

District of Columbia Department of Health



Annual Health Report
Behavioral Risk Factor Surveillance System

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GOVERNMENT OF THE DISTRICT OF COLUMBIA

Vincent C. Gray, Mayor

DEPARTMENT OF HEALTH

Joxel Garcia, MD, MBA, Acting Director

CENTER, POLICY, PLANNING AND EVALUATION

Fern Johnson-Clarke, PhD, Senior Deputy Director

John O. Davies-Cole, PhD, MPH, State Epidemiologist

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

Tracy Garner, Program Coordinator

PUBLIC INFORMATION OFFICER

Najma Roberts

AUTHOR

Tracy Garner, BRFSS Program Coordinator

EDITORS

Fern Johnson-Clarke, PhD

John O. Davies-Cole, PhD, MPH

Najma Roberts

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Executive Summary

The health of a community lies in its ability to address and act upon risk factors that debilitate its growth and development. Disparities, despite best efforts, continue to exist. Socioeconomic status, education, gender, race, and disabilities, are some of the factors that can result in health disparities in many communities. To this end, identifying associated risks are paramount to removing disparities and barriers that exist among communities and populations.

Information for the Annual Health Report was obtained almost entirely from data captured and collected from the 2011 Behavioral Risk Factor Surveillance System (BRFSS) survey. The BRFSS is a CDC- sponsored health-risk land-line and cell phone survey, and data from this survey are collected monthly in all 50 states, the District of Columbia, and three (3) territories and has been ongoing since 1984.

It is important to convey the significance of data captured from the BRFSS and how this data should be used to strategically improve the health of District of Columbia residents and to avoid future preventable health challenges. The annual report, therefore, is an illustration of obstacles that must be addressed.

- Residents who were more likely to rate their health as fair or poor were: females, adults aged 65 years or older, African Americans, have less than a high school education, household income less than \$15,000, and resided in Ward 8.
- Residents who were less likely to have healthcare coverage were males, adults aged 45-54 years, African American and of Other* race/ethnicity, household income of \$15,000-\$24,999, and resided in Ward 5.
- Residents who did not consume vegetables within the past month were more likely to be males, adults aged 18-24 years, African American, less than a high school education, household income less than \$15,000 and resided in Wards 7 and 8.
- Residents with high blood pressure were more likely to be males, adults aged 65 or older, African American, less than a high school education, household income of \$15,000-\$24,999, and resided in Ward 7.
- Residents who were obese were more likely to be female, adults aged 45-54 years, African American, have less than a high school education, household income less than \$15,000 and resided in Ward 8.
- Residents who engaged in no physical activity within the past 30 days were more likely to be females, adults aged 65 or older, African American, have less than a high school education, household income less than \$15,000, and resided in Ward 8.
- Residents who smoke every day and considered current smokers were more likely to be males, adults aged 45-54 years , African American, have less than a high school education, household income less than \$15,000, and resided in Ward 8.
- Residents who were more likely to have cancer are females, adults aged 65 years or older, African American, have less than a high school diploma, household income less than \$15,000, and resided in Ward 7.
- Residents who were more likely to have a stroke are females, adults aged 65 or older, African American, have less than a high school education, household income less than \$25,000, and resided in Ward 7.

*Race/ethnic group Other = Asian, Native Hawaiian, Other Pacific Islander, American Indian, Alaska Native or other

Introduction

The goal of the Department of Health (DOH), is to promote, prevent, and protect the health and safety of residents, visitors and those doing business in the city. The Behavioral Risk Factor Surveillance System (BRFSS) is a beneficial instrument that assists epidemiologists, statisticians, and policymakers in developing and promoting health education programs, securing funding when targeting at-risk populations, and implementing resources for healthier communities. Healthy communities (when viewed by the number of health-related deaths) are an indicator of effective utilization of resources to minimize health burdens and consequences. Results from core components of the BRFSS (which include chronic diseases) and other risk behaviors and preventive practices are gathered from the survey and aimed at reinforcing the urgency of maintaining healthy behaviors.

Traditionally, the BRFSS has been a landline telephone health survey since 1984. In recent years with the increase of cell phone users, the BRFSS has changed its surveillance tool to incorporate cell phone surveys. With this implementation, the BRFSS is now able to collect data that better represents the current health status of the nations population.

As a part of the Healthy People consortium, the BRFSS collects pertinent health information that aids in increasing public awareness and understanding of determinants of health, disease, injury and disability. The overall goal for Healthy People is to increase the longevity and quality of life and to eliminate health disparities while serving as a guide for the development of objectives that would be used to measure progress. The Healthy People 2020 has provided the nation with a set of goals to address the rate reduction of health disparities. Tracking helps measure the utility of efforts to increase overall quality of life and also measures progress in eliminating health disparities among groups with different demographic, geographic, economic, and lifestyle characteristics.

This report will also include District of Columbia hospital discharge and mortality data. The data collected on cardiovascular diseases, cancer, HIV/AIDS, and diabetes are intended to be utilized to advance health promotion activities that encourage changes in unhealthy behaviors and habits that are prevalent among District residents.

Survey Methodology

The Behavioral Risk Factor Surveillance System (BRFSS) is the largest health-risk behavior database in the world and provides the only nationwide health-risk data in the country. All 50 U.S. states, the District of Columbia, and three territories independently carry out this ongoing telephone survey, sponsored by the Centers for Disease Control and Prevention (CDC).

During the 2011 survey period, new changes in methodology and data collection were made to increase the integrity and validity of the BRFSS and to ensure the data represented the current population. The two major changes to the BRFSS were:

- Including cell phones
- Adopting an advanced weighting method

Since 1984, the BRFSS used a statistical method called post-stratification. With the advancement of technology the program was able to adopt an advanced weighting method called iterative proportional fitting (raking).¹

Raking differs from post-stratification because it incorporates variables one at a time in an iterative process, rather than imposing weights for demographic subgroups in a single process.¹ A key component and advantage of the raking process is the ability to add more variables than the post stratification methods.

Changes in the 2011 data are likely to show somewhat higher rates in risk behaviors that are more common among a younger population or certain race/ethnic groups. The small increases in rates are more likely among health-risk indicators such as tobacco use, obesity, binge drinking, HIV, asthma, and health status.¹

Survey Questionnaire

The “core” questionnaire consists of a standard set of questions, designed by the CDC, that are included in the survey for every state. Core modules administered for the 2011 District of Columbia BRFSS were:

- General Health Status
- Health Care Access
- Exercise
- Oral Health
- Cardiovascular Disease Prevalence
- Disability
- Demographics
- Immunization
- Emotional Support
- Quality of Life
- Sleep
- Diabetes
- Overweight/Obesity
- Asthma
- Tobacco Use
- Alcohol Consumption
- HIV/AIDS
- Seat Belt Use

The CDC also designs “optional” modules. These modules consist of standardized questions on various topics and may be selected by any state for inclusion as a part of their questionnaire. However, a selected module must be used in its entirety and asked of all eligible residents. If an optional module is modified in any way, then the questions are treated as “state-added” questions. Optional modules included in the 2011 District of Columbia BRFSS were:

- Child Influenza Like Illness
- Diabetes
- Adult Asthma History
- Pre-diabetes
- Random Child Selection

¹ Centers for Disease Control and Prevention - Behavioral Risk Factor Surveillance System - Cell phone Methodology - 2012

The survey was programmed and administered using the Computer-Assisted Telephone Interviewing (CATI) software designed specifically for telephone survey research. This type of software is called Survent and was developed by the Computers for Marketing Corporation (CfMC).

The survey consisted of 188 questions. Not all questions were administered to all residents; however, some questions were administered only to residents with certain characteristics, determined by responses to previous questions. The CATI software system controls this survey logic. The average survey length in 2011 was 26.9 minutes.

Interviewing Protocol

Experienced, supervised personnel conducted the surveys using CfMC's Survent software. A total of 4,560 completed interviews were obtained during the year – a 12-month calling period beginning January 1, 2011 and ending December 31, 2011. Interviewers adhered to the following procedures when contacting households for interviews:

Random Respondent Selection: For each household contacted, one adult was selected for an interview using a household roster and automated random selection process. If that adult was unavailable during the survey period, unable or unwilling to participate, or did not speak English well enough to be interviewed, no survey was conducted.

Contact Attempts: Up to 15 attempts, over a minimum five-day period (typically 15 days), were made to reach each sampled telephone number. Once contact was made at a residence, as many calls as necessary were made to reach the randomly selected adult (within the permitted time schedule). Attempts were made on different days of the week and at different times of day, in a pattern chosen to maximize the likelihood of contact with the minimum number of calls.

Non-English Households: The 2011 District of Columbia BRFSS was conducted in English only. No attempts were made to conduct an interview in a household where the randomly selected adult could not be interviewed in English. When a Spanish-speaking individual was contacted, a bilingual interviewer attempted to determine if the selected person was capable of completing the survey in English.

Converting Initial Refusals: Specially trained interviewers re-contacted households that initially refused, at least three days later, to persuade residents to participate in the survey.

Quality Control Measures: Supervisors monitored 10% of interviews using a remote monitoring feature of the CATI software. During these sessions, the supervisor simultaneously monitored both the interviewer-respondent interaction on the telephone and the data entered by the interviewer into the CATI system; scoring the interviewer on a variety of performance measures. Neither interviewers nor residents were aware when calls were monitored.

Response Rates

Response rates for the District of Columbia BRFSS are calculated according to formulas developed by the Council of American Survey Research Organizations (CASRO), as specified by the CDC. Three response rates are calculated:

- The cooperation rate measures how successful interviewers are at completing interviews once a respondent has been contacted and selected. The cooperation rate for the 2011 District of Columbia BRFSS was 75.5%.
- The CASRO response rate is the percentage of interviews completed from all eligible residents. The CASRO response rate for the 2011 District of Columbia BRFSS was 47%.

- The overall response rate is a measure of sample frame efficacy. It shows the rate at which the total sample dialed produces completed interviews. The overall response rate for the 2010 District of Columbia BRFSS was 29.2%.

Data Analyses

Data for the 2011 District of Columbia BRFSS were delivered to the CDC each month; the data were then aggregated and weighted after interviewing was completed for the year. Data were weighted to adjust for differences in the probabilities of selection of each respondent. This weight accounted for the probability of selection of a telephone number, the number of adults in a household, and the number of telephones in a household. An additional post-stratification adjustment was also made to ensure that the sample proportions of selected demographic characteristics (gender, age, and race) were equal to the estimated sample proportions in the population, and to make the sum of the weights equal to the population of the District of Columbia. In this report, all data are weighted unless otherwise noted.

Limitations of the Data

As with any sample survey, depending on the confidence limit selected, the results of the District of Columbia BRFSS can vary from those that would have been obtained with a census of all adults living in telephone-equipped households. The results of this sample survey could differ from the “true” figures because some households cannot be reached at all and others refused to participate. These non-responding households may differ from residents (those who actually participate in the survey) in terms of attributes relevant to the study.

The sample-design used in the District of Columbia BRFSS results in a 95% confidence interval. In other words, 95 times out of 100, the BRFSS results will vary no more than a given number of percentage points from the figure that would have been obtained if data had been collected for all adults in District of Columbia households with telephones.

Small Numbers

Small numbers of residents are also an issue when analyzing data. A difference in the responses of only a few individuals can result in a large difference in percentage of the total for that group. Small numbers of residents in a group generally occur in one of two ways. First, very few residents in the total sample have a particular characteristic under analysis. Second, the survey logic limits the number of residents receiving a particular question, thereby reducing the number of residents in each analytical unit from that item. Where counts are less than 50 residents per subgroup, caution should be used in drawing conclusions from the data.

The survey population excludes adults:

- In penal, mental, or other institutions
- Contacted at a second home during a stay of less than 30 days
- Who do not speak English well enough to be interviewed
- Living in households without a land-line or cellular phone

Survey Population

Washington, District of Columbia - The 2011 Census population was 617,996 persons, a 2.7% increase since April 2010. The demographic composite, based on the 2011 Census population consisted of:

- 50.7% Blacks, 42.4% Whites, 0.6% American Indian and Alaska Native, and 3.7% Asians; 9.5% of persons of Hispanic or Latino origin.
- 11.7% of the population was 65 years old and over.
- 87.1% of the population aged 25 years and over were high school graduates; 50.5% of the population aged 25 years and over held a Bachelor's degree based on 2007-2011 Census.
- The median household income (2007-2011) was \$61,835 and 18.2% of the population lived below the poverty level (2007-2011).

The 2010 Census population was 601,723 persons, a 5.2 % increase since April 2000. (The 2000 Census population was 572,055). The demographic composite, based on the 2000 census population consisted of:

- 50.7% Blacks, 38.5% Whites, 0.3% American Indian and Alaska Native, and 3.5% Asians; Persons of Hispanic or Latino origin made up 9.1% of the population.
- 11.7% of the population was 65 years old and over.
- 85.5% of the population aged 25 years and over were high school graduates; 47.1% of the population aged 25 years and over held a Bachelor's degree (based on 2000 Census).
- The median household income (2005-2009) was \$54,906 and 17.6% of the population lived below the poverty level (2005-2009).

District of Columbia – Table 1:

This table was created so that the representativeness of the sample can be assessed. The 2011 District of Columbia BRFSS data were based on 4,560 completed interviews.

- Females were more likely than males to participate in the survey; 56.0% and 48.6%, respectively.
- Adults aged 25-34 years were more likely to participate in the survey, at 23.0%, while adults aged 18-24 years were less likely at 13.9%.
- African Americans were more likely to participate in the survey, at 47.9%, while race category group Other were less likely, at 6%.
- College graduates were more likely to participate in the survey, at 45.2%, while adults with less than a high school education were less likely, at 13.5%.
- Adults with a household income of \$75,000 or more were more likely to participate in the survey, at 51.4%, while adults with a household income of \$25,000-\$34,999 were less likely, at 7.4%.
- Adults who resided in Wards 4 and 7 were more likely to participate in the survey, at 15.1% and 15.4% respectively, while adults who resided in Ward 2 were less likely, at 8.0%.

Table 1. District of Columbia BRFSS Survey Population by Demographics and Ward BRFSS 2011		
	N	Weighted 2011 BRFSS Survey Population
GENDER/SEX		
Male	1741	48.6%
Female	2819	56.0%
AGE		
18 to 24	130	13.9%
25 to 34	457	23.0%
35 to 44	629	17.8%
45 to 54	783	16.2%
55 to 64	1117	14.0%
65 or older	1444	15.1%
RACE/ETHNICITY		
Caucasian/White	1998	38.3%
African American/Black	2034	47.9%
Other*	247	6.0%
Hispanic	184	7.9%
EDUCATION		
Less than high school	293	13.5%
High school graduate	780	20.2%
Some college or technical school	712	21.1%
College graduate	2756	45.2%
INCOME		
Less than \$15,000	487	16.2%
\$15,000-\$24,999	494	13.5%
\$25,000-\$34,999	283	7.4%
\$35,000-\$49,999	372	10.4%
\$50,000-\$74,999	485	11.8%
\$75,000 or more	1873	40.8%
WARD		
Ward 1	328	9.5%
Ward 2	363	8.0%
Ward 3	722	14.7%
Ward 4	595	15.1%
Ward 5	470	12.3%
Ward 6	497	12.0%
Ward 7	464	15.4%
Ward 8	377	13.0%

*Race/ethnic group Other = Asian, Native Hawaiian, Other Pacific Islander, American Indian, Alaska Native or other
African American/Black = Non-Hispanic
Caucasian/White = Non-Hispanic

Hospital Admission in the District of Columbia

In 2010, many of the top leading causes of hospital admissions were also among the top leading causes of mortality in the District of Columbia (Tables 2 and 3). The extent and capacity of how the data are being collected and utilized vary by state. Currently, many states utilize hospital discharge data to estimate the financial burden of specific diseases and/or conditions. Nevertheless, the discharge data contains an abundance of information that transcends financial cost but more importantly provides information that could be utilized to promote effective preventive methods such as changes in diet, exercise, screenings, and checkups. States that utilize hospital discharge data to full capacity are better equipped to make informed decisions on how better to utilize scarce resources, especially during times of economic hardship.

Rank	Condition/Disease	Number of Cases
1	Pregnancy Related	8,911
2	Heart Disease	5,583
3	Psychoses	5,011
4	Accidents and Poisoning	3,970
5	Chronic Lower Respiratory Disease	3,500
6	Cancer and Neoplasms	2,843
7	Diabetes Mellitus	1,836
8	Pneumonia and Influenza	1,744
9	Cerebrovascular Disease	1,576
10	HIV/AIDS	551

Source: District of Columbia Hospital Association

Analysis conducted by the District of Columbia Department of Health, Center for Policy, Planning and Evaluation, State Health and Development Agency

Mortality in the District of Columbia

In 2010, there were 4,672 deaths to residents of the District of Columbia. In the United States and the District of Columbia, heart disease and cancer are the top two leading causes of death (Table 3). Mortality data are derived from death certificates, which contain demographic information such as the decedent's sex, race,¹ and the timing and cause of the death. In addition, mortality data provide a snapshot of the population's prevalent health conditions, illustrating the relative burden of cause specific mortality.

District of Columbia			United States		
Rank	Cause of Death	Rate	Rank	Cause of Death	Rate
1	Heart Disease	239.7	1	Heart Disease	178.5
2	Malignant Neoplasms (Cancer)	193.0	2	Malignant Neoplasms (Cancer)	172.5
3	Accidents	36.9	3	Chronic Lower Respiratory	42.1
4	Cerebrovascular Disease	35.5	4	Cerebrovascular Disease	39.0
5	Chronic Lower Respiratory	27.0	5	Accidents	37.1
6	Diabetes	26.7	6	Alzheimer's Disease	25.0
7	HIV/AIDS	21.4	7	Diabetes	20.8
8	Alzheimer's Disease	20.3	8	Nephritis, Nephrotic Syndrome & Nephrosis	15.3
9	Homicide/Assault	16.9	9	Influenza/Pneumonia	15.1
10	Septicemia	16.7	10	Suicide	11.9

Source: Preliminary data for 2010 Leading Causes of Death. - Department of Health, Center for Policy, Planning and Evaluation Data and Management Division, Centers for Disease Control and Prevention and US National Center for Health Statistics

¹National Vital Statistics System – Mortality Data <http://www.cdc.gov/nchs/deaths.htm>

Survey Results

This chapter presents the results of the 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS) survey by topic. Topics generally correspond to modules of the questionnaire. Data tables are titled by topic and a definition of the variable or variables analyzed (either question text, or a brief definition of calculated variables) are included underneath the title. Where applicable, objectives of the Healthy People 2020 initiatives are included in the presentation of the data.

The Healthy People 2020 provided the District and the nation with a set of goals to address the rate reduction of health disparities and disease. Furthermore, the Healthy People can be utilized to develop prevention and intervention strategies designed to decrease chronic disease, injury and disability among vulnerable populations. The BRFSS serves as one of the many tools aimed to measure progress of those health objectives. As District residents continue to suffer chronic illness, disabilities and premature death from major health problems, it is imperative that BRFSS data are used to track progress towards achieving the Healthy People goals and objectives

The tables represent District residents who responded to the survey questionnaire. The data presented in tables are stratified by key demographic variables (gender, age, race, education and income) and ward. Additional data for some topics are presented in table format, but are not described in the text.



MEASURES OF HEALTH



Disability

There are many types of disabilities, such as those that affect a person's hearing, movement, vision, thinking, learning, communicating and mental health. Disabilities affect individuals in different ways even those who share the same type of disability may be affected differently.¹

District residents were asked if they were limited in any way in their activities because of physical, mental or emotional problems (Table 4). Overall, 22.3% of District residents were limited in their activities due to a health problem.

- Males were more likely than females to be limited in their activities due to a health problem, at 22.8%.
- As age increases so did the likelihood of residents activities being limited due to a health problem.
- African Americans were more likely than all other race/ethnic groups to be limited in their activities due to a health problem, at 27.7%.
- Residents with less than a high school education were more likely than all other education subgroups to be limited in their activities due to a health problem, at 39.8%.
- Residents with a household income less than \$15,000 were more likely than all other income subgroups to be limited in their activities due to a health problem, at 39.8%.
- Residents who resided in Ward 8 were more likely than all other wards to be limited in their activities due a health problem, at 32.4%.

District residents were asked if they had any health problems that require them to use special equipment, such as a cane, wheelchair, special bed, or special telephone. Overall, 10.8% of District residents have a health problem that requires them to use special equipment (Table 5).

- Females were more likely than males to have a health problem that requires them to use special equipment, at 12.1%.
- As age increases so did the likelihood that resident's health problem would require them to use special equipment.
- African Americans were more likely than all other race/ethnic groups to have a health problem that requires them to use special equipment, at 16.4%.
- Residents with less than a high school education were more likely than all other education subgroups to have a health problem that requires them to use special equipment, at 25.4%.
- Residents with a household income of less than \$15,000 were more likely than all other income subgroups to have a health problem that requires them to use special equipment, at 26.2%.
- Residents who resided in Ward 8 were more likely than all other wards to have a health problem that requires them to use special equipment, at 22.3%.

¹<http://www.cdc.gov/ncbddd/disabilityandhealth/types.html> CDC - Disability and Health – Types of Disability – Accessed November 29, 2012

Table 4: Health Limitation Due by Demographics and Ward			
“Are you limited in any way in any activities because of physical, mental or emotional problem?”			
	N	Yes	No
TOTAL	4274	22.3%	77.7%
GENDER/SEX			
Male	1641	22.8%	77.2%
Female	2633	21.9%	78.1%
AGE			
18 to 24	118	*	90.2%
25 to 34	429	13.0%	87.0%
35 to 44	593	19.1%	80.9%
45 to 54	736	29.7%	70.3%
55 to 64	1052	31.3%	68.7%
65 or older	1346	35.5%	64.5%
RACE/ETHNICITY			
Caucasian/White	1922	16.6%	83.4%
African American/Black	1867	27.7%	72.3%
Other	227	22.0%	78.0%
Hispanic	175	18.6%	81.4%
EDUCATION			
Less than high school	262	39.8%	60.2%
High school graduate	704	23.9%	76.1%
Some college or technical school	655	24.6%	75.4%
College graduate	2640	15.7%	84.3%
INCOME			
Less than \$15,000	438	39.8%	60.2%
\$15,000-\$24,999	457	30.1%	69.9%
\$25,000-\$34,999	263	16.9%	83.1%
\$35,000-\$49,999	355	15.4%	84.6%
\$50,000-\$74,999	457	15.2%	84.8%
\$75,000 or more	1797	16.3%	83.7%
WARD			
Ward 1	308	19.9%	80.1%
Ward 2	347	21.6%	78.4%
Ward 3	688	17.3%	82.7%
Ward 4	568	23.4%	76.6%
Ward 5	416	23.9%	76.1%
Ward 6	467	22.8%	77.2%
Ward 7	420	26.3%	73.7%
Ward 8	339	32.4%	67.6%

*Suppressed if numerator is less than 10 or Relative Standard Error (RSE) is greater than 30

*Suppressed if cell size is less than 50

*Suppressed if CI half width is greater than 10

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)

Table 5. Health Problems Requiring Special Equipment by Demographics and Ward			
“Do you now have any health problems that require you to use special equipment such as a cane, wheelchair, special bed, or special telephone?”			
	N	Yes	No
TOTAL	4289	10.8%	89.2%
GENDER/SEX			
Male	1653	9.3%	90.7%
Female	2636	12.1%	87.9%
AGE			
18 to 24	119	*	99.3%
25 to 34	428	*	98.1%
35 to 44	594	5.9%	94.1%
45 to 54	737	13.5%	86.5%
55 to 64	1056	18.0%	82.0%
65 or older	1355	29.7%	70.3%
RACE/ETHNICITY			
Caucasian/White	1925	4.7%	95.3%
African American/Black	1874	16.4%	83.6%
Other	227	10.8%	89.2%
Hispanic	175	*	92.4%
EDUCATION			
Less than high school	265	25.4%	74.6%
High school graduate	705	15.9%	84.1%
Some college or technical school	660	11.1%	88.9%
College graduate	2645	4.5%	95.5%
INCOME			
Less than \$15,000	444	26.2%	73.8%
\$15,000-\$24,999	457	18.7%	81.3%
\$25,000-\$34,999	263	9.9%	90.1%
\$35,000-\$49,999	354	7.5%	92.5%
\$50,000-\$74,999	458	4.7%	95.3%
\$75,000 or more	1798	3.5%	96.5%
WARD			
Ward 1	310	8.7%	91.3%
Ward 2	349	7.4%	92.6%
Ward 3	692	4.7%	95.3%
Ward 4	568	10.2%	89.8%
Ward 5	448	15.9%	84.1%
Ward 6	469	11.9%	88.1%
Ward 7	420	16.0%	84.0%
Ward 8	342	22.3%	77.7%

*Suppressed if numerator is less than 10 or Relative Standard Error (RSE) is greater than 30

*Suppressed if cell size is less than 50

*Suppressed if CI half width is greater than 10

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)

General Health Status

Self-assessed health status is a measure of how an individual perceives his or her health—rating it as excellent, very good, good, fair, or poor. Self-assessed health status has been validated as a useful indicator of health for a variety of populations and allows for broad comparisons across different conditions and populations.¹

District residents were asked how they rate their general health. Overall, 86.3% of District residents rated their health as good or better (Table 6).

- Males were more likely than females to rate their health as good or better, at 86.8%.
- Adults aged 65 years or older were more likely than all other age groups to rate their health as fair or poor 27.7%.
- African American were more likely than all other race/ethnic groups to rate their health as fair or poor, at 20.7%
- Residents with less than a high school education were more likely than all other education subgroups to rate their health as fair or poor, at 34.7%.
- Residents with a household income of less than \$15,000 or more were more likely than all other income subgroups to rate their health as fair or poor, at 31.9%.
- Residents who resided in Ward 8 were more likely to rate their health as fair or poor, at 25.5%.

¹<http://www.healthypeople.gov/2020/about/genhealthabout.aspx> Healthy People - General Health Status – Accessed November 29, 2012

Table 6: Perceived Health Status by Demographics and Ward			
“How would you rate your general health?”			
	N	Good or Better Health	Fair or Poor Health
TOTAL	4522	86.3%	13.7%
GENDER/SEX			
Male	1726	86.8%	13.2%
Female	2796	85.8%	14.2%
AGE			
18 to 24	130	97.9%	*
25 to 34	457	92.3%	7.7%
35 to 44	623	90.2%	9.8%
45 to 54	780	81.6%	18.4%
55 to 64	1110	79.9%	20.1%
65 or older	1422	72.3%	27.7%
RACE/ETHNICITY			
Caucasian/White	1992	94.7%	5.3%
African American/Black	2005	79.3%	20.7%
Other	245	80.7%	19.3%
Hispanic	183	90.4%	9.6%
EDUCATION			
Less than high school	285	65.3%	34.7%
High school graduate	769	82.8%	17.2%
Some college or technical school	708	83.9%	16.1%
College graduate	2741	95.0%	5.0%
INCOME			
Less than \$15,000	478	68.1%	31.9%
\$15,000-\$24,999	489	76.3%	23.7%
\$25,000-\$34,999	278	84.6%	15.4%
\$35,000-\$49,999	368	89.8%	10.2%
\$50,000-\$74,999	482	91.9%	8.1%
\$75,000 or more	1869	95.2%	4.8%
WARD			
Ward 1	325	87.8%	12.2%
Ward 2	362	92.9%	7.1%
Ward 3	717	93.9%	6.1%
Ward 4	591	89.3%	10.7%
Ward 5	465	81.6%	18.4%
Ward 6	494	86.2%	13.8%
Ward 7	457	81.1%	18.9%
Ward 8	373	74.5%	25.5%

*Suppressed if numerator is less than 10 or Relative Standard Error (RSE) is greater than 30

*Suppressed if cell size is less than 50

*Suppressed if CI half width is greater than 10

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)

Access to Health Care

Healthy People 2020 Objectives

Goal Not Met - Increase the proportion of persons with medical insurance to 100%, **the District of Columbia 92.3%**.

An estimated 50 million adults aged 18-64 years had no health insurance at some point during the past 12 months. Individuals who do not have health care coverage do not receive many of the necessary screenings in a timely manner that would detect many chronic diseases such as cancer at its early stages.¹

District residents were asked if they have any kind of health care coverage, including health insurance, prepaid plans such as Health Maintenance Organizations (HMO), or government plans such as Medicare. Overall, 92.3% of District residents have health care coverage (Table 7).

- Females were more likely than males to have health care coverage, at 93.9%.
- Adults aged 65 years or older were more likely than all other age groups to have health care coverage, at 96.5%.
- Caucasians were more likely than all other race/ethnic groups to have health care coverage, at 96.6%.
- College graduates were more likely than all other education subgroups to have health care coverage, at 96.3%.
- Residents with household income of \$75,000 or more were more likely than all other income subgroups to have health care coverage, at 97.4%.
- Residents who resided in Ward 7 were more likely than all other wards to have health care coverage, at 97%.

District residents were asked if they had one person they thought of as their personal doctor or health care provider (Table 8). Overall, 73% of District residents have only one personal doctor or health care provider.

- Females were more likely than males to have only one personal doctor or health care provider, at 78.4%.
- Residents aged 45-54 years old were more likely than all other age groups to have only one personal doctor or health care provider, at 82.4%.
- African Americans were more likely than all other race/ethnic groups to have only one personal doctor or health care provider, at 76.3%; whereas Caucasians were more likely than all other race/ethnic groups to have more than one doctor or health care provider, at 9%.
- High school graduates and residents with some college or technical school education were more likely than all other education subgroups to have only one personal doctor or health care provider, at 75%.
- Residents with a household income of \$25,000-\$34,999 were more likely than all other income subgroups to have only one personal doctor or health care provider, at 81%.
- Residents who resided in Ward 7 were more likely than all other wards to have only one personal doctor or health care provider, at 82.7%.

District residents were asked if there was a time during the past 12 months where they could not see a doctor because of the cost (Table 9). Overall, 10.5% of residents could not see a doctor because of cost.

- Males were slightly more likely than females to not see a doctor because of cost, at 10.9%.
- Adults aged 45-54 years old were more likely than all other age groups to not see a doctor because of cost, at 13.8%.
- African Americans were more likely than all other race/ethnic groups to not see a doctor because of cost, at 14.8%.
- High school graduates were more likely than all other education subgroups to not see a doctor because of cost, at 13.7%.
- Residents with a household income of \$15,000-\$24,999 were more likely than all other income subgroups to not see a doctor because of cost, at 21.2%.
- Residents who resided in Ward 5 were more likely than all other wards to not see a doctor because of cost, at 17.5%.

District residents were asked how long has it been since they last visited a doctor for a routine check-up (Table 10). Overall, 74.6% of residents had a routine checkup within the past year.

- Females were more likely than males to have a routine checkup within the past year, at 79.3%.
- Residents 65 years or older were more likely than all other age groups to have a routine checkup within the past year, at 89%.
- African Americans were more likely than all other race/ethnic groups to have a routine checkup within the past year, 82.7%.
- Residents with less than a high school education and high school graduates were more likely than all other education subgroups to have a routine checkup within the past year, at 83%.
- Residents with a household income with less than \$15,000 were more likely than all other income subgroups to have a routine checkup within the past year, 82.2%.
- Residents who resided in Ward 7 were more likely than all other wards to have a routine checkup within the past year, at 87.7%.

¹<http://www.cdc.gov/vitalsigns/HealthcareAccess/index.html> Access to Health Care - Vital Signs - Accessed November 29, 2012

Table 7: Having Health Care Coverage by Demographics and Ward			
“Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs or government plans such as Medicare or Indian Health Services?”			
	N	Yes	No
TOTAL	4545	92.3%	7.7%
GENDER/SEX			
Male	1737	90.3%	9.7%
Female	2808	93.9%	6.1%
AGE			
18 to 24	129	90.3%	*
25 to 34	457	91.9%	8.1%
35 to 44	629	92.8%	7.2%
45 to 54	781	90.0%	10.0%
55 to 64	1115	92.3%	7.7%
65 or older	1434	96.5%	3.5%
RACE/ETHNICITY			
Caucasian/White	1995	96.6%	3.4%
African American/Black	2023	89.4%	10.6%
Other	247	89.4%	10.6%
Hispanic	183	90.7%	*
EDUCATION			
Less than high school	291	88.1%	11.9%
High school graduate	773	90.0%	10.0%
Some college or technical school	710	88.5%	11.5%
College graduate	2753	96.3%	3.7%
INCOME			
Less than \$15,000	486	90.1%	9.9%
\$15,000-\$24,999	489	84.3%	15.7%
\$25,000-\$34,999	283	87.3%	12.7%
\$35,000-\$49,999	371	92.8%	*
\$50,000-\$74,999	484	92.1%	*
\$75,000 or more	1872	97.4%	*
WARD			
Ward 1	327	93.3%	6.7%
Ward 2	362	96.2%	3.8%
Ward 3	722	94.0%	6.0%
Ward 4	594	90.2%	9.8%
Ward 5	468	87.4%	12.6%
Ward 6	496	91.7%	8.3%
Ward 7	464	97.0%	3.0%
Ward 8	375	93.2%	6.8%

*Suppressed if numerator is less than 10 or Relative Standard Error (RSE) is greater than 30

*Suppressed if cell size is less than 50

*Suppressed if CI half width is greater than 10

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)

Table 8: Multiple Health Care Providers by Demographics and Ward				
“Do you have one person you think of as your personal doctor or health care provider?”				
	N	Yes, only one	More than one	No
TOTAL	4546	73.0%	7.7%	19.3%
GENDER/SEX				
Male	170	66.8%	6.6%	26.6%
Female	2806	78.4%	8.7%	12.9%
AGE				
18 to 24	129	64.6%	6.1%	29.3%
25 to 34	456	59.5%	8.2%	32.3%
35 to 44	629	75.0%	6.9%	18.1%
45 to 54	781	82.4%	5.4%	12.2%
55 to 64	1116	81.5%	7.5%	11.0%
65 or older	1435	80.9%	12.2%	6.8%
RACE/ETHNICITY				
Caucasian/White	1995	71.3%	9.0%	19.7%
African American/Black	2027	76.3%	6.7%	17.0%
Other	245	64.0%	7.8%	28.3%
Hispanic	184	66.8%	8.0%	25.2%
EDUCATION				
Less than high school	292	75.1%	6.9%	18.0%
High school graduate	777	74.5%	5.9%	19.6%
Some college or technical school	708	74.3%	8.0%	17.7%
College graduate	2751	71.1%	8.7%	20.2%
INCOME				
Less than \$15,000	487	72.3%	6.5%	21.1%
\$15,000-\$24,999	493	70.2%	7.5%	22.2%
\$25,000-\$34,999	282	81.1%	5.1%	13.8%
\$35,000-\$49,999	371	71.8%	7.0%	21.3%
\$50,000-\$74,999	483	71.0%	8.2%	20.8%
\$75,000 or more	1871	75.2%	7.8%	17.0%
WARD				
Ward 1	327	74.9%	7.9%	17.1%
Ward 2	361	75.1%	11.3%	13.7%
Ward 3	722	74.7%	7.2%	18.1%
Ward 4	594	80.6%	5.2%	14.2%
Ward 5	469	71.7%	9.2%	19.0%
Ward 6	495	74.5%	9.0%	16.6%
Ward 7	463	82.7%	7.6%	9.7%
Ward 8	377	74.8%	5.3%	19.8%

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)

Table 9: Health Care Cost by Demographics and Ward			
“Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?”			
	N	Yes	No
Total	4552	10.5%	89.5%
GENDER/SEX			
Male	1738	10.9%	89.1%
Female	2814	10.2%	89.8%
AGE			
18 to 24	130	12.8%	87.2%
25 to 34	457	11.1%	88.9%
35 to 44	638	8.3%	91.7%
45 to 54	780	13.8%	86.2%
55 to 64	1115	11.5%	88.5%
65 or older	1442	5.7%	94.3%
RACE/ETHNICITY			
Caucasian/White	1997	5.1%	94.9%
African American/Black	2029	14.8%	85.2%
Other	247	10.8%	89.2%
Hispanic	182	10.8%	89.2%
EDUCATION			
Less than high school	290	15.7%	84.3%
High school graduate	778	13.7%	86.3%
Some college or technical school	711	13.0%	87.0%
College graduate	2755	6.5%	93.5%
INCOME			
Less than \$15,000	486	19.2%	80.8%
\$15,000-\$24,999	493	21.2%	78.8%
\$25,000-\$34,999	283	8.7%	91.3%
\$35,000-\$49,999	372	13.6%	86.4%
\$50,000-\$74,999	484	9.1%	90.9%
\$75,000 or more	1873	3.2%	96.8%
WARD			
Ward 1	328	9.5%	90.5%
Ward 2	363	3.9%	96.1%
Ward 3	721	4.1%	95.9%
Ward 4	594	7.0%	93.0%
Ward 5	469	17.5%	82.5%
Ward 6	497	12.4%	87.6%
Ward 7	464	10.5%	89.5%
Ward 8	376	12.0%	88.0%

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)

Table 10: Time Since Last Check-up by Demographics and Ward

“About how long has it been since you last visited a doctor for a routine checkup?”

A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition.

	N	Within past year	Within past 2 years	Within past 5 years	5 or more years ago	Never
TOTAL	4535	74.6%	13.4%	7.3%	4.3%	0.5%
GENDER/SEX						
Male	1730	69.1%	14.9%	9.1%	6.3%	0.6%
Female	2805	79.3%	12.1%	5.7%	2.5%	0.4%
AGE						
18 to 24	128	74.6%	16.7%	6.7%	2.0%	
25 to 34	454	66.0%	16.0%	11.0%	6.4%	0.6%
35 to 44	625	67.7%	14.4%	10.2%	7.3%	0.4%
45 to 54	778	75.1%	14.0%	6.7%	3.4%	0.8%
55 to 64	1115	81.0%	11.2%	3.8%	3.0%	1.0%
65 or older	1435	89.0%	6.8%	2.5%	1.6%	0.2%
RACE						
Caucasian	1988	65.9%	17.4%	9.4%	6.9%	0.4%
African American	2024	82.7%	9.0%	6.0%	1.9%	0.4%
Other	246	65.1%	16.9%	9.0%	7.0%	2.0%
Hispanic	182	72.5%	19.4%	4.2%	3.6%	0.3%
EDUCATION						
Less than high school	290	83.2%	10.1%	4.2%	1.0%	1.5%
High school graduate	775	83.3%	10.7%	3.6%	2.0%	0.4%
Some college or technical school	708	75.9%	11.2%	7.7%	5.1%	0.1%
College graduate	2743	67.4%	16.7%	9.7%	5.9%	0.4%
INCOME						
Less than \$15,000	483	82.2%	7.9%	6.9%	2.3%	0.7%
\$15,000-\$24,999	490	78.1%	12.7%	6.6%	2.5%	0.1%
\$25,000-\$34,999	280	76.0%	11.4%	10.3%	1.1%	1.2%
\$35,000-\$49,999	371	75.6%	11.0%	7.4%	6.0%	
\$50,000-\$74,999	484	72.3%	16.5%	5.0%	5.8%	0.4%
\$75,000 or more	1865	68.9%	16.5%	8.4%	5.8%	0.3%
WARD						
Ward 1	324	70.1%	14.3%	12.7%	3.0%	*
Ward 2	362	68.0%	18.3%	7.8%	6.0%	*
Ward 3	721	70.1%	16.3%	7.2%	6.4%	*
Ward 4	591	75.3%	14.2%	7.3%	2.9%	0.3%
Ward 5	469	75.8%	11.3%	8.1%	3.6%	1.3%
Ward 6	493	71.1%	13.1%	7.7%	7.2%	0.8%
Ward 7	462	87.7%	7.9%	2.2%	2.3%	*
Ward 8	374	86.0%	7.4%	6.1%	.5%	*

*Suppressed if numerator is less than 10 or Relative Standard Error (RSE) is greater than 30

*Suppressed if cell size is less than 50

*Suppressed if CI half width is greater than 10

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)



PREVENTIVE PRACTICES, RISKS AND SCREENINGS



Alcohol Consumption

Healthy People 2020 Objectives

Goal Not Met: Reduce the proportion of persons engaging in binge drinking during the past 30 days - adults aged 18 years or older to 24.4%; **the District of Columbia rate is 25%.**

The detrimental effects of alcohol use is a global problem resulting in millions of deaths, including hundreds of thousands of young lives lost.¹ The widely used and legal substance is not only a contributing factor in many diseases, but also contributes to a variety of social problems. Its negative impact has spread throughout many communities. Despite all these problems, the harmful use of alcohol remains a low priority in many health and public policies.

Excessive alcohol use, including underage drinking and binge drinking (drinking 5 or more drinks on an occasion for men or 4 or more drinks on an occasion for women), can lead to increased risk of health problems such as injuries, violence, liver diseases, and cancer.

District residents were asked if they had at least one drink of any type of alcoholic beverage such as beer, wine, a malt beverage, or liquor during the past 30 days (Table 11). Overall, 67.4% of District residents had at least one drink within the past 30 days.

- Males were more likely than females to have had at least one drink of an alcoholic beverage within the past 30 days, at 73.1%.
- Adults aged 25-34 years old were more likely than all age groups to have had at least one drink of an alcoholic beverage within the past 30 days, at 84.5%.
- Caucasians were more likely than all other race/ethnic groups to have had at least one drink of an alcoholic beverage within the past 30 days, at 86.1%.
- College graduates were more likely than all other education subgroups to have had at least one drink of an alcohol beverage within the past 30 days, at 84.2%.
- Residents with a household income of \$75,000 or more were more likely than all other income subgroups to have had at least one drink of an alcohol beverage within the past 30 days, at 86.1%.
- Residents who resided in Ward 3 were more likely than all other wards to have had at least one drink of an alcoholic beverage within the past 30 days, at 82.9%.

District residents were asked a variety of questions about their alcohol intake during the past 30 days. This included whether or not they had at least one drink of any alcoholic beverage, how many days per week or per month they drank, how many alcoholic drinks they drank in a day on average, how many times they binge drank, and finally, the highest number of alcoholic drinks they consumed on any occasion (Table 12). Overall, 25% of District residents were binge drinkers.

- Males were more likely than females to be binge drinkers, at 31.3%.
- Adults aged 25-34 years old were more likely than all other age groups to be binge drinkers, at 42.8%.
- Hispanics were more likely than all other race/ethnic groups to be binge drinkers, 33.3%.

¹<http://www.cdc.gov/alcohol/index.htm> - CDC - Alcohol and Public Health – Accessed November 29, 2012

- College graduates were more likely than all other education subgroups to be binge drinkers, at 30.2%.
- Residents with a household income of \$50,000-\$74,999 were more likely than all other income subgroups to be binge drinkers, at 32.7%.
- Residents who resided in Ward 1 were more likely than all other wards to be binge drinkers, at 34.6%.

Heavy drinking is defined as drinking two or more drinks per day for men and one or more drinks per day for women (Table 13). Overall, 9.6% of District residents were heavy drinkers.

- Females were more likely than males to be heavy drinkers at 10.8%.
- Adults aged 25-34 years old were more likely than all other age groups to be heavy drinkers, at 13.8%.
- Caucasians were more likely than all other race/ethnic groups to be heavy drinkers, at 12.5%.
- College graduates were more likely than all other education subgroups to be heavy drinkers, at 10.9%.
- Residents with a household income of \$50,000-\$74,999 were more likely than all other income subgroups to be heavy drinkers, at 13.5%.
- Residents who resided in Ward 1 were more likely than all other wards to be heavy drinkers, at 12.2%.

Table 11: Consumption of Alcohol in the Past 30 Days by Demographics and Ward			
“During the past 30 days have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquid?”			
	N	Yes	No
TOTAL	4246	67.4%	32.6%
GENDER/SEX			
Male	1639	73.1%	26.9%
Female	2607	62.4%	37.6%
AGE			
18 to 24	117	71.1%	28.9%
25 to 34	424	84.5%	15.5%
35 to 44	592	75.8%	24.2%
45 to 54	733	59.8%	40.2%
55 to 64	1042	57.0%	43.0%
65 or older	1338	46.5%	53.5%
RACE/ETHNICITY			
Caucasian/White	1912	86.1%	13.9%
African American/Black	1849	50.4%	49.6%
Other	228	64.5%	35.5%
Hispanic	173	78.5%	21.5%
EDUCATION			
Less than high school	263	38.4%	61.6%
High school graduate	689	50.4%	49.6%
Some college or technical school	653	64.5%	35.5%
College graduate	2627	84.2%	15.8%
INCOME			
Less than \$15,000	436	43.8%	56.2%
\$15,000-\$24,999	452	55.5%	44.5%
\$25,000-\$34,999	258	58.2%	41.8%
\$35,000-\$49,999	351	64.4%	35.6%
\$50,000-\$74,999	455	74.0%	26.0%
\$75,000 or more	1793	86.1%	13.9%
WARD			
Ward 1	308	72.6%	27.4%
Ward 2	343	78.4%	21.6%
Ward 3	687	82.9%	17.1%
Ward 4	565	62.7%	37.3%
Ward 5	444	56.8%	43.2%
Ward 6	465	75.6%	24.4%
Ward 7	414	49.0%	51.0%
Ward 8	332	46.1%	53.9%

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)

Table 12: Binge Drinking by Demographics and Ward			
Binge drinking results are from responses to: “Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on one occasion?”			
	N	No	Yes
TOTAL	2588	75.0%	25.0%
GENDER/SEX			
Male	1622	68.7%	31.3%
Female	2588	80.5%	19.5%
AGE			
18 to 24	116	59.9%	40.1%
25 to 34	418	57.2%	42.8%
35 to 44	590	74.3%	25.7%
45 to 54	728	81.8%	18.2%
55 to 64	1031	89.7%	10.3%
65 or older	1327	94.6%	5.4%
RACE/ETHNICITY			
Caucasian/White	1901	67.1%	32.9%
African American/Black	1831	82.1%	17.9%
Other	225	80.2%	19.8%
Hispanic	170	66.7%	33.3%
EDUCATION			
Less than high school	258	83.5%	16.5%
High school graduate	680	80.2%	19.8%
Some college or technical school	642	76.2%	23.8%
College graduate	2616	69.8%	30.2%
INCOME			
Less than \$15,000	427	84.1%	15.9%
\$15,000-\$24,999	449	80.8%	19.2%
\$25,000-\$34,999	257	76.4%	23.6%
\$35,000-\$49,999	349	70.7%	29.3%
\$50,000-\$74,999	452	67.3%	32.7%
\$75,000 or more	1786	70.2%	29.8%
WARD			
Ward 1	306	65.4%	34.6%
Ward 2	341	70.4%	29.6%
Ward 3	681	73.7%	26.3%
Ward 4	564	79.0%	21.0%
Ward 5	440	80.8%	19.2%
Ward 6	463	72.8%	27.2%
Ward 7	409	82.7%	17.3%
Ward 8	328	83.2%	16.8%

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)

Table 13: Heavy Alcohol Consumption by Demographics and Ward

Heavy drinking results are from responses to: One drink is equivalent to a 12 ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor. "During the past 30 days, on the days when you drank, about how many drinks did you drink on average?"

	N	No	Yes
TOTAL	4216	90.4%	9.6%
GENDER/SEX			
Male	1627	91.8%	8.2%
Female	2589	89.2%	10.8%
AGE			
18 to 24	116	86.9%	13.1%
25 to 34	420	86.2%	13.8%
35 to 44	589	92.1%	7.9%
45 to 54	727	92.5%	7.5%
55 to 64	1036	91.8%	8.2%
65 or older	1328	94.4%	5.6%
RACE/ETHNICITY			
Caucasian/White	1904	87.5%	12.5%
African American/Black	1834	93.1%	6.9%
Other	224	89.0%	11.0%
Hispanic	172	90.2%	*
EDUCATION			
Less than high school	260	91.4%	*
High school graduate	679	92.4%	7.6%
Some college or technical school	645	90.9%	9.1%
College graduate	2618	89.1%	10.9%
INCOME			
Less than \$15,000	432	93.0%	7.0%
\$15,000-\$24,999	446	92.6%	7.4%
\$25,000-\$34,999	254	93.8%	*
\$35,000-\$49,999	350	88.6%	11.4%
\$50,000-\$74,999	455	86.5%	13.5%
\$75,000 or more	1786	88.1%	11.9%
WARD			
Ward 1	305	87.8%	12.2%
Ward 2	340	88.5%	11.5%
Ward 3	684	90.0%	10.0%
Ward 4	564	91.4%	8.6%
Ward 5	439	95.4%	4.6%
Ward 6	462	89.2%	10.8%
Ward 7	411	90.7%	9.3%
Ward 8	330	92.8%	7.2%

*Suppressed if numerator is less than 10 or Relative Standard Error (RSE) is greater than 30

*Suppressed if cell size is less than 50

*Suppressed if CI half width is greater than 10

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)

Cholesterol Screening

Healthy People 2020 Objectives

Goal Met: Increase the proportion of adults who have had their blood cholesterol checked within the preceding five years to 82.1%; **the District of Columbia rate is 82.5%.**

Goal Not Met: Reduce the proportion of adults with high total blood cholesterol levels to 13.5%; **the District of Columbia rate is 34.3%.**

High blood cholesterol is a leading risk factor in the development of atherosclerosis and coronary heart disease (CHD). The risks associated with high blood cholesterol can be reduced by screening and early intervention.¹

District residents were asked if they had ever had their blood cholesterol checked (Table 14). Overall, 84.8% of District residents have had their cholesterol checked.

- Females were more likely than males to have their cholesterol checked, at 87.2%.
- Adults aged 65 years or older were more likely than all other age groups to have their blood cholesterol checked, at 95.9%.
- Caucasians were more likely than all other race/ethnic groups to have their blood cholesterol checked, at 88%.
- College graduates were more likely than all other education subgroups to have their blood cholesterol checked, at 88.2%.
- Residents with a household income of \$75,000 or more were more likely than all other income subgroups to have their blood cholesterol checked, at 90.6%.
- Residents who resided in Ward 2 were more likely than all other wards to have their blood cholesterol checked, at 93%.

District residents were asked about how long has it been since they last had their blood cholesterol checked (Table 15). Overall, 72.7% of District residents had their blood cholesterol checked within the past year.

- Females were more likely than males to have had their blood cholesterol checked within the past year, at 74.2%.
- Adults aged 65 years or older were more likely than all other age groups to have had their blood cholesterol checked within the past year, at 90.7%.
- African Americans were more likely than all other race/ethnic groups to have had their blood cholesterol checked within the past year, 81.2%.
- Residents with less than a high school education were more likely than all other education subgroups to have had their blood cholesterol checked within the past year, 82.7%.

¹ http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6135a2.htm?s_cid=mm6135a2_w Prevalence of Cholesterol Screening and High Blood Cholesterol Among Adults – United States, 2005, 2007 and 2009 – MMWR Weekly – Accessed November 29, 2012

- Residents with a household income less than \$15,000 were more likely than all other income subgroups to have had their blood cholesterol checked within the past year, 88.5%.
- Residents who resided Wards 7 and 8 are more likely than all other wards to have had their blood cholesterol checked within the past year, at 84.8%.

District residents were asked if they had ever been diagnosed with high cholesterol by a doctor, nurse or other health professional (Table 16). Overall, 34.3% of District residents were told their blood cholesterol was high.

- Males were more likely than females to be told their blood cholesterol was high, at 36.4%.
- Adults aged 65 years or older were more likely than all other age groups to be told their blood cholesterol was high, at 52.1%.
- African Americans were more likely than all other race/ethnic groups to be told their cholesterol was high, at 35.9%.
- Residents with less than a high school education were more likely than all other education subgroups to be told their blood cholesterol was high, at 40.9%.
- Residents with a household income of less than \$15,000 were more likely than all other income subgroups to be told their blood cholesterol was high, at 38.9%.
- Residents who resided in Ward 5 were more likely than all other wards to be told their blood cholesterol was high, at 43.5%.

Table 14: Blood Cholesterol Test by Demographics and Ward			
Blood cholesterol is a fatty substance found in the blood. "Have you ever had your blood cholesterol checked?"			
	N	Yes	No
TOTAL	4477	84.8%	15.2%
GENDER/SEX			
Male	1708	82.0%	18.0%
Female	2769	87.2%	12.8%
AGE			
18 to 24	121	61.3%	38.7%
25 to 34	429	78.0%	22.0%
35 to 44	617	89.1%	10.9%
45 to 54	779	90.7%	9.3%
55 to 64	1110	92.9%	7.1%
65 or older	1421	95.9%	4.1%
RACE/ETHNICITY			
Caucasian/White	1960	88.0%	12.0%
African American/Black	2005	83.9%	16.1%
Other	239	80.8%	19.2%
Hispanic	179	77.5%	22.5%
EDUCATION			
Less than high school	288	74.9%	25.1%
High school graduate	765	82.2%	17.8%
Some college or technical school	697	86.5%	13.5%
College graduate	2708	88.2%	11.8%
INCOME			
Less than \$15,000	480	73.8%	26.2%
\$15,000-\$24,999	486	87.9%	12.1%
\$25,000-\$34,999	278	76.4%	23.6%
\$35,000-\$49,999	362	83.7%	16.3%
\$50,000-\$74,999	477	86.9%	13.1%
\$75,000 or more	1851	90.6%	9.4%
WARD			
Ward 1	321	82.3%	17.7%
Ward 2	358	93.0%	7.0%
Ward 3	713	86.0%	14.0%
Ward 4	588	85.3%	14.7%
Ward 5	463	89.0%	11.0%
Ward 6	490	90.5%	9.5%
Ward 7	459	86.5%	13.5%
Ward 8	367	78.3%	21.7%

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)

Table 15: Time Since Last Cholesterol Test by Demographics and Ward “About how long has it been since you had your blood cholesterol checked?”					
	N	Within the past year	Within the past 2 years	Within the past 5 years	5 or more years ago
TOTAL	4115	72.7%	16.9%	7.8%	2.6%
GENDER/SEX					
Male	1555	70.8%	18.4%	7.8%	3.0%
Female	2560	74.2%	15.7%	7.8%	2.3%
AGE					
18 to 24	74	53.6%	34.1%	7.6%	4.7%
25 to 34	344	60.6%	24.8%	12.5%	2.2%
35 to 44	560	65.5%	17.1%	12.3%	5.1%
45 to 54	730	77.5%	14.0%	7.0%	1.4%
55 to 64	1053	83.9%	10.6%	3.6%	1.8%
65 or older	1354	90.7%	6.3%	2.0%	1.1%
RACE/ETHNICITY					
Caucasian/White	1844	63.2%	21.6%	11.2%	4.0%
African American/Black	1820	81.2%	11.6%	5.6%	1.7%
Other	211	66.8%	23.1%	7.2%	3.0%
Hispanic	154	70.5%	22.5%	6.0%	1.1%
EDUCATION					
Less than high school	229	82.7%	14.3%	2.8%	0.2%
High school graduate	676	82.4%	12.4%	3.6%	1.7%
Some college or technical school	644	70.8%	18.2%	6.7%	4.3%
College graduate	2550	67.0%	18.8%	11.3%	2.9%
INCOME					
Less than \$15,000	398	88.5%	7.8%	3.5%	0.3%
\$15,000-\$24,999	443	75.2%	15.7%	6.8%	2.2%
\$25,000-\$34,999	247	78.7%	8.6%	11.4%	1.3%
\$35,000-\$49,999	330	77.8%	14.3%	5.7%	2.3%
\$50,000-\$74,999	441	66.2%	23.1%	7.3%	3.4%
\$75,000 or more	1771	66.2%	20.3%	10.6%	2.9%
WARD					
Ward 1	301	73.0%	14.1%	11.0%	1.9%
Ward 2	339	61.1%	25.4%	9.6%	3.9%
Ward 3	678	69.8%	17.4%	8.2%	4.5%
Ward 4	548	75.2%	17.4%	5.8%	1.6%
Ward 5	431	71.5%	18.2%	6.1%	4.2%
Ward 6	459	75.4%	13.7%	7.1%	3.8%
Ward 7	416	84.8%	9.2%	5.6%	0.4%
Ward 8	320	84.7%	6.8%	7.0%	1.4%

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)

Table 16: High Blood Cholesterol by Demographics and Ward			
“Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high?”			
	N	Yes	No
TOTAL	4110	34.3%	65.7%
GENDER/SEX			
Male	1555	36.4%	63.6%
Female	2555	32.6%	67.4%
AGE			
18 to 24	74	22.8%	77.2%
25 to 34	346	21.3%	78.7%
35 to 44	562	27.4%	72.6%
45 to 54	731	33.3%	66.7%
55 to 64	1050	48.5%	51.5%
65 or older	1347	52.1%	47.9%
RACE/ETHNICITY			
Caucasian/White	1846	34.5%	65.5%
African American/Black	1816	35.9%	64.1%
Other	211	29.1%	70.9%
Hispanic	154	28.6%	71.4%
EDUCATION			
Less than high school	232	40.9%	59.1%
High school graduate	673	34.3%	65.7%
Some college or technical school	640	34.0%	66.0%
College graduate	2550	32.7%	67.3%
INCOME			
Less than \$15,000	400	38.9%	61.1%
\$15,000-\$24,999	441	35.9%	64.1%
\$25,000-\$34,999	243	35.6%	64.4%
\$35,000-\$49,999	333	36.4%	63.6%
\$50,000-\$74,999	437	27.4%	72.6%
\$75,000 or more	1771	33.8%	66.2%
WARD			
Ward 1	300	33.6%	66.4%
Ward 2	340	35.3%	64.7%
Ward 3	681	37.4%	62.6%
Ward 4	543	35.1%	64.9%
Ward 5	429	43.5%	56.5%
Ward 6	455	34.1%	65.9%
Ward 7	419	32.8%	67.2%
Ward 8	320	37.7%	62.3%

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)

Fruits and Vegetables

Fruits and vegetables are part of a well-balanced and healthy eating plan. Diets rich in fruits and vegetables may reduce the risk of some types of cancer and other chronic diseases. Fruits and vegetables also provide essential vitamins and minerals, fiber, and other substances that are important for good health.¹

District residents were asked how often they drank fruit juices (Table 17). Overall, 17% of District residents drank fruit juices one time per day, 6.9% once a week, and 4.7% per month.

- Females were more likely than males to drink fruit juices once per day, at 17.2%; females were more likely than males to drink fruits juice two to four times per day, at 9.6%.
- Adults aged 65 years or older were more likely than all other age groups to drink fruit juices once per day, at 27.9% and two to four times per day, at 10.7%.
- Hispanics were more likely than all other race/ethnic groups to drink fruit juices once per day, at 23.5%; whereas African Americans were more likely than all other race/ethnic groups to drink fruit juices two to four times per day, at 13.6%.
- High school graduates were less likely than all other education subgroups to drink fruit juices once per day, at 15.4%; whereas residents with less than a high school education were more likely than all other education subgroups to drink fruit juices two or four times per day, at 14.7%.
- Residents with a household income of \$35,000-\$49,999 were more likely than all other income subgroups to drink fruit juices once per day, at 19%; whereas, residents with a household income of \$15,000-\$24,999 were more likely than all other income subgroups to drink fruit juices two to four times per day, at 14.1%.
- Residents who resided in Wards 3 and 7 were more likely than all other wards to drink fruit juices once per day, at 18.8% and 18.6%, respectively; whereas residents who resided in Ward 7 were more likely than all wards to drink fruit juices two to four times per day, at 14.2%.

District residents were asked how often they eat fruit (Table 18). Overall, 22.8% of District residents stated they ate fruit once per day; 25.1% eat fruits two to four times per day.

- Females were more likely than males to state they had ate fruits once per day, at 25.3%; females were also more likely than males to eat fruits two to three times per day, at 30.1%.
- Adults aged 65 years or older were more likely than all other age groups to eat fruits once per day, at 27.8%; whereas adults aged 45-54 years old were more likely than all other age groups to state they ate fruits two to four times per day, at 27.2%.
- Caucasians were more likely than all other race/ethnic groups to eat fruits once per day, at 27.6%, and two to four times per day, at 30.4%.
- College graduates were more likely than all other education subgroups to eat fruits once per day, at 25.7% and two to four times per day, at 30.5%.

¹http://www.cdc.gov/healthyweight/healthy_eating/fruits_vegetables.html - CDC - Healthy Weight – its not a diet, it's a lifestyle – How to Use Fruits and Vegetables to Health Manage Your Weight – Accessed November 29, 2012

- Residents with a household income of \$75,000 or more were more likely than all other income subgroups to eat fruits once per day, at 26.5% and two to four times per day, at 31.6%.
- Residents who resided in Wards 3 were more likely than all other wards to eat fruits once per day, at 26.1% and two to four times per day, at 34.5%.

District residents were asked how often they ate vegetables (Table 19). Overall, 21.38% of District residents ate vegetables once per day; 13.6% ate vegetables two to four times per day.

- Females were more likely than males to eat vegetables once per day, at 23.1% and more likely than males to eat vegetables two to three times per day, at 14.3%.
- Adults aged 18-24 years old were less likely than all other age groups to eat vegetables once per day, at 15.4% but they were more likely than all other age groups to eat vegetables two to four times per day, at 25.3%.
- Race/ethnic group Other* were more likely than all other race/ethnic groups to eat vegetables once per day, at 29.8%; whereas Caucasians were more likely than all other race/ethnic groups to eat vegetables two to four times per day, at 18.4%.
- College graduates were more likely than all other education subgroups to eat vegetables once per day, at 27.0% and two to four times per day, at 16.6%.
- Residents with a household income of \$75,000 or more were more likely than all other income subgroups to eat vegetables once per day, at 27.3% and two to four times per day, at 20.2%.
- Residents who resided in Wards 3 were more likely than all other wards to eat fruit once per day, at 28.7% and two to four times per day, at 20.4%.

*Race/ethnic group Other = Asian, Native Hawaiian, Other Pacific Islander, American Indian, Alaska Native or other

Table 17: Fruit Servings by Demographics and Ward
Residents who drank 100% fruit juice within the past month

	N	Never	Once	2-4 Times Per Day	5 or More Times Per Day	Once a Week	Two to Four Times Per Week	5 or More Times Per Week	Once Per Month	Two to Four Times Per Month	5 or More Times Per Month
TOTAL	4335	25.0%	17.0%	9.0%	0.9%	6.9%	12.5%	3.0%	4.7%	10.5%	10.6%
GENDER/SEX											
Male	1656	22.2%	16.7%	8.2%	1.5%	6.2%	12.6%	3.1%	5.1%	11.4%	12.8%
Female	2679	27.4%	17.2%	9.6%	0.3%	7.4%	12.4%	2.9%	4.4%	9.7%	8.7%
AGE											
18 to 24	126	18.2%	14.1%	8.0%	1.8%	11.8%	13.3%	4.1%	5.4%	13.9%	9.2%
25 to 34	438	22.3%	15.1%	7.8%	1.1%	9.1%	11.9%	3.7%	5.7%	12.3%	11.0%
35 to 44	608	24.7%	12.1%	7.9%	0.4%	7.7%	15.3%	1.2%	6.3%	10.8%	13.5%
45 to 54	749	26.8%	16.1%	9.9%	1.7%	4.8%	13.6%	3.3%	3.3%	11.3%	9.3%
55 to 64	1076	32.9%	19.0%	10.2%		4.3%	10.1%	2.5%	4.6%	7.8%	8.7%
65 or older	1338	26.4%	27.9%	10.7%	0.4%	2.4%	10.1%	3.2%	2.4%	5.5%	11.1%
RACE/ETHNICITY											
Caucasian/White	1936	24.1%	18.9%	4.3%	0.2%	7.8%	13.6%	2.4%	6.7%	12.1%	9.8%
African American/Black	1899	27.3%	14.8%	13.6%	0.7%	6.0%	10.8%	3.6%	2.9%	9.8%	10.7%
Other	237	22.1%	12.6%	6.3%	5.6%	7.7%	11.2%	5.4%	4.3%	11.3%	13.4%
Hispanic	176	17.4%	23.5%	6.8%	1.6%	7.2%	18.4%	1.3%	5.9%	6.4%	11.4%
EDUCATION											
Less than high school	267	29.0%	17.0%	14.7%	3.1%	6.7%	6.5%	2.4%	2.6%	11.3%	6.7%
High school graduate	719	22.4%	15.4%	11.1%	0.7%	6.0%	14.3%	5.0%	5.3%	8.9%	11.1%
Some college or technical school	665	28.5%	17.5%	10.8%	0.8%	5.8%	11.7%	1.9%	4.8%	8.1%	10.1%
College graduate	2670	23.3%	17.4%	5.6%	0.4%	7.6%	13.8%	2.9%	5.2%	11.9%	11.8%
INCOME											
Less than \$15,000	449	27.8%	14.4%	13.5%	1.8%	9.7%	10.6%	3.4%	4.4%	6.6%	7.9%
\$15,000-\$24,999	461	29.4%	13.2%	14.1%	1.4%	2.2%	13.0%	1.7%	5.7%	7.9%	11.3%
\$25,000-\$34,999	273	18.5%	18.3%	12.4%	0.6%	13.6%	10.0%	1.3%	.8%	12.3%	12.1%
\$35,000-\$49,999	354	27.4%	19.0%	6.6%	0.3%	5.3%	12.0%	5.4%	3.0%	6.7%	14.1%
\$50,000-\$74,999	464	26.6%	18.1%	6.5%		4.2%	15.8%	3.2%	4.4%	9.3%	11.9%
\$75,000 or more	1826	22.7%	18.4%	5.5%	1.0%	8.3%	13.2%	2.4%	6.5%	11.6%	10.4%
WARD											
Ward 1	310	23.7%	12.8%	3.4%	2.4%	8.7%	21.1%	1.7%	7.0%	8.0%	11.3%
Ward 2	346	29.4%	14.8%	5.4%		8.2%	12.8%	1.6%	6.9%	8.3%	12.7%
Ward 3	695	22.5%	18.8%	6.2%	0.5%	5.4%	11.5%	5.2%	5.0%	15.0%	9.8%
Ward 4	580	21.9%	17.5%	8.7%	2.0%	7.1%	13.6%	3.3%	4.1%	12.2%	9.7%
Ward 5	440	26.7%	16.4%	11.6%	0.2%	6.1%	7.8%	1.8%	3.6%	11.0%	14.7%
Ward 6	479	28.1%	14.3%	7.7%	0.2%	9.5%	11.4%	2.5%	5.2%	9.4%	11.5%
Ward 7	437	23.4%	18.6%	14.2%	0.3%	5.5%	11.3%	4.8%	2.4%	10.1%	9.4%
Ward 8	354	30.4%	9.9%	13.9%	0.6%	5.0%	11.3%	3.3%	2.7%	11.3%	11.7%

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)

Table 18: Fruit Consumption by Demographics and Ward

Residents who ate fruits within the past month

	N	Never	Once	2-4 Times per Day	5 or More Times Per Day	Once a Week	2-4 Times Per Week	5 or More Times per Week	Once Per Month	2-4 Times Per Month	5 or More Times Per Month
TOTAL	4374	4.9%	22.8%	25.1%	1.3%	3.1%	16.2%	5.4%	1.9%	4.9%	14.4%
GENDER/SEX											
Male	1668	7.0%	19.9%	19.3%	1.0%	3.1%	19.5%	5.3%	2.4%	5.5%	16.9%
Female	2706	3.2%	25.3%	30.1%	1.5%	3.0%	13.3%	5.5%	1.5%	4.4%	12.1%
AGE											
18 to 24	125	6.0%	20.1%	25.9%	1.2%	4.6%	16.3%	1.7%	5.4%	6.6%	12.1%
25 to 34	441	3.7%	18.7%	23.6%	0.5%	2.6%	20.2%	8.3%	0.3%	4.3%	17.7%
35 to 44	610	5.3%	23.2%	23.6%	1.7%	2.5%	17.8%	6.1%	1.9%	3.7%	14.3%
45 to 54	755	6.2%	23.5%	27.2%	1.3%	3.7%	13.0%	3.9%	2.4%	6.9%	11.8%
55 to 64	1081	4.1%	25.4%	25.3%	2.0%	3.3%	12.0%	5.4%	1.7%	5.8%	15.0%
65 or older	1362	4.9%	27.8%	26.2%	1.2%	2.3%	15.2%	5.2%	0.9%	2.8%	13.6%
RACE/ETHNICITY											
Caucasian/White	1952	1.8%	27.6%	30.4%	1.4%	2.2%	15.5%	5.7%	0.3%	2.1%	13.1%
African American/Black	1922	7.6%	18.3%	20.1%	0.9%	4.2%	16.3%	5.1%	3.4%	8.2%	15.9%
Other	236	6.5%	22.7%	27.4%	1.0%	2.2%	12.1%	8.6%	1.0%	.9%	17.6%
Hispanic	180	2.6%	25.0%	27.2%	2.8%	1.1%	23.5%	3.1%	1.9%	3.1%	9.7%
EDUCATION											
Less than high school	274	12.3%	17.2%	18.6%	0.4%	4.8%	16.2%	5.3%	4.5%	9.7%	11.1%
High school graduate	732	6.6%	18.0%	20.1%	0.6%	2.9%	17.8%	3.8%	4.2%	7.2%	18.6%
Some college or technical school	667	5.6%	24.7%	22.3%	2.2%	2.7%	13.7%	5.6%	1.3%	6.1%	15.8%
College graduate	2686	1.8%	25.7%	30.5%	1.4%	2.8%	16.6%	6.0%	0.4%	2.0%	12.8%
INCOME											
Less than \$15,000	452	9.2%	22.5%	16.1%	0.7%	5.3%	13.7%	5.6%	2.9%	11.3%	12.6%
\$15,000-\$24,999	467	6.5%	21.1%	20.3%	1.7%	3.7%	16.9%	3.8%	1.9%	9.9%	14.1%
\$25,000-\$34,999	274	4.0%	12.8%	28.1%	.2%	4.6%	22.1%	7.8%	.9%	1.8%	17.8%
\$35,000-\$49,999	359	5.2%	23.1%	19.9%	1.7%	3.8%	17.7%	4.2%	3.5%	5.3%	15.7%
\$50,000-\$74,999	465	3.3%	23.8%	24.3%	1.3%	1.5%	19.8%	5.4%	0.4%	2.2%	18.1%
\$75,000 or more	1835	2.6%	26.5%	31.6%	1.5%	2.5%	15.0%	6.1%	.5%	1.7%	12.0%
WARD											
Ward 1	310	3.8%	24.2%	24.4%	1.8%	1.4%	16.7%	5.7%	2.8%	4.1%	15.2%
Ward 2	351	4.4%	20.7%	28.0%	0.7%	3.8%	13.9%	5.7%	1.0%	2.8%	19.1%
Ward 3	703	0.8%	26.1%	34.5%	1.8%	.6%	15.4%	5.4%	1.2%	2.6%	11.6%
Ward 4	584	5.0%	22.4%	21.0%	1.3%	6.4%	14.7%	5.1%	4.3%	2.4%	17.3%
Ward 5	446	3.1%	25.3%	20.6%	1.2%	2.5%	10.9%	4.7%	2.1%	11.3%	18.4%
Ward 6	479	6.1%	24.7%	25.9%	0.6%	1.9%	12.1%	7.2%	1.2%	5.3%	14.8%
Ward 7	441	5.3%	17.1%	27.4%	1.0%	5.7%	17.5%	4.5%	1.3%	6.6%	13.7%
Ward 8	357	9.2%	16.5%	18.3%	1.4%	2.1%	14.9%	8.4%	4.1%	7.7%	17.2%

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)

Table 19: Vegetable Consumption by Demographics and Ward

Residents who ate vegetables within the past month

	N	None	Once	2-4 Times Per Day	5 or More Times Per Day	Once a Week	2-4 Times Per Week	5 or More Times Per Week	Once Per Month	2-4 Times Per Month	5 or More Times Per Month
TOTAL	4308	3.6%	21.3%	13.6%	.5%	5.4%	19.4%	7.7%	1.9%	5.5%	21.1%
GENDER/SEX											
Male	1650	4.0%	19.2%	12.8%	0.2%	4.8%	19.0%	7.4%	2.0%	5.6%	25.0%
Female	2658	3.2%	23.1%	14.3%	0.7%	6.0%	19.8%	8.0%	1.8%	5.4%	17.6%
AGE											
18 to 24	125	8.1%	15.4%	25.3%	1.2%	7.2%	18.1%	2.8%	2.1%	5.1%	14.7%
25 to 34	436	2.8%	22.7%	10.2%		4.7%	20.6%	12.3%	1.3%	2.4%	22.9%
35 to 44	606	2.6%	22.8%	15.4%	0.6%	4.2%	20.9%	8.7%	1.8%	2.6%	20.4%
45 to 54	738	2.7%	20.5%	11.1%	0.9%	7.3%	17.4%	6.9%	1.7%	10.6%	20.9%
55 to 64	1063	3.1%	22.9%	11.8%	0.2%	5.5%	17.2%	5.9%	2.2%	7.4%	23.8%
65 or older	1340	3.0%	22.6%	9.7%	0.1%	4.2%	21.4%	6.7%	2.8%	6.8%	22.7%
RACE/ETHNICITY											
Caucasian	1939	1.1%	26.5%	18.4%	0.1%	3.1%	18.0%	11.6%	0.0%	2.2%	19.1%
African American	1878	5.9%	16.7%	8.7%	0.4%	7.4%	19.5%	5.2%	3.8%	8.9%	23.6%
Other	231	.5%	29.8%	17.0%	1.1%	4.6%	16.3%	7.9%	1.5%	2.4%	18.9%
Hispanic	176	4.8%	17.3%	15.6%	2.3%	5.6%	28.4%	4.3%	1.0%	3.7%	16.9%
EDUCATION											
Less than high school	263	8.4%	15.9%	9.6%	0.8%	10.4%	13.1%	5.4%	6.5%	11.2%	18.7%
High school graduate	716	6.2%	16.7%	11.7%	0.4%	6.0%	20.0%	4.5%	1.7%	9.7%	23.1%
Some college or technical school	658	4.4%	16.3%	11.3%	1.2%	5.3%	19.8%	7.6%	3.0%	6.3%	24.9%
College graduate	2658	.7%	27.0%	16.6%	0.1%	3.8%	20.8%	9.8%	.3%	1.8%	19.1%
INCOME											
Less than \$15,000	443	8.2%	11.4%	7.7%	0.3%	8.9%	20.3%	6.4%	5.2%	14.8%	16.8%
\$15,000-\$24,999	463	5.9%	17.5%	8.7%	-	6.8%	18.5%	5.1%	4.3%	10.2%	23.2%
\$25,000-\$34,999	272	4.7%	17.6%	14.9%	1.2%	6.3%	19.8%	6.2%	1.2%	5.2%	22.8%
\$35,000-\$49,999	356	5.9%	20.2%	5.7%	-	10.5%	20.6%	4.4%	1.1%	2.3%	29.2%
\$50,000-\$74,999	460	.4%	22.3%	10.0%	-	5.5%	22.5%	11.9%	2.4%	4.0%	21.0%
\$75,000 or more	1815	.5%	27.3%	20.2%	0.3%	2.5%	19.4%	9.9%	0.2%	1.4%	18.4%
WARD											
Ward 1	311	1.5%	21.2%	14.6%	-	3.2%	21.3%	13.0%	0.8%	5.7%	18.6%
Ward 2	348	0.1%	24.1%	15.2%	0.0%	3.9%	19.1%	7.9%	0.8%	3.0%	25.9%
Ward 3	696	1.5%	28.7%	20.4%	0.1%	4.4%	17.6%	7.7%	0.1%	1.3%	18.3%
Ward 4	579	2.5%	21.9%	14.5%	1.5%	5.5%	17.2%	8.8%	3.3%	5.8%	19.0%
Ward 5	443	2.1%	23.4%	5.3%	-	4.9%	18.3%	6.2%	3.1%	7.2%	29.4%
Ward 6	473	1.9%	21.8%	12.8%	0.2%	4.6%	17.7%	8.5%	1.1%	5.4%	26.0%
Ward 7	421	7.7%	14.0%	6.2%	0.5%	11.2%	21.7%	5.4%	2.1%	7.9%	23.2%
Ward 8	342	7.9%	15.1%	7.3%	1.0%	6.0%	19.4%	6.0%	3.2%	9.7%	24.2%

-Zero response

HIV Screening

Human Immunodeficiency Virus (HIV) is a serious infection that, without treatment, leads to Acquired Immunodeficiency Syndrome (AIDS) and early death. An estimated 1.1 million people are living with HIV in the U.S. and as many as 1 in 5 do not know they are infected. About 55% of adults aged 18–64 years have never been tested for HIV.¹

In the District, HIV/AIDS is the seventh leading cause of death and ranks tenth in DC hospital admissions.² Prevalence is higher in the District of Columbia than in any of the 50 states. The known infection rate is 3.2% for all DC adults and adolescents, 4.7% for African Americans, and 7.4% for residents aged 40-49 years.³

District residents were asked if they had ever been tested for HIV, excluding blood donations (Table 20). Overall, 67.9% of District residents had a HIV test.

- Males were more likely than females to have a HIV test, at 70.7%.
- Adults aged 35-44 years older were more likely than all other age groups to have a HIV test, at 83.2%.
- African Americans were more likely than all other race/ethnic groups to have a HIV test, at 75.5%.
- Residents with less than a high school education were more likely than all other education subgroups to have a HIV test, at 74.9%.
- Residents with a household income less than \$15,000 were more likely than all other income subgroups to have a HIV test, at 78.2%.
- Residents who resided in Ward 8 were more likely than all other wards to have a HIV test, at 82.7%.

District residents were read a series of situations: Have they used intravenous drugs in the past year? Have they been treated for a sexually transmitted or venereal disease in the past year? Have they given or received money or drugs in exchange for sex in the past year? Have they had anal sex without a condom in the past year? They were then asked if any of the high risk situations applied to them (Table 21). Overall, 7.6% of District residents participated in high-risk activities.

- Males were more likely than females to participate in high- risk activities, at 10.8%.
- Adults aged 25-34 years were more likely than all other age groups to participate in high-risk activities, at 11.8%.
- African Americans were more likely than all other race/ethnic groups to participate in high-risk activities, at 7.7%.
- High school graduates are more likely than all other education subgroups to participate in high-risk activities, at 10.1%.
- Residents with a household income of \$15,000-\$24,999 were more likely than all other income subgroups to participate in high-risk activities, at 9%.
- Ward data not available due to cell sizes less than 50 and CI cell width greater than 10.

¹<http://www.cdc.gov/vitalsigns/pdf/2010-12-vitalsigns.pdf> CDC Vital Signs HIV Testing in the US Accessed December 3, 2012

² Data Management and Analysis Division and State Health Planning and Development, Center for Policy, Planning and Evaluation, DC Department of Health and The DC Hospital Association

³ DC Department of Health HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) Washington DC Regional Eligible Metropolitan Area 2012-2014 Comprehensive HIV Care Plan

Table 20: HIV Testing by Demographics and Ward			
“Have you ever been tested for HIV?”			
	N	Yes	No
TOTAL	4106	67.9%	32.1%
GENDER/SEX			
Male	1584	70.7%	29.3%
Female	2522	65.4%	34.6%
AGE			
18 to 24	116	54.0%	46.0%
25 to 34	418	80.6%	19.4%
35 to 44	577	83.2%	16.8%
45 to 54	716	79.5%	20.5%
55 to 64	1006	60.7%	39.3%
65 or older	1273	36.0%	64.0%
RACE/ETHNICITY			
Caucasian/White	1838	59.4%	40.6%
African American/Black	1796	75.5%	24.5%
Other	221	68.2%	31.8%
Hispanic	168	67.9%	32.1%
EDUCATION			
Less than high school	252	74.9%	25.1%
High school graduate	675	70.5%	29.5%
Some college or technical school	632	68.2%	31.8%
College graduate	2535	64.8%	35.2%
INCOME			
Less than \$15,000	422	78.2%	21.8%
\$15,000-\$24,999	443	69.3%	30.7%
\$25,000-\$34,999	250	66.9%	33.1%
\$35,000-\$49,999	342	59.9%	40.1%
\$50,000-\$74,999	440	72.6%	27.4%
\$75,000 or more	1737	66.9%	33.1%
WARD			
Ward 1	298	69.6%	30.4%
Ward 2	333	65.7%	34.3%
Ward 3	652	53.6%	46.4%
Ward 4	545	64.6%	35.4%
Ward 5	432	69.3%	30.7%
Ward 6	446	74.3%	25.7%
Ward 7	405	78.5%	21.5%
Ward 8	327	82.7%	17.3%

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)

Table 21: High Risk Situations by Demographics and Ward			
“Have you ever used intravenous drugs in the past year, been treated for a sexually transmitted or venereal disease, received money or drugs in exchange for sex or had anal sex without a condom in the past year?”			
	N	Yes	No
TOTAL	4208	7.6%	92.4%
GENDER/SEX			
Male	1618	10.8%	89.2%
Female	2590	4.8%	95.2%
AGE			
18 to 24	116	12.3%	87.7%
25 to 34	416	11.8%	88.2%
35 to 44	588	9.3%	90.7%
45 to 54	726	5.9%	94.1%
55 to 64	1035	3.4%	96.6%
65 or older	1327	0.6%	99.4%
RACE/ETHNICITY			
Caucasian	1904	6.4%	93.6%
African American	1828	7.7%	92.3%
Other	224	9.1%	90.9%
Hispanic	167	11.9%	88.1%
EDUCATION			
Less than high school	257	11.3%	88.7%
High school graduate	682	10.1%	89.9%
Some college or technical school	647	6.5%	93.5%
College graduate	2608	6.0%	94.0%
INCOME			
Less than \$15,000	428	9.5%	90.5%
\$15,000-\$24,999	449	9.0%	91.0%
\$25,000-\$34,999	256	8.6%	91.4%
\$35,000-\$49,999	349	8.4%	91.6%
\$50,000-\$74,999	449	7.3%	92.7%
\$75,000 or more	1780	6.3%	93.7%
WARD			
Ward 1	303	11.7%	88.3%
Ward 2	341	9.5%	90.5%
Ward 3	683	4.4%	95.6%
Ward 4	561	6.3%	93.7%
Ward 5	441	7.1%	92.9%
Ward 6	460	6.0%	94.0%
Ward 7	411	11.6%	88.4%
Ward 8	327	7.8%	92.2%

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)

Hypertension Screening

Healthy People 2020 Objectives

Goal Not Met: Reduce the proportion of adults with hypertension to 26.9%; **the District of Columbia rate is 30%.**

Goal Not Met: Reduce the proportion of adults aged 20 and older with high blood pressure to 16%; **the District of Columbia rate is 30.7%.**

Goal Not Met: Increase the proportion of adults with high blood pressure who are taking action (for example, losing weight, increasing physical activity or reducing sodium intake) to help control their blood pressure to 95%; **the District of Columbia rate is 70.2% for increased physical activity and 79.3% for reduced sodium intake.**

An estimated 131 billion annually in health care expenditures are spent on individuals who suffer from hypertension, a leading risk factor for cardiovascular diseases, which are a major cause of morbidity and mortality. Obtaining hypertension screening is essential to early detection and increasing quality of life.¹ Individuals who have been diagnosed with hypertension must begin treatment or engage in healthier alternatives to control and reduce incidence of first and recurrent heart attacks and strokes, heart failure, and chronic kidney disease. Taking action to control hypertension can save lives.¹

District residents were asked if they have ever been told by a doctor, nurse, or other health professional that they have high blood pressure (Table 22). Overall, 30% of District residents have high blood pressure.

- Males were more likely than females to have high blood pressure, at 30.3%.
- Adults aged 65 years or older were more likely than all other age groups to have high blood pressure, at 64.4%.
- African Americans were more likely than all other race/ethnic groups to have high blood pressure, at 40.4%.
- Residents who have less than a high school education were more likely than all other education subgroups to have high blood pressure, at 47.1%.
- Residents with a household income of \$15,000-\$24,999 were more likely than all other income subgroups to have high blood pressure, at 43.4%.
- Residents who resided in Ward 7 were more likely than all other wards to have high blood pressure, at 41.5%.

District residents were asked if they are currently taking blood pressure medication (Table 23). Overall, 77.5% of District residents are currently taking blood pressure medication.

- Females were more likely than males to be currently taking blood pressure medication, at 83.6%.
- Adults aged 65 years or older were more likely than all other age groups to be taking blood pressure medication, at 94.7%.

¹http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6135a3.htm?s_cid=mm6135a3_w Vital Signs: Awareness and Treatment of Uncontrolled Hypertension Among Adults – United States, 2003-2010 – CDC – Morbidity and Mortality Weekly Report (MMWR) – Accessed November 29, 2012

- African Americans were more likely than all other race/ethnic groups to be taking blood pressure medication, at 82.3%.
- Residents with some college education or technical school were more likely than all other education subgroups to be taking blood pressure medication, at 84%.
- Residents with a household income of \$25,000-\$34,999 were more likely than all other income subgroups to be taking blood pressure medication, at 84%.
- Residents who resided in Ward 7 were more likely than all other wards to be taking blood pressure medication, at 86.3%.

Table 22: High Blood Pressure by Demographics and Ward			
“Have you ever been told by a doctor, nurse or other health professional that you have high blood pressure?”			
	N	Yes	No
TOTAL	4544	30.0%	70%
GENDER/SEX			
Male	1738	30.3%	69.7%
Female	2806	29.8%	70.2%
AGE			
18 to 24	130	*	91.6%
25 to 34	457	12.7%	87.3%
35 to 44	624	17.3%	82.7%
45 to 54	783	34.9%	65.1%
55 to 64	1116	53.4%	46.6%
65 or older	1434	64.4%	35.6%
RACE/ETHNICITY			
Caucasian/White	1994	20.4%	79.6%
African American/Black	2027	40.4%	59.6%
Other	247	25.7%	74.3%
Hispanic	182	15.8%	84.2%
EDUCATION			
Less than high school	292	47.1%	52.9%
High school graduate	777	38.6%	61.4%
Some college or technical school	709	29.7%	70.3%
College graduate	2748	21.2%	78.8%
INCOME			
Less than \$15,000	484	41.6%	58.4%
\$15,000-\$24,999	492	43.4%	56.6%
\$25,000-\$34,999	282	33.0%	67.0%
\$35,000-\$49,999	371	29.3%	70.7%
\$50,000-\$74,999	483	24.4%	75.6%
\$75,000 or more	1873	21.8%	78.2%
WARD			
Ward 1	327	26.7%	73.3%
Ward 2	363	22.3%	77.7%
Ward 3	719	20.2%	79.8%
Ward 4	595	33.2%	66.8%
Ward 5	469	39.3%	60.7%
Ward 6	494	29.6%	70.4%
Ward 7	464	41.5%	58.5%
Ward 8	375	40.4%	59.6%

*Suppressed if numerator is less than 10 or Relative Standard Error (RSE) is greater than 30

*Suppressed if cell size is less than 50

*Suppressed if CI half width is greater than 10

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS) Center for Policy, Planning and Evaluation (CPPE)

Table 23: Medication Use for High Blood Pressure by Demographics and Ward			
“Are you currently taking medicine for your high blood pressure?”			
	N	Yes	No
TOTAL	1838	77.5%	22.5%
GENDER/SEX			
Male	713	70.5%	29.5%
Female	1125	83.6%	16.4%
AGE			
18 to 24	9	*	*
25 to 34	54	34.6%	65.4%
35 to 44	101	68.2%	31.8%
45 to 54	251	81.1%	18.9%
55 to 64	549	84.2%	15.8%
65 or older	874	94.7%	5.3%
RACE/ETHNICITY			
Caucasian/White	584	67.3%	32.7%
African American/Black	1108	82.3%	17.7%
Other	63	60.0%	40.0%
Hispanic	44	*	*
EDUCATION			
Less than high school	187	81.1%	18.9%
High school graduate	430	80.7%	19.3%
Some college or technical school	325	84.0%	16.0%
College graduate	886	68.1%	31.9%
INCOME			
Less than \$15,000	264	83.2%	16.8%
\$15,000-\$24,999	278	80.1%	19.9%
\$25,000-\$34,999	146	84.0%	16.0%
\$35,000-\$49,999	169	78.3%	21.7%
\$50,000-\$74,999	189	78.6%	21.4%
\$75,000 or more	544	68.0%	32.0%
WARD			
Ward 1	115	67.4%	32.6%
Ward 2	123	71.1%	28.9%
Ward 3	219	81.2%	18.8%
Ward 4	275	83.0%	17.0%
Ward 5	231	81.2%	18.8%
Ward 6	182	77.6%	22.4%
Ward 7	272	86.3%	13.7%
Ward 8	199	83.8%	16.2%

*Suppressed if numerator is less than 10 or Relative Standard Error (RSE) is greater than 30

*Suppressed if cell size is less than 50

*Suppressed if CI half width is greater than 10

-Zero response

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)

Immunization

Healthy People Objectives

Goal Not Met: Increase the proportion of adults aged 65 and older who are vaccinated annually against influenza to 90%; **the District of Columbia rate is 56.7%.**

Goal Not Met: Increase the proportion of adults aged 65 or older who are vaccinated against pneumonia to 90%; **the District of Columbia rate is 63.3%.**

Immunization is the process by which a person or animal becomes protected against a disease. This term is often used interchangeably with vaccination or inoculation.¹ Vaccine-preventable disease levels are at or near record lows. Even though most infants and toddlers have received all recommended vaccines by age 2, many under-immunized children remain, leaving the potential for outbreaks of disease. The District of Columbia Department of Health works closely with public health agencies and private partners to improve and sustain immunization coverage.²

District residents were asked if they ever had a flu shot or spray (Table 24). Overall, 37.7% of District residents had a flu shot/spray within the past 12 months.

- There was no differences between gender.
- Adults aged 65 or older were more likely than all other age groups to have had a flu shot/spray within the past 12 months, at 56.7%.
- Caucasians were more likely than all other race/ethnic groups to have had a flu shot/spray within the past 12 months, at 48.3%.
- College graduates were more likely than all other education subgroups to have had a flu shot/spray within the past 12 months, at 43.4%.
- Residents with a household income of \$75,000 or more were more likely than all other income subgroups to have had a flu shot/spray within the past 12 months, at 45.4%.
- Residents who resided in Ward 3 were more likely than all other wards to have had a flu shot/spray within the past 12 months, at 51.2%.

District residents were asked if they have ever received a pneumonia shot (Table 25). Overall, 32.5% of District residents had a pneumonia vaccination.

- Males were more likely than females to have had a pneumonia vaccination, at 34.6%.
- Adults aged 65 years or older were more likely than all other age groups to have had a pneumonia vaccination, at 63.3%.
- African Americans were more likely than all other race/ethnic groups to have had a pneumonia vaccination, at 35.5%.

¹<http://www.cdc.gov/vaccines/vac-gen/imz-basics.htm> CDC - Vaccines and Immunizations – Immunization: The Basics – Accessed November 29, 2012

²<http://www.cdc.gov/vaccines/vpd-vac/default.htm> CDC - Vaccines and Immunizations – Vaccines and Preventable Diseases – Accessed November 29, 2012

- Residents with less than a high school education were more likely than all other education subgroups to have had a pneumonia vaccination, at 42%.
- Residents with a household income of \$15,000-\$24,999 were more likely than all other income subgroups to have had a pneumonia vaccination, at 36.5%.
- Residents who resided in Ward 7 were more likely than all other wards to have had a pneumonia vaccination, at 42%.

Table 24: Adult Influenza by Demographics and Ward

There are two ways to get the seasonal flu vaccine, one is a shot in the arm and the other is a spray, mist or drop in the nose called FluMist™. “During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?”

	N	Yes	No
TOTAL	4254	37.7%	62.3%
GENDER/SEX			
Male	1640	37.9%	62.1%
Female	2614	37.5%	62.5%
AGE			
18 to 24	118	30.9%	69.1%
25 to 34	424	26.7%	73.3%
35 to 44	589	36.0%	64.0%
45 to 54	733	36.3%	63.7%
55 to 64	1048	45.4%	54.6%
65 or older	1342	56.7%	43.3%
RACE/ETHNICITY			
Caucasian/White	1912	48.3%	51.7%
African American/Black	1854	30.3%	69.7%
Other	229	35.8%	64.2%
Hispanic	172	31.6%	68.4%
EDUCATION			
Less than high school	265	29.7%	70.3%
High school graduate	692	35.6%	64.4%
Some college or technical school	654	32.2%	67.8%
College graduate	2628	43.4%	56.6%
INCOME			
Less than \$15,000	442	29.6%	70.4%
\$15,000-\$24,999	450	34.8%	65.2%
\$25,000-\$34,999	259	30.9%	69.1%
\$35,000-\$49,999	352	31.2%	68.8%
\$50,000-\$74,999	454	35.4%	64.6%
\$75,000 or more	1791	45.4%	54.6%
WARD			
Ward 1	310	36.8%	63.2%
Ward 2	343	45.2%	54.8%
Ward 3	691	51.2%	48.8%
Ward 4	566	37.6%	62.4%
Ward 5	443	29.1%	70.9%
Ward 6	465	40.3%	59.7%
Ward 7	415	31.2%	68.8%
Ward 8	337	35.3%	64.7%

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)

Table 25: Pneumococcal Immunization Rates by Demographics and Ward			
A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. "Have you ever had a pneumonia shot?"			
	N	Yes	No
TOTAL	3725	32.5%	67.5%
GENDER/SEX			
Male	1370	34.6%	65.4%
Female	2355	30.9%	69.1%
AGE			
18 to 24	96	31.4%	68.6%
25 to 34	323	22.3%	77.7%
35 to 44	463	21.3%	78.7%
45 to 54	636	29.8%	70.2%
55 to 64	946	29.3%	70.7%
65 or older	1261	63.3%	36.7%
RACE/ETHNICITY			
Caucasian/White	1621	30.0%	70.0%
African American/Black	1701	35.6%	64.4%
Other	188	30.8%	69.2%
Hispanic	142	27.8%	72.2%
EDUCATION			
Less than high school	251	42.0%	58.0%
High school graduate	637	33.1%	66.9%
Some college or technical school	592	36.5%	63.5%
College graduate	2230	27.2%	72.8%
INCOME			
Less than \$15,000	414	35.7%	64.3%
\$15,000-\$24,999	421	36.5%	63.5%
\$25,000-\$34,999	241	30.8%	69.2%
\$35,000-\$49,999	308	39.2%	60.8%
\$50,000-\$74,999	399	31.6%	68.4%
\$75,000 or more	1507	28.6%	71.4%
WARD			
Ward 1	275	23.5%	76.5%
Ward 2	292	33.5%	66.5%
Ward 3	590	29.8%	70.2%
Ward 4	512	30.2%	69.8%
Ward 5	391	35.6%	64.4%
Ward 6	408	30.9%	69.1%
Ward 7	391	42.0%	58.0%
Ward 8	307	32.7%	67.3%

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)

Overweight/Obesity

Healthy People 2020 Objectives

Goal Met: Reduce the proportion of adults who are obese to 30.5%; **the District of Columbia rate is 23.8%.**

Goal Met: Increase the proportion of adults who are at a healthy weight to 33.9%; **the District of Columbia rate is 45.4%.**

It is important to note that while the District of Columbia compared to national rates rank low in obesity, some of the District's wards rank higher than some of the national rates.

According to the 2011 BRFSS, District adults ranked 47th in obesity which is among the lowest in the nation. However, among the District's eight (8) wards, several wards had higher rates than states that rank the highest in obesity in the nation.

BMI is calculated from a person's weight and height and provides a reasonable indicator of body fatness and weight categories that may lead to health problems.¹

Body Mass Index			
BMI between 25 and 29.9 is considered overweight and BMI of 30 or higher is considered obese			
Height	Weight Range	BMI	Considered
5' 9"	124 lbs or less	Below 18.5	Underweight
	125 lbs to 168 lbs	18.5 to 24.9	Healthy weight
	169 lbs to 202 lbs	25.0 to 29.9	Overweight
	203 lbs or more	30 or higher	Obese

District residents were asked about their height and weight to calculate their BMI (Table 26). Overall, 23.7% of District residents were obese.

- Females were more likely than males to be obese, at 28.4%.
- Adults aged 45-54 years were more likely than all other age groups to be obese, at 34.8%.
- African Americans were more likely than all other race/ethnic groups to be obese, at 36.7%.
- Residents with less than a high school education were more likely than all other education subgroups to be obese, at 39.7%.
- Residents with a household income of less than \$15,000 were more likely than all other income subgroups to be obese, at 41.6%.
- Residents who resided in Ward 8 were more likely than all other wards to be obese, at 42%.

¹<http://www.cdc.gov/obesity/adult/defining.html> CDC - Overweight and Obesity – Defining Overweight and Obesity – Accessed November 29, 2012

Overall, 52.9% of District residents were either overweight or obese (Table 27).

- Males were more likely than females to be either overweight or obese, at 53.5%.
- Adults aged 55-64 years old were more likely to be either overweight or obese, at 63.8%.
- African Americans were more likely than all other race/ethnic groups to be either overweight or obese, at 65.6%.
- Residents with less than a high school education were more likely than all other education subgroups to be either overweight or obese, at 64.8%.
- Residents with a household income of less than \$15,000 were more likely than all other income subgroups to be either overweight or obese, at 66.7%.
- Residents who resided in Ward 5 were more likely to be either overweight or obese, at 68.8%.

Table 26: BMI by Demographics and Ward					
Calculated variable based on Body Mass Index (BMI). BMI is a function of respondent's reported height and weight. "Overweight" is equal to a BMI of 25 to 29 and "Obese" is equal to a BMI of 30 or higher.					
	N	Underweight	Normal Weight	Overweight	Obese
TOTAL	4368	1.7%	45.4%	29.1%	23.7%
GENDER/SEX					
Male	1716	*	45.6%	34.9%	18.6%
Female	2652	2.5%	45.2%	23.9%	28.4%
AGE					
18 to 24	123	*	65.7%	22.3%	*
25 to 34	437	*	53.0%	24.7%	20.8%
35 to 44	599	*	43.3%	33.4%	22.0%
45 to 54	759	*	36.2%	28.0%	34.8%
55 to 64	1064	*	35.1%	33.2%	30.6%
65 or older	1386	2.4%	36.7%	34.6%	26.3%
RACE/ETHNICITY					
Caucasian	1938	1.9%	58.5%	28.9%	10.7%
African American	1953	*	33.2%	28.9%	36.7%
Other	232	*	54.5%	27.6%	16.0%
Hispanic	167	*	51.3%	31.6%	13.3%
EDUCATION					
Less than high school	269	*	32.4%	25.1%	39.7%
High school graduate	750	*	35.7%	29.5%	33.0%
Some college or technical school	673	*	39.0%	28.4%	31.0%
College graduate	2665	1.6%	56.2%	30.4%	11.9%
INCOME					
Less than \$15,000	464	*	31.6%	25.1%	41.6%
\$15,000-\$24,999	472	*	34.3%	29.1%	35.3%
\$25,000-\$34,999	277	*	40.1%	28.9%	30.0%
\$35,000-\$49,999	355	*	43.5%	25.6%	27.6%
\$50,000-\$74,999	475	*	46.5%	31.4%	20.3%
\$75,000 or more	1820	*	53.5%	32.9%	12.7%
WARD					
Ward 1	319	*	47.8%	31.7%	18.9%
Ward 2	352	*	61.6%	26.9%	11.1%
Ward 3	697	*	58.9%	26.6%	12.9%
Ward 4	568	*	45.6%	29.1%	23.2%
Ward 5	451	*	30.1%	32.0%	36.8%
Ward 6	480	*	43.8%	33.6%	20.6%
Ward 7	440	*	32.3%	28.2%	39.2%
Ward 8	361	*	32.9%	22.0%	42.0%

*Suppressed if numerator is less than 10 or Relative Standard Error (RSE) is greater than 30

*Suppressed if cell size is less than 50

*Suppressed if CI half width is greater than 10

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)

Table 27: BMI by Demographics and Ward			
Calculated variable based on Body Mass Index (BMI). BMI is a function of respondent's reported height and weight.			
"Overweight" is equal to a BMI of 25 to 29 and "Obese" is equal to a BMI of 30 or higher.			
Residents who are either overweight or obese			
	N	No	Yes
TOTAL	4368	47.1%	52.9%
GENDER/SEX			
Male	1716	46.5%	53.5%
Female	2652	47.7%	52.3%
AGE			
18 to 24	123	69.2%	30.8%
25 to 34	437	54.5%	45.5%
35 to 44	599	44.6%	55.4%
45 to 54	759	37.2%	62.8%
55 to 64	1064	36.2%	63.8%
65 or older	1386	39.1%	60.9%
RACE/ETHNICITY			
Caucasian/White	1939	60.4%	39.6%
African American/Black	1953	34.4%	65.6%
Other	232	56.4%	43.6%
Hispanic	167	55.2%	44.8%
EDUCATION			
Less than high school	269	35.2%	64.8%
High school graduate	750	37.4%	62.6%
Some college or technical school	673	40.5%	59.5%
College graduate	2665	57.8%	42.2%
INCOME			
Less than \$15,000	464	33.3%	66.7%
\$15,000-\$24,999	472	35.6%	64.4%
\$25,000-\$34,999	277	41.1%	58.9%
\$35,000-\$49,999	355	46.8%	53.2%
\$50,000-\$74,999	475	48.3%	51.7%
\$75,000 or more	1820	54.4%	45.6%
WARD			
Ward 1	319	49.4%	50.6%
Ward 2	352	62.0%	38.0%
Ward 3	697	60.5%	39.5%
Ward 4	568	47.6%	52.4%
Ward 5	451	31.2%	68.8%
Ward 6	480	45.8%	54.2%
Ward 7	440	32.7%	67.3%
Ward 8	361	36.0%	64.0%

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)

Physical Activity/Exercise

Healthy People 2020 Objectives

Goal Met: Reduce the proportion of adults who engage in no leisure-time physical activity to 32.6%; **the District of Columbia rate is 19.8%.**

Regular physical activity is essential to good health, especially for individuals who are trying to lose weight or to maintain a healthy weight. Physical activity reduces risks of cardiovascular disease and diabetes beyond that produced by weight reduction alone.¹ Physical activity can reduce high blood pressure, risk for type 2 diabetes, heart attack, stroke, symptoms of anxiety, depression and several forms of cancer. Physical activity can also reduce arthritis pain associated with disability and reduce risk for osteoporosis and falls.¹

District residents were asked if during the past month, other than their job, if they participated in any physical activities or exercise such as running, calisthenics, golf, gardening or walking for exercise (Table 28). Overall, 80.2% of District residents participated in some form of physical activity or exercise within the past 30 days.

- Males were more likely than females to participate in some form of physical activity or exercise within the past 30 days, at 82.3%.
- As age increased, the likelihood of physical activity or exercise decreased. Adults aged 18-24 years old were more likely than all other age groups to participate in some form of physical activity or exercise within the past 30 days, at 91.4%.
- Caucasians were more likely than all other race/ethnic groups to participate in some form of physical activity or exercise within the past 30 days, at 91.4%.
- College graduates were more likely than all other education subgroups to participate in some form of physical activity or exercise within the past 30 days, at 89.2%.
- Residents with a household income of \$75,000 or more were more likely than all other income subgroups to participate in some form of physical activity or exercise within the past 30 days, at 90%.
- Residents who resided in Ward 2 were more likely than all other wards to participate in some form of physical activity or exercise within the past 30 days, at 90.5%.

Overall, 22.1% of District residents were physically inactive (Table 29).

- Females were more likely than males to be physically inactive, at 24.4%.
- Adults aged 65 years or older were more likely than all other age groups to be physically inactive, at 33.4%.
- African Americans were more likely than all other race/ethnic groups to be physically inactive, at 31.9%.

¹http://www.cdc.gov/healthyweight/physical_activity/index.html CDC - Healthy Weight - it's not a diet, it's a lifestyle! – Physical Activity for a Healthy Weight – Accessed November 29, 2012

- Residents with less than a high school education were more likely than all other education subgroups to be physically inactive, at 39.4%.
- Residents with a household income of less than \$15,000 were more likely than all other income subgroups to be physically inactive, at 36.4%
- Residents who resided in Ward 8 were more likely than all other wards to be physically inactive, at 40%.

Table 28: Exercise by Demographics and Ward			
“During the past month, other than your regular job, did you participate in any physical activity or exercise such as running, calisthenics, golf, gardening or walking for exercise?”			
	N	Had physical activity or exercise	No physical activity or exercise in last 30 days
TOTAL	4560	76.4	18.8
GENDER/SEX			
Male	1741	78.7%	16.9%
Female	2819	74.4%	20.5%
AGE			
18 to 24	130	87.9%	8.3%
25 to 34	457	79.2%	14.2%
35 to 44	629	78.8%	17.7%
45 to 54	783	74.6%	21.8%
55 to 64	1117	70.9%	24.1%
65 or older	1444	65.9%	28.8%
RACE/ETHNICITY			
Caucasian/White	1998	89.0%	8.3%
African American/Black	2034	67.0%	26.4%
Other	247	77.2%	20.4%
Hispanic	184	72.7%	22.7%
EDUCATION			
Less than high school	293	63.5%	33.0%
High school graduate	780	66.0%	26.5%
Some college or technical school	712	72.9%	20.1%
College graduate	2756	86.7%	10.5%
INCOME			
Less than \$15,000	487	62.4%	31.1%
\$15,000-\$24,999	494	63.2%	29.9%
\$25,000-\$34,999	283	75.5%	20.7%
\$35,000-\$49,999	372	73.0%	23.5%
\$50,000-\$74,999	485	81.3%	14.4%
\$75,000 or more	1873	87.2%	9.7%
WARD			
Ward 1	328	81.6%	13.7%
Ward 2	363	87.9%	9.2%
Ward 3	722	87.2%	10.5%
Ward 4	595	74.1%	23.1%
Ward 5	470	73.2%	21.1%
Ward 6	497	80.1%	16.9%
Ward 7	464	63.1%	26.7%
Ward 8	377	60.6%	33.2%

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)

Table 29: Exercise/Physical Activity by Demographics and Ward					
Physical Activity Categories					
	N	Highly Active	Active	Insufficiently Active	Inactive
TOTAL	4152	34.4	23.0	20.5	22.1
GENDER/SEX					
Male	1615	37.5%	21.9%	21.2%	19.5%
Female	2537	31.6%	24.1%	19.9%	24.4%
AGE					
18 to 24	115	45.4%	24.6%	19.2%	10.8%
25 to 34	427	30.9%	25.8%	25.9%	17.4%
35 to 44	592	31.1%	26.3%	22.9%	19.7%
45 to 54	733	32.4%	22.1%	20.6%	25.0%
55 to 64	992	33.0%	19.7%	18.7%	28.5%
65 or older	1293	37.2%	17.4%	11.9%	33.4%
RACE/ETHNICITY					
Caucasian/White	1892	39.0%	31.2%	19.8%	10.1%
African American/Black	1795	31.3%	17.1%	19.7%	31.9%
Other	226	38.5%	18.7%	21.2%	21.7%
Hispanic	171	24.8%	20.9%	28.8%	25.5%
EDUCATION					
Less than high school	249	30.1%	15.4%	15.1%	39.4%
High school graduate	681	33.5%	12.9%	21.2%	32.5%
Some college or technical school	627	32.4%	23.4%	19.6%	24.6%
College graduate	2586	36.9%	29.1%	22.1%	11.9%
INCOME					
Less than \$15,000	423	26.4%	18.5%	18.8%	36.4%
\$15,000-\$24,999	446	30.3%	18.1%	16.9%	34.6%
\$25,000-\$34,999	261	30.9%	20.9%	25.8%	22.4%
\$35,000-\$49,999	341	33.1%	21.2%	19.1%	26.6%
\$50,000-\$74,999	443	36.6%	26.5%	17.7%	19.1%
\$75,000 or more	1778	38.0%	29.1%	21.3%	11.5%
WARD					
Ward 1	298	30.4%	20.8%	31.0%	17.8%
Ward 2	337	41.6%	28.7%	19.5%	10.2%
Ward 3	674	41.8%	27.9%	18.2%	12.1%
Ward 4	551	33.2%	22.1%	19.1%	25.7%
Ward 5	431	33.7%	21.2%	19.5%	25.7%
Ward 6	459	31.2%	27.2%	23.0%	18.5%
Ward 7	404	30.0%	20.1%	17.4%	32.6%
Ward 8	330	30.1%	14.0%	15.9%	40.0%

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)

Seatbelt Usage

Motor vehicle crashes are the leading cause of death for people aged 5 – 34 years. Adult seat belt use is the single most effective way to save lives and reduce injuries in crashes. The percentage of adults who always wear seat belts increased from 80% to 85% between 2002 and 2008. Even so, 1 in 7 adults do not wear a seat belt on every trip. Primary enforcement of seat belt laws makes a big difference in encouraging more people to buckle up. In 2010, 19 states--where 1 in 4 adult Americans live--did not have a primary law.¹

District residents were asked how often they use seat belts when they drive or ride in a car (Table 30). Overall, 86.1% District residents always wear a seat belt when riding in a car.

- Females were more likely than males to always wear a seat belt when riding in a car, at 87.7%.
- Adults aged 35-44 years old were more likely than all other age groups to always wear a seat belt when riding in a car, at 91.2%.
- Caucasians were more likely than all other race/ethnic groups to always wear a seat belt when riding in a car, at 88.9%.
- Adults with some college or technical school were more likely than all other education subgroups to always wear a seat belt when riding in a car, at 89.9%.
- Residents with a household income of \$75,000 or more were more likely than all other income subgroups to wear a seatbelt when riding in a car, at 89.5%.
- Residents who resided in Ward 6 were more likely than all other wards to always wear a seatbelt when riding in a car, at 91.2%.

¹<http://www.cdc.gov/vitalsigns/SeatBeltUse/> CDC – Adult Seat Belt Use in the US – Vital Signs – Accessed November 29, 2012

Table 30: Seatbelt Usage by Demographics and Ward			
“How often do you use seat belts when you drive or ride in a car?”			
	N	Always Wear Seat Belt	Don't always wear seat belt
TOTAL	4283	86.1	13.9
GENDER/SEX			
Male	1650	84.4%	15.6%
Female	2633	87.7%	12.3%
AGE			
18 to 24	119	74.5%	25.5%
25 to 34	427	84.3%	15.7%
35 to 44	595	91.2%	8.8%
45 to 54	735	87.3%	12.7%
55 to 64	1057	88.5%	11.5%
65 or older	1350	89.9%	10.1%
RACE/ETHNICITY			
Caucasian/White	1930	88.9%	11.1%
African American/Black	1863	84.9%	15.1%
Other	229	78.9%	21.1%
Hispanic	172	85.0%	15.0%
EDUCATION			
Less than high school	264	79.2%	20.8%
High school graduate	697	81.4%	18.6%
Some college or technical school	656	89.9%	10.1%
College graduate	2651	88.3%	11.7%
INCOME			
Less than \$15,000	441	81.8%	18.2%
\$15,000-\$24,999	454	87.2%	12.8%
\$25,000-\$34,999	263	77.7%	22.3%
\$35,000-\$49,999	353	87.4%	12.6%
\$50,000-\$74,999	458	85.8%	14.2%
\$75,000 or more	1800	89.5%	10.5%
WARD			
Ward 1	310	85.6%	14.4%
Ward 2	347	90.1%	9.9%
Ward 3	694	89.0%	11.0%
Ward 4	567	87.4%	12.6%
Ward 5	447	86.1%	13.9%
Ward 6	469	91.2%	8.8%
Ward 7	417	81.4%	18.6%
Ward 8	338	83.4%	16.6%

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)

Tobacco Use

Healthy People 2020 Objectives

Goal Not Met: Reduce cigarette smoking by adults to 12%; **the District of Columbia rate is 20.8%.**

Goal Not Met: Reduce use of smokeless tobacco products by adults to 0.3%; **the District of Columbia rate is 1.5%.**

Goal Not Met: Increase smoking cessation attempts by adult smoker to 80% (who stopped smoking for one day or longer in the past year because they were trying to quit); **the District of Columbia rate is 62.9%.**

Cigarette smoking over the last several years has seen a decline. Despite great efforts, 1 and 5 deaths occur each year in the United States from cigarette smoking. Cigarette smoking is estimated to cause 443,000 deaths annually (including deaths from secondhand smoke), 49,400 deaths per year from secondhand smoke exposure, 269,655 deaths annually among men and 173,940 deaths annually among women. On average, adults who smoke cigarettes will die 14 years earlier than nonsmokers.¹ Exposure to secondhand smoke—sometimes called environmental tobacco smoke—causes nearly 50,000 deaths each year among adults in the United States. Secondhand smoke causes 3,400 annual deaths from lung cancer and causes 46,000 annual deaths from heart disease.¹

District residents were asked about their frequency of smoking (Table 31). Overall, 12.8% of District residents smoke every day.

- Males were more likely than females to smoke every day, at 15.8%.
- Adults aged 45-54 years were more likely than all other age groups to smoke every day, at 19%.
- African Americans were more likely than all other race/ethnic groups to smoke every day, at 21%.
- Residents with less than a high school education were more likely than all education subgroups to smoke every day, at 33.6%.
- Residents with a household income of less than \$15,000 were more likely than all other income subgroups to smoke every day, at 25.7%.
- Residents who resided in Ward 8 were more likely than all other wards to smoke every day, at 26.1%.

District residents were asked if they smoked at least 100 cigarettes in their lives and if they now smoke every day or some days (Table 32). Overall, 20.8% of District residents are currently smokers.

- Males were more likely than females to be current smokers, at 25.1%.
- Adults aged 45-54 years old were more likely than all other age groups to be current smokers, at 28.9%.
- African Americans were more likely than all other race/ethnic groups to be current smokers, at 30.8%.
- Residents with less than a high school education were more likely than all other education subgroups to be current smokers, at 43.8%.
- Residents with a household income of less than \$15,000 were more likely than all other income

subgroups to be current smokers, at 37.5%.

- Residents who resided in Ward 8 were more likely than all other wards to be current smokers, at 37.1%.

Current smokers were asked if during the past 12 months, if they stopped smoking for one day or more because they were trying to quit (Table 33). Overall, 62.9% of District residents stopped smoking in the past 12 months.

- Females were more likely than males to stop smoking within the past 12 months, at 67.3%.
- Adults aged 35-44 years old were more likely than all other age groups to stop smoking within the past 12 months, at 76.3%.
- African Americans were more likely than all other race/ethnic groups to stop smoking within the past 12 months, at 62.5%.
- Residents who have some college or technical school were more likely than all other education subgroups to stop smoking within the past 12 months, at 70.6%.
- Residents with a household income of \$25,000-\$34,999 were more likely than all other income subgroups to stop smoking within the past 12 months, at 72.4%.
- Residents who resided in Ward 7 were more likely than all other wards to stop smoking within the past 12 months, at 65.2%.

¹<http://www.cdc.gov/chronicdisease/resources/publications/aag/osh.htm> CDC - Chronic Disease Prevention and Health Promotion – Tobacco Use – Targeting the Nation’s Leading Killer – At A Glance 2011 – Accessed November 29, 2012

Table 31: Smoking Status by Demographics and Ward					
Smoking Categories - Every day, Some days former smoker or not at all					
	N	Smokes every day	Smokes some days	Former smoker	Never smoked
TOTAL	4518	12.8%	8.0%	22.0%	57.2%
GENDER/SEX					
Male	1723	15.8%	9.3%	23.2%	51.7%
Female	2795	10.3%	6.8%	20.9%	61.9%
AGE					
18 to 24	127	9.8%	6.2%	4.4%	79.5%
25 to 34	455	16.3%	10.0%	13.5%	60.2%
35 to 44	625	11.8%	6.9%	18.0%	63.2%
45 to 54	777	19.0%	9.8%	24.5%	46.7%
55 to 64	1106	10.7%	9.3%	31.5%	48.5%
65 or older	1428	6.6%	4.3%	43.8%	45.2%
RACE/ETHNICITY					
Caucasian	1981	3.7%	5.9%	27.1%	63.3%
African American	2017	21.0%	9.7%	19.6%	49.6%
Other	244	13.0%	6.8%	14.3%	65.8%
Hispanic	184	8.0%	7.2%	17.9%	66.8%
EDUCATION					
Less than high school	290	33.6%	10.2%	21.8%	34.4%
High school graduate	771	16.6%	10.6%	18.3%	54.5%
Some college or technical school	706	14.6%	9.2%	21.8%	54.4%
College graduate	2732	4.2%	5.6%	23.7%	66.5%
INCOME					
Less than \$15,000	485	25.7%	11.9%	19.4%	43.1%
\$15,000-\$24,999	490	19.2%	10.0%	19.1%	51.8%
\$25,000-\$34,999	283	17.8%	11.0%	19.3%	51.9%
\$35,000-\$49,999	369	14.8%	7.1%	20.5%	57.6%
\$50,000-\$74,999	482	10.8%	4.6%	20.2%	64.4%
\$75,000 or more	1860	4.6%	6.2%	25.9%	63.3%
WARD					
Ward 1	327	9.7%	12.2%	18.9%	59.2%
Ward 2	361	4.3%	3.8%	28.4%	63.6%
Ward 3	709	7.7%	2.8%	29.7%	59.8%
Ward 4	590	12.0%	7.2%	21.4%	59.3%
Ward 5	468	14.7%	9.3%	26.4%	49.7%
Ward 6	497	9.0%	7.2%	27.2%	56.6%
Ward 7	458	20.4%	10.0%	18.0%	51.6%
Ward 8	373	26.1%	11.1%	15.5%	47.3%

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)

Table 32: Current Smoker by Demographics and Ward			
Current Smoker is a calculated variable equal to residents who smoked at least 100 cigarettes in their life and now smoke every day or some days.			
	N	No	Yes
TOTAL	4518	79.2%	20.8%
GENDER/SEX			
Male	1723	74.9%	25.1%
Female	2795	82.9%	17.1%
AGE			
18 to 24	127	83.9%	16.1%
25 to 34	455	73.7%	26.3%
35 to 44	625	81.2%	18.8%
45 to 54	777	71.1%	28.9%
55 to 64	1106	80.0%	20.0%
65 or older	1428	89.0%	11.0%
RACE/ETHNICITY			
Caucasian	1981	90.4%	9.6%
African American	2017	69.2%	30.8%
Other	244	80.2%	19.8%
Hispanic	184	84.8%	15.2%
EDUCATION			
Less than high school	290	56.2%	43.8%
High school graduate	771	72.8%	27.2%
Some college or technical school	706	76.2%	23.8%
College graduate	2732	90.3%	9.7%
INCOME			
Less than \$15,000	485	62.5%	37.5%
\$15,000-\$24,999	490	70.9%	29.1%
\$25,000-\$34,999	283	71.2%	28.8%
\$35,000-\$49,999	369	78.1%	21.9%
\$50,000-\$74,999	482	84.5%	15.5%
\$75,000 or more	1860	89.2%	10.8%
WARD			
Ward 1	328	78.1%	21.9%
Ward 2	361	92.0%	8.0%
Ward 3	709	89.5%	10.5%
Ward 4	590	80.8%	19.2%
Ward 5	468	76.0%	24.0%
Ward 6	497	83.8%	16.2%
Ward 7	458	69.6%	30.4%
Ward 8	373	62.9%	37.1%

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)

Table 33: Quit Attempts by Demographics and Ward			
“During the past 12 month, have you stopped smoking for one day or longer because you were trying to quit smoking?”			
	N	Yes	No
TOTAL	688	62.9%	37.1%
GENDER/SEX			
Male	292	59.4%	40.6%
Female	396	67.3%	32.7%
AGE			
18 to 24	17	*	*
25 to 34	91	54.3%	45.7%
35 to 44	86	76.3%	23.7%
45 to 54	177	57.6%	42.4%
55 to 64	184	69.2%	30.8%
65 or older	133	63.7%	36.3%
RACE/ETHNICITY			
Caucasian	146	56.9%	43.1%
African American	458	62.5%	37.5%
Other	41	*	*
Hispanic	27	*	*
EDUCATION			
Less than high school	97	54.1	45.9
High school graduate	205	67.2	32.8
Some college or technical school	150	70.6	29.4
College graduate	233	61.0	39.0
INCOME			
Less than \$15,000	163	58.3	41.7
\$15,000-\$24,999	120	66.7	33.3
\$25,000-\$34,999	61	72.4	27.6
\$35,000-\$49,999	65	65.4	34.6
\$50,000-\$74,999	55	69.9	30.1
\$75,000 or more	152	61.9	38.1
WARD			
Ward 1	59	62.6	37.4
Ward 2	24	80.8	19.2
Ward 3	48	50.6	49.4
Ward 4	82	51.8	48.2
Ward 5	81	59.8	40.2
Ward 6	57	65.2	34.8
Ward 7	110	66.5	33.5
Ward 8	113	59.4	40.6

*Suppressed if numerator is less than 10 or Relative Standard Error (RSE) is greater than 30

*Suppressed if cell size is less than 50

*Suppressed if CI half width is greater than 10

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)



CHRONIC HEALTH CONDITIONS



Arthritis Burden

Healthy People 2020 Objectives

Goal Met: Reduce the mean level of joint pain among adults with doctor-diagnosed arthritis to 5.0 mean level; **the District of Columbia mean rate is 4.97%.**

Goal Not Met: Reduce the proportion of adults with doctor-diagnosed arthritis who experience a limitation in activity due to arthritis or joint system to 35.5%; **the District of Columbia rate is 52.8%.**

In the United States, arthritis is the most common cause of disability limiting the activities of nearly 21 million adults. Improving the quality of life for individuals affected by arthritis and other rheumatic conditions is critical in arthritis self-management activities designed to improve the quality of life for people with arthritis.¹

District residents were asked if they had ever been told by a doctor or other health professional that they had some form of arthritis, rheumatoid arthritis, gout, lupus or fibromyalgia (Table 34). Overall, 20.9% of District residents have arthritis.

- Females were more likely than males to have arthritis, at 23.9%.
- As age increases so did the likelihood that residents would have arthritis.
- African Americans were more likely than all other race/ethnic groups to have arthritis, at 27.9%.
- Residents with less than a high school education were more likely than all other education subgroups to have arthritis, at 34.5%.
- Residents with a household income of \$15,000-\$24,999 were more likely than all other income subgroups to have arthritis, at 30.9%.
- Residents who resided in Ward 8 were more likely than all other wards to have arthritis, at 28.7%.

District residents were asked if they were limited in any way in any of their usual activities because of arthritis or joint symptoms (Table 35). Overall, 52.8% of residents with arthritis are limited because of joint symptoms.

- Females were more likely than males with arthritis to be limited because of joint symptoms, at 55.4%.
- Adults aged 45-54 years old were more likely than all other age groups with arthritis to be limited because of joint symptoms, at 63.7%.
- Race/ethnic category group “Other” were more likely than all other race/ethnic groups with arthritis to be limited because of joint symptoms, at 68.6%.
- Residents with less than a high school education were more likely than all other education subgroups with arthritis to be limited because of joint symptoms, at 68.9%.
- Residents with a household income of less than \$15,000 were more likely than all other income subgroups with arthritis to be limited because of joint symptoms, at 70%.
- Residents who resided in Ward 8 were more likely than all other wards with arthritis to be limited because of joint symptoms, at 65.8%.

District residents were asked if their arthritis or joint symptoms affect their work, the type of work they do or the amount of work they do (Table 36). Overall, 34.9% of District residents with arthritis were more likely to indicate that arthritis or joint symptoms affect their work, the type of or amount of work they do.

- Females were more likely than males with arthritis to indicate that arthritis or joint symptoms affect their work, the type of or amount of work they do, at 35.8%.
- Adults aged 45-54 years old were more likely than all age groups with arthritis to indicate that arthritis or joint symptoms affect their work, the type of or amount of work they do, at 45%.
- Residents of race/ethnic category group “Other” were more likely than all race/ethnic groups to indicate that arthritis or joint symptoms affect their work, the type of or amount of work they do, at 58.9%.
- Residents with less than a high school education were more likely than all other education subgroups to indicate that arthritis or joint symptoms affect their work, the type of or amount of work they do, at 52.9%.
- Residents with a household income less than \$15,000 were more likely than all other income subgroups to indicate that arthritis or joint symptoms affect their work, the type of or amount of work they do, at 57.2%.
- Residents who resided in Ward 8 were more likely than all other wards to indicate that arthritis or joint symptoms affect their work, the type of or amount of work they do, at 54.2%.

District residents were asked to what extent their arthritis or joint symptoms interfered with their normal social activities (Table 37). Overall, 24.1% of District residents indicated that a lot of their social activities were limited due to joint symptoms.

- Females were more likely than males to indicate that a lot of their social activities were limited due to joint symptoms, at 27.1%.
- Adults aged 45-54 years old were more likely than all other age groups to indicate that a lot of their social activities were limited due to joint symptoms, at 37.2%.
- African Americans were more likely than all other race/ethnic groups to indicate that a lot of their social activities are limited due to joint symptoms, at 30.8%.
- Residents with less than a high school education were more likely than all other education subgroups to indicate that a lot of their social activities were limited due to joint symptoms, at 40.6%.
- Residents with a household income of less than \$15,000 were more likely than all other income subgroups to indicate that a lot of their social activities were limited due to joint symptoms, at 54.9%.
- Residents who resided in Ward 8 were more likely than all other wards to indicate that a lot of their social activities were limited due to joint symptoms, at 34.6%.

¹<http://www.cdc.gov/arthritis/> CDC – Arthritis – Accessed November 29, 2012

Table 34: Prevalence of Arthritis by Demographics and Ward			
“Has a doctor, nurse or other health professional ever told you that you have some form of arthritis, rheumatoid arthritis, gout, lupus or fibromyalgia?”			
	N	Diagnosed with arthritis	Not diagnosed with arthritis
TOTAL	4536	20.9%	79.1%
GENDER/SEX			
Male	1738	17.5%	82.5%
Female	2798	23.9%	76.1%
AGE			
18 to 24	128	*	96.7%
25 to 34	456	6.3%	93.7%
35 to 44	627	9.1%	90.9%
45 to 54	781	23.5%	76.5%
55 to 64	1108	39.9%	60.1%
65 or older	1436	53.0%	47.0%
RACE/ETHNICITY			
Caucasian/White	1988	13.9%	86.1%
African American/Black	2025	27.9%	72.1%
Other	244	14.6%	85.4%
Hispanic	183	15.4%	84.6%
EDUCATION			
Less than high school	292	34.5%	65.5%
High school graduate	776	24.1%	75.9%
Some college or technical school	708	24.2%	75.8%
College graduate	2742	14.0%	86.0%
INCOME			
Less than \$15,000	484	29.7%	70.3%
\$15,000-\$24,999	492	30.9%	69.1%
\$25,000-\$34,999	280	24.8%	75.2%
\$35,000-\$49,999	371	16.7%	83.3%
\$50,000-\$74,999	484	17.8%	82.2%
\$75,000 or more	1867	13.9%	86.1%
WARD			
Ward 1	327	17.5%	82.5%
Ward 2	363	21.9%	78.1%
Ward 3	718	17.6%	82.4%
Ward 4	594	25.4%	74.6%
Ward 5	467	24.3%	75.7%
Ward 6	492	21.7%	78.3%
Ward 7	462	27.9%	72.1%
Ward 8	374	28.7%	71.3%

*Suppressed if numerator is less than 10 or Relative Standard Error (RSE) is greater than 30

*Suppressed if cell size is less than 50

*Suppressed if CI half width is greater than 10

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)

Table 35: Limited by Joint Symptoms by Demographics and Ward			
“Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?”			
	N	Yes	No
TOTAL	1291	52.8%	47.2%
GENDER/SEX			
Male	413	48.7%	51.3%
Female	878	55.4%	44.6%
AGE			
18 to 24	2	*	-
25 to 34	18	*	*
35 to 44	52	46.0%	54.0%
45 to 54	163	63.7%	36.3%
55 to 64	386	50.2%	49.8%
65 or older	670	47.9%	52.1%
RACE/ETHNICITY			
Caucasian/White	448	44.0%	56.0%
African American/Black	730	57.1%	42.9%
Other	53	68.6%	31.4%
Hispanic	35	*	*
EDUCATION			
Less than high school	139	68.9%	31.1%
High school graduate	278	51.9%	48.1%
Some college or technical school	233	55.2%	44.8%
College graduate	636	40.5%	59.5%
INCOME			
Less than \$15,000	189	70.0%	30.0%
\$15,000-\$24,999	208	62.8%	37.2%
\$25,000-\$34,999	88	36.2%	63.8%
\$35,000-\$49,999	113	38.3%	61.7%
\$50,000-\$74,999	140	51.0%	49.0%
\$75,000 or more	368	35.5%	64.5%
WARD			
Ward 1	83	49.8%	50.2%
Ward 2	105	42.4%	57.6%
Ward 3	173	40.8%	59.2%
Ward 4	204	46.4%	53.6%
Ward 5	142	52.9%	47.1%
Ward 6	135	53.5%	46.5%
Ward 7	171	55.0%	45.0%
Ward 8	136	65.8%	34.2%

*Suppressed if numerator is less than 10 or Relative Standard Error (RSE) is greater than 30

*Suppressed if cell size is less than 50

*Suppressed if CI half width is greater than 10

-Zero response

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)

Table 36: Arthritis Affect Whether you Work by Demographics and Ward			
“Do arthritis or joint symptoms now affect whether you work, the type of work you do or the amount of work you do?”			
	N	Yes	No
TOTAL	1269	34.9%	65.1%
GENDER/SEX			
Male	409	33.4%	66.6%
Female	860	35.8%	64.2%
AGE			
18 to 24	2	*	*
25 to 34	18	*	*
35 to 44	52	28.2%	71.8%
45 to 54	158	45.0%	55.0%
55 to 64	379	35.9%	64.1%
65 or older	660	27.4%	72.6%
RACE/ETHNICITY			
Caucasian/White	448	12.3%	87.7%
African American/Black	712	42.5%	57.5%
Other	52	58.9%	41.1%
Hispanic	32	*	*
EDUCATION			
Less than high school	139	52.9%	47.1%
High school graduate	267	42.7%	57.3%
Some college or technical school	224	38.9%	61.1%
College graduate	634	13.8%	86.2%
INCOME			
Less than \$15,000	182	57.2%	42.8%
\$15,000-\$24,999	201	50.1%	49.9%
\$25,000-\$34,999	84	38.1%	61.9%
\$35,000-\$49,999	110	22.1%	77.9%
\$50,000-\$74,999	142	27.0%	73.0%
\$75,000 or more	366	9.8%	90.2%
WARD			
Ward 1	81	33.3%	66.7%
Ward 2	103	15.6%	84.4%
Ward 3	174	11.8%	88.2%
Ward 4	196	37.2%	62.8%
Ward 5	144	34.2%	65.8%
Ward 6	131	30.1%	69.9%
Ward 7	167	39.2%	60.8%
Ward 8	133	54.2%	45.8%

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*Suppressed if cell size is less than 50

*Suppressed if CI half width is greater than 10

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)

Table 37: Social Activities Limited because of Joint Symptoms by Demographics and Ward “During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities such as going shopping to the movies, or to religious or social gatherings?”				
	N	A lot	A little	Not at all
TOTAL	1292	24.1%	25.2%	50.7%
GENDER/SEX				
Male	410	19.5%	21.0%	59.4%
Female	882	27.1%	27.8%	45.1%
AGE				
18 to 24	2	-	*	*
25 to 34	18	*	*	*
35 to 44	53	12.7%	33.8%	53.5%
45 to 54	161	37.2%	19.2%	43.6%
55 to 64	383	25.2%	22.2%	52.6%
65 or older	675	19.3%	27.8%	52.9%
RACE/ETHNICITY				
Caucasian/White	455	8.0%	23.6%	68.4%
African American/Black	726	30.8%	26.7%	42.5%
Other	54	36.1%	17.7%	46.2%
Hispanic	32	*	*	*
EDUCATION				
Less than high school	136	40.6%	28.4%	31.1%
High school graduate	277	32.1%	24.4%	43.5%
Some college or technical school	231	24.3%	27.5%	48.2%
College graduate	642	7.4%	21.4%	71.2%
INCOME				
Less than \$15,000	185	54.9%	18.9%	26.2%
\$15,000-\$24,999	208	30.6%	31.1%	38.3%
\$25,000-\$34,999	87	18.5%	24.8%	56.7%
\$35,000-\$49,999	111	13.6%	23.9%	62.5%
\$50,000-\$74,999	142	7.4%	29.4%	63.2%
\$75,000 or more	371	3.6%	24.9%	71.5%
WARD				
Ward 1	83	23.1%	15.2%	61.7%
Ward 2	105	21.7%	8.8%	69.5%
Ward 3	177	6.6%	22.8%	70.6%
Ward 4	204	21.0%	21.8%	57.3%
Ward 5	145	25.6%	17.5%	56.9%
Ward 6	134	24.0%	25.3%	50.7%
Ward 7	170	25.7%	36.1%	38.2%
Ward 8	131	34.6%	31.0%	34.3%

*Suppressed if numerator is less than 10 or Relative Standard Error (RSE) is greater than 30

*Suppressed if cell size is less than 50

*Suppressed if CI half width is greater than 10

-Zero response

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)

Asthma

Asthma is a lifelong disease that causes wheezing, breathlessness, chest tightness, and coughing. It can limit a person's quality of life. The number of people diagnosed with asthma grew by 4.3 million from 2001 to 2009. From 2001 through 2009, asthma rates rose the most among black children, almost a 50% increase.¹ In 2007, asthma was linked to 3,447 deaths (about 9 per day) in the U.S. Asthma costs in the U.S. grew from about \$53 billion in 2002 to about \$56 billion in 2007, about a 6% increase.¹

District residents were asked if they had ever been told by a doctor, nurse or other health professional that they have asthma (Table 38). Overall, 15.8% of District residents were told by a health professional they have asthma.

- Females were more likely than males to be told by a health professional they have asthma, at 17.3%.
- Residents aged 25-35 years old were more likely than all other age groups to be told by a health professional they have asthma, at 19.7%.
- Race/ethnic group Other were more likely than all other race/ethnic groups to be told by a doctor, nurse or other health professional they have asthma, at 19.1%
- Residents with less than a high school education were more likely than all other education subgroups to be told by a doctor, nurse or other health professional they have asthma, at 19.2%.
- Residents with a household income of less than \$15,000 were more likely than all other income subgroups to be told by a doctor, nurse or other health professional they have asthma, at 22%.
- Residents who resided in Wards 7 and 8 were more likely than all other wards to be told by a doctor, nurse or other health professional they have asthma, at 21.7%.

District residents were asked if they were told at some point in their lifetime that they had asthma (Table 39). Overall, 10.1% of District residents currently have asthma.

- Females were more likely than males to currently have asthma, at 12.2%.
- Adults aged 18-24 and 35-44 years old were more likely than all other age groups to currently have asthma, at 91.9% and 91.8%, respectively.
- African Americans were more likely than all other race/ethnic groups to currently have asthma, at 13.3%
- Residents with less than a high school education were more likely than all other education subgroups to currently have asthma, at 13.7%.
- Residents with a household income of \$15,000-\$24,999 were more likely than all other education subgroups to currently have asthma, at 17.9%.
- Residents who resided in Ward 8 were more likely than all other wards to currently have asthma, at 16.1%.

District residents who have been told by a doctor or health professional they had asthma and still have asthma and formerly or never having been told they had asthma (Table 40). Overall, 10.1% of District residents currently have asthma.

- Females were more likely than males to currently have asthma, at 12.2%.
- Adults aged 18-24 and 35-44 years old were more likely than all other age groups to currently have asthma, at 91.9% and 91.8%, respectively.
- African Americans were more likely than all other race/ethnic groups to currently have asthma, at 13.3%.
- Residents with less than a high school education were more likely than all other education subgroups to currently have asthma, at 13.7%.
- Residents with a household income of \$15,000-\$24,999 were more likely than all other education subgroups currently have asthma, at 17.9%.
- Residents who resided in Ward 8 were more likely than all other wards to currently have asthma, at 16.1%.

¹<http://www.cdc.gov/vitalsigns/Asthma/> CDC – Asthma in the US – Vital Signs – Accessed November 29, 2012

Table 38: Lifetime Asthma by Demographics and Ward			
Residents who have been told sometime in their lifetime by a doctor, or health professional they have asthma.			
	N	No	Yes
TOTAL	4549	84.2%	15.8%
GENDER/SEX			
Male	1740	85.8%	14.2%
Female	2809	82.7%	17.3%
AGE			
18 to 24	130	87.8%	12.2%
25 to 34	456	80.3%	19.7%
35 to 44	628	86.6%	13.4%
45 to 54	780	81.2%	18.8%
55 to 64	1114	83.7%	16.3%
65 or older	1441	87.4%	12.6%
RACE/ETHNICITY			
Caucasian/White	1994	87.3%	12.7%
African American/Black	2028	81.6%	18.4%
Other	247	80.9%	19.1%
Hispanic	184	87.7%	12.3%
EDUCATION			
Less than high school	293	80.8%	19.2%
High school graduate	778	83.2%	16.8%
Some college or technical school	709	82.8%	17.2%
College graduate	2750	86.2%	13.8%
INCOME			
Less than \$15,000	485	77.9%	22.1%
\$15,000-\$24,999	493	78.6%	21.4%
\$25,000-\$34,999	283	86.4%	13.6%
\$35,000-\$49,999	372	83.9%	16.1%
\$50,000-\$74,999	485	87.3%	12.7%
\$75,000 or more	1870	86.1%	13.9%
WARD			
Ward 1	328	82.8%	17.2%
Ward 2	360	85.6%	14.4%
Ward 3	719	87.9%	12.1%
Ward 4	593	85.1%	14.9%
Ward 5	470	83.9%	16.1%
Ward 6	496	84.7%	15.3%
Ward 7	464	78.3%	21.7%
Ward 8	376	78.4%	21.6%

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)

Table 39: Current Asthma by Demographics and Ward			
Residents who have been told sometime in their lifetime by a doctor or health professional that they had and still have asthma.			
	N	No	Yes
TOTAL	4528	89.9%	10.1%
GENDER/SEX			
Male	1733	92.3%	7.7%
Female	2795	87.8%	12.2%
AGE			
18 to 24	128	91.9%	*
25 to 34	454	90.1%	9.9%
35 to 44	624	91.8%	8.2%
45 to 54	778	86.4%	13.6%
55 to 64	1108	88.0%	12.0%
65 or older	1436	90.9%	9.1%
RACE/ETHNICITY			
Caucasian/White	1990	93.9%	6.1%
African American/Black	2016	86.7%	13.3%
Other	247	88.4%	11.6%
Hispanic	181	90.3%	9.7%
EDUCATION			
Less than high school	291	86.3%	13.7%
High school graduate	774	87.4%	12.6%
Some college or technical school	704	87.8%	12.2%
College graduate	2740	93.0%	7.0%
INCOME			
Less than \$15,000	481	84.6%	15.4%
\$15,000-\$24,999	492	82.1%	17.9%
\$25,000-\$34,999	281	89.8%	10.2%
\$35,000-\$49,999	371	90.1%	9.9%
\$50,000-\$74,999	483	93.3%	6.7%
\$75,000 or more	1865	92.4%	7.6%
WARD			
Ward 1	327	87.2%	12.8%
Ward 2	360	90.6%	9.4%
Ward 3	717	93.1%	6.9%
Ward 4	590	88.6%	11.4%
Ward 5	468	88.6%	11.4%
Ward 6	495	89.7%	10.3%
Ward 7	459	86.3%	13.7%
Ward 8	375	83.9%	16.1%

*Suppressed if numerator is less than 10 or Relative Standard Error (RSE) is greater than 30

*Suppressed if cell size is less than 50

*Suppressed if CI half width is greater than 10

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)

Table 40: Computed Asthma Status by Demographics and Ward				
Residents who have been told by a doctor or health professional they had asthma and still have asthma and formerly or never having been told they had asthma				
	N	Current	Former	Never
TOTAL	4528	10.1%	5.1%	84.8%
GENDER/SEX				
Male	1733	7.7%	5.9%	86.4%
Female	2795	12.2%	4.5%	83.3%
AGE				
18 to 24	128	8.1%	2.2%	89.7%
25 to 34	454	9.9%	9.6%	80.5%
35 to 44	624	8.2%	4.5%	87.3%
45 to 54	778	13.6%	4.9%	81.5%
55 to 64	1108	12.0%	3.7%	84.3%
65 or older	1436	9.1%	3.2%	87.6%
RACE/ETHNICITY				
Caucasian/White	1990	6.1%	6.4%	87.4%
African American/Black	2016	13.3%	4.2%	82.6%
Other	247	11.6%	7.5%	80.9%
Hispanic	181	9.7%	1.6%	88.7%
EDUCATION				
Less than high school	291	13.7%	4.6%	81.7%
High school graduate	774	12.6%	3.4%	84.0%
Some college or technical school	704	12.2%	4.1%	83.7%
College graduate	2740	7.0%	6.5%	86.5%
INCOME				
Less than \$15,000	481	15.4%	5.8%	78.8%
\$15,000-\$24,999	492	17.9%	3.5%	78.7%
\$25,000-\$34,999	281	10.2%	3.0%	86.8%
\$35,000-\$49,999	371	9.9%	6.0%	84.1%
\$50,000-\$74,999	483	6.7%	5.9%	87.4%
\$75,000 or more	1865	7.6%	6.1%	86.4%
WARD				
Ward 1	327	12.8%	4.1%	83.1%
Ward 2	360	9.4%	5.0%	85.6%
Ward 3	717	6.9%	5.1%	88.0%
Ward 4	590	11.4%	3.4%	85.3%
Ward 5	468	11.4%	4.4%	84.2%
Ward 6	495	10.3%	4.9%	84.7%
Ward 7	459	13.7%	7.0%	79.4%
Ward 8	375	16.1%	5.5%	78.4%

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)

Cancer

Cancer is the second leading cause of death in the District of Columbia and United States exceeded only by heart disease.¹ Cancer also ranks sixth in hospital admissions in the District.¹ In 2008, more than 565,000 people died of cancer, and more than 1.48 million people had a diagnosis of cancer, according to the 1999-2008 United States Cancer Statistics Incidence and Mortality Web-based Report.²

District residents were asked if they had ever been told by a doctor, nurse or other health professional that they have cancer, other than skin cancer (Table 41). Overall, 4.7% of District residents were told they had another type of cancer.

- Females were more likely than males to be told they had cancer, at 5.6%.
- As age increased so did the likelihood of residents being diagnosed with cancer.
- African Americans were more likely than all other race/ethnic groups to be told they had cancer, at 5.3%.
- Residents with less than a high school education were more likely than all other education subgroups to be told they had cancer, at 6.5%.
- Residents with a household income of less than \$15,000 were more likely than all other income subgroups to be told they had cancer, at 5.6%.
- Residents who resided in Ward 7 were more likely than all other wards to be told they had cancer, at 7%.

¹ 2010 Leading Causes of Death and Hospital Admissions - Research and Analysis Division and State Health Development, Centers for Policy, Planning and Evaluation, DC Department of Health and the Hospital Association

²<http://www.cdc.gov/chronicdisease/resources/publications/AAG/dpc.htm> CDC - Chronic Disease Prevention and Health Promotion – Cancer – Addressing The Cancer Burden At A Glance – Accessed November 29, 2012

Table 41: Prevalence of Cancer by Demographics and Ward			
“Other than skin cancer have you ever been told by a doctor, nurse or health professional that you have cancer?”			
	N	Yes	No
TOTAL	4550	4.7%	95.3%
GENDER/SEX			
Male	1740	3.6%	96.4%
Female	2809	5.6%	94.4%
AGE			
18 to 24	130	-	100.0%
25 to 34	456	*	98.9%
35 to 44	628	*	98.1%
45 to 54	783	5.0%	95.0%
55 to 64	1113	8.1%	91.9%
65 or older	1440	14.3%	85.7%
RACE/ETHNICITY			
Caucasian/White	1996	4.3%	95.7%
African American/Black	2030	5.3%	94.7%
Other	246	4.5%	95.5%
Hispanic	183	*	97.1%
EDUCATION			
Less than high school	292	6.5%	93.5%
High school graduate	778	3.8%	96.2%
Some college or technical school	710	4.2%	95.8%
College graduate	2752	4.8%	95.2%
INCOME			
Less than \$15,000	486	5.6%	94.4%
\$15,000-\$24,999	493	4.9%	95.1%
\$25,000-\$34,999	282	4.2%	95.8%
\$35,000-\$49,999	372	4.3%	95.7%
\$50,000-\$74,999	483	4.2%	95.8%
\$75,000 or more	1873	4.4%	95.6%
WARD			
Ward 1	328	4.8%	95.2%
Ward 2	363	4.0%	96.0%
Ward 3	719	5.0%	95.0%
Ward 4	595	5.0%	95.0%
Ward 5	469	4.8%	95.2%
Ward 6	497	4.8%	95.2%
Ward 7	462	7.0%	93.0%
Ward 8	376	5.5%	94.5%

*Suppressed if numerator is less than 10 or Relative Standard Error (RSE) is greater than 30

*Suppressed if cell size is less than 50

*Suppressed if CI half width is greater than 10

- Zero response

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)

Cardiovascular Diseases

In the District of Columbia heart disease and cerebrovascular disease are the first and fourth leading causes of death respectively. Heart disease and cerebrovascular disease are the second and ninth leading causes of hospital admissions in the District.¹ In the United States, the most common type of heart disease is coronary artery disease (CAD), which can lead to a heart attack.²

District residents were asked if a health professional had ever told them that they had a heart attack (Table 42). Overall, 3.4% of District residents had a heart attack.

- Males were more likely than females to have a heart attack, at 3.8%.
- Adults aged 65 years or older were more likely than all other age groups to have a heart attack, at 10.6%.
- African Americans were more likely than Caucasians to have heart attack, at 4.9%.
- Residents who had less than a high school education were more likely than all other education subgroups to have a heart attack, at 7.6%.
- Residents with a household income of \$15,000-\$25,999 were more likely than all other income subgroups to have a heart attack, at 6.7%.
- Residents who resided in Ward 8 were more likely than all other wards to have a heart attack, at 6.2%.

District residents were asked if a health professional had ever told them that they had a coronary heart disease (Table 43). Overall, 3% of District of residents had coronary heart disease.

- Males were more likely than females to have coronary heart disease, at, 3.6%.
- Adults aged 65 years or older were more likely than all other age groups to have coronary heart disease, at 10%%.
- African Americans were more likely than Caucasians to have coronary heart disease, at 3.6%.
- Residents with less than a high school education were more likely than all other education subgroups to have coronary heart disease, at 5.2%.
- Residents with a household income less than \$15,000 and \$15,000-\$24,999 were more likely than all other income subgroups to have coronary heart disease, at 5%.
- Residents who resided in Ward 8 were more likely than all other wards to have coronary heart disease, at 5%.

District residents were asked if a health professional had ever told them that they had a stroke (Table 44). Overall, 3.7% of District residents had a stroke.

- Females were more likely than males to have a stroke, at 4%.
- Adults aged 65 years or older were more likely than all other age groups to have a stroke, at 10.7%.
- African Americans were more likely than Caucasians to have a stroke, at 5.5%.

- Residents with less than a high school education were more likely than all other education subgroups to have a stroke, at 8%.
- Residents with a household income less than \$15,000 and \$15,000-\$24,999 were more likely than all other income subgroups to have a stroke, at 6.9%.
- Residents who resided in Ward 7 were more likely than all other wards to have a stroke, at 6.7%.

¹ 2010 Leading Causes of Death and Hospital Admissions - Research and Analysis Division and State Health Development, Centers for Policy, Planning and Evaluation, DC Department of Health and the Hospital Association

²http://www.cdc.gov/heartdisease/coronary_ad.htm CDC - Heart Disease - Coronary Artery Disease (CAD) – Accessed November 29, 2012

Table 42: Heart Attack by Demographics and Ward			
“Has a doctor, nurse or other health professional ever told you that you had a heart attack?”			
	N	Yes	No
TOTAL	4536	3.4%	96.6%
GENDER/SEX			
Male	1732	3.8%	96.2%
Female	2804	3.0%	97.0%
AGE			
18 to 24	129	*	98.5%
25 to 34	456	*	100.0%
35 to 44	627	*	98.0%
45 to 54	778	2.8%	97.2%
55 to 64	1112	5.4%	94.6%
65 or older	1434	10.6%	89.4%
RACE/ETHNICITY			
Caucasian/White	1994	1.2%	98.8%
African American/Black	2019	4.9%	95.1%
Other	245	*	95.9%
Hispanic	183	*	95.7%
EDUCATION			
Less than high school	289	7.6%	92.4%
High school graduate	774	5.3%	94.7%
Some college or technical school	710	3.2%	96.8%
College graduate	2746	1.3%	98.7%
INCOME			
Less than \$15,000	478	5.4%	94.6%
\$15,000-\$24,999	491	6.7%	93.3%
\$25,000-\$34,999	281	*	97.1%
\$35,000-\$49,999	371	*	95.0%
\$50,000-\$74,999	485	1.2%	98.8%
\$75,000 or more	1870	1.2%	98.8%
WARD			
Ward 1	325	2.2%	97.8%
Ward 2	362	2.4%	97.6%
Ward 3	719	2.3%	97.7%
Ward 4	595	3.2%	96.8%
Ward 5	466	4.2%	95.8%
Ward 6	494	2.4%	97.6%
Ward 7	464	5.0%	95.0%
Ward 8	373	6.2%	93.8%

*Suppressed if numerator is less than 10 or Relative Standard Error (RSE) is greater than 30

*Suppressed if cell size is less than 50

*Suppressed if CI half width is greater than 10

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)

Table 43: Diagnosed with Angina or Coronary Heart Disease by Demographics and Ward “Has a doctor, nurse or other health professional ever told you that you had a heart attack?”			
	N	Yes	No
TOTAL	4522	3.0%	97.0%
GENDER/SEX			
Male	1729	3.6%	96.4%
Female	2793	2.4%	97.6%
AGE			
18 to 24	129	-	100.0%
25 to 34	457	*	99.7%
35 to 44	626	*	99.1%
45 to 54	780	2.6%	97.4%
55 to 64	1108	6.0%	94.0%
65 or older	1419	10.1%	89.9%
RACE/ETHNICITY			
Caucasian/White	1985	1.9%	98.1%
African American/Black	2013	3.6%	96.4%
Other	244	5.0%	95.0%
Hispanic	184	*	96.6%
EDUCATION			
Less than high school	282	5.2%	94.8%
High school graduate	773	4.5%	95.5%
Some college or technical school	709	2.6%	97.4%
College graduate	2741	1.8%	98.2%
INCOME			
Less than \$15,000	479	5.1%	94.9%
\$15,000-\$24,999	488	5.0%	95.0%
\$25,000-\$34,999	281	*	97.9%
\$35,000-\$49,999	368	*	98.1%
\$50,000-\$74,999	483	2.1%	97.9%
\$75,000 or more	1868	1.7%	98.3%
WARD			
Ward 1	322	1.4%	98.6%
Ward 2	354	2.9%	97.1%
Ward 3	718	3.8%	96.2%
Ward 4	593	4.3%	95.7%
Ward 5	464	3.8%	96.2%
Ward 6	493	1.9%	98.1%
Ward 7	461	2.4%	97.6%
Ward 8	375	5.0%	95.0%

-zero response

*Suppressed if numerator is less than 10 or Relative Standard Error (RSE) is greater than 30

*Suppressed if cell size is less than 50

*Suppressed if CI half width is greater than 10

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)

Table 44: Diagnosed with a Stroke by Demographics and Ward			
“Has a doctor, nurse or other health professional ever told you that you had a stroke?”			
	N	Yes	No
TOTAL	4547	3.7%	96.3%
GENDER/SEX			
Male	1735	3.2%	96.8%
Female	2812	4.1%	95.9%
AGE			
18 to 24	129	-	100.0%
25 to 34	456	*	99.3%
35 to 44	629	*	97.4%
45 to 54	781	3.8%	96.2%
55 to 64	1114	5.8%	94.2%
65 or older	1438	10.7%	89.3%
RACE/ETHNICITY			
Caucasian/White	1994	1.2%	98.8%
African American/Black	2027	5.5%	94.5%
Other	246	3.8%	96.2%
Hispanic	184	*	95.6%
EDUCATION			
Less than high school	292	8.1%	91.9%
High school graduate	776	5.2%	94.8%
Some college or technical school	711	4.6%	95.4%
College graduate	2750	1.3%	98.7%
INCOME			
Less than \$15,000	483	6.9%	93.1%
\$15,000-\$24,999	493	6.9%	93.1%
\$25,000-\$34,999	283	*	96.8%
\$35,000-\$49,999	371	2.2%	97.8%
\$50,000-\$74,999	484	2.0%	98.0%
\$75,000 or more	1871	1.0%	99.0%
WARD			
Ward 1	327	2.8%	97.2%
Ward 2	362	1.8%	98.2%
Ward 3	720	1.9%	98.1%
Ward 4	595	3.7%	96.3%
Ward 5	470	5.3%	94.7%
Ward 6	495	3.2%	96.8%
Ward 7	462	6.7%	93.3%
Ward 8	375	5.8%	94.2%

-Zero response

*Suppressed if numerator is less than 10 or Relative Standard Error (RSE) is greater than 30

*Suppressed if cell size is less than 50

*Suppressed if CI half width is greater than 10

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)

Chronic Obstructive Pulmonary Disease

Chronic lower respiratory diseases, primarily chronic obstructive pulmonary disease (COPD) are the fifth leading cause of death and hospital admissions in the District of Columbia in 2010.^{1,2} In 2005, COPD caused an estimated 126,005 U.S. deaths in people older than 25 years. This was an 8% increase from 116,494 in the year 2000. For women, the number of deaths related to COPD in 2005 was 65,193, while for men it was 60,812.

COPD, refers to a group of diseases that cause airflow blockage and breathing-related problems. It includes emphysema, chronic bronchitis, and in some cases asthma. In the United States, tobacco use is a key factor in the development and progression of COPD, but asthma, exposure to air pollutants in the home and workplace, genetic factors, and respiratory infections also play a role.²

District residents were asked if they had ever been told by a doctor, nurse or other health professional that they had COPD (Table 45). Overall, 4.6% of residents were told they have chronic obstructive pulmonary disease (COPD).

- Females were more likely than males to have COPD, at 5.7%
- As age increased so did the likelihood that residents would be diagnosed with COPD.
- African Americans were more likely than Caucasians to have COPD, at 6.8%.
- Residents with less than a high school education were more likely than all other education subgroups to have COPD, at 10%.
- Residents with a household income of less than \$15,000 were more likely than all other income subgroups to have COPD, at 11.3%.
- Residents who resided in Ward 8 were more likely than all other wards to have COPD, at 8%.

¹ 2010 Leading Causes of Hospital Admissions - State Health Development, Centers for Policy, Planning and Evaluation, DC Department of Health and the Hospital Association

² 2010 Leading Causes of Deaths - Data Management and Analysis Division, Centers for Policy, Planning and Evaluation, DC Department of Health

³<http://www.cdc.gov/copd/> CDC – Chronic Obstructive Pulmonary Disease (COPD) – Accessed November 29, 2012

Table 45: Prevalence of Chronic Obstructive Pulmonary Disease (COPD)			
“Has a doctor, nurse or other health professional ever told you that you had COPD?”			
	N	Yes	No
TOTAL	4534	4.6%	95.4%
GENDER/SEX			
Male	1732	3.4%	96.6%
Female	2802	5.7%	94.3%
AGE			
18 to 24	130	*	97.7%
25 to 34	454	*	97.9%
35 to 44	626	*	97.9%
45 to 54	779	6.4%	93.6%
55 to 64	1113	8.4%	91.6%
65 or older	1432	8.1%	91.9%
RACE/ETHNICITY			
Caucasian/White	1989	2.1%	97.9%
African American/Black	2023	6.8%	93.2%
Other	246	5.0%	95.0%
Hispanic	182	*	95.8%
EDUCATION			
Less than high school	287	10.0%	90.0%
High school graduate	775	7.1%	92.9%
Some college or technical school	708	3.6%	96.4%
College graduate	2745	2.5%	97.5%
INCOME			
Less than \$15,000	484	11.3%	88.7%
\$15,000-\$24,999	492	6.8%	93.2%
\$25,000-\$34,999	280	*	95.6%
\$35,000-\$49,999	372	*	97.2%
\$50,000-\$74,999	482	1.8%	98.2%
\$75,000 or more	1867	2.1%	97.9%
WARD			
Ward 1	325	4.4%	95.6%
Ward 2	717	1.8%	98.2%
Ward 3	594	2.0%	98.0%
Ward 4	469	4.2%	95.8%
Ward 5	494	5.5%	94.5%
Ward 6	461	7.0%	93.0%
Ward 7	461	5.7%	94.3%
Ward 8	376	8.0%	92.0%

*Suppressed if numerator is less than 10 or Relative Standard Error (RSE) is greater than 30

*Suppressed if cell size is less than 50

*Suppressed if CI half width is greater than 10

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)

Depression

Depression is a mental illness that can be costly and debilitating to sufferers. Depression can adversely affect the course and outcome of common chronic conditions, such as arthritis, asthma, cardiovascular disease, cancer, diabetes, and obesity. Depression also can result in increased work absenteeism, short-term disability, and decreased productivity.¹ A tough situation such as a natural disaster, the loss of a loved one, or financial distress can trigger or increase depression and anxiety²

District residents were asked if they have ever been told by a doctor, nurse or other health professional that they have a depressive disorder (Table 46). Overall, 16% of District residents have a depressive disorder.

- Females were more likely than males to have a depressive disorder, at 17.9%.
- Residents aged 45-54 years were more likely than all other age groups to have a depressive disorder, at 21%.
- Caucasians were more likely than all other race/ethnic groups to have depressive disorder, at 18%.
- Residents with less than a high school education were more likely than all other education subgroups to have a depressive disorder, at 22.7%.
- Residents with a household income of less than \$15,000 were more likely than all other income subgroups to have a depressive disorder, at 28.6%.
- Residents who resided in Ward 6 were more likely than all other wards to have a depressive disorder, at 19.6%.

¹<http://www.cdc.gov/Features/dsDepression/> CDC Features – An Estimated 1 in 10 US Adults Report Depression

²<http://www.cdc.gov/Features/Depression/> - CDC Features – Treatment Works: Get Help for Depression and Anxiety – Accessed November 29, 2012

Table 46: Prevalence of Depression by Demographics and Ward			
“ Has a doctor, nurse or other health professional ever told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?”			
	N	Yes	No
TOTAL	4534	16.0%	84.0%
GENDER/SEX			
Male	1736	13.9%	86.1%
Female	2798	17.9%	82.1%
AGE			
18 to 24	129	*	89.4%
25 to 34	456	16.2%	83.8%
35 to 44	626	15.2%	84.8%
45 to 54	780	21.1%	78.9%
55 to 64	1109	19.7%	80.3%
65 or older	1434	12.9%	87.1%
RACE/ETHNICITY			
Caucasian/White	1989	18.0%	82.0%
African American/Black	2022	15.4%	84.6%
Other	246	17.2%	82.8%
Hispanic	183	8.5%	91.5%
EDUCATION			
Less than high school	289	22.7%	77.3%
High school graduate	774	14.4%	85.6%
Some college or technical school	710	14.4%	85.6%
College graduate	2744	15.6%	84.4%
INCOME			
Less than \$15,000	481	28.6%	71.4%
\$15,000-\$24,999	493	15.3%	84.7%
\$25,000-\$34,999	282	13.0%	87.0%
\$35,000-\$49,999	371	11.0%	89.0%
\$50,000-\$74,999	483	11.3%	88.7%
\$75,000 or more	1869	15.5%	84.5%
WARD			
Ward 1	326	16.6%	83.4%
Ward 2	362	18.5%	81.5%
Ward 3	716	14.5%	85.5%
Ward 4	593	11.4%	88.6%
Ward 5	467	16.3%	83.7%
Ward 6	493	19.6%	80.4%
Ward 7	463	14.6%	85.4%
Ward 8	374	17.0%	83.0%

*Suppressed if numerator is less than 10 or Relative Standard Error (RSE) is greater than 30

*Suppressed if cell size is less than 50

*Suppressed if CI half width is greater than 10

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)

Diabetes

Healthy People 2020 Objectives

Goal Not Met: Increase the proportion of persons with diabetes who receive formal diabetes education to 62.5%; **the District of Columbia rate is 52.9%.**

Goal Met: Increase the proportion of adults with diabetes who have a glycosylated hemoglobin measurement (A1C) at least once a year to 71.1%; **the District of Columbia rate is 84.3%.**

Goal Met: Increase the proportion of persons with diabetes who have an annual dilated eye examination to 58.7%; **the District of Columbia rate is 81.9%.**

Goal Met: Increase the proportion of adults with diabetes who have at least an annual foot examination to 74.8%; **the District of Columbia rate is 76.9%.**

In the District of Columbia diabetes is the sixth leading cause of death and the seventh leading cause of hospital admissions.¹ Diabetes is the seventh leading cause of death in the United States. As of 2010, 25.8 million people—8.3% of the U.S. population—have diabetes; 1.9 million new cases of diabetes were diagnosed in people aged 20 years or older in 2010.²

Diabetes is a disease in which blood glucose levels are above normal. Most of the food individuals eat is turned into glucose, or sugar, for our bodies to use for energy. The pancreas, an organ that lies near the stomach, makes a hormone called insulin to help glucose get into the cells of our bodies. When someone has diabetes, your body either does not make enough insulin or cannot use its own insulin as well as it should. Diabetes can cause serious health complications including heart disease, blindness, kidney failure, and lower-extremity amputations.³

District residents were asked if they have ever been told by a doctor, nurse or other health professional that they have diabetes (Table 47). Overall, 9.1% of District residents have diabetes.

- Males were slightly more likely than females to have diabetes, at 9.3%.
- As age increased so did the likelihood of residents having diabetes.
- African Americans were more likely than all other race/ethnic groups to have diabetes, at 15%.
- Residents with less than a high school education were more likely than all other education subgroups to have diabetes, at 19.2%.
- Residents with a household income of less than \$15,000 and \$15,000-\$24,999 were more likely than all other income subgroups to have diabetes, at 15.5%.
- Residents who resided in Ward 8 were more likely than all other wards to have diabetes, at 20.4%.

District residents were asked if they had a test for high blood sugar or diabetes within the past three years (Table 48). Overall, 61.6% of District residents had a test for high blood sugar or diabetes within the past three years.

- Females were more likely than males to have a test for high blood sugar or diabetes within the past three years, at 63.4%.
- Adults aged 65 years or older were more likely than all other age groups to have had a test for high

blood sugar or diabetes within the past three years, at 72.5%.

- African Americans were more likely than all other race/ethnic groups to have had a test for high blood sugar or diabetes within the past three years, at 65.9%.
- Residents with some college/technical school were more likely than all other education subgroups to have had a test for high blood sugar or diabetes within the past three years, at 66%.
- Residents with a household income of \$50,000-\$74,999 were more likely than all other income subgroups to have had a test for high blood sugar or diabetes within the past three years.
- Residents who resided in Ward 7 were more likely than all other wards to have had a test for high blood sugar or diabetes within the past three years, at 68.4%.

District residents were asked if they have ever been told by a doctor, nurse or other health professional that they have pre-diabetes (Table 49). Overall, 6.1% of District residents were told they have pre-diabetes or borderline diabetes.

- Females and males were equally as likely to be diagnosed with pre-diabetes, at 6%.
- As age increased so did the likelihood of residents being diagnosed with pre-diabetes.
- African Americans were more likely than Caucasians to be diagnosed with pre-diabetes, at 7.8%.
- High school graduates were more likely than all other education subgroups to be told they have pre-diabetes, at 8.5%.
- Residents with a household income of \$15,000-\$24,999 were more likely than all other income subgroups to be told they have pre-diabetes, at 11.8%.
- Residents who resided in Wards 5 and 6 were more likely than all other wards to be told they have pre-diabetes, at 9%.

¹ 2010 Leading Causes of Death and Hospital Admissions - Research and Analysis Division and State Health Development, Centers for Policy, Planning and Evaluation, DC Department of Health and the Hospital Association

²<http://www.cdc.gov/diabetes/consumer/learn.htm> CDC - Diabetes Public Health Resource – Basics About Diabetes – Accessed November 29, 2012

³<http://www.cdc.gov/diabetes/consumer/research.htm> Diabetes Public Health Resource - Diabetes Research and Statistics – Accessed November 29, 2012

Table 47: Prevalence of Diabetes by Demographics and Ward					
“Has a doctor, nurse or other health professional ever told you that you have diabetes?”					
	N	Yes	Yes, but female told only during pregnancy	No	No, pre-diabetes or borderline diabetes
TOTAL	4551	9.1%	0.7%	89.0%	1.2%
GENDER/SEX					
Male	1739	9.3%	-	89.6%	1.1%
Female	2812	9.0%	*	88.5%	1.3%
AGE					
18 to 24	129	-	*	96.9%	2.2%
25 to 34	456	2.7%	*	95.8%	0.9%
35 to 44	628	5.3%	*	93.8%	0.1%
45 to 54	782	10.5%	*	87.9%	0.8%
55 to 64	1116	17.6%	*	80.8%	1.5%
65 or older	1440	22.6%	*	74.5%	2.2%
RACE/ETHNICITY					
Caucasian/White	1997	2.8%	*	96.4%	0.4%
African American/Black	2030	15.0%	*	83.2	1.2%
Other	244	8.6%	*	86.4%	4.7%
Hispanic	184	5.4%	*	89.8%	2.6%
EDUCATION					
Less than high school	292	19.2%	*	77.7%	2.9%
High school graduate	777	13.4%	*	85.1%	1.1%
Some college or technical school	710	9.7%	*	88.2%	0.8%
College graduate	2754	4.0%	0.6%	94.5%	0.9%
INCOME					
Less than \$15,000	485	15.4%	*	82.5%	1.1%
\$15,000-\$24,999	492	15.5%	*	81.1%	2.1%
\$25,000-\$34,999	282	11.3%	*	86.6%	2.0%
\$35,000-\$49,999	371	10.2%	*	87.0%	2.7%
\$50,000-\$74,999	485	7.1%	*	90.6	2.0%
\$75,000 or more	1873	3.3%	*	95.8%	0.4%
WARD					
Ward 1	326	4.8%	*	92.4%	2.5%
Ward 2	362	4.0%	*	95.5%	0.4%
Ward 3	721	4.4%	*	94.0%	1.3%
Ward 4	594	9.6%	*	87.7%	0.4%
Ward 5	469	12.6%	*	85.9%	1.4%
Ward 6	495	8.4%	*	90.2%	0.7%
Ward 7	463	13.5%	*	83.0%	3.3%
Ward 8	377	20.4%	*	78.6%	0.5%

*Suppressed if numerator is less than 10 or Relative Standard Error (RSE) is greater than 30

*Suppressed if cell size is less than 50

*Suppressed if CI half width is greater than 10

-Zero response

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)

Table 48: Pre-Diabetes by Demographics and Ward			
“Have you had a test for high blood sugar or diabetes within the past three years?”			
	N	Yes	No
TOTAL	3311	61.6%	38.4%
GENDER/SEX			
Male	1211	59.0%	41.0%
Female	2100	63.4%	36.6%
AGE			
18 to 24	67	28.1%	71.9%
25 to 34	246	53.8%	46.2%
35 to 44	458	61.6%	38.4%
45 to 54	594	68.6%	31.4%
55 to 64	850	70.9%	29.1%
65 or older	1096	72.5%	27.5%
RACE/ETHNICITY			
Caucasian/White	1549	57.7%	42.3%
African American/Black	1382	65.9%	34.1%
Other	173	63.0%	37.0%
Hispanic	122	56.2%	43.8%
EDUCATION			
Less than high school	174	59.6%	40.4%
High school graduate	515	61.0%	39.0%
Some college or technical school	497	66.0%	34.0%
College graduate	2109	60.2%	39.8%
INCOME			
Less than \$15,000	284	60.6%	39.4%
\$15,000-\$24,999	332	62.3%	37.7%
\$25,000-\$34,999	183	66.5%	33.5%
\$35,000-\$49,999	264	66.1%	33.9%
\$50,000-\$74,999	1498	68.0%	32.0%
\$75,000 or more	1498	62.8%	37.2%
WARD			
Ward 1	243	55.1%	44.9%
Ward 2	283	62.5%	37.5%
Ward 3	583	54.5%	45.5%
Ward 4	456	67.5%	32.5%
Ward 5	327	62.9%	37.1%
Ward 6	381	66.2%	33.8%
Ward 7	310	68.4%	31.6%
Ward 8	239	64.7%	35.3%

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)

Table 49: Pre-Diabetes by Demographics and Ward				
“Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?”				
	N	Yes	Yes, during pregnancy	No
TOTAL	3522	6.1%	*	92.9%
GENDER/SEX				
Male	1309	6.2%	-	93.8%
Female	2213	6.1%	*	92.2%
AGE				
18 to 24	72	-	*	97.5%
25 to 34	265	4.4%	*	95.5%
35 to 44	495	3.0%	*	96.0%
45 to 54	623	7.4%	*	91.5%
55 to 64	905	9.1%	*	89.6%
65 or older	1162	11.1%	*	88.3%
RACE/ETHNICITY				
Caucasian/White	1708	4.7%	*	94.8%
African American/Blacks	1423	7.8%	*	90.6%
Other	179	8.9%	*	89.8%
Hispanic	128	3.0%	-	97.0%
EDUCATION				
Less than high school	177	9.2%	*	90.5%
High school graduate	531	8.5%	*	90.2%
Some college or technical school	515	6.3%	*	91.3%
College graduate	2283	4.5%	*	95.0%
INCOME				
Less than \$15,000	292	7.5%	*	91.8%
\$15,000-\$24,999	338	11.8%	*	87.5%
\$25,000-\$34,999	193	7.9%	*	90.5%
\$35,000-\$49,999	277	4.7%	*	93.8%
\$50,000-\$74,999	365	6.8%	*	92.6%
\$75,000 or more	1620	5.3%	*	93.4%
WARD				
Ward 1	262	4.9%	*	94.5%
Ward 2	302	6.1%	*	93.4%
Ward 3	641	5.9%	*	93.6%
Ward 4	475	5.8%	*	90.8%
Ward 5	346	9.0%	*	89.9%
Ward 6	412	9.1%	*	90.4%
Ward 7	317	7.0%	*	91.9%
Ward 8	243	7.5%	*	92.0%

*Suppressed if numerator is less than 10 or Relative Standard Error (RSE) is greater than 30

*Suppressed if cell size is less than 50

*Suppressed if CI half width is greater than 10

-Zero response

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)

Kidney Disease

Chronic kidney disease (CKD) is a condition in which the kidneys are damaged and cannot filter blood as well as possible. This damage can cause wastes to build up in the body and lead to other health problems, including cardiovascular disease (CVD), anemia, and bone disease. People with early CKD tend not to feel any symptoms. The only ways to detect CKD are through a blood test to estimate kidney function and a urine test to assess kidney damage. CKD is usually an irreversible and progressive disease and can lead to kidney failure, also called End Stage Renal Disease (ESRD), over time if it is not treated.¹

District residents were asked if they had ever been told by a doctor, nurse or other health professional that they have kidney disease (Table 50). Overall, 2.7% of District residents have kidney disease.

- Males were slightly more likely than females to have kidney disease, at 2.8%.
- Residents aged 55-64 years were more likely than all other age groups to have kidney disease, at 5.5%.
- African Americans were more likely than all other race/ethnic groups to have kidney disease, at 3.8%.
- Residents with less than a high school education were more likely than all other education subgroups to have kidney disease, at 5.7%.
- Residents with a household income of less than \$15,000 were more likely than households of \$15,000-\$24,999 and all other income subgroups to have kidney disease, at 5.3%.
- Residents who resided in Ward 8 were more likely than all other wards to have kidney disease, at 5.3%.

¹<http://www.cdc.gov/diabetes/pubs/factsheets/kidney.htm> CDC - Diabetes Public Health Resource – National Chronic Kidney Disease Fact Sheet 2010 – Accessed November 29, 2012

Table 50: Prevalence of Kidney Disease by Demographics and Ward			
“Has a doctor, nurse or other health professional ever told you that you have kidney disease?”			
Do not include kidney stones, bladder infection or incontinence.			
	N	Yes	No
TOTAL	4545	2.7%	97.3%
GENDER/SEX			
Male	1736	2.8%	97.2%
Female	2809	2.6%	97.4%
AGE			
18 to 24	129	*	99.6%
25 to 34	457	*	99.7%
35 to 44	628	*	97.5%
45 to 54	783	3.3%	96.7%
55 to 64	1111	5.5%	94.5%
65 or older	1437	5.3%	94.7%
RACE/ETHNICITY			
Caucasian/White	1993	1.3%	98.7%
African American/Black	2031	3.8%	96.2%
Other	243	4.3%	95.7%
Hispanic	183	*	98.4%
EDUCATION			
Less than high school	291	5.7%	94.3%
High school graduate	777	3.1%	96.9%
Some college or technical school	709	2.2%	97.8%
College graduate	2750	1.8%	98.2%
INCOME			
Less than \$15,000	486	5.3%	94.7%
\$15,000-\$24,999	489	5.2%	94.8%
\$25,000-\$34,999	282	*	98.5%
\$35,000-\$49,999	371	*	98.0%
\$50,000-\$74,999	485	0.9%	99.1%
\$75,000 or more	1872	1.5%	98.5%
WARD			
Ward 1	325	1.1%	98.9%
Ward 2	361	2.0%	98.0%
Ward 3	720	2.3%	97.7%
Ward 4	594	3.0%	97.0%
Ward 5	468	2.5%	97.5%
Ward 6	495	2.4%	97.6%
Ward 7	463	3.3%	96.7%
Ward 8	377	5.3%	94.7%

*Suppressed if numerator is less than 10 or Relative Standard Error (RSE) is greater than 30

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*Suppressed if CI half width is greater than 10

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)

Skin Cancer

Skin cancer is the most common form of cancer in the United States. In the U.S. in 2008, 59,695 people were diagnosed with melanomas of the skin and 8,623 people died from the disease.¹

District residents were asked if they had ever been told by a doctor, nurse or other health professional that they had skin cancer (Table 51). Overall, 2.8% of District residents were told they had skin cancer.

- There were no differences between gender 2.9% - 2.8%, respectively.
- Residents who were told they had skin cancer increased with age.
- Caucasians were more likely to be told by a doctor, nurse or other health professional they had skin cancer, at 6.6%.
- College graduates were more likely than all other education subgroups to be told by a doctor, nurse or other health professional they had skin cancer, at 5.2%.
- Residents with a household income of \$75,000 or more were more likely than all other income subgroups to be told by a doctor, nurse or other health professional they had skin cancer, at 5%.
- Residents who resided in Ward 3 were more likely than all other wards to be told by a doctor, nurse or other health professional they had skin cancer, at 6.8%.

¹<http://www.cdc.gov/cancer/skin/> - CDC – Skin Cancer – Accessed November 29, 2012

Table 51: Prevalence of Skin Cancer by Demographics and Ward			
“Has your doctor, nurse or other health professional ever told you that you had skin cancer?”			
	N	Yes	No
TOTAL	4553	2.8%	97.2%
GENDER/SEX			
Male	1739	2.9%	97.1%
Female	2814	2.8%	97.2%
AGE			
18 to 24	130	*	99.5%
25 to 34	456	*	99.3%
35 to 44	629	*	99.4%
45 to 54	783	2.5%	97.5%
55 to 64	1116	5.0%	95.0%
65 or older	1439	9.2%	90.8%
RACE/ETHNICITY			
Caucasian/White	1994	6.6%	93.4%
African American/Black	2033	*	99.7%
Other	247	*	99.5%
Hispanic	183	*	98.0%
EDUCATION			
Less than high school	292	*	99.5%
High school graduate	779	*	99.4%
Some college or technical school	711	1.5%	98.5%
College graduate	2752	5.2%	94.8%
INCOME			
Less than \$15,000	487	*	99.4%
\$15,000-\$24,999	494	*	98.6%
\$25,000-\$34,999	283	*	99.3%
\$35,000-\$49,999	372	*	96.9%
\$50,000-\$74,999	483	2.6%	97.4%
\$75,000 or more	1870	5.0%	95.0%
WARD			
Ward 1	328	2.2%	97.8%
Ward 2	363	5.5%	94.5%
Ward 3	719	6.8%	93.2%
Ward 4	595	3.4%	96.6%
Ward 5	470	1.6%	98.4%
Ward 6	497	4.5%	95.5%
Ward 7	463	0.6%	99.4%
Ward 8	377	0.6%	99.4%

*Suppressed if numerator is less than 10 or Relative Standard Error (RSE) is greater than 30

*Suppressed if cell size is less than 50

*Suppressed if CI half width is greater than 10

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)

Vision or Eye Problems

Approximately 14 million individuals aged 12 years and older have visual impairment, among which more than 80% could be corrected to good vision with refractive correction.¹ As of 2004, blindness or low vision affects more than 3.3 million Americans aged 40 years and older; this number is predicted to double by 2030 due to the increasing epidemics of diabetes and other chronic diseases and our rapidly aging U.S. population.¹

District residents were asked if they had ever been told by a doctor, nurse or other health professional that they had vision or eye problems (Table 52). Overall, 16.3% of District residents have a vision or eye problem.

- Females were slightly more likely than males to have a vision or eye problem, at 16.4%.
- Adults aged 65 years or older were more likely than all other age groups to have a vision or eye problem, at 32.4%.
- Residents of race category group “Other”^{*} were more likely than all other race/ethnic groups to have a vision or eye problem, at 19.1%.
- Residents who have less than a high school education were more likely than all other education subgroups to have a vision or eye problem, at 27.1%.
- Residents with a household income of less than \$15,000 were more likely than all other income subgroups to have a vision or eye problem, at 21.2%.
- Residents who resided in Ward 8 were more likely than all other wards to have a vision or eye problem, at 22.2%.

^{*}Race/ethnic group Other = Asian, Native Hawaiian, Other Pacific Islander, American Indian, Alaska Native or other

¹http://www.cdc.gov/visionhealth/basic_information/fast_facts.htm CDC - Vision Health Initiative (VHI) – Fast Facts – Accessed November 29, 2012

Table 52: Vision or Eye Problems by Demographics and Ward				
“Has a doctor, nurse or other health professional ever told you that you have a vision impairment in one or both eyes, even when wearing glasses?”				
	N	Yes	No	Respondent is blind
TOTAL	4487	16.3%	83.6%	*
GENDER/SEX				
Male	1718	16.1%	83.8%	*
Female	2769	16.4%	83.5%	*
AGE				
18 to 24	128	13.0%	87.0%	*
25 to 34	451	6.8%	93.2%	*
35 to 44	621	11.2%	88.8%	*
45 to 54	776	17.5%	82.4%	*
55 to 64	1097	22.9%	77.0%	*
65 or older	1414	32.4%	67.2%	*
RACE/ETHNICITY				
Caucasian	1967	13.0%	86.9%	*
African American	2004	18.3%	81.6%	*
Other	240	19.1%	80.6%	*
Hispanic	183	17.9%	82.1%	*
EDUCATION				
Less than high school	289	27.1%	72.8%	*
High school graduate	769	15.1%	84.8%	*
Some college or technical school	699	15.7%	84.2%	*
College graduate	2712	13.9%	86.1%	*
INCOME				
Less than \$15,000	480	21.2%	78.8%	*
\$15,000-\$24,999	486	20.2%	79.5%	*
\$25,000-\$34,999	280	14.6%	85.4%	*
\$35,000-\$49,999	369	15.7%	84.1%	*
\$50,000-\$74,999	474	13.7%	86.2%	*
\$75,000 or more	1850	13.0%	86.9%	*
WARD				
Ward 1	324	13.0%	87.0%	*
Ward 2	354	13.1%	86.8%	*
Ward 3	707	13.9%	86.0%	*
Ward 4	593	20.8%	78.8%	*
Ward 5	462	20.1%	79.9%	*
Ward 6	489	13.3%	86.6%	*
Ward 7	456	17.6%	82.3%	*
Ward 8	371	22.2%	77.5%	*

*Suppressed if numerator is less than 10 or Relative Standard Error (RSE) is greater than 30

*Suppressed if cell size is less than 50

*Suppressed if CI half width is greater than 10

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)



Illicit Drug Use



Marijuana Use

In 2010, marijuana was the most commonly used illicit drug with 17.4 million current users¹ It is made up of dried parts of the Cannabis sativa hemp plant.² When smoked, it begins to affect users almost immediately and can last for one to three hours. When it is eaten in food, such as baked in brownies and cookies, the onset of effects take longer, but usually last longer.²

The short-term effects of marijuana include:

- Distorted perception (sights, sounds, time, touch)
- Problems with memory and learning
- Loss of coordination
- Trouble with thinking and problem-solving
- Increased heart rate, reduced blood pressure
- Sometimes marijuana use can also produce anxiety, fear, distrust, or panic.

Note: Studies continue to determine long-term effects of marijuana use.

District residents were asked if they ever, even once used marijuana (Table 53). Overall, 51% of District residents have used marijuana at least once.

- Males were more likely than females to use marijuana at least once, at 58.6%.
- Adults aged 45-54 years were more likely than all other age groups to use marijuana at least once, at 59.8%.
- Caucasians were more likely than all other race/ethnic groups to use marijuana at least once, at 60%.
- College graduates were more likely than all other education subgroups to use marijuana at least once, at 58%.
- District residents with a household income of \$75,000 or more were more likely than all other income subgroups to use marijuana at least once, at 60.3%.
- Residents who resided in Ward 6 were more likely than all other wards to use marijuana at least once, at 60.2%.

District residents were asked if they currently use marijuana every day, some days or not at all (Table 54). Overall, 11.7% of District residents use marijuana every day or some days.

- Males were more likely than females to use marijuana every day or some days, at 13.1%.
- Adults aged 25-34 years old were more likely than all other age groups to use marijuana every day or some days, at 14.3%.
- African Americans were more likely than all other race/ethnic groups to use marijuana every day or some days, at 12.0%.
- Residents with some college or technical school were more likely than all other education subgroups to use marijuana every day or some days, at 19.1%.
- Residents with a household income of less than \$15,000 were more likely than all other income subgroups to use marijuana every day or some days, at 17.1%.

¹Source: Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings (Substance Abuse and Mental Health Administration Web Site).

²About.com Alcoholism. The Health Effects of Marijuana. <http://alcoholism.about.com/od/pot/a/effects.-Lya.htm> Accessed March 4, 2013

Table 53. Marijuana Use by Demographics and Ward			
“Have you ever, even once used marijuana?”			
	N	Yes	No
TOTAL	3608	51.6%	48.4%
GENDER			
Male	1333	58.6%	41.4%
Female	2275	46.3%	53.7%
AGE			
18 to 24	62	48.1%	51.9%
25 to 34	236	55.2%	44.8%
35 to 44	468	55.8%	44.2%
45 to 54	616	59.8%	40.2%
55 to 64	949	59.2%	40.8%
65 or older	1277	32.6%	67.4%
RACE			
Caucasian/White	1673	60.0%	40.0%
African American/Black	1571	45.6%	54.4%
Other	170	37.3%	62.7%
Hispanic	124	49.8%	50.2%
EDUCATION			
Less than high school	198	40.4%	59.6%
High school graduate	565	44.3%	55.7%
Some college or technical school	563	48.7%	51.3%
College graduate	2273	58.0%	42.0%
INCOME			
Less than \$15,000	345	48.1%	51.9%
\$15,000-\$24,999	378	43.2%	56.8%
\$25,000-\$34,999	213	39.4%	60.6%
\$35,000-\$49,999	298	48.9%	51.1%
\$50,000-\$74,999	372	47.3%	52.7%
\$75,000 or more	1595	60.3%	39.7%
WARD			
Ward 1	258	58.0%	42.0%
Ward 2	300	57.1%	42.9%
Ward 3	627	56.3%	43.7%
Ward 4	497	52.1%	47.9%
Ward 5	378	44.8%	55.2%
Ward 6	408	60.2%	39.8%
Ward 7	359	45.4%	54.6%
Ward 8	272	44.8%	55.2%

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)

Table. 54 Marijuana Use by Demographics and Ward			
“Do you now use marijuana every day, some days or not at all?”			
TOTAL	N	Every day/Some Days	Not At All
	1765	11.7%	88.3%
GENDER			
Male	772	13.1%	86.9%
Female	993	10.3%	89.7%
AGE			
18 to 24	28	*	*
25 to 34	126	14.3%	85.7%
35 to 44	252	12.1%	87.9%
45 to 54	371	7.4%	92.6%
55 to 64	573	6.5%	93.5%
65 or older	415	3.0%	97.0%
RACE			
Caucasian/White	997	10.0%	90.0%
African American/Black	611	12.0%	88.0%
Other	71	*	83.9%
Hispanic	60	*	82.8%
EDUCATION			
Less than high school	66	*	87.1%
High school graduate	204	13.8%	86.2%
Some college or technical school	229	19.1%	80.9%
College graduate	1264	8.2%	91.8%
INCOME			
Less than \$15,000	149	17.1%	82.9%
\$15,000-\$24,999	133	*	84.7%
\$25,000-\$34,999	81	*	87.9%
\$35,000-\$49,999	132	*	83.9%
\$50,000-\$74,999	170	*	89.3%
\$75,000 or more	963	7.5%	92.5%

*Suppressed if numerator is less than 10 or Relative Standard Error (RSE) is greater than 30

*Suppressed if cell size is less than 50

*Suppressed if CI half width is greater than 10

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)

Cocaine, Crack and Heroin

In 2010, there were 637,000 persons aged 12 years or older who had used cocaine for the first time within the past 12 months; this averages to approximately 1,700 initiates per day.¹ Cocaine is a stimulant made from processing leaves of the coca plant and usually comes in powder form. Cocaine can be ‘cut’ or mixed with other substances including glucose, lactose and baking powder. In the early 1980s, a potent, smokable form of cocaine known as “crack” was developed.² Since smoking crack cocaine was less expensive and also provided a more immediate and intense effect than inhaling powder cocaine,² crack rapidly became the most commonly used form of the drug in the United States.²

In 2010, there were 140,000 persons aged 12 years or older who had used heroin for the first time within the past 12 months.³ Heroin is an addictive drug that is processed from morphine and usually appears as a white or brown powder or as a black, sticky substance. It is injected, snorted, or smoked.⁴ Heroin is one of a group of drugs called ‘opioids’. Other opioids include opium, morphine, codeine, pethidine, oxycodone, buprenorphine and methadone. Opioids are depressants, which mean they slow down the body’s central nervous system.⁴

Short-term effects of heroin include a surge of euphoria and clouded thinking followed by alternately wakeful and drowsy states. Heroin depresses breathing, thus, overdose can be fatal. Users who inject the drug risk infectious diseases such as HIV/AIDS and hepatitis.⁴

District residents were asked if they had ever, even once used any form of cocaine such as powder, crack-freebase or heroin (Table 55). Overall, 16.2% of District residents used either cocaine, crack or heroin at least once.

- Males were more likely than females to use either cocaine, crack or heroin at least once, at 21.9%.
- Adults aged 45-54 years old were more likely than all other age groups to use either cocaine, crack or heroin at least once, at 21.9%.
- Caucasians were more likely than all other race/ethnic groups to use either cocaine, crack or heroin at least once, at 18.6%.
- Adults with less than a high school education were more likely than all other education subgroups to use either cocaine, crack or heroin at least once, at 21.9%.
- Residents with a household income less than \$15,000 were more likely than all other income subgroups to use either cocaine, crack or heroin at least once, at 21.9%.
- Residents who resided in Ward 1 were more likely than all other wards to use either cocaine, crack or heroin at least once, at 21.9%.

¹ Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings. Substance Abuse and Mental Health Services Administration. <http://www.samhsa.gov/data/NSDUH/2k10ResultsRev/NSDUHresultsRev2010.htm#5.4>

²National Institute on Drug Abuse. Crack/Cocaine. <http://www.drugabuse.gov/drugs-abuse/heroin> Accessed March 4, 2013

³National Survey on Drug Use and Health (Substance Abuse and Mental Health Administration Web Site).

⁴National Institute on Drug Abuse. Heroin <http://www.drugabuse.gov/drugs-abuse/heroin> Accessed March 4, 2013

Table 55. Cocaine, Crack and Heroin Use by Demographics and Ward			
“Have you ever, even once used any form of cocaine, such as powder, crack freebase or heroin?”			
TOTAL	N	Yes	No
	3611	16.2%	83.8%
GENDER			
Male	1332	21.9%	78.1%
Female	2279	12.0%	88.0%
AGE			
18 to 24	62	*	91.9%
25 to 34	237	8.8%	91.2%
35 to 44	468	14.6%	85.4%
45 to 54	616	32.9%	67.1%
55 to 64	956	22.7%	77.3%
65 or older	1272	6.4%	93.6%
RACE			
Caucasian/White	1681	18.6%	81.4%
African American/Black	1564	14.6%	85.4%
Other	170	8.5%	91.5%
Hispanic	124	15.5%	84.5%
EDUCATION			
Less than high school	198	17.7%	82.3%
High school graduate	560	14.6%	85.4%
Some college or technical school	562	17.4%	82.6%
College graduate	2280	15.9%	84.1%
INCOME			
Less than \$15,000	343	23.1%	76.9%
\$15,000-\$24,999	378	14.8%	85.2%
\$25,000-\$34,999	211	12.2%	87.8%
\$35,000-\$49,999	298	14.8%	85.2%
\$50,000-\$74,999	376	14.9%	85.1%
\$75,000 or more	1594	17.6%	82.4%
WARD			
Ward 1	258	21.4%	78.6%
Ward 2	298	18.3%	81.7%
Ward 3	631	18.8%	81.2%
Ward 4	500	15.0%	85.0%
Ward 5	378	16.2%	83.8%
Ward 6	408	18.4%	81.6%
Ward 7	357	11.8%	88.2%
Ward 8	270	15.4%	84.6%

*Suppressed if numerator is less than 10 or Relative Standard Error (RSE) is greater than 30

*Suppressed if cell size is less than 50

*Suppressed if CI half width is greater than 10

Source: 2011 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS), Center for Policy, Planning and Evaluation (CPPE)

Government of the District of Columbia
Department of Health
Center for Policy, Planning and Evaluation
Behavioral Risk Factor Surveillance System (BRFSS)
899 North Capitol Street NE 5th Floor
Washington, DC 20002
Web Address: www.doh.dc.gov

