIC AND SOCIOECONOMIC CHARACTERISTICS OF THE REGION[7]

The Metropolitan Washington, D.C. region is just over 3,000 square miles. As stated earlier, it includes the District of Columbia, three counties in Maryland: Frederick, Montgomery and Prince George's; and nine jurisdictions in Virginia: Arlington, Fairfax, Loudoun and Prince William counties, cities of Alexandria, Falls Church, Fairfax, Manassas, and Manassas Park. The region's population of about 4.6 million people is racially, ethnically, and economically diverse. It is a major gateway for immigrants.[8] Moreover, the size and population density of each of the 13 jurisdictions vary widely. A recent report by the Brookings Institution notes, "Most of the population lives in the core and inner suburbs (Washington, DC; Arlington; Alexandria; Fairfax, Prince George's and Montgomery Counties). However, the outer suburbs (such as Prince William and Loudoun Counties) have the most rapid rates of growth."[9] The District of Columbia and Alexandria City are the most densely populated, closely followed by Arlington County. (See Chart Book Section A, Table A-1)

The region, about 1.5 times the size of Delaware, is home to a racially, economically and ethnically diverse population of about 4.6 million.

Population

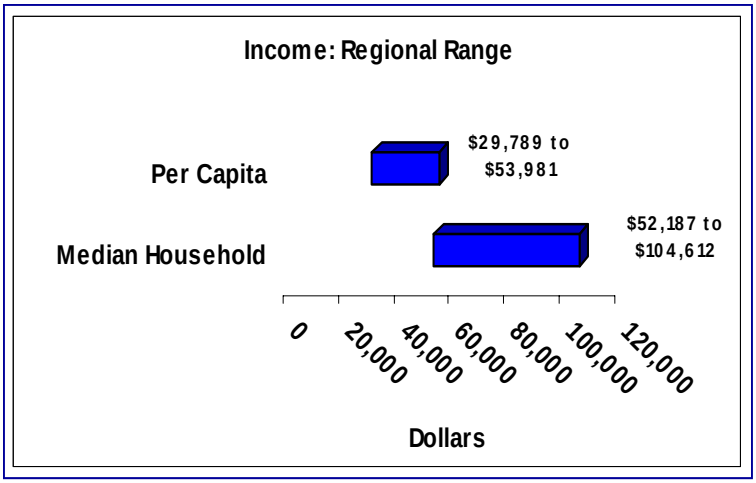
Just over one half of the region's population is White (54.7%), over one quarter is African American (27.4%), and just under one tenth is Asian (9.2%). The remainder of the population are of some other race, or two or more races. About one eighth of the overall population is of Hispanic or Latino ethnicity (12.5%), regardless of race. There also are a growing number of immigrants from Africa throughout the region. The region has the seventh highest number of foreign-born residents among all metropolitan areas in the U.S.[10] (Table A-2)

The proportion of the population that is age 65 and older is relatively small—ranging from a jurisdiction low of 5.6% in Loudoun County to a high of 14.2% in Fairfax City. Conversely, the proportion of the population that is under age 18 is significant, ranging from a low of 17.7% in Arlington County to a high of 30.2% in Loudoun County. (Table A-3)

Most African Americans live in the eastern part of the region (District of Columbia and Prince George's County), although over one fifth (21%) of Alexandria City's

population is African American. Latinos and Asians are concentrated in the areas to the north and west.[11] Manassas City, Prince William County, and Arlington Counties have the highest percentages of Hispanic or Latino residents, while the District of Columbia, Frederick County, and Loudoun County have the lowest percentages.

Income



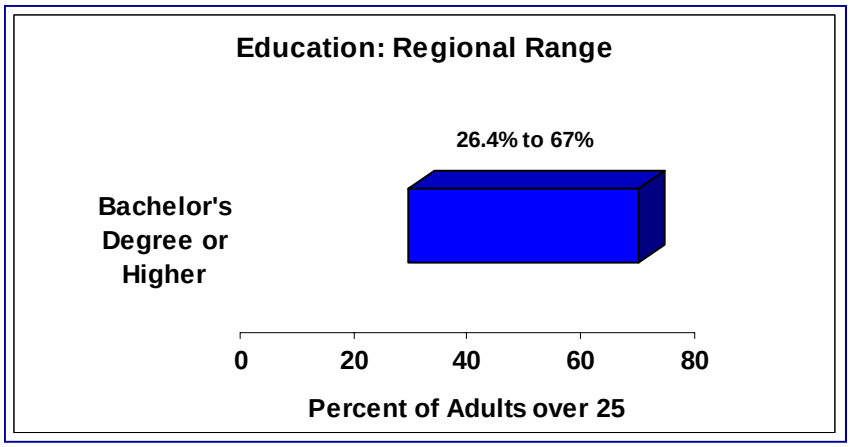
The region as a whole is prosperous, with median household income in each jurisdiction exceeding the national median household income ($50,007), and per capita household income exceeding the national per capita household income ($26,178). (Table A-4) Yet there is wide variation within household income. For example, the average median household income for 2005-2007 was almost twice as high in Loudoun County ($104,612) as in the District of Columbia ($52,187). Per capita income ranged from a low of $29,789 in Prince George's County to a high of $53,981 in Arlington County. (Table A-4) In virtually every jurisdiction, the median income of African American and Hispanic households is below each jurisdiction's overall median household income.

Despite the region's overall prosperity, it is not shared by all.

Despite the region's overall prosperity, it is not shared by all. Even before the current economic crisis, many residents were experiencing hardships. More than 10% of people over age 65 in Arlington County, 11.2% of those in Alexandria City, and 15% of those in the District of Columbia lived below the Federal Poverty Level. Of those 18 years of age or younger, 10% in Prince George's County, 17.9% in Manassas City, and 29.3% in the District of Columbia, are below the poverty level . (Table A-4)

Education

The percentage of adults over age 25 who have a bachelor's degree or higher exceeds the national percentage (27%) in virtually every jurisdiction. However, as with income, education varies by jurisdiction. (Table A-5)



For example, 56.5% of adults over age 25 in Montgomery County, 58.4% of adults in Fairfax County, 59.7% of adults in Alexandria City, and 67% of adults in Arlington County, had attained a bachelors degree or higher. Manassas City had the lowest percentage, 26.4%, of adults with a bachelors degree or higher. At the other end of the education spectrum, the percentage of adults over age 25 who had less than a 9th grade education also varied. Loudoun County and Frederick County had the lowest percentages, 2.6% and 2.7% respectively, of those with less than a 9th grade education; Manassas City had the highest percentage, 10.9%. (Table A-5)

Looking at education by race/ethnicity, 62% of Asians and 58% of Whites in our region have at least bachelor's degree, compared with 29% of African Americans and 23% of Hispanics. On the other hand, 59% of Hispanics and 43% of African Americans have a high school diploma or less, in contrast to 25% of Whites and 21% of Asians.[12] (Table A-5)

Languages Spoken

Just over one quarter of the region's population over 5 years of age speaks languages other than, or in addition to, English. In five jurisdictions—Alexandria and Fairfax cities, and Arlington, Fairfax, and Montgomery counties—more than 30% of the population over 5 years of age speaks a language other than English at home. In six jurisdictions (Alexandria and Fairfax cities, and Arlington, Fairfax, Montgomery and Prince William counties) 11.5%-15% of this group do not speak English very well. (Table A-6)

Over one quarter of the
region's population over 5 years of age speaks
languages other than, or in addition to, English.

SECTION II: THE HEALTH OF THE REGION'S POPULATION

In looking at the health indicators that follow, it is important to remember these demographic and socioeconomic characteristics. Differences in population health can be traced to unequal economic and social conditions, many of which are avoidable.[13] The challenge is to better understand these factors in our region, and then take steps necessary to improve the health of the region's residents.

Overview of Community Health Status Indicators

This section brings together information on community health status indicators contained in the 2008 Community Health Status (CHS) Reports[14] produced for more than 3,000 counties across the United States, including the 13 jurisdictions in metropolitan Washington. The CHS Reports provide an overview of key health indicators for local communities in order to encourage dialogue about ways to improve community health. The indicators focus on summary measures of health (life expectancy and perceived health status), birth characteristics and outcomes, causes of death, use of preventive services, and presence of risk factors for premature death. They are supplemented by information regarding health insurance coverage for those ages 18 to 65.

The steering committee that guided the national Community Health Status Indicators (CHSI) project chose these indicators because they are important to public health, they are actionable, and they are based on data that are regularly reported and available for all U.S. counties.[15]

For metropolitan Washington, the CHS Reports are useful tools with which to gauge population health across the region, and to compare the region's health with the United States and with "peer counties,"[16] because they use a standard analytic approach and common data sources. Moreover, the CHS Reports can help us identify areas needing attention, both in individual jurisdictions and in the region as a whole.

The sub-sections that follow summarize:

- The region's population health in comparison with the United States, Healthy People 2010 targets, and the region's peer counties as identified by the CHS Reports; and
- The population health across the region.

List of Community Health Status Indicators

(Unless otherwise noted, data is from CHS Reports)

Summary Measures of Health
- Life Expectancy
- Self-reported health status
- Self-rated health status
- Average Number of Unhealthy Days in Past Month

Birth and Death Measures [US/P and HP]
- Birth Measures
  - Low Birth Weight
  - Premature Births
  - Late or no prenatal care
  - Births to Women Under 18
  - Infant Mortality
- Death Measures
  - Breast Cancer
  - Colon Cancer
  - Lung Cancer
  - Coronary Heart Disease
  - Stroke
  - Unintentional Injuries
  - Motor Vehicle Injuries
  - Homicide
  - Suicide

Adult Preventive Services Use
- Pap Smear
- Mammography
- Sigmoidoscopy
- Pneumonia Vaccination
- Flu Vaccination

Risk Factors for Premature Death
- No exercise
- Few Fruits and Vegetables
- Obesity
- High Blood Pressure
- Smoker
- **Diabetes**

Communicable (Infectious) Diseases*
- HIV/AIDS
- Tuberculosis

Access to Care
- Health Insurance Coverage**

[US/P] US and Peer County comparison data
[HP] Healthy People 2010 Targets

*From State Statistics
** From Small Area Health Insurance Estimates 2005

The Region Compared to the United States and Peer Counties[17]

United States: The region as a whole is reasonably healthy when the health indicators for each jurisdiction are compared with United States along 21 indicators using data in the CHS reports. There are two notable exceptions – prenatal care and breast cancer death rates. (See Chart Book Section B, Table 34—Table B-34)

When looking at how each jurisdiction compared to the United States along all of the indicators for which comparisons were made, all but three jurisdictions compared favorably to their CHS peers on at least 60% of the indicators. (Table B-34)

Healthy People 2010: In addition, Healthy People 2010 provides a framework for strengthening health promotion and disease prevention and sets health objectives for the United States to achieve between 2000 and 2010.[18] The overarching goals are to

increase quality and years of healthy life and eliminate health disparities. Of the 14 indicators for which Healthy People 2010 targets were available, the region's jurisdictions do not meet most of the "Healthy People 2010" targets, nor did the United States as a whole.

Peer Counties:[19] Using data contained in each jurisdiction's CHS Report,[20] the health status picture is varied. Seven of the jurisdictions in the region compare favorably and 6 compared unfavorably to their peers on more than half of the 21 indicators. (Table B-35) When looking at individual indicators, there were seven indicators on which more than half of the jurisdictions compared unfavorably to their peers—[21]

- prenatal care (10 of 13 jurisdictions were unfavorable),
- breast cancer death rates (7 of 12 jurisdictions were unfavorable),
- homicide (8 of 9 jurisdictions were unfavorable),
- very low birth weight (9 of 13 jurisdictions were unfavorable),
- infant mortality (7 of 13 jurisdictions were unfavorable),
- Hispanic infant mortality (7 of 10 jurisdictions were unfavorable), and
- births to women over 40 (11 of 13 jurisdictions were unfavorable).

It is, however, misleading to look at the region's health strictly from the standpoint of external data and targets. To address population health issues, it is important to look at regional and jurisdictional data.

The Population's Health Across the Region: A Closer Look

There are large differences in health statuses among the region's jurisdictions, as shown by the data in the Chart Book, Section B. The following discussion highlights the variations within and among communities.

Summary Measures of Health Status[22]

- ***Life Expectancy***—Life expectancy, considered a summary measure of population health, ranges from 72 years (below the national average of 76.5) to just over 81 years. In the District of Columbia life expectancy is 72 years, while in Fairfax County and Fairfax City it is 80.9 years, and in Montgomery County it is 81.3 years. (Table B-1)

- ***Health Status***—Although all jurisdictions reported better health status than the United States as a whole, the percentage of adults

There is an almost 10-year difference in life expectancy depending where in the Washington D.C. metropolitan region you happen to live.

reporting fair or poor health status in the District of Columbia, Manassas City, Prince George's County, and Prince William County, is about double that in Loudoun County where 5.6% of adults described their health status as fair or poor health. (Table B-2)

- ***Unhealthy Days***—The number of "unhealthy days" (mental or physical) reported by adults aged 18 and over ranged from a low of 3.6 days in Loudoun County to a high of 5.8 days in Prince William County, although all are better than the 6 days reported for the United States as a whole. (Table B-3)

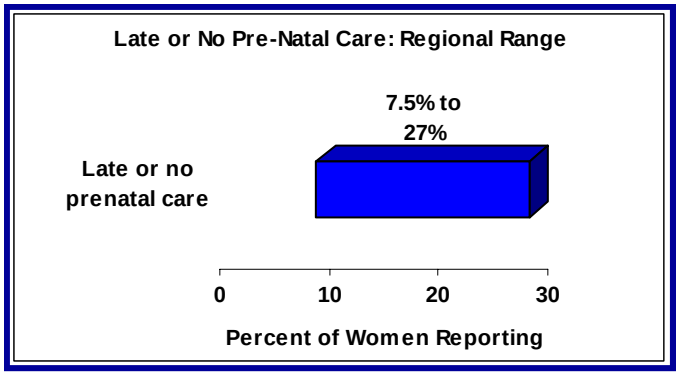
Birth Measures

Timely prenatal care, and rates or percentages of infant mortality and low birth weight babies are often used as measures of population health.

- ***Low birth weight***—Low birth weight contributes to a range of poor health outcomes.[23] The percentage of low birth weight babies ranged from a low of 5.4% in Manassas Park City to a high of 11.5% in the District of Columbia, with most jurisdictions falling in the 6-7% range. All jurisdictions exceeded the Healthy People 2010 Target of 5%. (Table B-4)

- ***Premature Births***—The percentage of premature births ranged from a low of 9.7 and 9.8 in Falls Church City and Loudoun County respectively, to a high of 15.2% in the District of Columbia. In 10 of 13 jurisdictions, the percentage of premature births was lower that than of the US (12.3%). None of the jurisdictions met the Healthy People 2010 Target of 7.6%. (Table B-5)

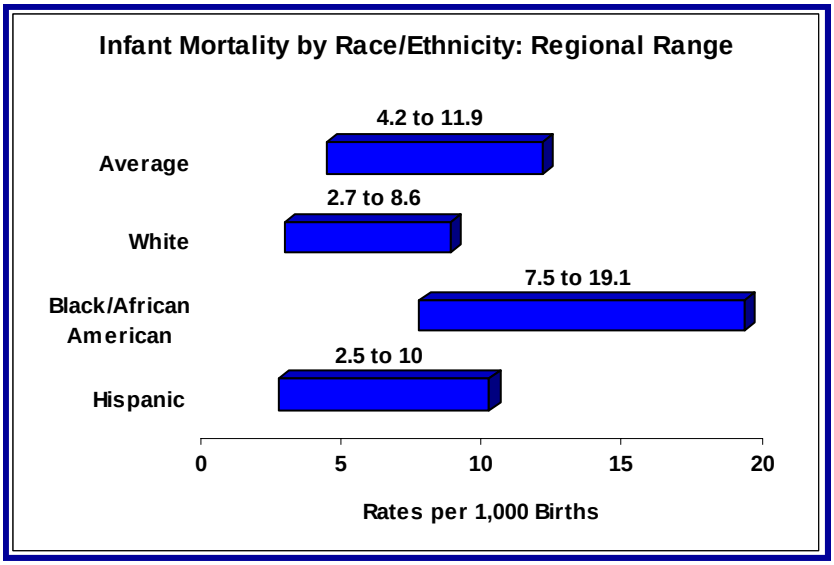
- ***Prenatal care***—Prenatal care is often seen as a measure of access to services and is important "… in identifying and mitigating potential risks and helping women to address behavioral factors, such as smoking and alcohol use, that contribute to poor outcomes."[24] The percentage of women receiving late or no prenatal care ranged from 7.5% in Loudoun County, the only local jurisdiction to meet the Healthy People 2010 target, to 27% in Alexandria City. In 3 other jurisdictions, (Arlington and Prince George's Counties, and the District of Columbia) more than 20% of women received late or no prenatal care. In 8 of 13 jurisdictions, the percentage of mothers who



received late or no prenatal care was higher than that for the country as a whole. (Table B-6)

- ***Births to Women Under 18*** —The percentage of births to women under 18 ranged from a low of 0.6% in Loudoun County to a high of 4.7% in the District of Columbia. Eight of 13 jurisdictions had rates under 2%. The percentage of births to women under 18 was lower than the US figure of 3.4% in all but 2 jurisdictions. (Table B-7)

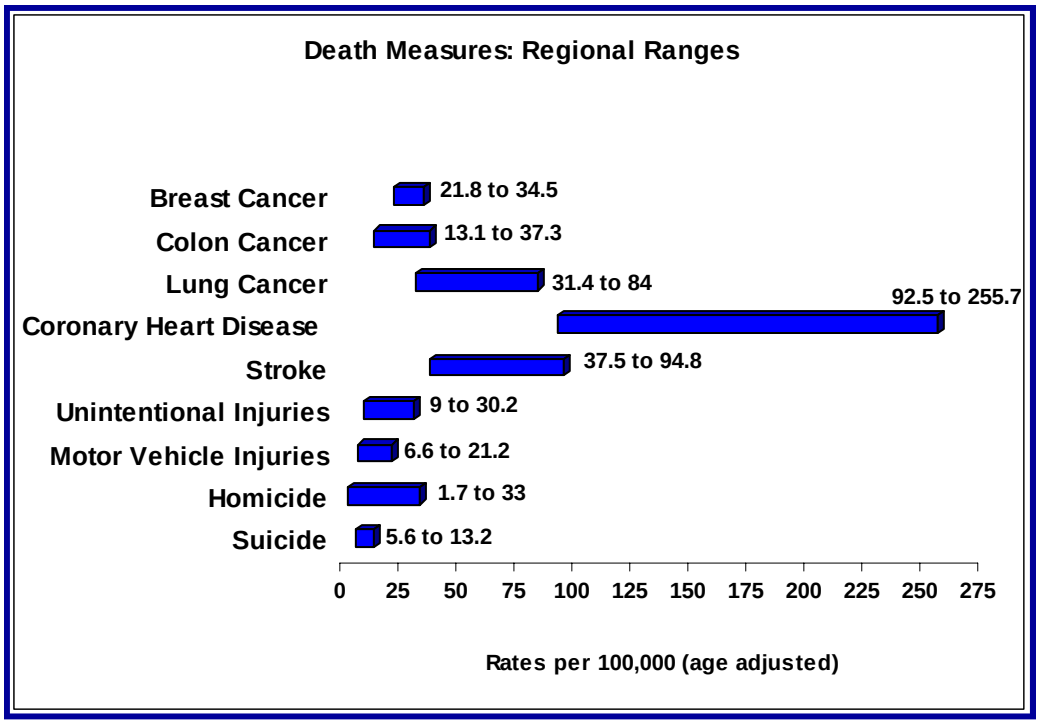
- ***Infant mortality***—Infant mortality is often used as a measure of a population's health status because: "…it reflects a group of key factors such as maternal health, access to medical care, and socioeconomic conditions."[25] Rates, per 1,000 births, in the region range from a low of 4.2 in Loudoun and Arlington Counties, to a high of 11.9 in Prince George's County and 10.9 in the District of Columbia, both of which exceed the United States rate of 6.8. Arlington and Loudoun Counties and Manassas City met the Healthy People 2010 target of 4.5. (Table B-8)



African American infant mortality in the 10 jurisdictions for which data are available, exceeded the overall infant mortality rate for all other race/ethnicities, the United States national rate, and in 4 jurisdictions, the District of Columbia, Prince George's, Prince William, and Manassas City, the national African American rate, 13.6.[26] Hispanic infant mortality in the region's jurisdictions was lower than the Hispanic rate for the U.S. in all but 3 of the 10 jurisdictions for which data was available. (Table B-9)

Death Measures

The CHS reports focus on nine causes of death addressed in Healthy People 2010: breast cancer, colon cancer, lung cancer, coronary heart disease, stroke, unintentional injuries, motor vehicle injuries, homicide, and suicide.



- ***Breast Cancer*** —Age adjusted death rates from breast cancer range from a low of 21.8 per 100,000 deaths in Frederick County to a high of 34.5 in the District of Columbia. In jurisdictions where data was available, more than half (7 of 12) have rates higher than the United States rate of 25.3 per 100,000. None of the jurisdictions meet the Healthy People 2010 target of 21.3 per 100,000. (Table B-10)

- ***Colon Cancer*** —Rates range from a low of 13.1 per 100,000 in Montgomery County to a high of 37.3 in Manassas Park City. Six of 13 jurisdictions have rates above that of the United States (19.1). Montgomery and Arlington counties met the Healthy People 2010 target of 13.7. (Table B-11)

- ***Lung Cancer*** —Rates range from a low of 31.4 per 100,000 in Montgomery County to a high of 84 in Manassas Park City. Five jurisdictions exceed the United States rate of 54.1. Rates in Montgomery, Fairfax, and Arlington Counties are lower than the Healthy People 2010 target of 43.3. (Table B-12)

- ***Coronary Heart Disease*** —Rates range from a low of 92.5 per 100,000 in Fairfax County to a high of 255.7 in the District of Columbia. The District of Columbia, Frederick County, and Prince George's County each have rates that exceed the United States rate of 172. Rates in all other jurisdictions, except Manassas City, are below the Healthy People 2010 target of 162. (Table B-13)

- ***Stroke***—There is wide variation across the region, ranging from a low of 37.3 per 100,000 in Arlington, to highs of 94.8 and 87 in Manassas Park City and Manassas City, respectively. Six of 13 jurisdictions are above the U.S. rate of 53. Five are below the Healthy People 2010 goal of 50. (Table B-14)

- ***Unintentional Injuries*** —While the age adjusted rates for unintentional injuries are lower than the U.S. rate in the 12 jurisdictions for which data are available, there is wide variation in the region ranging from a low of 9.0 per 100,000 in Montgomery County to a high of 30.2 in Manassas City. Five jurisdictions have rates lower than the Healthy People 2010 goal. (Table B-15)

- ***Motor Vehicle Injuries*** —Rates per 100,000 are lowest in Alexandria City, and Fairfax, Arlington, and Montgomery counties (6.6, 6.9, 7.4, and 7.6, respectively) Rates are highest in Falls Church City, Fairfax City, and Prince George's County (21.2, 18.7 and 18.1, respectively). Eight of 12 jurisdictions have rates lower than the U.S., and 4 have rates lower than the Healthy People 2010 goal. (Table B-16)

- ***Homicide***—Data are available for 9 jurisdictions, and rates per 100,000 range from less than 2.5 in Frederick, Arlington, and Fairfax counties to highs of 32.8 in the District of Columbia and 18 in Prince George's County. Six of 9 jurisdictions have rates lower than the U.S., and 3 have rates lower than the Healthy People 2010 goal. (Table B-17)

- ***Suicide***—Suicide rates per 100,000 are highest and exceed the U.S. rate in Fairfax City and Frederick County (13.2 and 11.8, respectively). Rates in the other 9 jurisdictions for which data are available are lower than the U.S. rate, with Montgomery County having the lowest rate (5.6). None of the jurisdictions meet the Healthy People 2010 goal of 4.8. (Table B-18)

Communicable Diseases[27]

Communicable diseases continue to be public health issues for the region.

Communicable diseases such as, human immunodeficiency virus / acquired immune deficiency syndrome (HIV/AIDS), tuberculosis (TB) and sexually transmitted diseases (STDs)

continue to be public health issues for the region. There were 25,973 persons living with HIV and AIDS at the end of 2006, 48% of whom were reported living in DC, 32% in Northern Virginia and 20% in Maryland. Several non-profit organizations and local governments are working to get a better understanding of the region's HIV/AIDS epidemic and related issues.[28] (Table B-19)

While the number of TB cases in the region appears small (379) the rate in each jurisdiction for which data was available exceeded the rate for the U.S. In the case of 4 jurisdictions (Arlington, Fairfax and Montgomery counties, and the District of Columbia), the 2008 rates were more than twice that of the US rate.[29] (Table B-20)

Data for STDs were not included because of difficulties getting comparable data for the region in 2006 and later.[30]

Use of Adult Prevention Services and Risk Factors for Premature Death

The CHS Reports note that: "The risk of developing certain cancers and suffering fatal consequences from respiratory illnesses can be reduced with the use of various preventive services. Early detection of cancer, through the use of screening tests, increases survival. In addition, preventing or reducing the severity of respiratory illness through the use of vaccinations reduces morbidity and death rates."[31] Similarly, lack of exercise, poor diet, obesity, smoking, and certain chronic illnesses increase the risk of premature death from one of a number of causes.

Morbidity and death rates can be reduced through use of prevention services, healthy eating, consistent physical activity and not smoking.

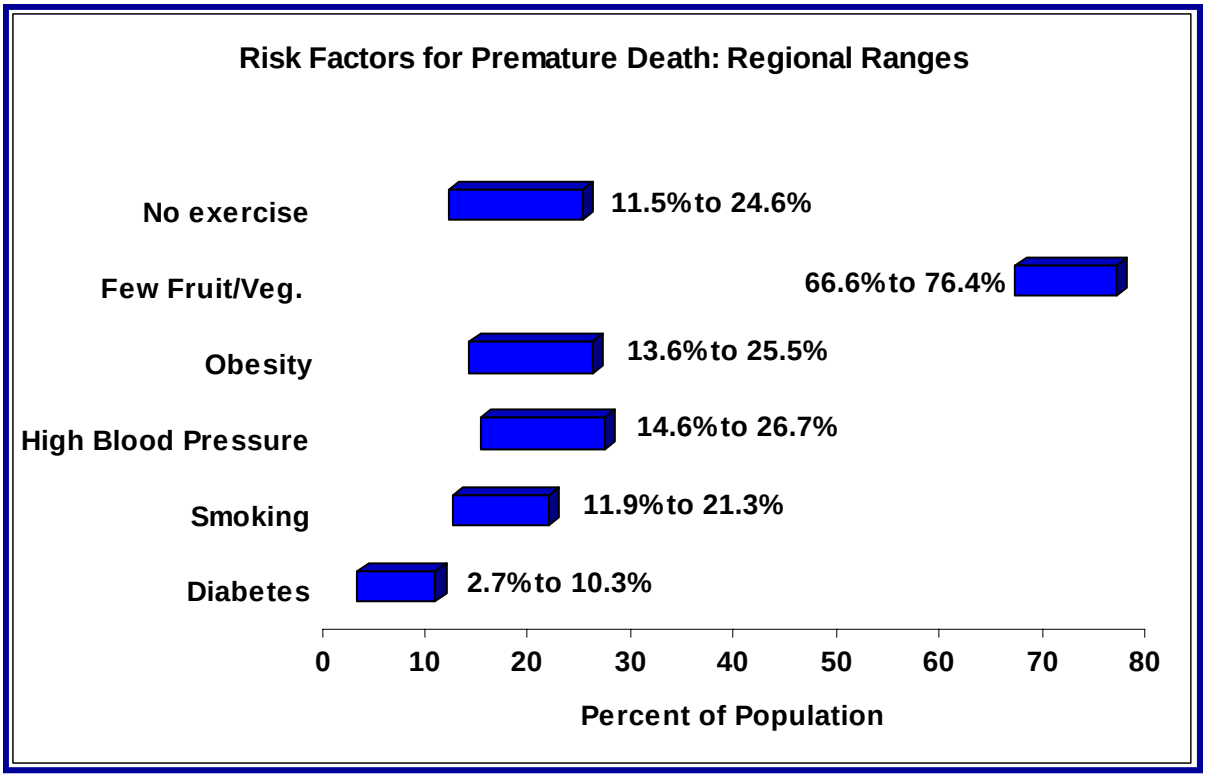
While the CHS Reports do not present any national or peer data on these issues, it is helpful to see how the region is faring along these indicators. The CHS Reports draw this data from the CDC Behavioral Risk Factor Surveillance System (BRFSS) 2000-2006.

- ***Adult Prevention Services***—CHS data regarding the use of these services are limited.
    - Pap Exams: Women who reported having had a pap test in the past three years ranges from a low of 86.8% to a high of 90.3%, in the 8 jurisdictions for which data are available. (Table B-21)
    - Mammography Exams: Women who reported having had a mammogram in the past two years ranges from a low of 79.8% to 88.1%, in the 8 jurisdictions for which data are available. (Table B-22)

- Sigmoidoscopy Exams: The percentage of people who reported having some type of protoscopic exam was much lower, ranging from 49.9% to 60.1%, in the 8 jurisdictions for which data are available. (Table B-23)

- Flu and Pneumonia Vaccines (adults over 65): 58.7% to 75.1% of those surveyed reported receiving a flu shot in the past year, and 50.3% to 71% in the 4 jurisdictions which data are available, reported receiving a pneumonia vaccine. (Table B-24)

- ***Risk Factors for Premature Death***—



- Exercise and Diet: In four of 10 jurisdictions for which data are available, more than 20% of the adult population surveyed reported no exercise. (Table B-25) In the 9 jurisdictions for which data are available, 66.6% or more of adults eat fewer than the recommended number of fruits and vegetables on a daily basis. (Table B-26)

- Obesity: In the 10 jurisdictions for which data are available, at least 13.6% of the population responding to the BRFSS reported being obese. In 4 jurisdictions, more than 21% reported being obese. (Table B-27)

- High Blood Pressure: More than 14% of the population in the 10 jurisdictions for which data are available reported being told that they have high blood pressure; in half the jurisdictions, this figure is more than 20%. (Table B-28)

- Smoking: The percentage of adults reporting that they were current smokers ranged from 11.9% in Montgomery County to 21.3% in Manassas City. (Table B-29)

- Diabetes: In the 10 jurisdictions for which data are available, the percentage of adults reporting that they had been told they have diabetes ranged from 2.7% in Loudoun County to 10.3% in Manassas City. (Table B-30)

Access to Services

The lack of access to quality and timely health services negatively impacts one's health. Adults without health coverage are less likely to have timely preventive and screening services, and are more likely to suffer poor health and premature death than those with coverage.[32] Specifically "uninsured adults with cancer (breast, colon, prostate) tend to have poorer outcomes and are more likely to die prematurely than adult cancer patients with insurance."[33] However, it should also be noted that having insurance does not eliminate disparities in the utilization of screening services among racial groups.[34]

In the 13 jurisdictions covered in this report, some 18.6% of adults age 18-64, regardless of income, lacked health insurance[35] -- and this was well before the current economic crisis. (Table B-31) Within the region, the lowest percentage of adults without health insurance was in Loudoun County (11.8%). In 4 jurisdictions (Arlington County, Manassas City and Manassas Park City in Virginia and Prince George's County in Maryland) over 20% of lacked health insurance.[36] The percentages of the *low income* adults who lack health insurance are greater than adults of all incomes who lack health insurance. The percentages range from 26% in the District of Columbia to over 60% in 5 jurisdictions, all located in Virginia.[37] (Table B-33)

Adults without health coverage are less likely to have timely preventive and screening services, and are more likely to suffer poor health and premature death than those with coverage.

SECTION III: IMPLICATIONS FOR THE REGION

Assuring that all residents of the region have good health requires a commitment to equitable, accessible and quality health care *and* to creating the conditions that promote health equality and result in community health.

Improving health requires improving more than health care.

In creating community health, we have come to acknowledge the many and dominant influences in our lives beyond health care that affect our health. Research has shown how race, ethnicity, income, education, and where we live dictate how long and how healthy our lives will be. Thus, truly improving health—actually moving the needle on multiple indicators in a positive direction and sustaining that change—requires addressing the social determinants of health equity, those social and economic policies and conditions that create opportunity for good health.

The social determinants of health have, in recent years, been the subject of intense study by governments, global health organizations, academics, and private foundations. For example, the World Health Organization (WHO) created a special Commission on the Social Determinants of Health which, after years of study, concluded in 2008 that: "The social determinants of health are mostly responsible for health inequities—the unfair and avoidable differences in health status seen within and between countries."[38]

A 2008 Robert Wood Johnson Foundation report, *Overcoming Obstacles to Health*,[39] found that:

- More affluent Americans and their children live healthier lives than middle-class and lower-income American families. Poor, less educated and minority Americans die, on average, up to six years sooner than their wealthier, better educated counterparts;
- 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.

The Robert Wood Johnson Foundation's Commission to Build a Healthier America[40] spent more than a year examining the social determinants of health and, in 2009, issued findings and recommendations to improve health and health equity in the United States. These 10 recommendations focus on actions that go beyond improving medical care. They focus on nutrition, physical activity, tobacco, early childhood development, healthy places and accountability. They include improving access to healthy foods and increasing opportunities for physical activity, particularly in low-income communities where fresh, nutritious foods and recreational options are limited. The bi-partisan Commission also called for the creation of "healthy communities," in which the development of local policies, programs, and infrastructure planning takes health impact into consideration, and wellness and safety are integrated into every aspect of community life.

The data presented in this report illuminate not only the general health status of the jurisdictions of the Washington metropolitan region, but also the health inequities that exist here. We know from the data that while the region as a whole is relatively prosperous, there are large pockets of inequality among and within jurisdictions, which research shows also indicate the presence of health inequities.

These and other findings are generally consistent with the community health indicator data for the Washington metropolitan region, which show that Washington area residents in communities where income and education levels are higher and percentages of minorities are lower generally seem to enjoy better health than residents of low-income, less-educated, largely minority communities.

We know from the data that while the region as a whole is relatively prosperous, there are large pockets of inequality among and within jurisdictions, which research shows also indicate the presence of health inequities.

Next Steps

Historically, health policies and public health practices have, all too often, sought to place Band-Aids® on the symptoms of poor health—addressing poor health status through efforts to screen for and prevent specific health problems while also increasing access to medical care. While these efforts are vital to improving and maintaining health, they do nothing to address the root causes of poor health and little to change the status quo.

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 achieving 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.

Improving the health of our region is about more than hospitals, doctors and insurance. Achieving a truly healthy region requires a holistic approach that addresses the social determinants of health and creates health equity.

END NOTES:

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. Metropolitan Washington Council of Governments. "Community Health Indicators for the Washington Metropolitan Region Report." June 2001. http://www.mwcog.org/store/item.asp?PUBLICATION_ID=140
3. A health indicator is "a measure that reflects or indicates, the state of health of a defined population, e.g. the infant mortality rate" - Manual of Epidemiology for District Health Management (WHO - OMS, 1989, 202 p.), http://nzdl.sadl.uleth.ca/cgi-bin/library?e=d-00000-00---off-0who--00-0--0-10-0---0---0prompt-10---4-------0-1l--11-en-50---20-about---00-0-1-00-0-0-11-1-0utfZz-8-00&cl=CL1.70&d=HASH2ee3b9cf701d7852364719.17&x=1
4. Metropolitan Washington Council of Governments. "Information and Publications." 2009. http://www.mwcog.org/publications/departmental.asp?CLASSIFICATION_ID=4
5. 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. Go to http://www.communityhealth.hhs.gov/homepage.aspx?j=1 to find reports for specific jurisdictions. While jurisdictions may have more current data on a number of these indicators, compiling them to give a regional picture proved difficult.
6. To find jurisdiction data profiles for specific demographic and socio economic characteristics go to http://factfinder.census.gov/servlet/ADPGeoSearchByListServlet?ds_name=ACS_2007_3YR_G00_&_lang=en&_ts=257836579109; to find health insurance estimates for each jurisdiction go to http://smpbff1.dsd.census.gov/TheDataWeb_HotReport/servlet/HotReportEngineServlet?reportid=13db72e40f553a784d93a85944583fe9&emailname=saeb@census.gov&filename=SAHIE-County07.hrml and select appropriate state. Most of the data are presented as three-year averages, since the number of events occurring in a single year in an individual jurisdiction can be small and subject to substantial year-to-year variations that are not statistically significant. For most of the indicators, we also have included a national reference point in the form of equivalent data for the United States as a whole.

7. Unless otherwise noted, data comes from U.S. Census, American Communities Survey (2005-2007 average) http://factfinder.census.gov/servlet/ADPGeoSearchByListServlet?ds_name=ACS_2007_3YR_G00_&_lang=en&_ts=257836579109
8. Greater Washington Research at Brookings for Venture Philanthropy Partners. "Demographic and Economic Trends in the National Capital Region and their Effects on Children, Youth and Families." January 2009. http://www.brookings.edu/reports/2009/0112_dc_demographics.aspx
9. *Ibid.*
10. *Ibid.*
11. *Ibid.*
12. *Ibid.*
13. Unnatural Causes: Is Inequality Making Us Sick?, California Newsreel. 2008. http://www.unnaturalcauses.org
14. CHSI Project is a public-private partnership that includes: Centers for Disease Control and Prevention (including NCHS and ATSDR), the National Institutes of Health/National Library of Medicine, the Health Resources Services Administration, the Public Health Foundation, the Association of State and Territorial Health Officials, National Association of County and City Health Officials, National Association of Local Boards of Health, and Johns Hopkins University School of Public Health.
15. Metzler, M., Kanarek N., Highsmith, K., Bialek, R., Straw, R. Auston I. et al Community Health Status Indicators Project: The Development of a National Approach to Community Health. Prev Chronic Dis 2008:5(3). http://www.cdc.gov/ped/issues/2008/jul07_0225.htm
16. Peer counties are defined by the CHSI Project 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.
17. See footnote 16 for definition.
18. "Healthy People 2010." U.S. Department of Health and Human Services. http://www.healthypeople.gov
19. See footnote 16 for definition.
20. The CHS Reports call the comparison tables The Relative Health Importance Table. That table "…creates four categories of relative concern by simply comparing one's county rate or percent to its median of peers and to 2003 U.S. rate or percent. The table highlights favorable and unfavorable standing between

one's county, and other counties and the nation, and points to indicators which may warrant more attention" It conveys a straightforward way of prioritizing health issues for counties. Comparisons to 2003 U.S. rate or percent and to its peers allow a quick and easy method for assessing one's county health relative to others. See http://www.communityhealth.hhs.gov/Companion_Document/CHSI-Data_Sources_Definitions_And_Notes.pdf

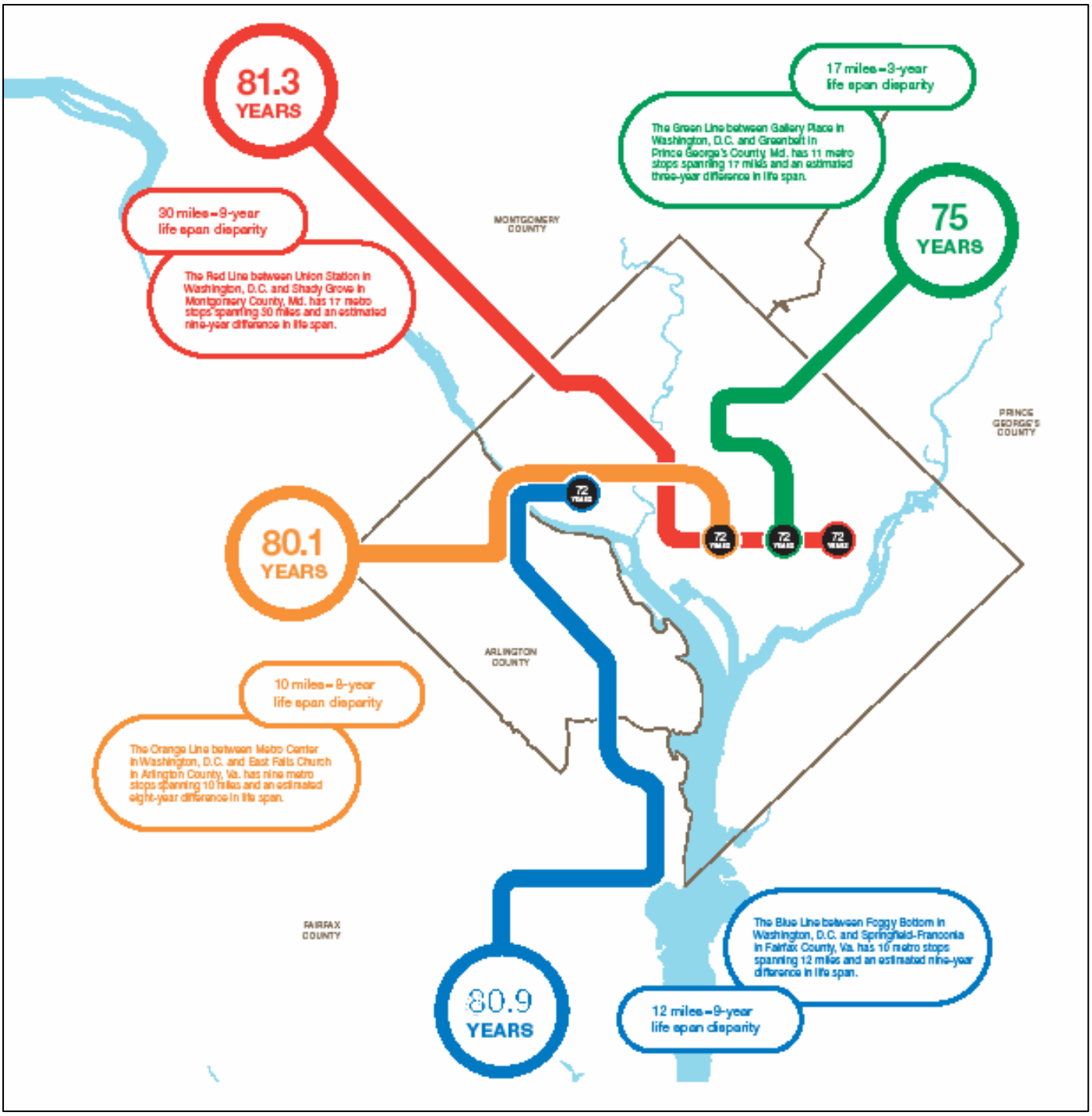
21. Cases where over half of the jurisdictions in the region for which specific indicator data was available fair unfavorable when compared their peer counties.
22. Compiled from the Community Health Status Indicator reports for each jurisdiction which can be found by going to http://www.communityhealth.hhs.gov/homepage.aspx?j=1
23. The World Health Organization and the United Nations Children Fund. "Low birthweight: Country, Regional and Global Estimates." 2004. http://www.who.int/reproductive-health/publications/low_birthweight/low_birthweight_estimates.pdf
24. Centers for Disease Control and Prevention and Health Resources and Services Administration. "Chapter 16. Maternal, Infant, and Child Health." Healthy People 2010. http://www.healthypeople.gov/document/HTML/Volume2/16MICH.htm#_Toc494699663
25. The Boston Indicators Project. "7.4.1 Infant mortality and birth weight by race/ethnicity Boston." The Boston Foundation. 2009. http://www.bostonindicators.org/indicatorsproject/health/indicator.aspx?id=1848
26. Information on African American/Black Infant Mortality not provided for Fairfax City, Falls Church City or Manassas Park City probably because of small numbers.
27. The CHS Reports, the source of most of the health data in this report, did not include data for TB or HIV/AIDS because release of data for all counties was not authorized. Therefore, we used other data sources.
28. HIV/AIDS Data: For the Frederick, Montgomery and Prince George's Counties see: http://dhmh.state.md.us/AIDS/Data&Statistics/NewMDQtrEpi.pdf For Northern Virginia see: http://www.vdh.state.va.us/epidemiology/DiseasePrevention/Data/Region/Northern2007.ppt For the District of Columbia see: http://doh.dc.gov/doh/frames.asp?doc=/doh/lib/doh/services/administration_offices/hiv_aids/pdf/epidemiology_annual_2007.pdf Mosaica, the Center for Nonprofit Development and Pluralism, is currently working on an HIV/AIDS Profiles Project covering the Northern Virginia health districts and Montgomery and Prince George's Counties in Maryland (a report is expected later in 2009); DC Appleseed Center issued a report on HIV/AIDS in the Nation's Capital (August 2005) and periodic updates, the most recent being September 2008. http://www.dcappleseed.org/projects/projects.cfm?project_id=7

29. For Tuberculosis Data, see Maryland's Tuberculosis Data at http://www.edcp.org/tb/pdf/TB_Rate_Table.xls, the Virginia Department of Health: http://vdhsrv20.vdh.state.va.us/Epidemiology/DiseasePrevention/Programs/Tuberculosis/Epidemiology/index.htm, and the District of Columbia Department of Health. The Regional data was provided by MWCOG, TB Committee. U.S. data from CDC http://www.cdc.gov/nchhstp/Newsroom/docs/CDCMMWR-WorldTBDayFactSheet-Compliant-3-18-09.pdf
30. There were major changes in testing in 2006, resulting in a large increase in the number of reported cases, so it was decided not to include 2005 data.
31. Community Health Status Indicators Project. "Community Health Status Indicators 2008-Data Sources, Definitions and Notes." 2008. http://www.communityhealth.hhs.gov/Companion_Document/CHSI-Data_Sources_Definitions_And_Notes.pdf
32. Cover the Uninsured, a project of the Robert Wood Johnson Foundation at http://covertheuninsured.org/content/coverage-matters-individuals. Citing the Institute of Medicine (IOM). "Coverage Matters. Insurance and Health Care." Washington, DC: National Academy Press. 2001. and Ayanian, John, et al. "Unmet Health Needs of Uninsured Adults in the United States." *Journal of the American Medical Association.* 284(16):2061-2069. 2000.
33. *Ibid.* Citing Institute of Medicine (IOM). "Care without Coverage-Too Little, Too Late." Washington, DC. National Academy Press. 2002. p. 52-57.
34. *Ibid*. Citing Has, Jennifer and Nancy Adler. "The Causes of Vulnerability: Disentangling the Effects of Race, Socioeconomic Status and Insurance Coverage on Health." Background paper prepared for the Committee on the Consequences of Uninsurance. 2001.
35. Calculated from data for jurisdictions in Small Area Health Insurance Estimates 2005.
36. SAHIE 2005 data.
37. Calculated from SAHIE 2005 data, low income defined as less than 250% of poverty in DC and less than 200% of poverty in Virginia.
38. World Health Organization. "Social Determinants of Health." August 2008. http://www.who.int/social_determinants/en/
39. 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
40. Robert Wood Johnson Foundation's Commission to Build a Healthier America. "Commission to Build a Healthier America Launched." 28 Feb. 2008. http://www.commissiononhealth.org/NewsRelease.aspx?news=25066 Also see Full

Report “Overcoming Obstacles to Heath.” at http://www.rwjf.org/files/research/obstaclestohealth.pdf

CHART BOOK

COMMUNITY HEALTH STATUS INDICATORS FOR METROPOLITAN WASHINGTON 2009



Section A:
Regional Demographics - Metropolitan Washington

Jurisdictions include: Frederick, Montgomery, and Prince George's counties in Maryland; 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. Maryland municipalities are included the Maryland Counties. Demographic data are not available for Manassas Park City and Falls Church City for any tables in this section as no information was provided by the source- the U.S. Census Bureau, American Community Survey, 2005-2007. See Section C for a direct link to the data.

Table A-1. Density

	US	Regional	DC	MD	Frederick	Montgomery	Prince George's	VA	Arlington	Fairfax	Loudoun	Prince William	Alexandria City	Fairfax City	Manassas City	Manassas Park City	Falls Church City
Area (sq miles)*	N/A	N/A	61.4	N/A	662.9	495.52	485.4	N/A	25.67	395.04	519.85	337.8	15.18	6.31	9.93	N/A	N/A
People per sq miles	N/A	N/A	9,532	N/A	335	1,868	1,718	N/A	7,800	2,548	512	1,044	9,132	3,604	3,639	N/A	N/A

Table A-2. Race/Ethnicity

	US, 298,737,310 Total pop.	Regional, 4,691,613	DC, 595,267	MD, 559,7843	Frederick, 222,034	Montgomery, 925,719	Prince George's, 833,862	VA, 7,636,644	Arlington, 201,798	Fairfax, 1,006,576	Loudoun, 288,987	Prince William, 352,773	Alexandria City, 139621	Fairfax City, 22,743	Manassas City, 36,133	Manassas Park City, N/A	Falls Church City, N/A
% White	75.7%	54.7%	34.9%	62.3%	85.3%	62.5%	23.3%	72.2%	72.8%	69.1%	75.2%	62.9%	68.2%	74.5%	66.9%	N/A	N/A
% Black or African	12.6%	27.4%	56.4%	29.4%	8.2%	16.5%	65.5%	19.9%	8.4%	9.5%	8.0%	19.7%	21.5%	5.8%	12.0%	N/A	N/A
% American Indian/ Alaska Native	0.8%	0.3%	0.3%	0.3%	0.3%	0.2%	0.3%	0.3%	0.2%	0.2%	0.2%	0.5%	0.2%	0.5%	0.2%	N/A	N/A
% Asian	4.4%	9.2%	3.2%	4.9%	3.3%	13.3%	4.0%	4.8%	9.1%	16.1%	11.9%	7.1%	5.8%	15.6%	4.4%	N/A	N/A
% Some other race	6.3%	6.2%	5.2%	3.1%	2.8%	7.3%	6.9%	2.7%	9.5%	5.0%	4.6%	9.8%	4.3%	3.6%	16.3%	N/A	N/A
% Two or more races	2.1%	2.1%	1.5%	1.9%	1.8%	2.2%	2.1%	1.9%	2.4%	2.1%	2.5%	2.6%	2.8%	3.1%	3.3%	N/A	N/A
% Hispanic or Latino (of any race)	14.7%	12.5%	8.3%	6.0%	5.1%	14.0%	11.3%	6.3%	16.2%	13.3%	9.7%	18.3%	13.3%	13.3%	25.9%	N/A	N/A

Table A-3. Age

	US	Regional	DC	MD	Frederick	Montgomery	Prince George's	VA	Arlington	Fairfax	Loudoun	Prince William	Alexandria City	Fairfax City	Manassas City	Manassas Park City	Falls Church City
Median age	36.4	NA	35	37.2	36.5	38.7	34.8	36.8	36.9	38.6	32.7	32.3	37.2	40.6	33.2	N/A	N/A
Under age 18	24.7%	23.89%	19.5%	24.4%	26.2%	24.5%	25.4%	23.9%	17.7%	24.6%	30.2%	29.7%	19.4%	19.7%	29.1%	N/A	N/A
65 years and over	12.5%	11.61%	11.9%	11.60%	9.80%	12.00%	8.7%	11.60%	9.1%	9.2%	5.6%	6.0%	10.5%	14.2%	7.6%	N/A	N/A

*Regional Caculation: Sum of states population by each age factor divided by the sum of states Total populations.

Table A-4. Economic Status

	US	Regional	DC	MD	Frederick	Montgomery	Prince George's	VA	Arlington	Fairfax	Loudoun	Prince William	Alexandria City	Fairfax City	Manassas City	Manassas ParkCity	Falls Church City
Un-employed*	4.20%	3.50%	5.9%	3.80%	2.50%	3.00%	5.2%	3.20%	1.9%	2.4%	2.2%	3.1%	2.7%	3.00%	3.4%	N/A	N/A
Median house-hold income	50,007	NA	52,187	66,873	76,920	89,284	68,410	58,378	90,047	102,460	104,612	85,538	77,797	93,441	74,221	N/A	N/A
Per capita income	26,178	NA	38,009	32,933	33,593	45,032	29,789	30,651	53,961	47,795	42,110	34,403	51,301	41,271	30,076	N/A	N/A
BELOW POVERTY LEVEL																	
Under 18	18.3%	NA	29.3%	10.4%	4.9%	4.6%	10.0%	13.0%	8.3%	6.7%	1.70%	7.0%	7.2%	2.9%	17.9%	N/A	N/A
18-64	11.9%	NA	16.3%	7.4%	4.2%	4.5%	7.4%	8.9%	6.6%	4.6%	3.1%	3.6%	5.6%	3.9%	8.0%	N/A	N/A
65+ years	9.9%	NA	15.6%	8.1%	4.8%	5.9%	7.6%	9.4%	10.0%	4.9%	4.5%	5.7%	11.2%	0.0%	7.7%	N/A	N/A

*Population: 16 years and older
*Regional Caculation: Sum of jurisdictions with information available for unemployment divided by sum of jurisdiction populations over 16 years. Data not available for Manassas Park City and Falls Church City.

Table A-5. Education*

	US	Regional	DC	MD	Frederick	Montgomery	Prince George's	VA	Arlington	Fairfax	Loudoun	Prince William	Alexandria City	Fairfax City	Manassas City	Manassas Park City	Falls Church City
Less than 9th grade	6.50%	4.80%	6.3%	4.30%	2.7%	4.5%	6.0%	5.60%	5.6%	3.8%	2.6%	5.6%	5.4%	3.9%	10.9%	N/A	N/A
9th to 12th grade, no diploma	9.50%	5.78%	9.6%	8.80%	6.7%	4.3%	8.2%	9.10%	4.2%	3.7%	3.3%	6.3%	4.1%	6.3%	9.5%	N/A	N/A
High school graduate*	30.00%	19.07%	21.4%	27.00%	29.1%	14.7%	27.9%	27.10%	10.4%	14.5%	16.0%	23.7%	13.2%	18.2%	26.9%	N/A	N/A
Some college, no degree	19.60%	15.99%	13.8%	18.80%	20.1%	14.3%	21.1%	18.70%	9.3%	14.2%	15.8%	20.7%	13.5%	18.1%	20.9%	N/A	N/A
Associate's degree	7.40%	35.06%	3.5%	6.40%	7.7%	5.7%	6.8%	6.60%	3.5%	5.6%	7.3%	7.3%	4.1%	4.6%	5.3%	N/A	N/A
Bachelor's degree	17.10%	25.57%	20.4%	19.30%	21.0%	27.1%	17.6%	19.60%	31.0%	30.9%	35.5%	22.7%	31.0%	27.8%	17.6%	N/A	N/A
Graduate or pro-fessional degree	9.90%	23.08%	25.0%	15.40%	12.6%	29.4%	12.3%	13.30%	36.0%	27.5%	19.7%	13.8%	28.7%	21.1%	8.8%	N/A	N/A
% high school graduate or higher	84.00%	NA	84.1%	86.90%	90.6%	91.2%	85.8%	85.30%	90.2%	92.6%	94.2%	88.1%	90.6%	89.8%	79.6%	N/A	N/A
% bachelor's degree or higher	27.00%	NA	45.4%	34.70%	33.6%	56.5%	30.1%	32.90%	67.0%	58.4%	55.2%	36.5%	59.7%	48.9%	26.4%	N/A	N/A

*Population 25 yrs and over
*Regional Caculation: Sum of jurisdictions with information available for each education factor divided by sum of jurisdiction populations over 25 years. Data not available for Manassas Park City and Falls Church City.
* High School Graduate include equivalency.

Table A-6. Language Spoken in the Home*

	US	Regional	DC	MD	Frederick	Montgomery	Prince George's	VA	Arlington	Fairfax	Loudoun	Prince William	Alexandria City	Fairfax City	Manassas City	Manassas Park City	Falls Church City
English only*	80.5%	73.79%	84.9%	85.30%	89.6%	65.0%	60.6%	87.0%	69.2%	66.1%	75.8%	72.8%	69.3%	66.3%	NA	N/A	N/A
Language other than English at home	19.5%	26.72%	15.1%	14.70%	10.4%	35.0%	19.4%	13.0%	30.8%	33.9%	24.2%	27.2%	30.7%	33.7%	NA	N/A	N/A
Language other than English at home and Speak English less than "very well"	8.6%	11.39%	5.3%	5.90%	3.8%	14.5%	8.7%	5.5%	11.5%	15.2%	9.8%	13.1%	13.8%	14.0%	NA	N/A	N/A

*Population 5 years and over

*Regional Caculation: Sum of jurisdictions with information available for each language factor divided by sum of jurisdiction populations over 5 years. Data not available for Manassas City, Manassas Park City and Falls Church City.

Section B:
Community Health Indicators
Metropolitan Washington

The indicator charts on the following pages (except for Communicable Diseases and Health Insurance Coverage) were compiled from data in the 2008 Community Health Status Indicator Reports for 13 jurisdictions that are part of the Metropolitan Washington Region. Those reports were produced through a partnership of federal agencies and nonprofit organizations. The sources of the data in the CHS reports are noted in the charts.

The charts are organized as follows:

Summary Measures of Health

Birth Measures

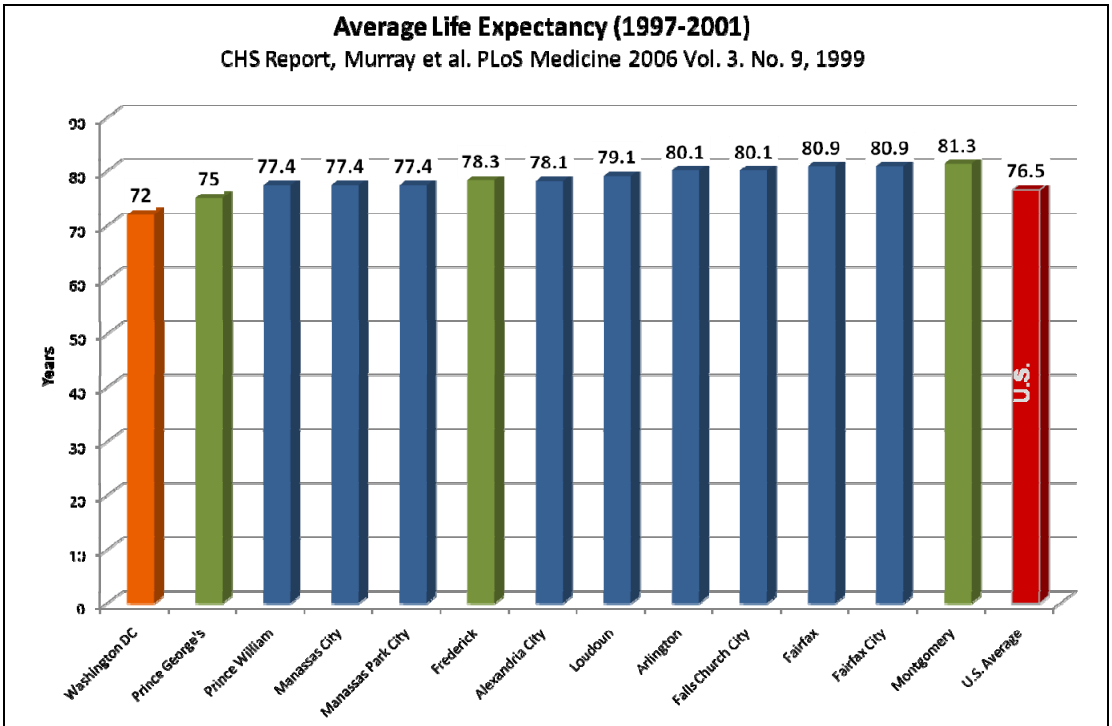
CHS Report data presented below are generally based on the national Center for Health Statistics Vital Statistics Reporting System 2001-2003. All rates are per 100,000 persons. Rates are age-adjusted to the year 2000 standard; per 100,000 population. For some smaller jurisdictions data is based on 1994-2003 or 1999-2003.

Death Measures

CHS Report data presented below are generally based on the national Center for Health Statistics Vital Statistics Reporting System 2001-2003. All rates are per 100,000 persons. Rates are age-adjusted to the year 2000 standard; per 100,000 population. For some smaller jurisdictions data is based on 1994-2003 or 1999-2003.

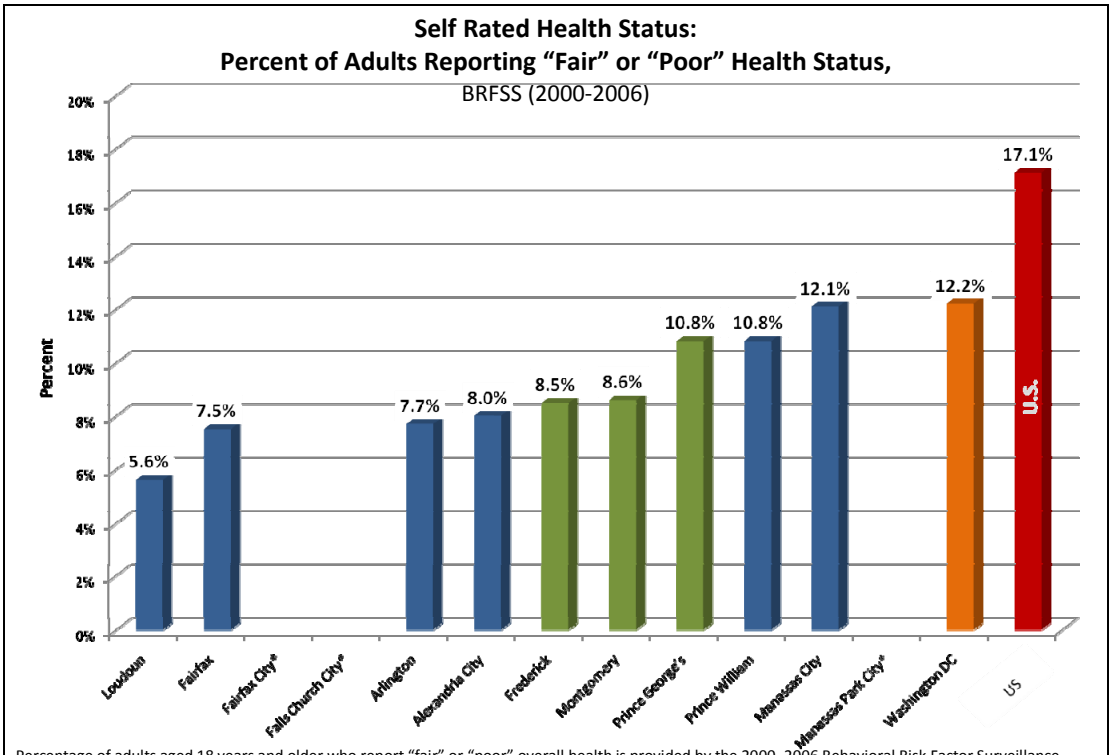
Summary Measures of Health Status

Table B-1.



The average number of years a baby born in a particular year is expected to live if current age-specific mortality trends continue to apply. Calculations for the 5-year life expectancies (1997–2001) were made by Chris Murray and colleagues at the Harvard School of Public Health. Methodology, data source information described in: Murray CJL, Kulkarni SC, Michaud C, Tomijima N, Bulzacchelli MT, et al., Eight Americas: Investigating Mortality Disparities across Races, Counties, and Race-Counties in the United States . PLoS Medicine Vol. 3, No. 9, e260

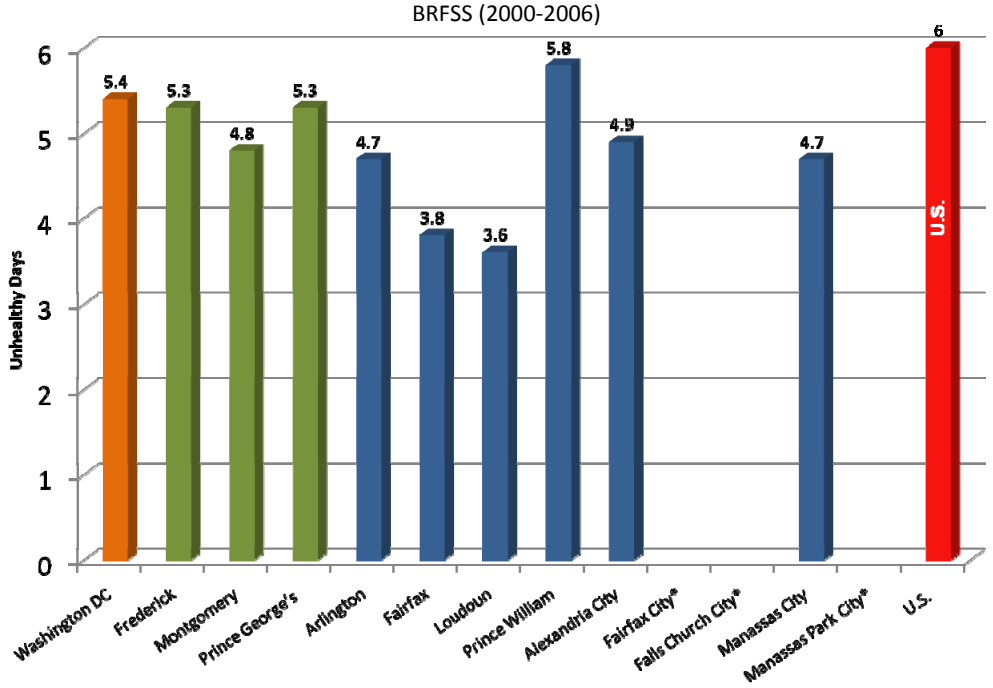
Table B-2.



Percentage of adults aged 18 years and older who report "fair" or "poor" overall health is provided by the 2000–2006 Behavioral Risk Factor Surveillance System (BRFSS), a survey conducted jointly by states and the Centers for Disease Control and Prevention. *Jurisdiction-specific data are not reported for this indicator if there are fewer than 50 respondents in the specific time period to the survey; BRFSS generated state weights are used in calculating the county prevalence.

Table B-3.

Reported Number of Unhealthy Days in the Past Month,
BRFSS (2000-2006)



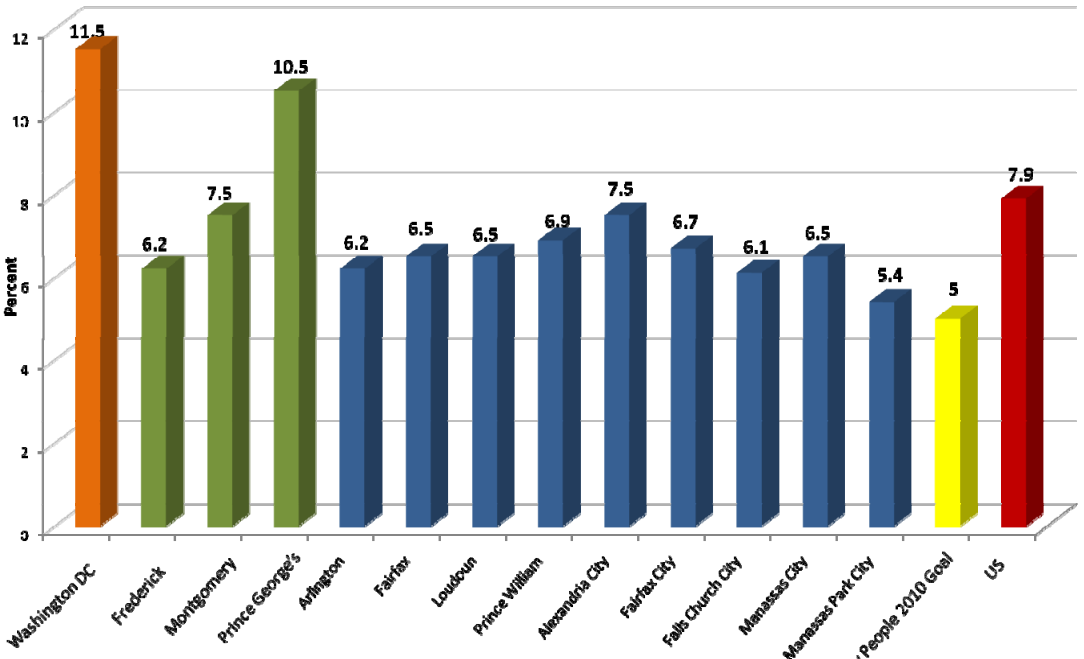
The average number of unhealthy days (mental or physical) in the past 30 days, reported by adults aged 18 years and older, is provided by the Behavioral Risk Factor Surveillance System (BRFSS), 2000-2006, a survey conducted jointly by states and the Centers for Disease Control and Prevention. *Jurisdiction-specific data are not reported for this indicator and average number of unhealthy days in the past month (below) if there are fewer than 50 respondents in the specific time period to the survey; BRFSS generated state weights are used in calculating the county prevalence.

Birth Measures

CHS Report data presented below are generally based on the national Center for Health Statistics Vital Statistics Reporting System 2001-2003. All rates are per 100,000 persons. Rates are age-adjusted to the year 2000 standard; per 100,000 population. For some smaller jurisdictions data is based on 1994-2003 or 1999-2003.

Table B-4.

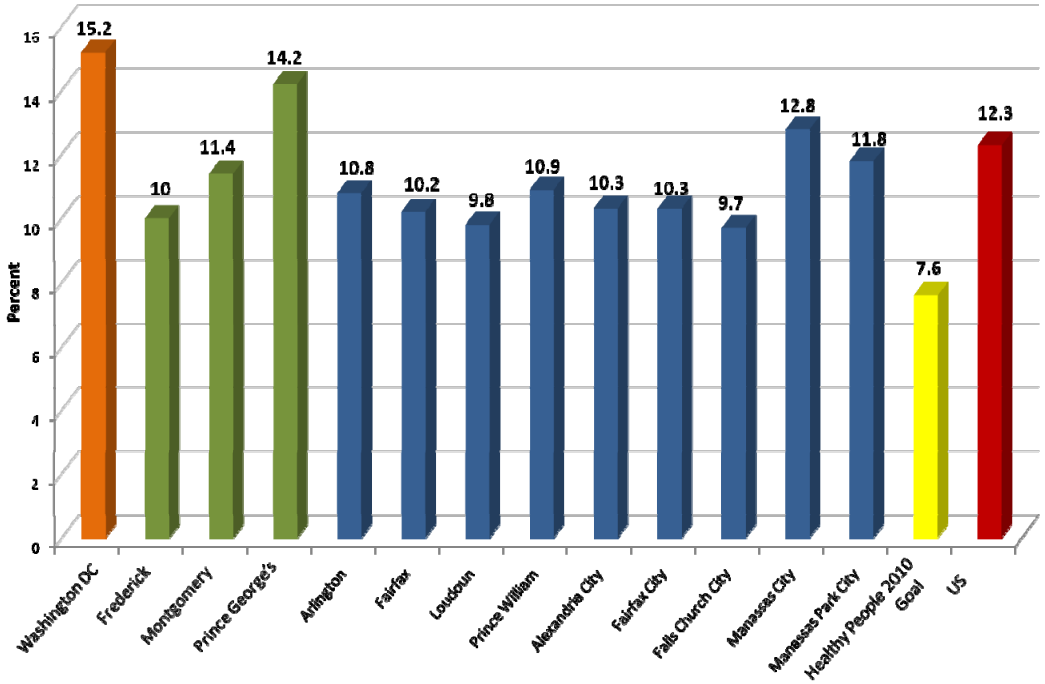
Low Birth Weight
National Center for Health Statistics,
National Vital Statistics System, 2001–2003



Low Birth Weight: Percentage of all births less than 2,500 grams.

Table B-5.

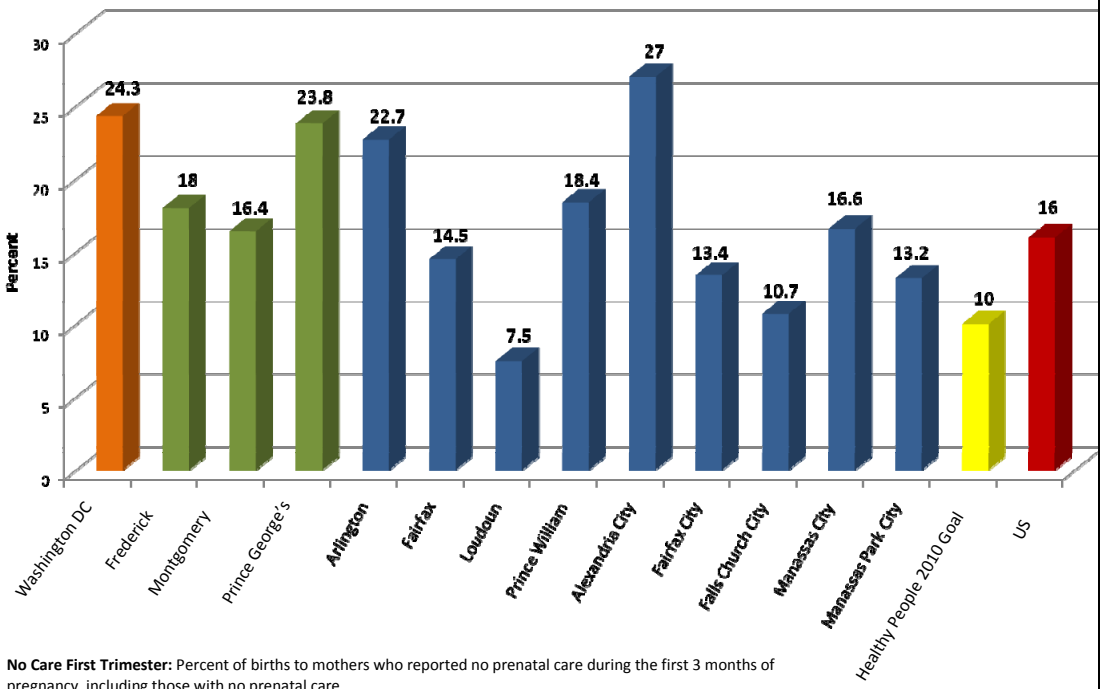
Premature Births
National Center for Health Statistics,
National Vital Statistics System, 2001–2003



Premature Births: Percentage of births with a reported gestation period of less than 37 completed weeks gestation.

Table B-6.

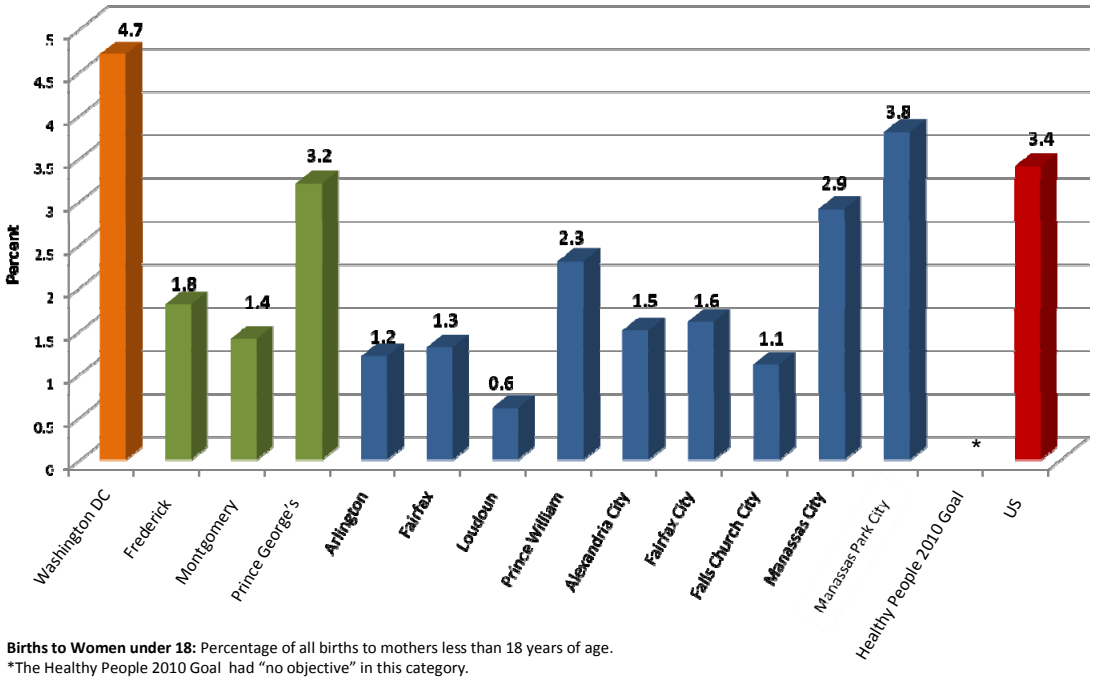
Late Pre-Natal Care
National Center for Health Statistics,
National Vital Statistics System, 2001–2003



No Care First Trimester: Percent of births to mothers who reported no prenatal care during the first 3 months of pregnancy, including those with no prenatal care.

Table B-7.

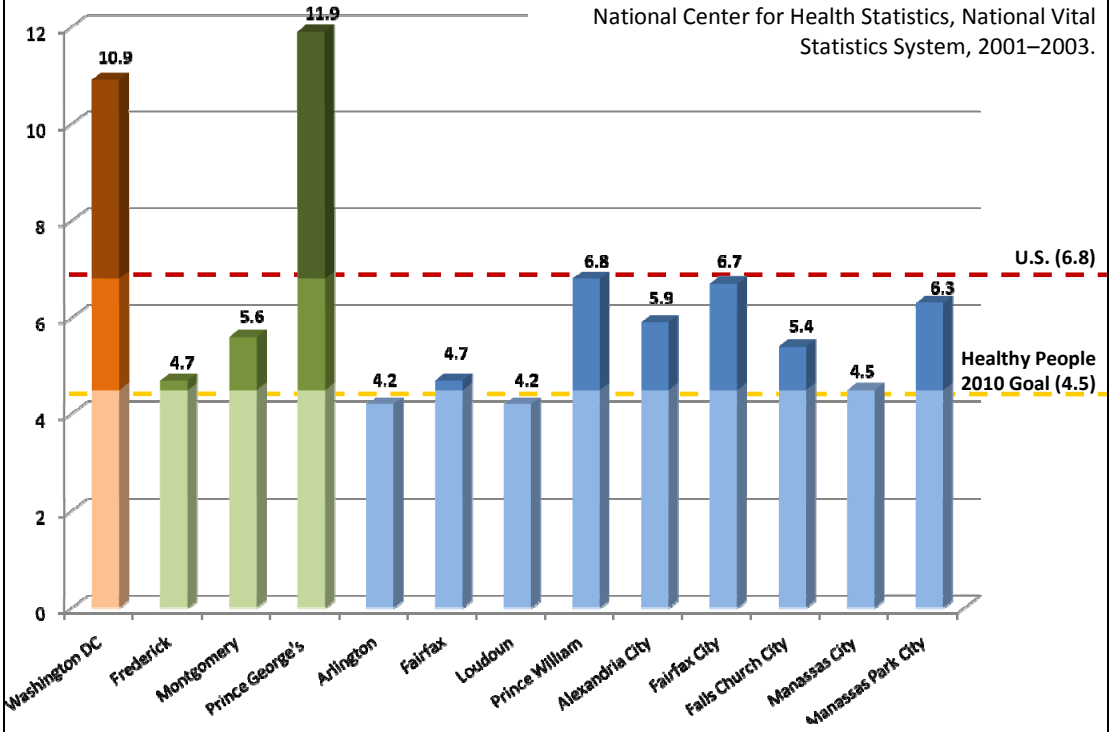
Births to Women Under Age 18
National Center for Health Statistics,
National Vital Statistics System, 2001–2003



Births to Women under 18: Percentage of all births to mothers less than 18 years of age.
*The Healthy People 2010 Goal had "no objective" in this category.

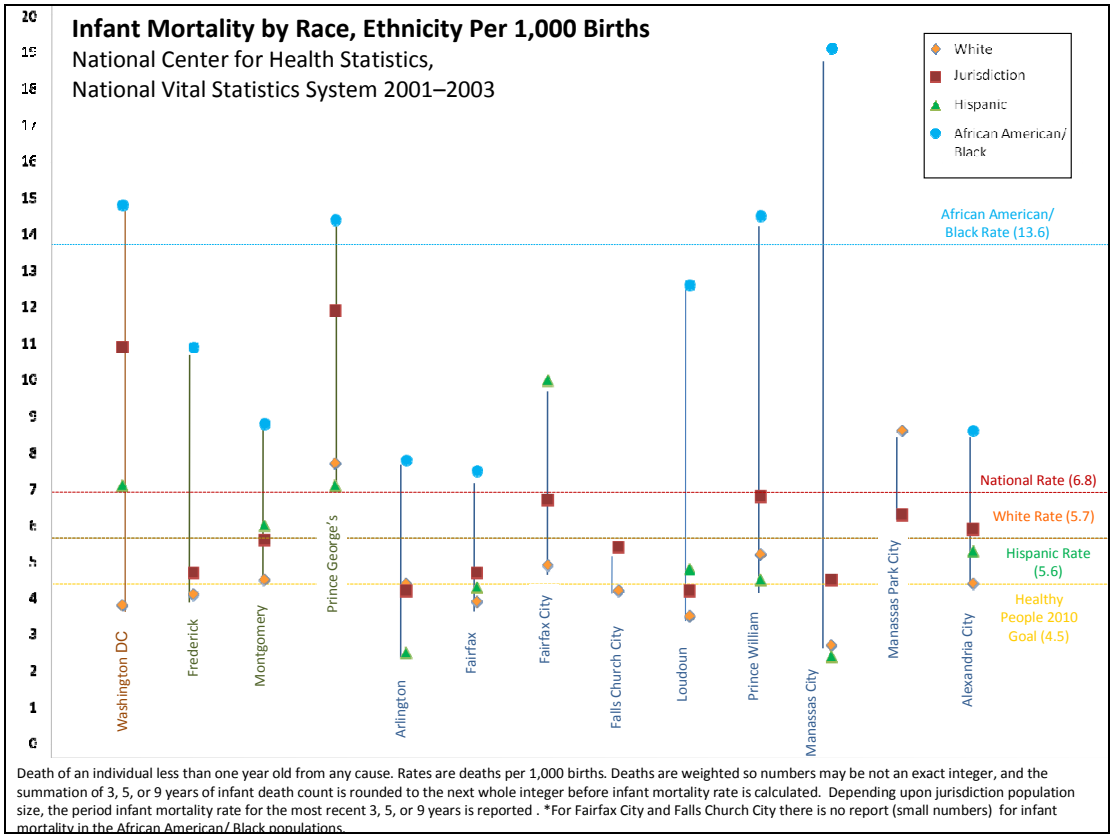
Table B-8.

Infant Mortality Per 1,000 Births
National Center for Health Statistics, National Vital Statistics System, 2001–2003.



Death of an individual less than one year old from any cause. Rates are deaths per 1,000 births. Deaths are weighted so numbers may be not an exact integer, and the summation of 3, 5, or 9 years of infant death count is rounded to the next whole integer before infant mortality rate is calculated. Depending upon jurisdiction population size, the period infant mortality rate for the most recent 3, 5, or 9 years is reported .

Table B-9.

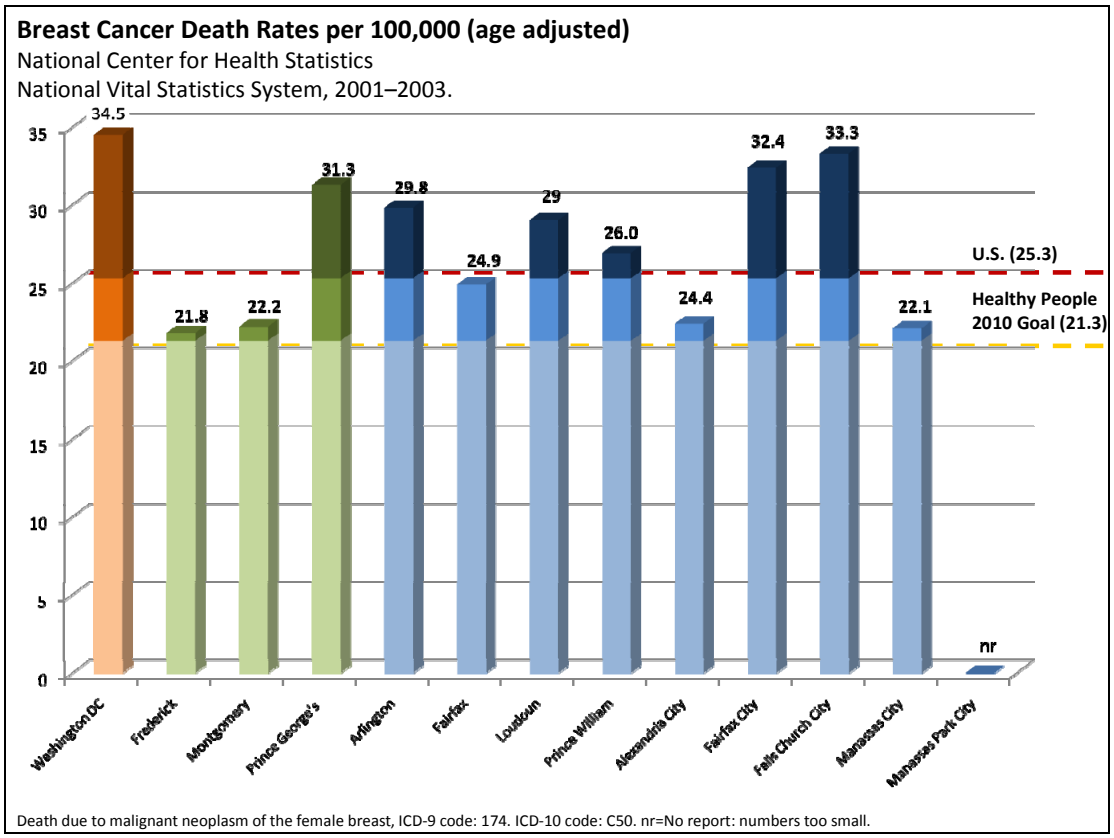


Death of an individual less than one year old from any cause. Rates are deaths per 1,000 births. Deaths are weighted so numbers may be not an exact integer, and the summation of 3, 5, or 9 years of infant death count is rounded to the next whole integer before infant mortality rate is calculated. Depending upon jurisdiction population size, the period infant mortality rate for the most recent 3, 5, or 9 years is reported . *For Fairfax City and Falls Church City there is no report (small numbers) for infant mortality in the African American/ Black populations.

Death Measures

CHS Report data presented below are generally based on the national Center for Health Statistics Vital Statistics Reporting System 2001-2003. All rates are per 100,000 persons. Rates are age-adjusted to the year 2000 standard; per 100,000 population. For some smaller jurisdictions data is based on 1994-2003 or 1999-2003.

Table B-10.



Death due to malignant neoplasm of the female breast, ICD-9 code: 174. ICD-10 code: C50. nr=No report: numbers too small.

Table B-11.

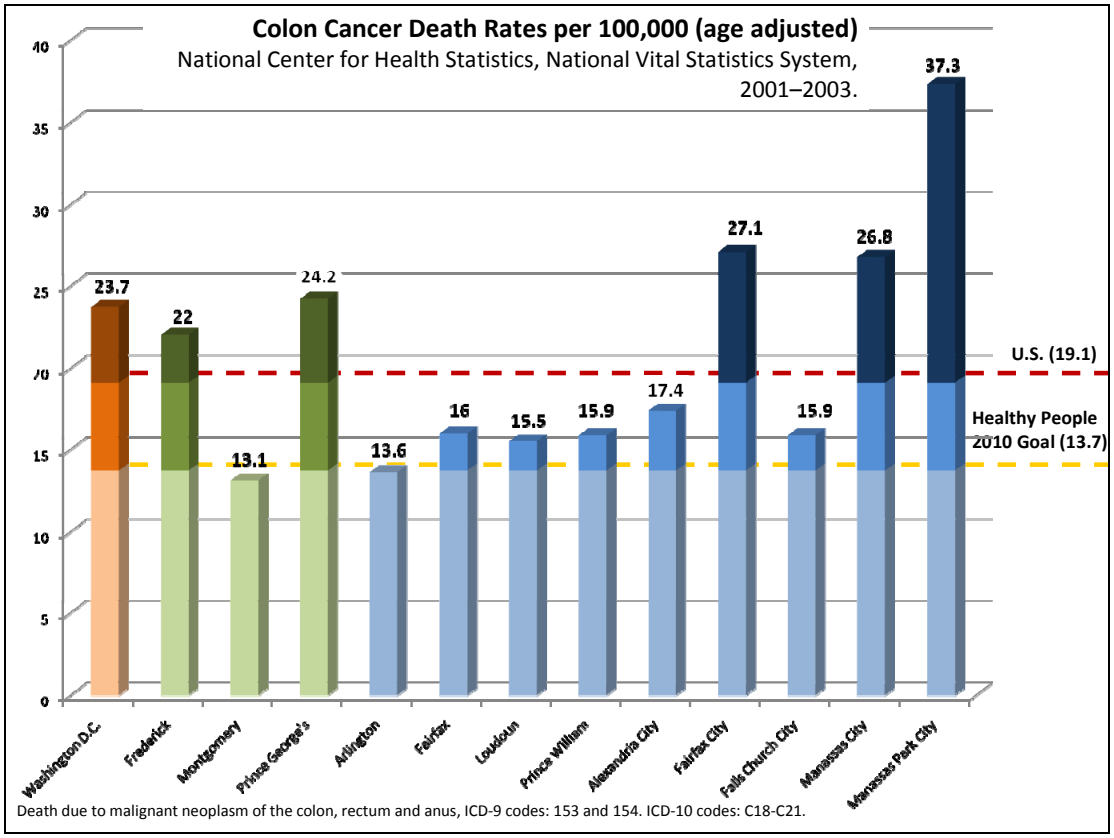


Table B-12.

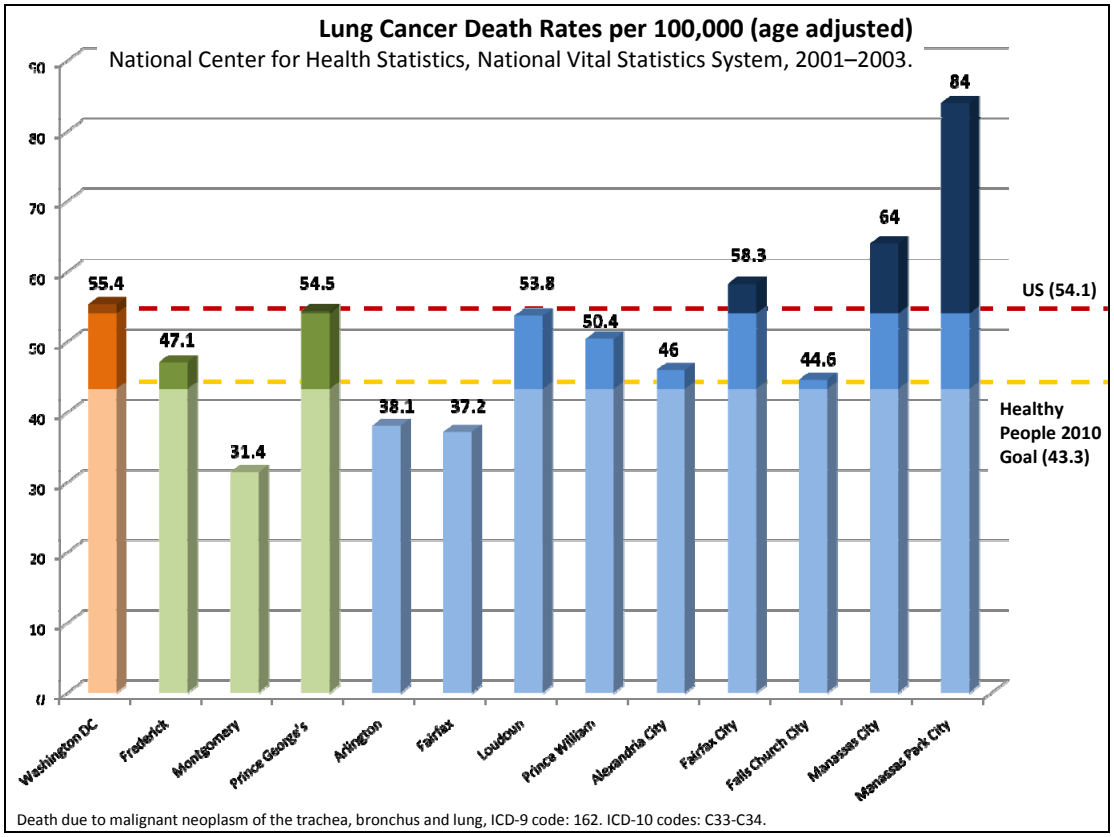
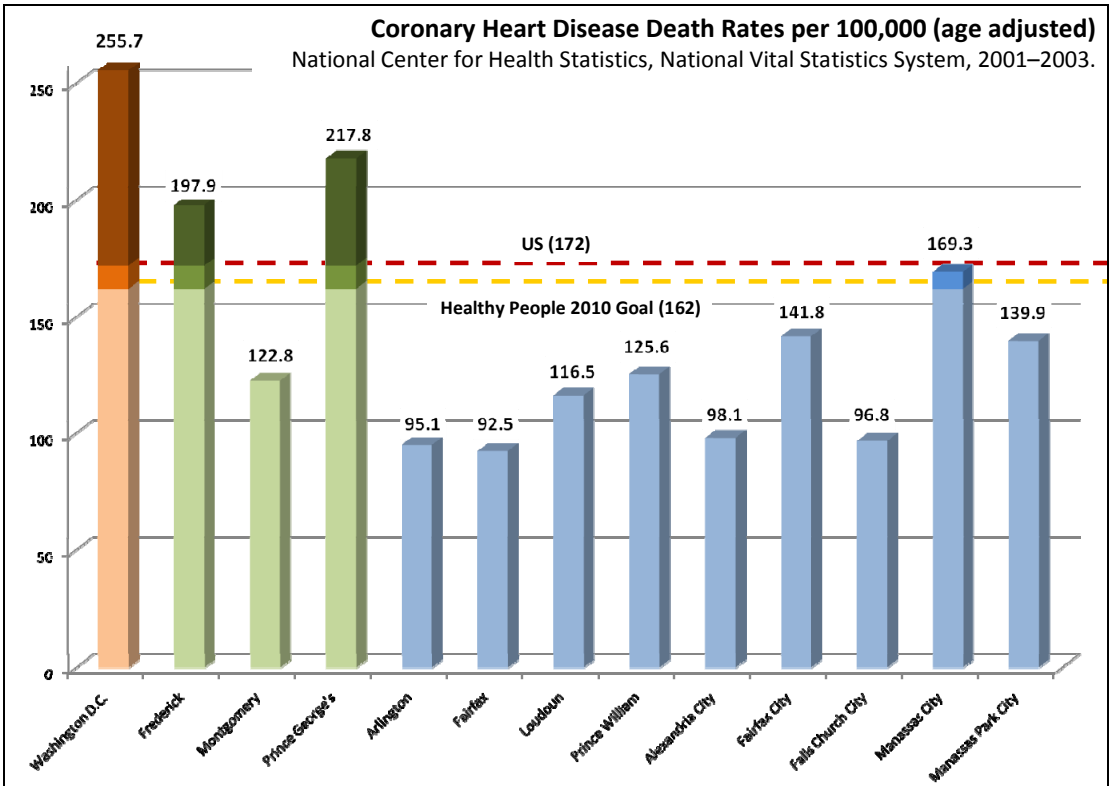
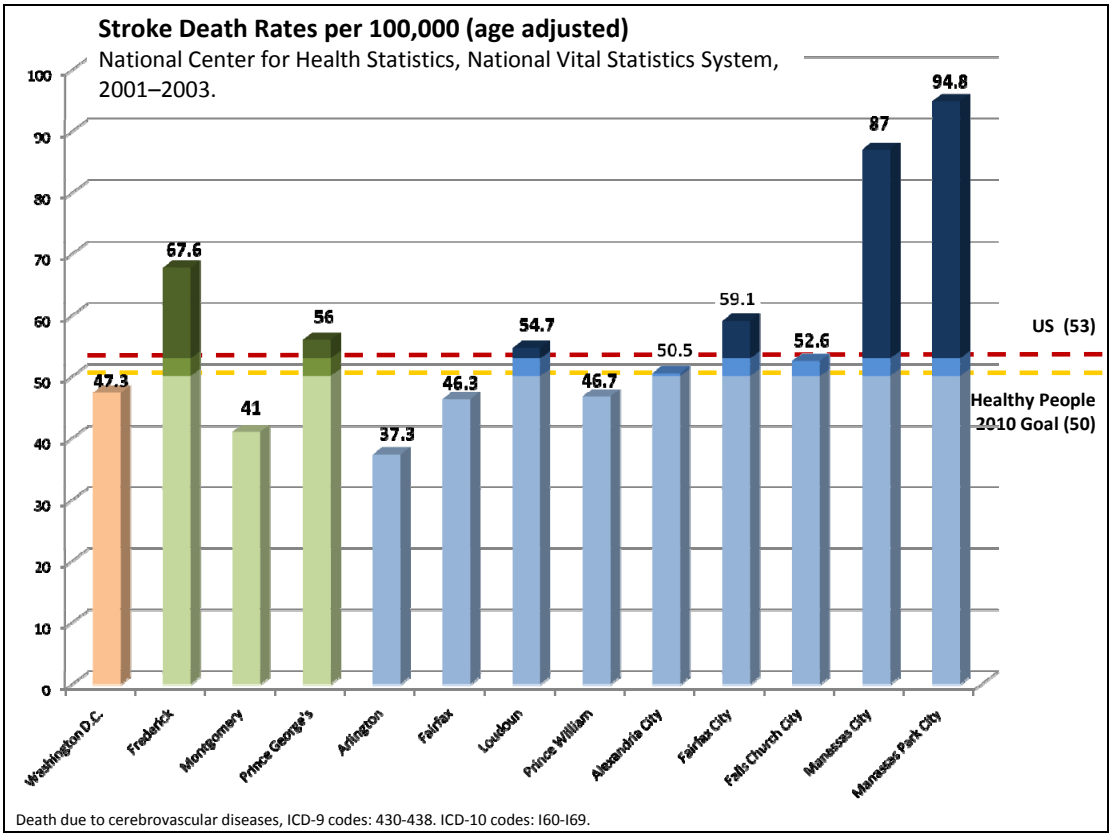


Table B-13.



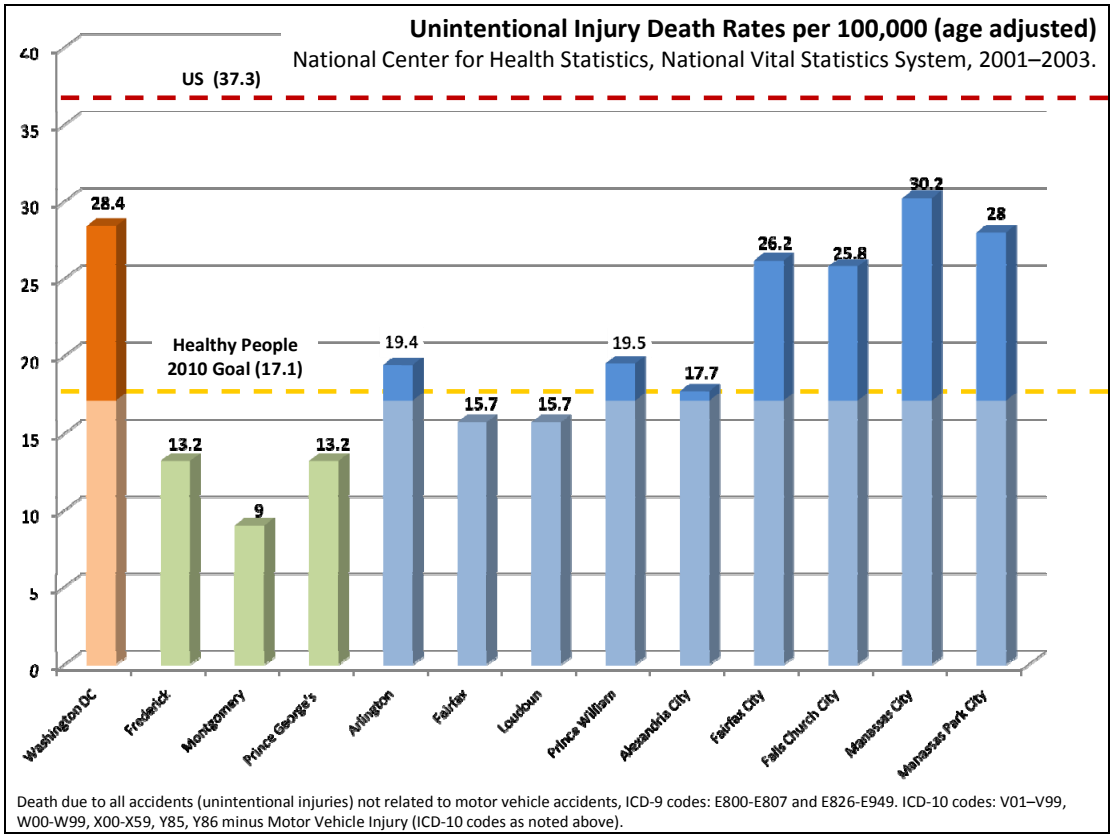
Death due to hypertensive heart disease and ischemic heart diseases (acute myocardial infarction, other acute ischemic heart diseases, and other forms of chronic ischemic heart disease), ICD-9 codes: 402, 410-414, and 429.2. ICD-10 codes: I11, I20-I25.

Table B-14.



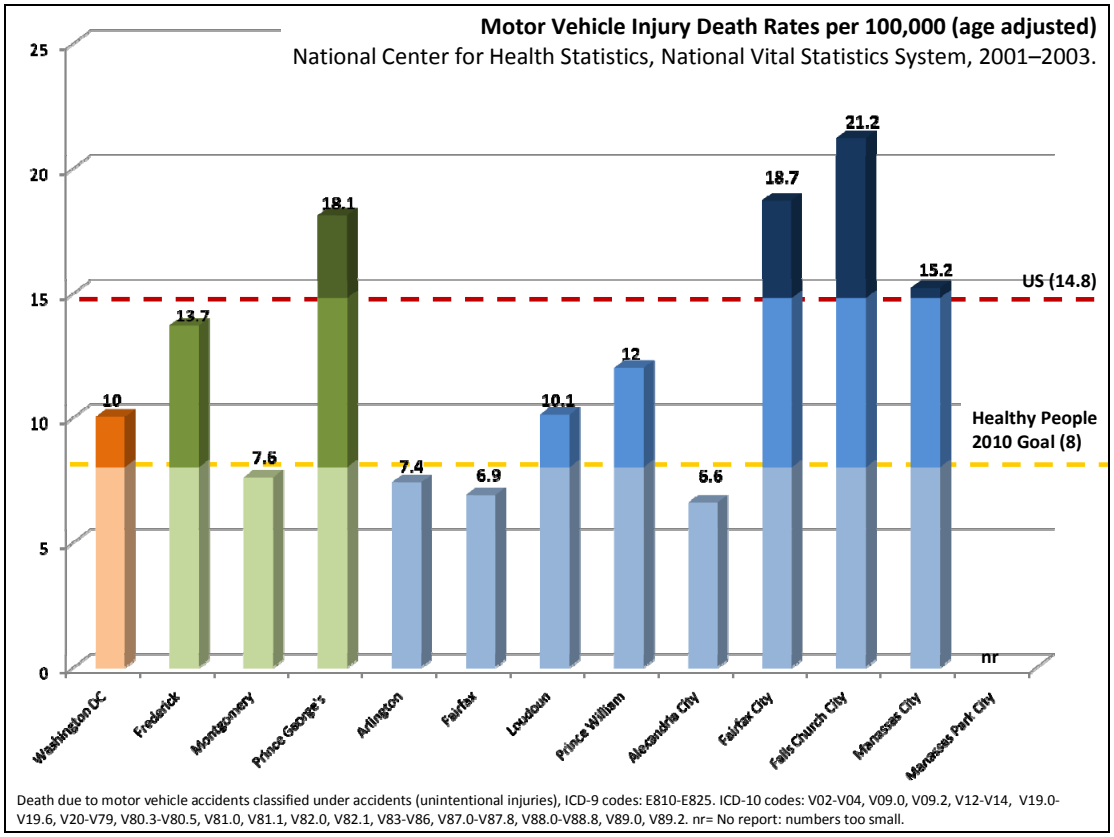
Death due to cerebrovascular diseases, ICD-9 codes: 430-438. ICD-10 codes: I60-I69.

Table B-15.



Death due to all accidents (unintentional injuries) not related to motor vehicle accidents, ICD-9 codes: E800-E807 and E826-E949. ICD-10 codes: V01–V99, W00-W99, X00-X59, Y85, Y86 minus Motor Vehicle Injury (ICD-10 codes as noted above).

Table B-16.

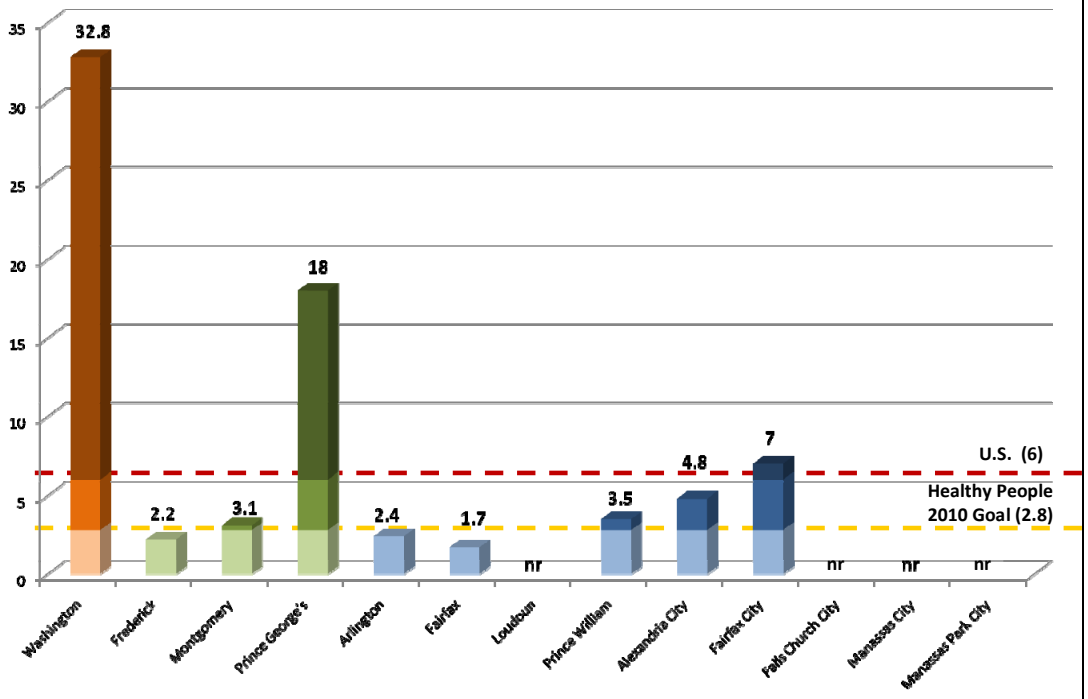


Death due to motor vehicle accidents classified under accidents (unintentional injuries), ICD-9 codes: E810-E825. ICD-10 codes: V02-V04, V09.0, V09.2, V12-V14, V19.0-V19.6, V20-V79, V80.3-V80.5, V81.0, V81.1, V82.0, V82.1, V83-V86, V87.0-V87.8, V88.0-V88.8, V89.0, V89.2. nr= No report: numbers too small.

Table B-17.

Homicide Death Rates per 100,000 (age adjusted)

National Center for Health Statistics, National Vital Statistics System, 2001–2003.

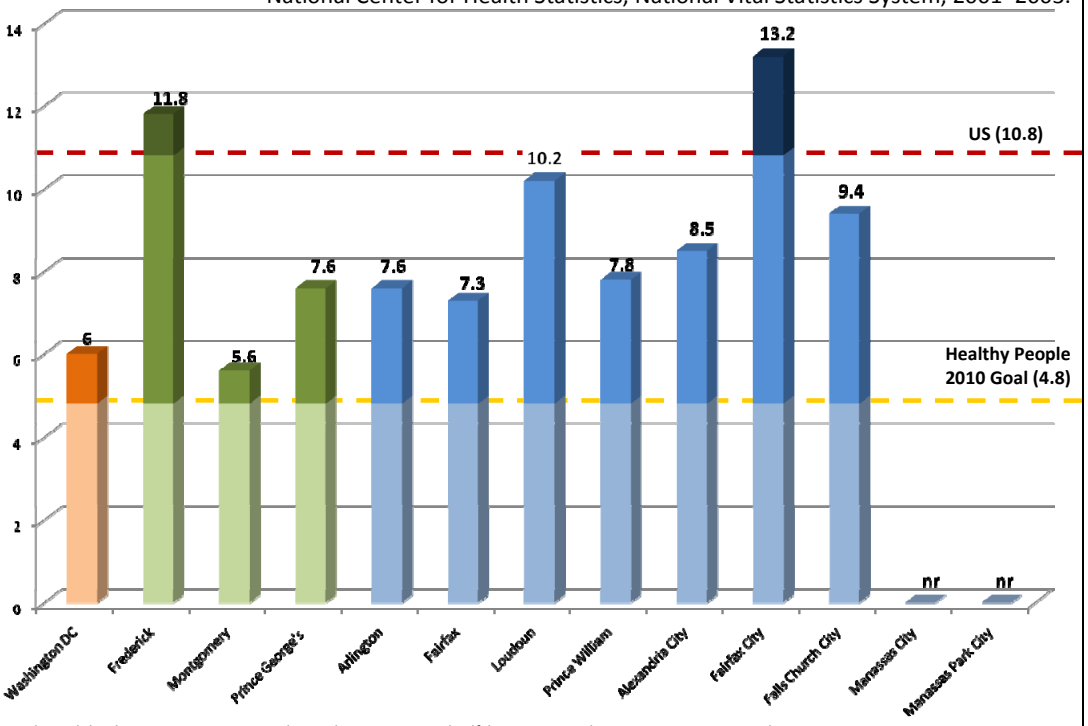


Death due to assault, ICD-9 codes: E960-E969. ICD-10 codes: X85-X99, Y00-Y09, Y87.1. nr=No report: numbers too small.

Table B-18.

Suicide Death Rates per 100,000 (age adjusted)

National Center for Health Statistics, National Vital Statistics System, 2001–2003.



Age adjusted death rates per 100,000 population due to intentional self harm ICD-9 codes: E950-E959. ICD-10 codes: X60-X84, Y87.0. nr=No report: numbers too small.

Communicable Diseases

Table B-19.

Individuals Living with HIV (not AIDS)/AIDS at the end of 2006
Mosaica HIV/AIDS Profiles Project, Annual Report 2006

District of Columbia	12,428	**Northern Virginia**	
		Arlington	1,150
		Fairfax	1,857
Maryland		Loudoun	187
Frederick	260	Prince William	572
Montgomery	2,790	Alexandria	1,185
Prince George's	5,233	Fairfax City	95
		Falls Church City	42
		Manassas City	163
		Manassas Park City	11

Source: HIV/AIDS Epidemiological Profiles; data for Northern Virginia and Montgomery and Prince George's Counties provided by Mosaica as part of the HIV/AIDS Profiles Project.

Table B-20.

Tuberculosis

	DC	Frederick	Montgomery	Prince George's	Arlington	Fairfax	Loudoun	Prince William	Alexandria
Total Number of TB cases	54	n/a	88	68	20	98	18	22	11
TB Rate (per 100000)	9.1	n/a	9.3	8.3	9.5	9.3	6.2	5.3	7.6

Sources:
District of Columbia Data from 2008, DC Department of Health, HIV/AIDS Administration, Tuberculosis Control Program, Rates per 100,000 (2005-2008)

Maryland Data from 2008 MD DHMH, CHA, EDCP, Rates per 100,000, reported new cases, (1999-2008). The state of Maryland publishes specific information for the 6 high incidence jurisdictions. Data for the remaining 18 jurisdictions are combined to preserve confidentiality through the through the avoidance of small, potentially identifiable cases counts.

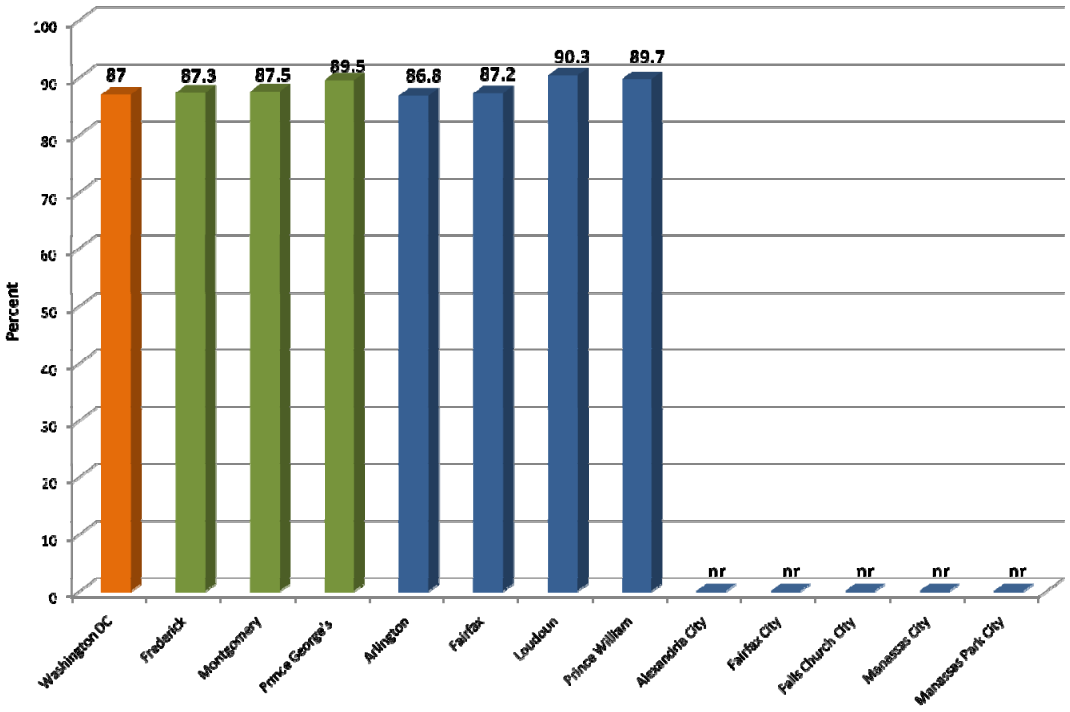
Virginia Data from 2008 Virginia Department of Health Division of Disease Prevention, Rates per 100,000, reported cases, (2004-2008). Virginia data are by health district: Fairfax County includes Falls Church City and Fairfax City; and Prince William County includes Manassas City and Manassas Park City.

Adult Prevention Services

Table B-21.

Percent Reporting Pap Test

Center for Disease Control, BRFSS 2000-2006

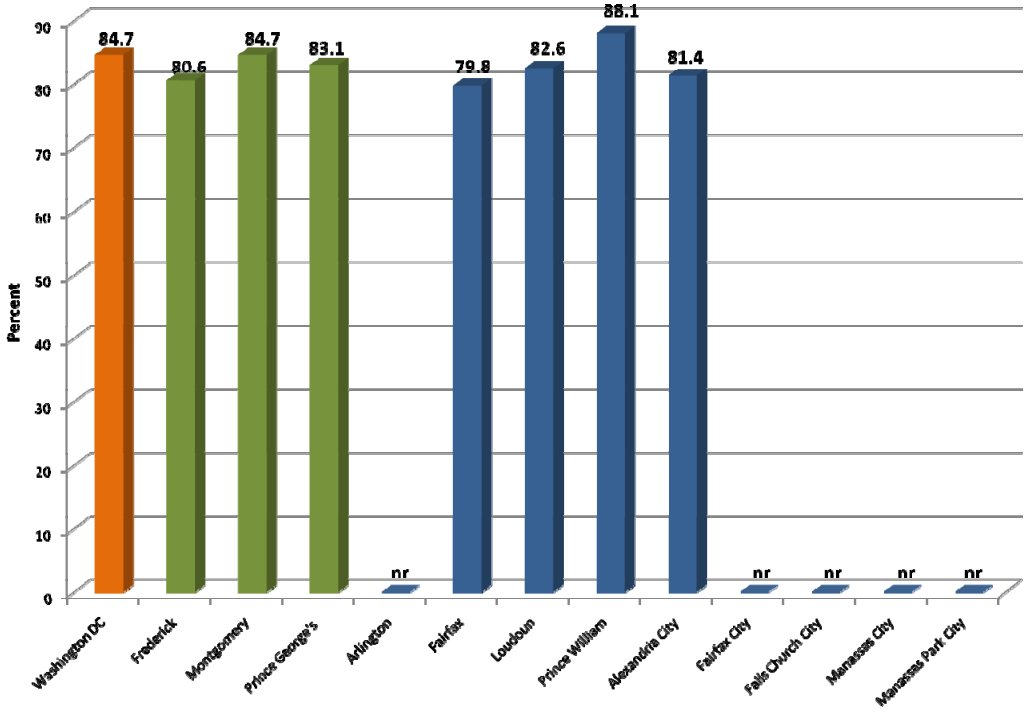


Percent of females aged 18 years and older who have had a Pap test within the past 3 years. A Pap test detects abnormal changes in cervical cells that may lead to cancer. nr=No report: numbers too small.

Table B-22.

Percent Reporting Mammography

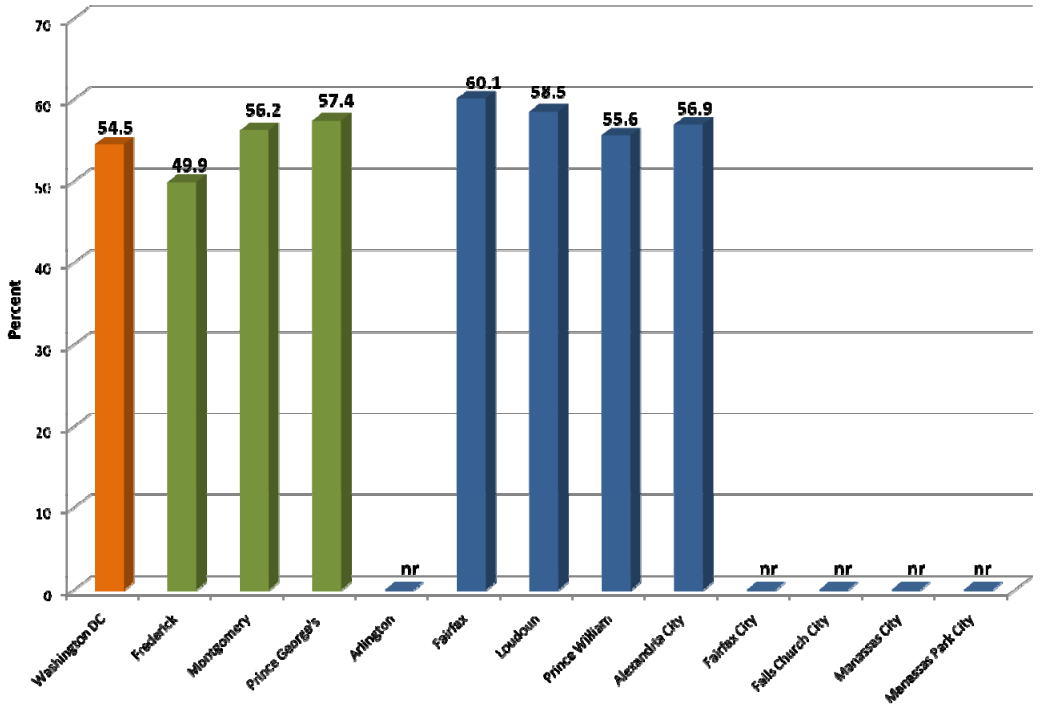
Center for Disease Control, BRFSS 2000-2006



Percentage of females aged 50 years and older who have had a mammogram within the past two years. nr=No report: numbers too small.

Table B-23.

Percent Reporting Sigmoidoscopy
Center for Disease Control, BRFSS 2000-2006

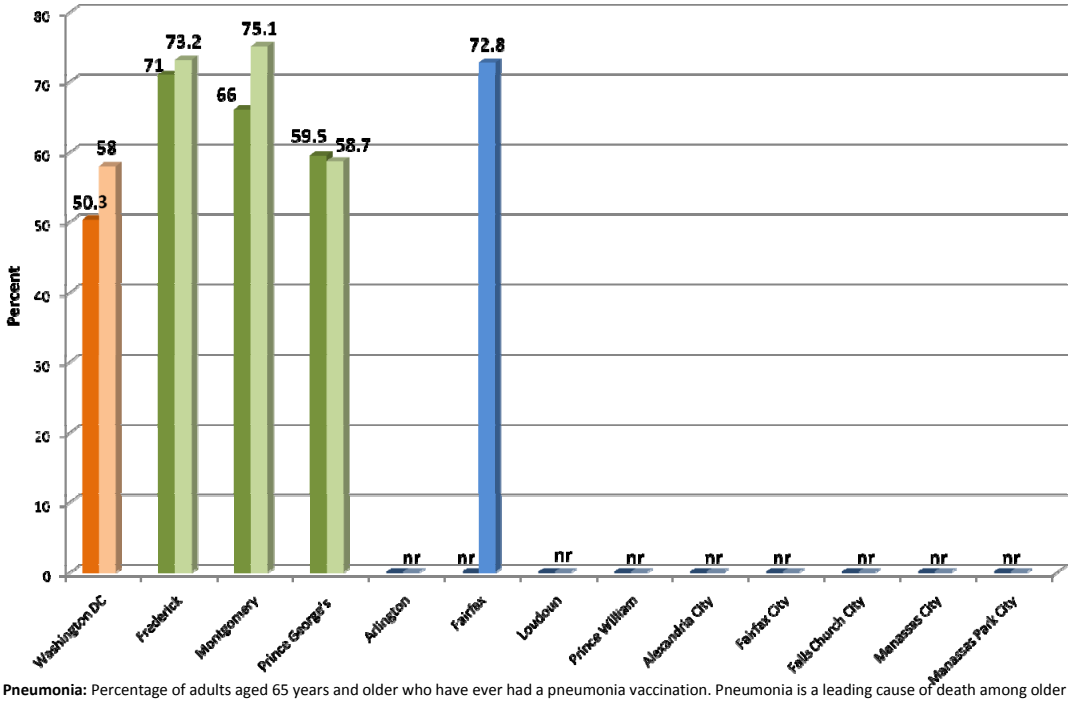


Percentage of adults aged 50 years and older who have ever had a proctoscopic exam. This type of exam uses a flexible scope to detect polyps (non-cancerous tumors) and cancerous tumors in the colon and rectum. nr=No report: numbers too small.

Table B-24.

Bold-Pneumonia
Pale-Flu

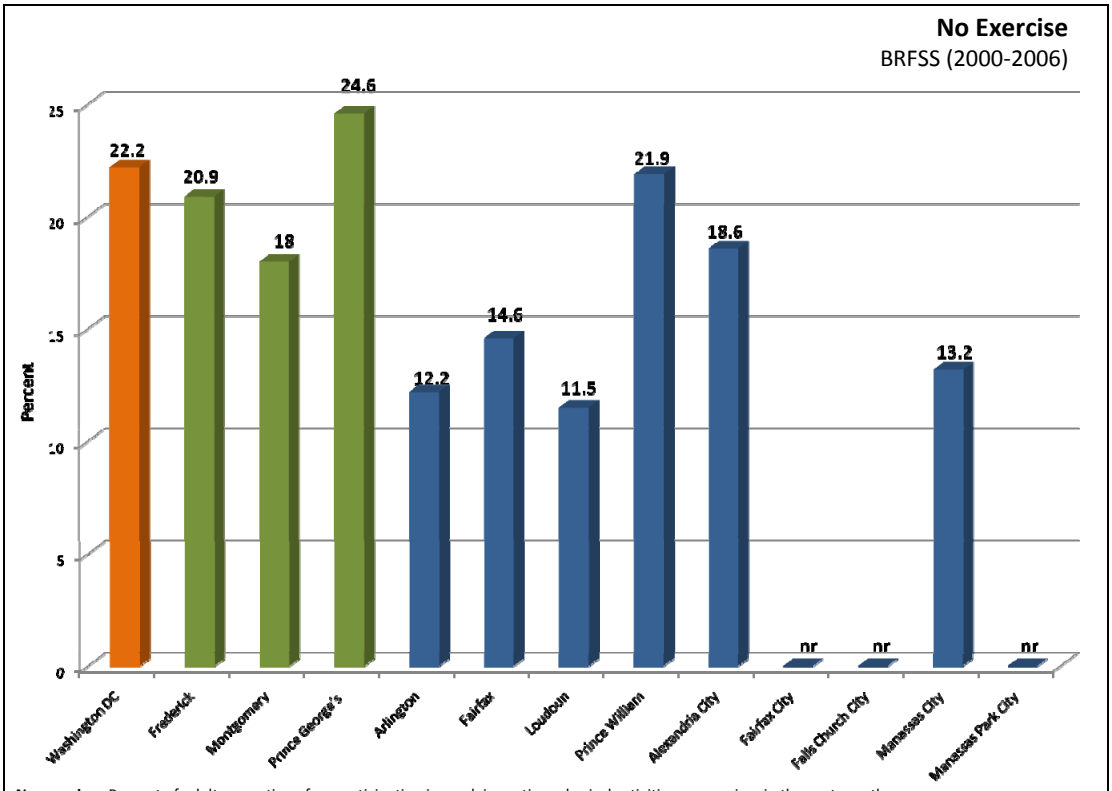
Percent Reporting Vaccination
Center for Disease Control, BRFSS 2000-2006



Pneumonia: Percentage of adults aged 65 years and older who have ever had a pneumonia vaccination. Pneumonia is a leading cause of death among older Americans. **Flu:** Percentage of adults aged 65 years and older who have had a flu shot within the past year. nr=No report: numbers too small.

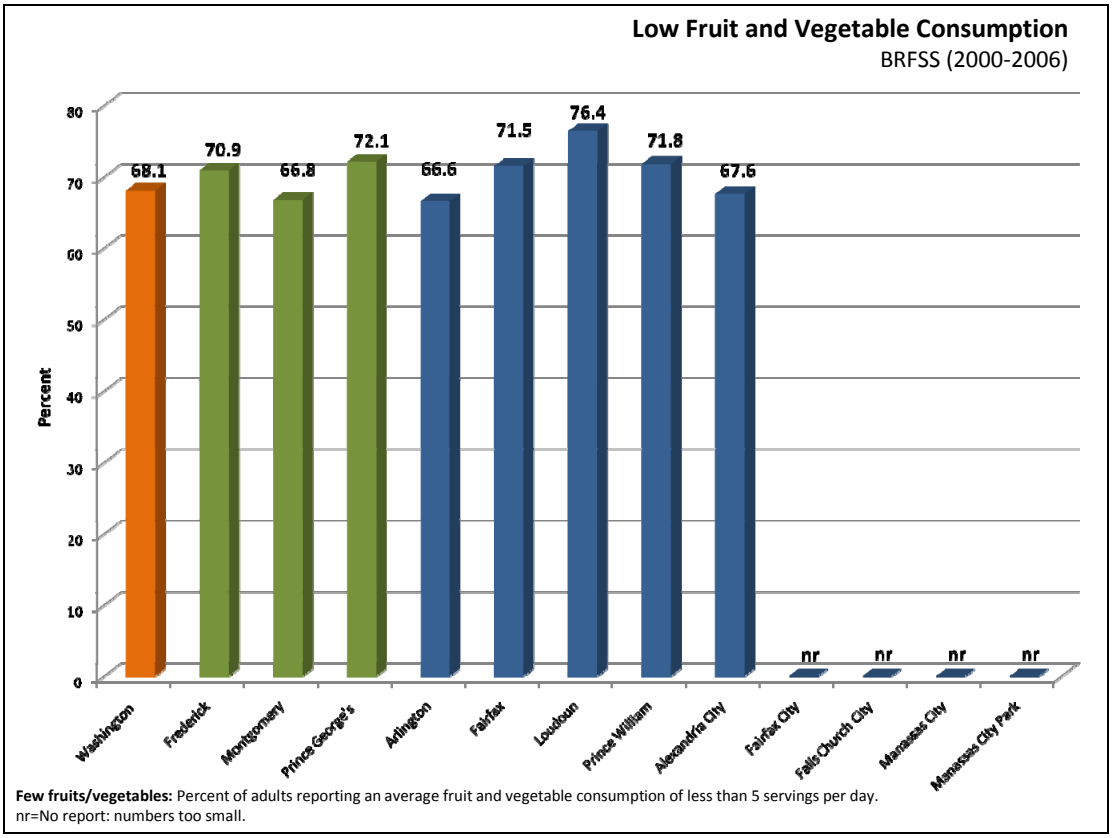
Risk Factors for Premature Death

Table B-25.



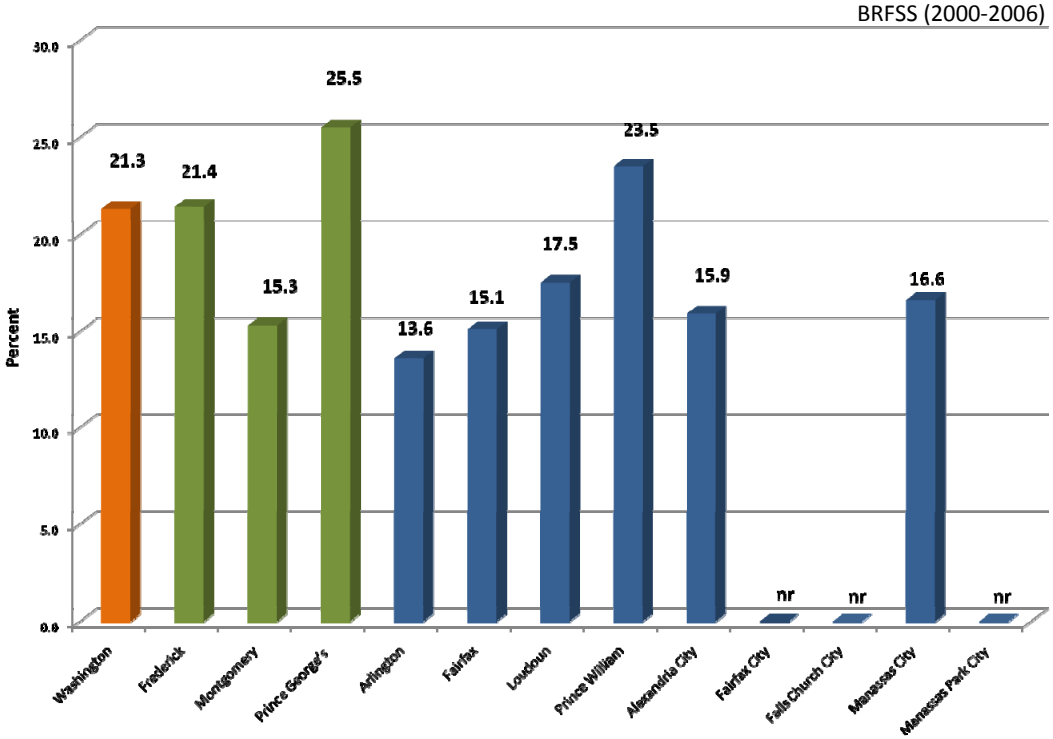
No exercise : Percent of adults reporting of no participation in any leisure-time physical activities or exercises in the past month.
nr=No report: numbers too small.

Table B-26.



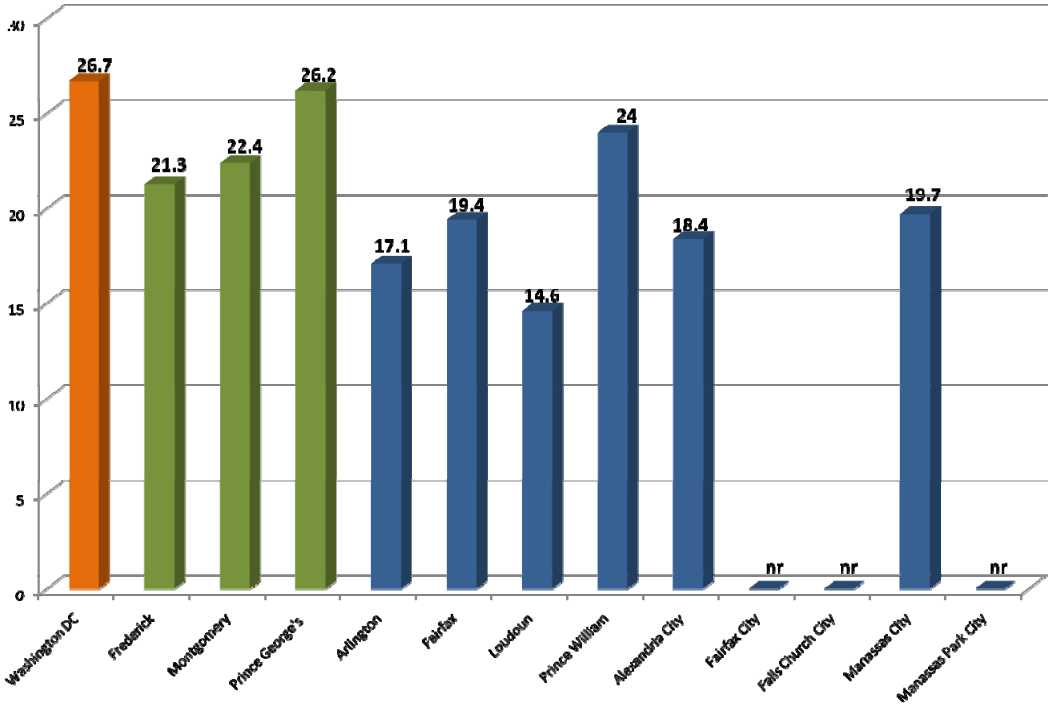
Few fruits/vegetables: Percent of adults reporting an average fruit and vegetable consumption of less than 5 servings per day.
nr=No report: numbers too small.

Table B-27.



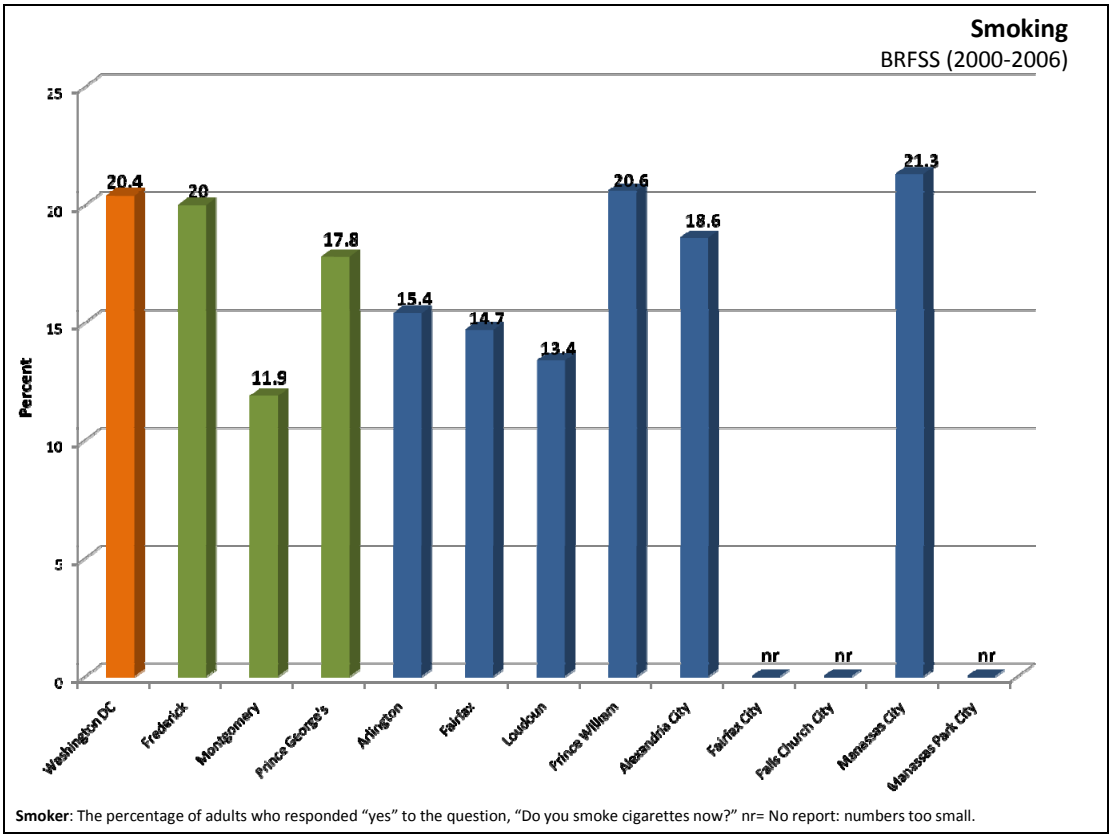
Obesity: Calculated percent of adults at risk for health problems related to being overweight, based on body mass index (BMI). A BMI of 30.0 or greater is considered obese. nr=No report: numbers too small.

Table B-28.



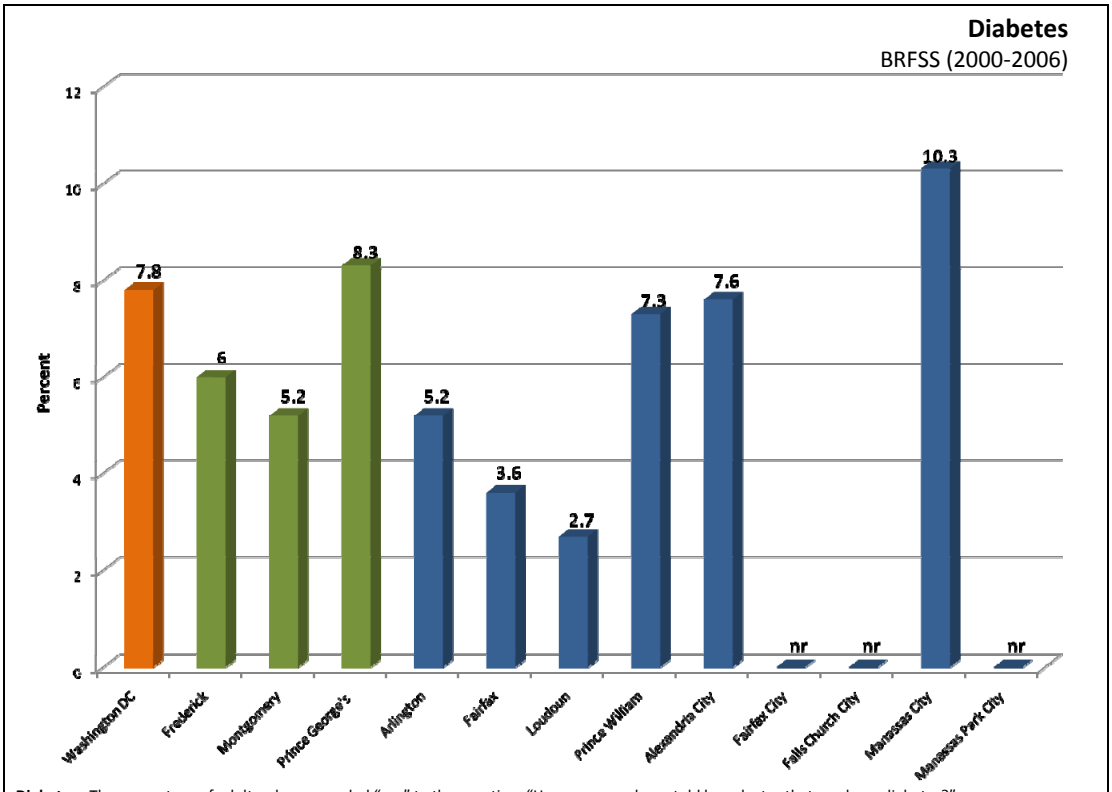
High Blood Pressure : The percentage of adults who responded yes to the question, "Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?" nr= No report: numbers too small.

Table B-29.



Smoker: The percentage of adults who responded "yes" to the question, "Do you smoke cigarettes now?" nr= No report: numbers too small.

Table B-30.



Diabetes : The percentage of adults who responded "yes" to the question, "Have you ever been told by a doctor that you have diabetes?"
nr= No report: numbers too small.

Access to Care

Table B-31.

Percent of Adults, Age 18-64, who lack Health Insurance
SAHIE 2005 Estimate

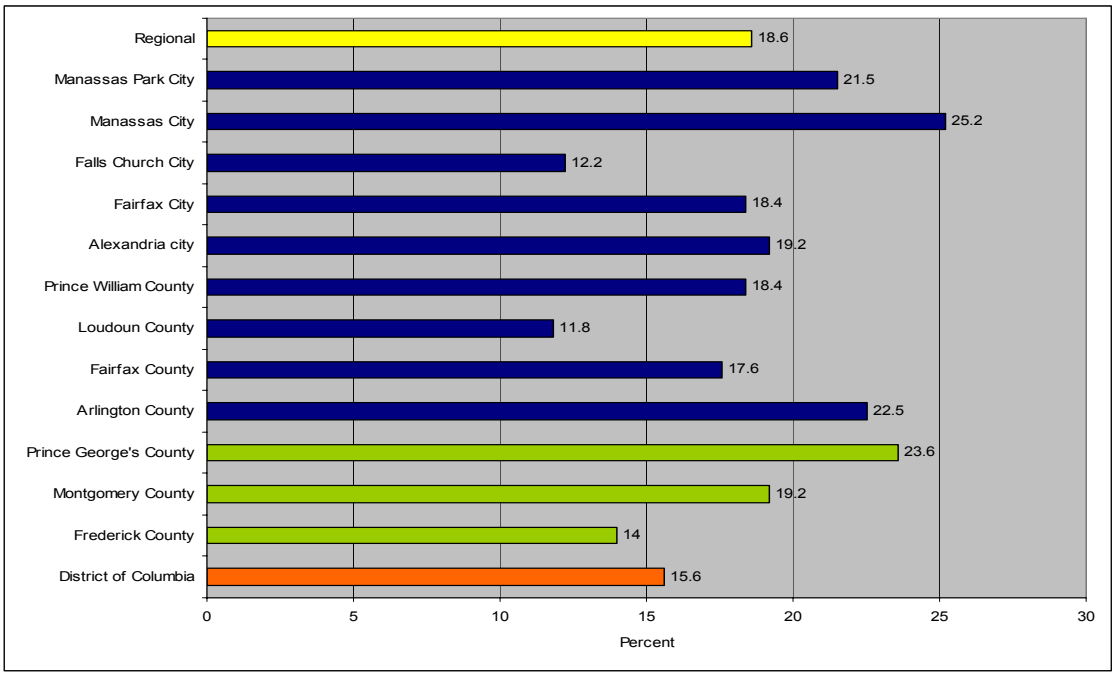


Table B-32.

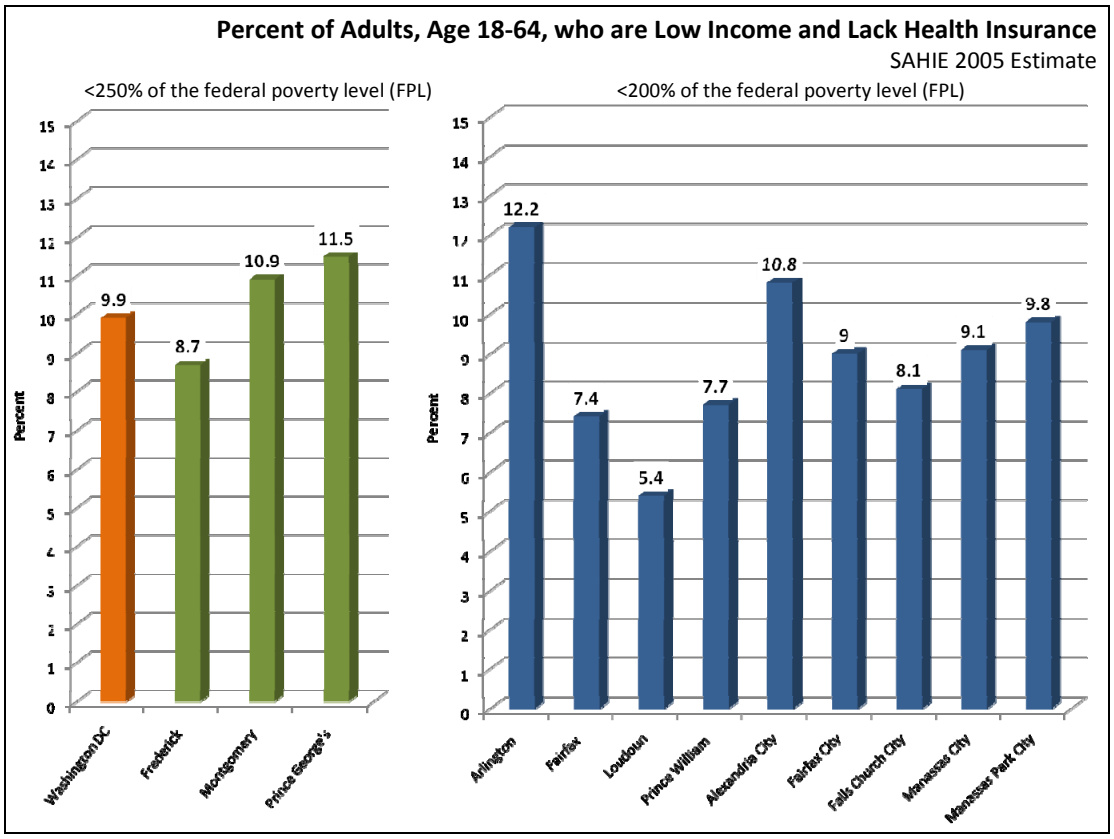


Table B-33.

Percent of Low Income Adults, Age 18-64, who are Uninsured
SAHIE 2005

Jurisdiction	Total % Uninsured	% of low-income* who are uninsured (rounded to nearest %)
District of Columbia	15.6	26
Frederick County	14	46
Montgomery County	19.2	57
Prince George's County	23.6	43
Arlington County	22.5	73
Fairfax County	17.6	64
Loudoun County	11.8	67
Prince William County	18.4	56
Alexandria City	19.2	61
Fairfax City	18.4	52
Falls Church City	12.2	66
Manassas City	25.2	53
Manassas Park City	21.5	53

* Less than 250% of poverty in DC & MD counties; less than 200% of poverty in VA. Derived from 2005 SAHIE data

Health Status Comparisons

Table B-34.

Summary of Health Status Compared with the United States, 2008 CHS Reports

U = Unfavorable compared with the United States.

F = Favorable compared with the United States.

Blank box = no data provided.

	Washington DC	Frederick	Montgomery	Prince George's	Arlington	Fairfax	Loudoun	Prince William	Alexandria City	Fairfax City	Falls Church City	Manassas City	Manassas Park City
births to women over 40	U	U	U	U	U	U	U	U	U	U	U	F	F
births to women under age 18	U	F	F	F	F	F	F	F	F	F	F	F	U
very low birth rate	U	F	F	U	F	F	F	F	F	F	U	F	F
low birth weight	U	F	F	U	F	F	F	F	F	F	F	F	F
premature births	U	F	F	U	F	F	F	F	F	F	F	U	F
no care in first trimester	U	U	U	U	U	F	F	U	U	F	F	U	F
infant mortality	U	F	F	U	F	F	F	F	F	F	F	F	F
white non-hispanic infant mortality	F	F	F	U	F	F	F	F	F	F	F	F	U
black non-hispanic infant mortality	U	F	F	U	F	F	F	U	F			U	
hispanic infant mortality	U		U	U	F	F	F	F	F	U		F	F
post-neonatal infant mortality	U	F	F	U	F	F	F	U	F	F	U	F	U
neonatal infant mortality	U	F	F	U	F	F	F	F	U	F	F	F	F
colon cancer	U	U	F	U	F	F	F	F	F	U	F	U	U
breast cancer	U	F	F	U	U	F	U	U	F	U	U	F	
coronary heart disease	U	U	F	U	F	F	F	F	F	F	F	F	F
lung cancer	U	F	F	U	F	F	F	F	F	U	F	U	U
stroke	F	U	F	U	F	F	U	F	F	U	F	U	U
motor vehicle injuries	F	F	F	U	F	F	F	F	F	U	U	U	
suicide	F	U	F	F	F	F	F	F	F	U	F		
unintentional injury	F	F	F	F	F	F	F	F	F	F	F	F	F
Homicide	U	F	F	U	F	F		F	F	U			

Table B-35.

Summary of Health Status Compared with Peer Counties, 2008 CHS Reports

U = Unfavorable compared with the Peer Counties.

F = Favorable compared with the Peer Counties.

Blank box = no data provided.

	Washington DC	Frederick	Montgomery	Prince George's	Arlington	Fairfax	Loudoun	Prince William	Alexandria City	Fairfax City	Falls Church City	Manassas City	Manassas Park City
births to women over 40	U	U	U	F	U	U	U	F	U	U	U	U	U
births to women under age 18	U	F	F	U	F	F	F	U	F	F	F	U	U
very low birth rate	U	F	U	U	F	F	U	U	U	F	U	U	U
low birth weight	U	F	U	U	F	F	F	U	U	F	F	U	F
premature births	U	F	U	U	F	F	F	U	F	F	F	U	U
no care in first trimester	U	U	U	U	U	U	F	U	U	U	F	U	F
infant mortality	U	F	U	U	F	F	F	U	U	U	F	F	U
white non-hispanic infant mortality	F	F	F	U	F	F	F	U	F	F	F	F	U
black non-hispanic infant mortality	U	F	F	U	F	F	F	U	F			U	
hispanic infant mortality	U		U	U	F	F	U	F	U	U		U	
neonatal infant mortality	U	F	F	U	F	F	F	U	U	U	F	U	F
post-neonatal infant mortality	U	F	F	U	F	F	F	U	F	U	U	F	U
breast cancer	U	F	F	U	U	F	U	U	F	U	U	F	
colon cancer	U	U	F	U	F	F	F	F	F	U	F	U	U
coronary heart disease	U	U	F	U	F	F	F	F	F	F	F	U	F
lung cancer	F	F	F	U	F	F	F	F	F	U	F	U	U
stroke	F	U	F	U	F	F	F	F	F	F	F	U	U
motor vehical injuries	F	F	F	U	F	F	F	U	F	U	U	F	
suicide	F	U	F	F	F	F	F	F	F	U	F		
unintentional injury	U	F	F	F	F	F	F	U	F	U	U	U	U
homicide	U	U	U	U	U	F		U	U	U			

Section C:

Website links for Data

Contents of Section C:

List 1. Health Equity and Social Determinants of Health

Community Health Indicators for the Washington Metropolitan Region, June 2001 Report by the Metropolitan Washington Council of Governments

Report: http://www.mwcog.org/store/item.asp?PUBLICATION_ID=140

Commission to Build a Healthier America

Home Page: www.commissiononhealth.org

The Commission's Recommendations:
http://www.commissiononhealth.org/recommendations.aspx

World Health Organization Commission on Social Determinants of Health

Home Page: http://www.who.int/social_determinants/thecommission/en/

List 2: National Data Sources – Home Pages:

American Community Survey Links:
The data from this site was collected for the demographics section of the Community Health Status Indicators for Metropolitan Washington 2009 Report. (See links to the jurisdictions included below.)

ACS home page: (2005-2007, 3 year estimates)
http://factfinder.census.gov/servlet/DatasetMainPageServlet?_program=ACS&_submenuId=&_lang=en&_ts=

Geography Link: Choose a state and county to obtain individual jurisdiction profiles can be obtained. Once on the county home page select demographic, social, economic and/or housing estimates.
http://factfinder.census.gov/servlet/ADPGeoSearchByListServlet?ds_name=ACS_2007_3YR_G00_&_lang=en&_ts=257169164400

The United States ACS profile: http://factfinder.census.gov/servlet/ADPTable?_bm=y&-geo_id=01000US&-ds_name=ACS_2007_3YR_G00_&-_lang=en&-_caller=geoselect&-format=

Census: Land Area, Population, and Density for Places and (in selected states) County Subdivisions: 2000
This data was used to calculate the density of the jurisdictions for the demographics in Section B of the Community Health Status Indicators for Metropolitan Washington 2009 Report.

Home page: http://www.census.gov/population/www/censusdata/2000places.html

Community Health Status Indicators Links:
The data from this site was collected for Section B of the Community Health Status Indicators for Metropolitan Washington 2009 Report, in the following sections: Birth Measures, Death Measures, Adult Preventative Services, and Risk Factors. The county comparison and US comparison charts were also created from this data. (See links to the jurisdictions included below.)

Home page: http://www.communityhealth.hhs.gov/homepage.aspx?j=1

Small Area Health Insurance Estimates (SAHIE) 2005:
The data from this site was collected for the Insurance section in Section B of the Community Health Status Indicators for Metropolitan Washington 2009 Report. (See links to the states included in the report below.)

Home page: http://www.census.gov//did/www/sahie/index.html

Center for Disease Control (CDC) Behavioral Risk Factor Surveillance System (BRFSS):
Home page: http://apps.nccd.cdc.gov/brfss-smart/index.asp

Health Resources and Services Administration:
Area Resource File: http://www.arfsys.com/

List 3. Links to State and Jurisdiction Specific Information

District of Columbia:

American Community Survey:
http://factfinder.census.gov/servlet/ADPTable?_bm=y&-context=adp&-qr_name=ACS_2007_3YR_G00_DP3YR2&-ds_name=ACS_2007_3YR_G00_&-tree_id=3307&-redoLog=true&-_caller=geoselect&-geo_id=05000US11001&-format=&-_lang=en

Community Health Status Report:
http://www.communityhealth.hhs.gov/Demographics.aspx?GeogCD=11001&PeerStrat=3&state=District%20of%20Columbia&county=Washington

Small Area Health Insurance Estimates (SAHIE):

http://smpbff1.dsd.census.gov/TheDataWeb_HotReport/servlet/HotReportEngineServlet?reportid=4fb44b609bd06e5afc32acff56affa68&emailname=saeb@census.gov&filename=SAHIE-County07.hrml

Vital Statistics Summary of the District of Columbia for 2005:
http://doh.dc.gov/doh/frames.asp?doc=/doh/lib/doh/services/administration_offices/schs/pdf/final_vital_stat_summary_2005.pdf

DC HIV/AIDS Epidemiology Annual Report 2007:
http://doh.dc.gov/doh/frames.asp?doc=/doh/lib/doh/services/administration_offices/hiv_aids/pdf/epidemiology_annual_2007.pdf

DC Department of Health – links to pages with reports and statistics:
http://doh.dc.gov/doh/cwp/view,a,1370,q,574934,dohNav_GID,1787,dohNav,|33139|,.asp

Maryland:
Small Area Health Insurance Estimates (SAHIE):
http://smpbff1.dsd.census.gov/TheDataWeb_HotReport/servlet/HotReportEngineServlet?reportid=4af9798230786095421b15abf88f0563&emailname=saeb@census.gov&filename=SAHIE-County07.hrml

Maryland Minority Health and Health Disparities, Department of Health
http://www.mdhealthdisparities.org/

Maryland Vital Statistics Administration Home Page:
http://vsa.maryland.gov/

Maryland Vital Statistics Administration Reports:
http://vsa.maryland.gov/html/reports.cfm

Maryland BRFSS site:
http://fha.maryland.gov/ohpp/brfss.cfm

Tuberculosis Data:
http://www.edcp.org/tb/pdf/TB_Rate_Table.xls

Maryland HIV/AIDS Epidemiological Profile, Fourth Quarter 2007.
http://dhmh.state.md.us/AIDS/Data&Statistics/NewMDQtrEpi.pdf

Fredrick County, MD:
American Community Survey:
http://factfinder.census.gov/servlet/NPTable?_bm=y&-qr_name=ACS_2007_3YR_G00_NP01&-geo_id=05000US24021&-gc_url=&-ds_name=&-_lang=en

Community Health Status Report:
http://www.communityhealth.hhs.gov/Demographics.aspx?GeogCD=24021&PeerStrat=12&state=Maryland&county=Frederick

Montgomery County, MD:
American Community Survey:
http://factfinder.census.gov/servlet/NPTable?_bm=y&-geo_id=05000US24031&-qr_name=ACS_2007_3YR_G00_NP01&-gc_url=&-ds_name=&-_lang=en&-redoLog=false
Community Health Status Report:
http://www.communityhealth.hhs.gov/Demographics.aspx?GeogCD=24031&PeerStrat=2&state=Maryland&county=Montgomery

Prince George's County, MD:
American Community Survey:
http://factfinder.census.gov/servlet/ADPTable?_bm=y&-context=adp&-qr_name=ACS_2007_3YR_G00_DP3YR4&-ds_name=ACS_2007_3YR_G00_&-tree_id=3307&-redoLog=true&-_caller=geoselect&-geo_id=05000US24033&-format=&-_lang=en

Community Health Status Report:
http://www.communityhealth.hhs.gov/Demographics.aspx?GeogCD=24033&PeerStrat=2&state=Maryland&county=Prince%20George%27s

Virginia:

Small Area Health Insurance Estimates (SAHIE):
http://smpbff1.dsd.census.gov/TheDataWeb_HotReport/servlet/HotReportEngineServlet?reportid=71fda22ff36f7b6bb81f672fddb0c15e&emailname=saeb@census.gov&filename=SAHIE-County07.hrml

Virginia Department of Health 2008 Health Equity Report:
Home Page: http://www.vdh.state.va.us/healthpolicy/2008report.htm
Full Report: http://www.vdh.state.va.us/healthpolicy/documents/health-equity-report-08.pdf

Virginia Department of Health Statistics Home Page:
http://www.vdh.virginia.gov/healthstats/index.asp

Virginia Department of Health Statistics Statistical Reports and Tables:
http://www.vdh.virginia.gov/healthstats/stats.asp#pop

HIV/AIDS, Sexually Transmitted Disease (STD), and Tuberculosis Data and Statistics:
http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/data/#Annual

Northern Virginia HIV/AIDS and STD Trends through 2006
http://www.vdh.state.va.us/epidemiology/DiseasePrevention/Data/Region/Northern2007.ppt

Tuberculosis Data, Virginia Department of Health:
http://vdhsrv20.vdh.state.va.us/Epidemiology/DiseasePrevention/Programs/Tuberculosis/Epidemiology/index.htm

Virginia Office of Family Services – link to page with links to data and statistics:
http://www.vahealth.org/data.htm

Virginia BRFSS site:
http://www.vahealth.org/brfss/data.htm

Arlington County, VA:
American Community Survey:
http://factfinder.census.gov/servlet/ADPTable?_bm=y&-geo_id=05000US51013&-qr_name=ACS_2007_3YR_G00_DP3YR5&-context=adp&-ds_name=&-tree_id=3307&-_lang=en&-redoLog=false&-format=

Community Health Status Report:
http://www.communityhealth.hhs.gov/Demographics.aspx?GeogCD=51013&PeerStrat=11&state=Virginia&county=Arlington

Alexandria City, VA:
American Community Survey:
http://factfinder.census.gov/servlet/ADPTable?_bm=y&-geo_id=05000US51510&-qr_name=ACS_2007_3YR_G00_DP3YR5&-context=adp&-ds_name=&-tree_id=3307&-_lang=en&-redoLog=false&-format=

Community Health Status Report:
http://www.communityhealth.hhs.gov/Demographics.aspx?GeogCD=51510&PeerStrat=11&state=Virginia&county=Alexandria%20City

Fairfax County, VA:
American Community Survey:
http://factfinder.census.gov/servlet/ADPTable?_bm=y&-geo_id=05000US51059&-qr_name=ACS_2007_3YR_G00_DP3YR3&-context=adp&-ds_name=&-tree_id=3307&-_lang=en&-redoLog=false&-format=

Community Health Status Report:
http://www.communityhealth.hhs.gov/Demographics.aspx?GeogCD=51059&PeerStrat=2&state=Virginia&county=Fairfax

Fairfax City, VA:
American Community Survey:
http://factfinder.census.gov/servlet/ADPTable?_bm=y&-geo_id=05000US51600&-qr_name=ACS_2007_3YR_G00_DP3YR5&-context=adp&-ds_name=&-tree_id=3307&-_lang=en&-redoLog=false&-format=

Community Health Status Report:
http://www.communityhealth.hhs.gov/Demographics.aspx?GeogCD=51600&PeerStrat=37&state=Virginia&county=Fairfax%20City

Falls Church City, VA:
Community Health Status Report:
http://www.communityhealth.hhs.gov/Demographics.aspx?GeogCD=51610&PeerStrat=37&state=Virginia&county=Falls%20Church%20City

Loudoun County, VA:
American Community Survey:
http://factfinder.census.gov/servlet/ADPTable?_bm=y&-geo_id=05000US51107&-qr_name=ACS_2007_3YR_G00_DP3YR5&-context=adp&-ds_name=&-tree_id=3307&-_lang=en&-redoLog=false&-format

Community Health Status Report:
http://www.communityhealth.hhs.gov/Demographics.aspx?GeogCD=51107&PeerStrat=12&state=Virginia&county=Loudoun

Manassas City, VA:
American Community Survey:
http://factfinder.census.gov/servlet/ADPTable?_bm=y&-geo_id=05000US51683&-qr_name=ACS_2007_3YR_G00_DP3YR2&-context=adp&-ds_name=&-tree_id=3307&-_lang=en&-redoLog=false&-format=

Community Health Status Report:
http://www.communityhealth.hhs.gov/Demographics.aspx?GeogCD=51683&PeerStrat=27&state=Virginia&county=Manassas%20City

Manassas Park City, VA:
Community Health Status Report:
http://www.communityhealth.hhs.gov/Demographics.aspx?GeogCD=51685&PeerStrat=57&state=Virginia&county=Manassas%20Park%20City

Prince William County, VA:
American Community Survey:
http://factfinder.census.gov/servlet/ADPTable?_bm=y&-geo_id=05000US51153&-qr_name=ACS_2007_3YR_G00_DP3YR2&-context=adp&-ds_name=&-tree_id=3307&-_lang=en&-redoLog=false&-format=

Community Health Status Report:
http://www.communityhealth.hhs.gov/Demographics.aspx?GeogCD=51153&PeerStrat=9&state=Virginia&county=Prince%20William