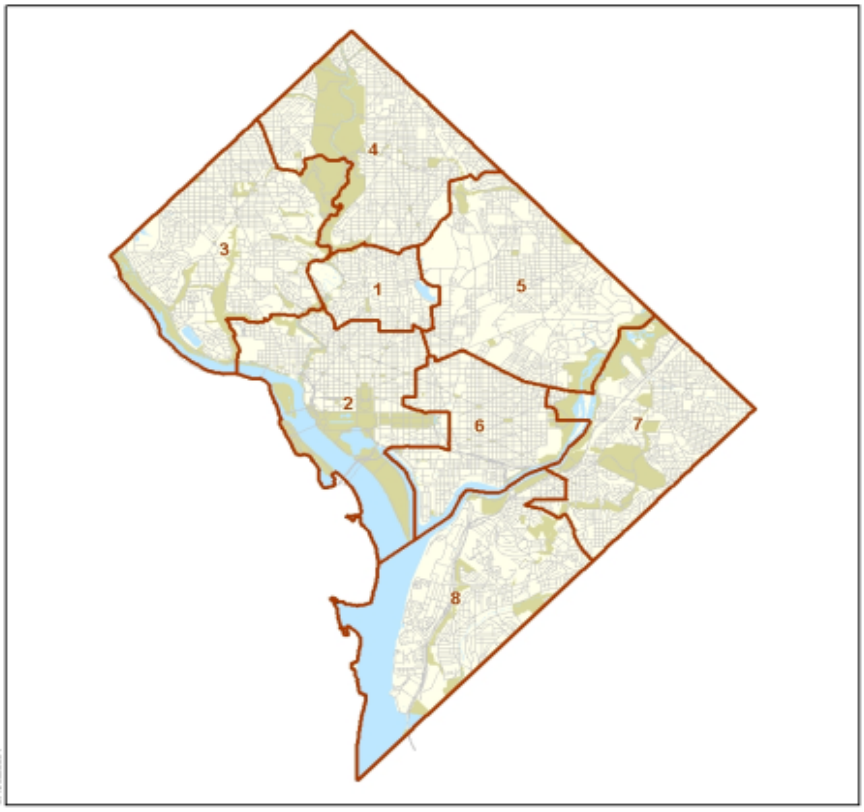
District of Columbia Department of Health

Policy, Planning and
Research Administration

State Center for Health Statistics

District of Columbia
Resident Health Chart Book
1996 -2001



HEALTHY PEOPLE 2010
DISTRICT OF COLUMBIA

Government of the District of Columbia
Anthony A. Williams, Mayor

Acknowledgements

Gregg A. Pane, MD, MPA
Director
Department of Health

Brenda J. Kelly
Senior Deputy Director
Policy, Planning and Research Administration

Fern Johnson~Clarke, Ph.D.
Acting Director, State Center for Health Statistics and
Chief, Research and Analysis Division

Luz Vega, MPH
CDC Public Health Prevention Specialist

Ligia Artiles, MA
Coordinator, Latino Health Care Collaborative

Patricia Theiss, MS
Public Health Analyst
Coordinator, Healthy People 2010 Plan

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I. Introduction / District of Columbia Profile

A measure of the relative health of the total population of a community is its health profile or health status. Together with demographic and socioeconomic data, health status indicators provide the basic information for defining the community's health needs and assessing the manner in which the health care system can meet those needs.

POPULATION AND SOCIOECONOMIC CHARACTERISTICS (25)

This section provides a demographic and socioeconomic profile of the District of Columbia. Important health related population characteristics such as age distribution, gender, race, ethnicity, and income are provided.

Geography

The District of Columbia is the urban center of the Washington Metropolitan Statistical Area (MSA). The city is bordered by Arlington County and the city of Alexandria in Northern Virginia, Montgomery and Prince George's counties, in Maryland, and the Potomac River.

Overall Population and Trends

In 2000 the District had become home to about 572,059 culturally and ethnically diverse residents whose nationalities are representative of many different world cultures. The District's population grew steadily between 1940 and 1950 (Table 1) to reach a high of 802,178 persons. Out-migration reduced the population by 16 percent, from its 1950 high, down to 638,333 persons by 1980. The downward population trend continued in the District, and by 1990 the population had declined to 606,900. The population count for 2000 was 572,059 representing a 5.7 percent decrease from the 1990 figure. The U.S. Bureau of the Census has predicted that the District's population will begin increasing again by the year 2005 and projects the population to grow to 702,000 by the year 2025.

Table 1. Overall Population Trend in the District of Columbia and Projections

Year	**1940**	**1950**	**1960**	**1970**	**1980**	**1990**	**2000**	**2010***	**2020***
Population	663,091	802,178	763,956	756,510	638,333	606,900	572,059	597,000	625,000

* Bureau of the Census Projections

Population by Ward

Despite their original intent as political subdivisions for the purpose of voting and representation, the eight wards of the District now provide a useful mechanism for analyzing and comparing sub-populations and for analyzing trends in the changing health status of residents. The average number of residents per ward in 2000 was 71,506, down 5.7 percent from the 1990 average of 75,861. The largest number of residents (74,937) resided in Ward 4 and the smallest number (68,037) lived in Ward 6 in 2000 (Table 2).

The wards are geographically, economically and ethnically diverse and care should be taken to understand the similarities and differences when comparisons are made. The city is also divided into census tracts drawn by the U.S. Bureau of the Census and updated after each decennial census to represent approximately 3,200 people. In 1980 the city had 182 census tracts; the number grew to 192 in 1990 and fell to 188 in 2000.

Table 2. Distribution of District of Columbia Population by Single Race and Hispanic origin* by Ward in 2000. (number and percent)

Ward	Total Population	*Single Race*						Two or more races	Hispanic
		White	Black	American Indian / Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Some Other Race		
City	572,059	176,101	343,321	1,713	15,189	348	21950	13,446	44,953
	100.0%	30.8%	60.0%	0.3%	2.7%	0.1%	3.8%	2.4%	7.9%
1	80,014	28,138	34,581	401	2,875	54	10,450	3,515	18,750
	100.0%	35.2%	43.2%	0.5%	3.6%	0.1%	13.1%	4.4%	23.4%
2	82,845	46,570	25,206	285	5,730	109	2,672	2,273	7,155
	100.0%	56.2%	30.4%	0.3%	6.9%	0.1%	3.2%	2.7%	8.6%
3	79,566	66,537	5,049	148	4,214	42	1,561	2,015	5,138
	100.0%	83.6%	6.3%	0.2%	5.3%	0.1%	2.0%	2.5%	6.5%
4	71,393	7,332	55,628	235	612	29	5,368	2,189	9,158
	100.0%	10.3%	77.9%	0.3%	0.9%	0.0%	7.5%	3.1%	12.8%
5	66,548	5,268	58,706	205	539	16	769	1,049	1,666
	100.0%	7.9%	88.2%	0.3%	0.8%	0.0%	1.2%	1.6%	2.5%
6	65,457	17,776	44,992	157	821	39	529	1,080	1,585
	100.0%	27.2%	68.7%	0.2%	1.3%	0.1%	0.9%	1.6%	2.4%
7	64,704	902	62,677	146	118	16	219	626	589
	100.0%	1.4%	96.9%	0.2%	0.2%	0.0%	0.3%	1.0%	0.9%
8	61,532	3,578	56,477	136	280	43	319	699	912
	100.0%	5.8%	91.8%	0.2%	0.5%	0.1%	0.5%	1.1%	1.5%

*Persons of Hispanic origin may be of any race. Each race category contains persons of both Hispanic and non-Hispanic origin.
Prepared by D.C. Office of Planning/State Data Center.
Source of Data: U.S. Census Bureau.

Age Distribution

Age and gender differences between wards may account for variances in the incidence and rates of certain diseases and health problems. Younger residents are often the

victims of violent crimes and tend to suffer from issues such as substance abuse, STDs and HIV/AIDS, sports related injuries, and motor vehicle related injuries and disabilities. Older adults are more likely to suffer from cancers, heart disease, diabetes, and chronic pain.

In 2000, the proportion of young people in the District that were under age 18 was 20.1 percent compared to the national average of 25.7 percent for the same age group. For the elderly (65 years and over), the District figure for 2000 was 69,898 (12.2 percent) compared to 12.4 percent nationwide. Elderly women numbered 43,355 (7.6 percent of the population) and elderly men amounted to 26,543. This leaves the District with 67.7 percent of its residents in the18-64 age range compared to 61.9 percent for the country. The median age was 34.6 years in 2000.

Gender

The District's population has historically been approximately evenly divided between males and females. Females (302,693) represented 52.9 percent of the total population in 2000 while the male proportion of the population was 47.1 percent for a count of 269,366.

Race

With a minority population exceeding 67 percent, the District's health status indicators should not only be compared with those of states, but also with similar sized urban jurisdictions with significant minority populations. There are also substantial differences in the racial and ethnic composition of residents between wards. This must also be taken into account when interpreting ward specific health statistics.

The 2000 population figures revealed that black / African American residents comprised the city's largest racial group numbering 343,312 and representing 60 percent of the District's population total. This number, however, represents a 14.7 percent decline from the 1990 black / African American population of 402,472, which was 66 percent of the District's overall population of 606,900 in that year. By comparison, the District's white population in 2000 (176,101) fell by a relatively smaller fraction (8 percent) over the same period from the 1990 number of 191,321.

According to the 2000 population census, Asian and Pacific Islanders were the second fastest growing racial group since 1990. The Asian and Pacific Islanders population increased by 26 percent from a total of 11,556 residents in 1990 to 15,637 residents in 2000. By 2000 Asian and Pacific Islanders comprised 2.8 percent of the District's population compared to 2 percent in 1990. The Hispanic population was the fastest growing group between the 1990 and 2000 census. This group grew by 27.2 percent from a population total of 32,710 in 1990 to 44,953 in 2000. By 2000 the Hispanic population had grown to 7.9 percent of the District's total compared to 5 percent in 1990.

Marital Status

There were 3,086 marriages in the District in 2000. This number was down 37.6 percent from the number in 1990 of 4,947. In 2000 the marriage rate per 1,000 population was 5.4 compared to the rate of 8.2 in 1990. Using the percent of births to married women as a proxy, 62.3 percent of the women who gave birth in 1998 were unmarried. Census figures indicate that among population 15 years and over (474,417), 48.4 percent or 229,806 residents were never married, compared to 141,992 (29.9 percent) that were married. Separations amounted to 19,746 (4.2 percent), while 36,829 (7.8 percent) were widowed. The number of divorces in 2000 was 46,044 (9.7 percent). These figures are in stark contrast to the national data that indicate about 60 percent of births occurred to married women on average. The District figure is more consistent with the marital status of black / African American women in the country who gave birth in 1998. In 1998 about 42 percent of the black / African American women who gave birth in the United States were married.

Income

Median family and per capita incomes in the District have always been relatively high when compared to the states in the U.S. In 1999, the District's per capita income was listed at $28,659 compared to the U.S. average of $21,587. The 1999 figure was only 3.6 percent higher than the 1990 per capita income of $27,603. The median household income in the District for 1999 was $40,127 compared to the U.S. average of $41,994. This figure represents a 23.4 percent increase over the 1990 figure of $30,727.

Income distribution by ward remained fairly stable over the 1990-1998 period. In 1990 Ward 3 had the highest median household income at $48,967. In 1998 Ward 3 also had the largest median household income of $79,832. The lowest median household income in 1990 ($21,312) was found in Ward 8. By 1998, Ward 8 still recorded the lowest median household income of $27,078.

Poverty

The poverty rate in the District of Columbia is listed at 20 percent for 2000 up from 17 percent in 1990. Poverty also varies substantially by ward. In 2000, Ward 8 had the highest poverty rate of 36 percent compared to 27 percent in 1990. Ward 3 had the lowest poverty rate of 7.4 percent in 2000.

Unemployment

The unemployment rate for the District in 2000 was 11 percent. However, as shown in Table 3, there were significant differences in the unemployment rate among wards. Ward 8 had the highest unemployment rate of 22 percent, meaning that 1 out of every 5 persons in Ward 8 was unemployed in 2000. Ward 5 (15 percent) and Ward 7 (14 percent) also

had alarmingly high unemployment rates; whereas Ward 4 had the lowest unemployment rate (6.6 percent) in the city.

Table 3. Unemployment Rates by Ward in the District of Columbia, 1980, 1990 and 2000.

Unemployment	Ward							
Years	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
1980	7.7	4.1	3.0	5.5	7.1	7.6	28.6	10
1990	7.0	4.8	2.4	6.2	9.2	8.2	8.1	13
2000	7.5	8.2	9.6	6.6	15.0	9.6	14	22

Note: Figures are in Percentages
Source: DC Neighborhood Information Service.

Education

The 2000 census indicates that about 79,169 (20.6 percent) of District residents are high school graduates. This number is down 8.7 percent from the 1990 figure of 86,756 (21.2 percent). By 2000, 59,281 (15.4 percent) of District residents had some college experience but no degrees, 10,599 residents or 2.8 percent had associate degrees, 69,496 (18.1 percent) had obtained a bachelor's degree, and 70,393 (17.2 percent) had a graduate or professional degree. These numbers are very similar to the 1990 numbers, indicating no significant changes in educational achievement rates in the District over the past 10 years. Significant differences exist when educational achievement is examined by race. These figures also show that 93.0 percent of the District's white population 25 years of age and older were high school graduates or higher compared to 63.8 percent for black / African Americans. A much larger proportion of whites (69 percent) also had a bachelor's degree or higher compared to the black / African American population, where only 15.3 percent had a bachelor's degree or higher.

II. Ten Leading Health Indicators

What are the Leading Health Indicators? [1]

The Leading Health Indicators reflect the major health concerns in the United States at the beginning of the 21st century. They were selected on the basis of their ability to motivate action, the availability of data to measure progress, and their importance as public health issues. The process of selecting the Leading Health Indicators mirrored the collaborative and extensive efforts undertaken to develop Healthy People 2010. The process was led by an interagency work group within the US Department of Health and Human Services. The Leading Health Indicators will be used to measure the health of the Nation over the next 10 years. Each of the 10 Leading Health Indicators has one or more objectives from Healthy People 2010 associated with it. For each indicator, local data are presented for consideration. The 10 Leading Health Indicators are the following:

1. Physical activity
2. Overweight and obesity
3. Tobacco use
4. Substance abuse
5. Responsible sexual behavior
6. Mental health
7. Injury and violent behaviors
8. Environmental quality
9. Immunization
10. Access to health care.

* See Asthma in the next updated version of this chart book.

[1] Centers for Disease Control and Prevention, National Center for Health Statistics, Definitions

A. Physical Activity

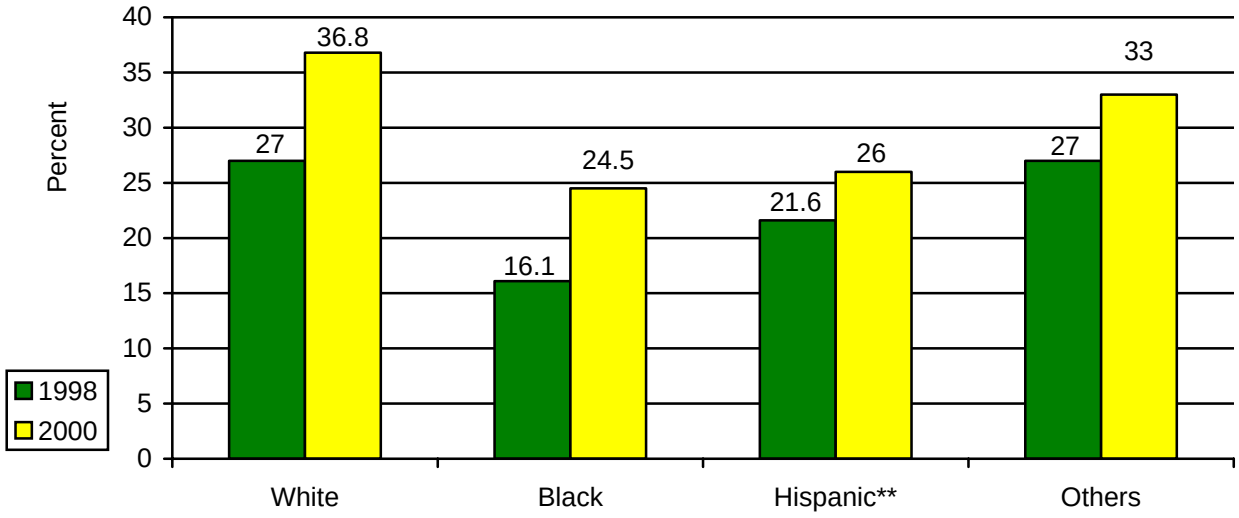
Physical Activity has been proven to significantly improve the quality of life when incorporated regularly in daily lifestyles. Most experts recommend at least regular and sustained physical activity for 30 minutes on most, if not all, days of the week (22). High levels of physical activity have been associated with lower mortality rates for adults of any age.

According to the Surgeon General's Report on Physical Activity and Health in 1996, maintaining regular and sustained physical activity helps reduce the risk of the following conditions:

- Risk of cardiovascular disease mortality, in particular coronary heart disease
- Risk of colon cancer
- Risk of developing non-insulin-dependent diabetes mellitus
- Risk of obesity
- And, relieves symptoms of depression and anxiety

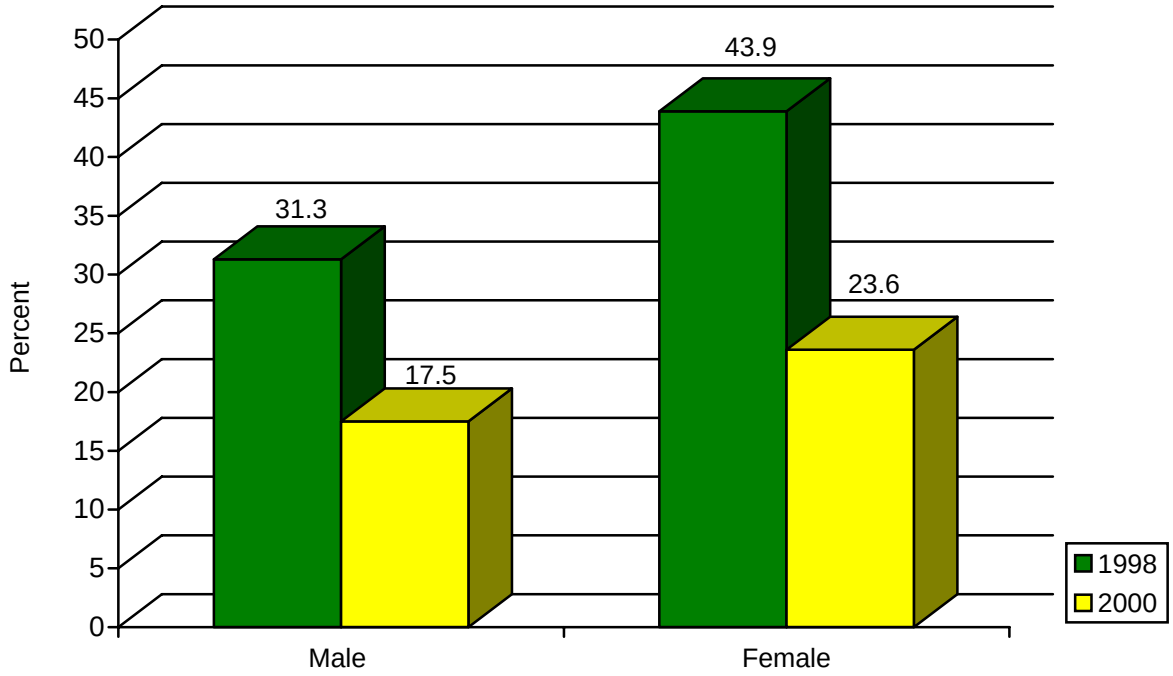
The Federal Healthy People 2010 goal for adults who engage regularly in moderate physical activity for at least 30 minutes per day is 30 percent of the US population. The national goal for adolescents in grades 9-12 is 85 percent. In 1999, 51.7 percent of adolescents engaged in physical activity in the District of Columbia, as opposed to 35 percent adults (age adjusted figure). The figures nationwide were 65 percent for adolescents and 26 percent for adults (3). No physical activity goal for the District of Columbia Healthy People 2010 plan was set in the 2000 edition of the plan. When the nutrition chapter is expanded to include overweight in the 2003 Biennial Implementation Plan, the WIC program will have a 2010 objective addressing weight control by physical activity combined with good nutrition for its clients. Local data on physical activity and inactivity are presented in the bar graphs that follow. (See pages 8 to 10).

Chart 1. Physical Activity* Prevalence by Race/Hispanic Origin for Adults 18 Years and Older, District of Columbia 1998 and 2000**



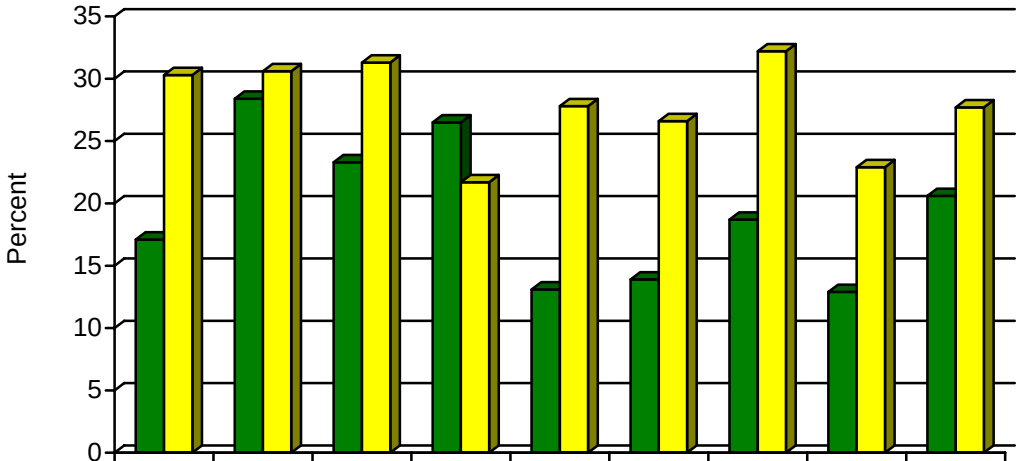
Source: District of Columbia Department of Health, Bureau of Epidemiology and Health Risk Assessment, Data Book 2002.
* Physical Activity (moderate) is defined as periods of exercise done for a total of 30 minutes per day, five or more times per week.
** Hispanic includes persons of Hispanic origin of any race.
Note: 79% of interviewed African-Born Residents in the Washington DC Area reported never having talked to a health professional about physical activity. Ethiopian Community Development Council (ECDC) Health Needs Assessment Study, 1999.

Chart 2. Physical Inactivity Prevalence by Sex for Adults 18 Years and Older, District of Columbia 1998 and 2000



Source: District of Columbia Department of Health, Bureau of Epidemiology and Health Risk Assessment, Data Book 2002.

Chart 3. Physical Activity* Prevalence by Ward for Adults 18 Years and Older, District of Columbia 1998 & 2000



	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8	DC Total
1998	17.1	28.4	23.3	26.5	13.1	13.9	18.7	12.9	20.6
2000	30.3	30.6	31.3	21.7	27.8	26.6	32.2	22.9	27.7

Source: District of Columbia Department of Health, Bureau of Epidemiology and Health Risk Assessment, Data Book 2002.
* Physical Activity (moderate) is defined as periods of exercise done for a total of 30 minutes per day, five or more times per week.

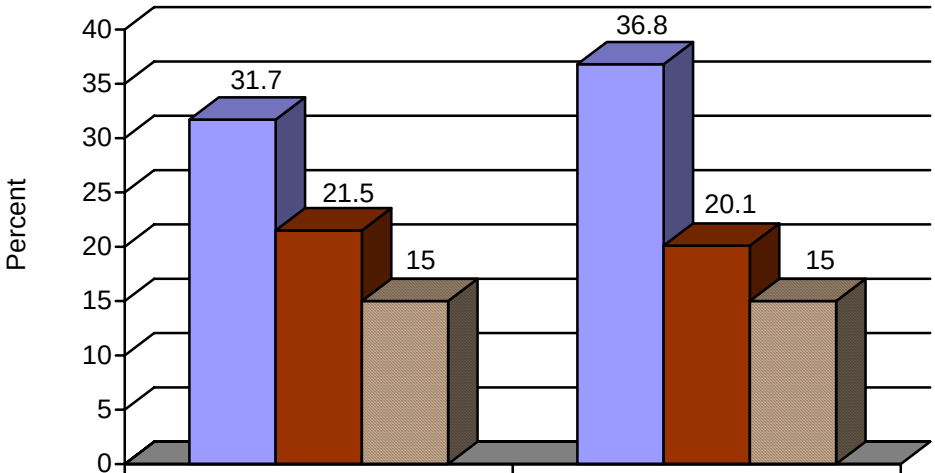
B. Overweight and Obesity

For adults, Body Mass Index (BMI) is used to determine normal weight, overweight and obesity. BMI is a standard measure that shows weight adjusted for height. Overweight is indicated by a measure of BMI of 25 to 29.9, whereas Obesity is defined as BMI equal to or greater than 30. For children ages 2-20, BMI depends on age and gender and it is used as a mean, not only to determine overweight, but also to determine underweight and at-risk-for overweight. In children the body mass composition varies according to the age and gender as they grow. For this reason, a gender-specific chart is used to compare the BMI vs. age and sets the value on a percentile (4). Children that fall under the BMI-for-age 5^{th} percentile or less are said to be underweight; children that fall between the 85^{th} and the 94^{th} percentile are said to be at risk for overweight; and children that fall into the 95^{th} percentile and over are said to be overweight.

Overweight and Obesity have been linked with the increased risk of developing, as well as increasing the severity of, a variety of chronic diseases and other conditions such as Hypertension, Dyslipidemia (high blood cholesterol), Type 2 Diabetes and Heart Disease (4). Contributing factors for developing Overweight and Obesity can be of one or a combination of behavioral and hereditary factors and the environment (4).

According to available data, adult overweight is more prevalent nationwide than in the District of Columbia, and more prevalent among males than females. However, obesity has shown to be more prevalent in the District than in the US, and more prevalent among females than in males. Both overweight and obesity are more prevalent among African Americans. National Healthy People 2010 goals have been set for the US adult population; 15 percent for overweight and 15 percent for obesity. No objectives are set for overweight and obesity in the 2000 edition of the DC Healthy People 2010 plan. Local data on Overweight and Obesity are presented in the bar graphs that follow. (See pages 12 to 16).

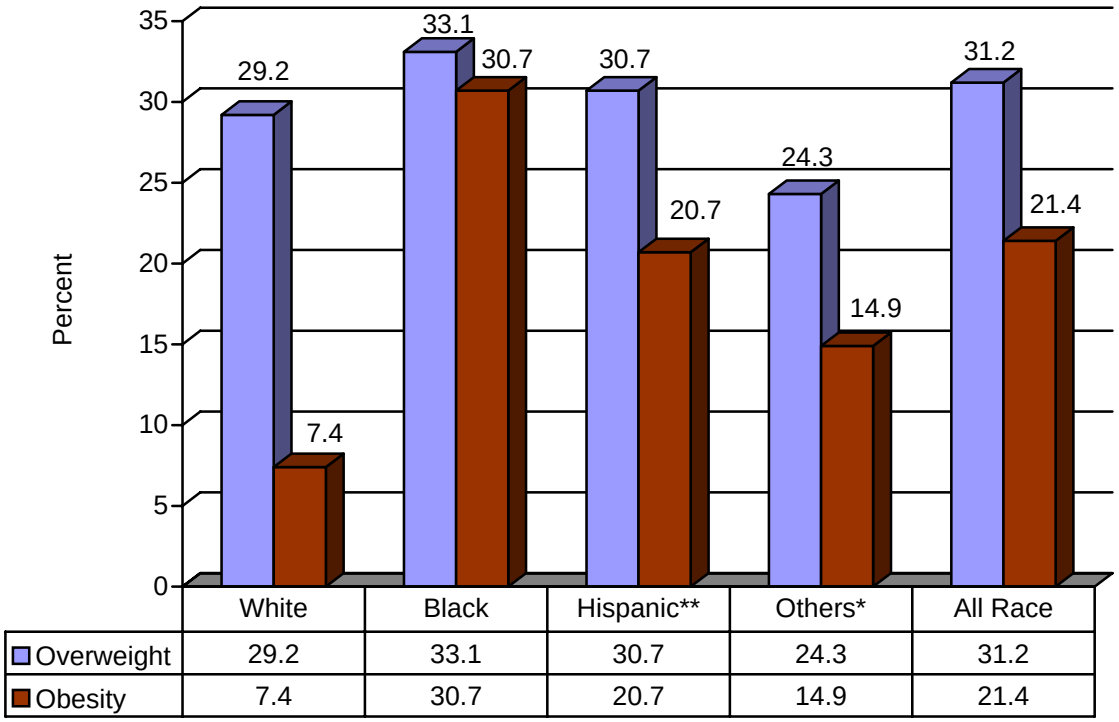
Chart 4. Overweight and Obesity Prevalence for Adults in the District of Columbia and Nationwide, 2000



	DC	US
Overweight	31.7	36.8
Obesity	21.5	20.1
Obesity HP 2010 Target*	15	15

Source: Centers for Disease Control and Prevention.
* Obesity HP 2010 Targets refer to adults 20 years and older.

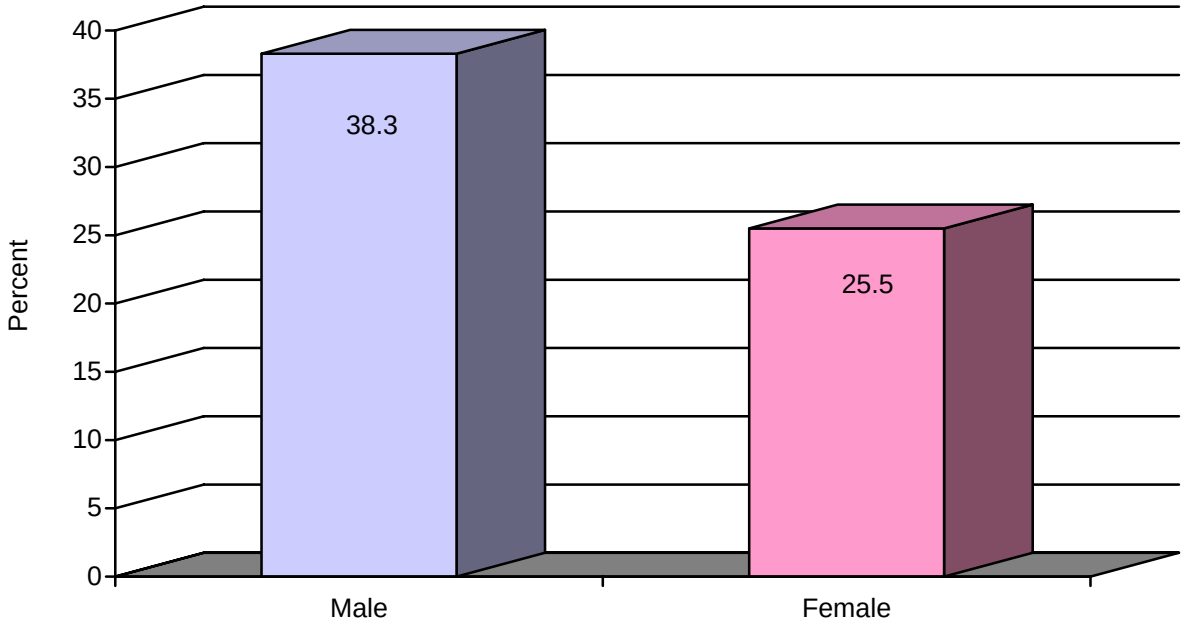
Chart 5. Overweight and Obesity Prevalence by Race/Ethnicity for Adults 18 Years and Older, District of Columbia 2000



	White	Black	Hispanic**	Others*	All Race
Overweight	29.2	33.1	30.7	24.3	31.2
Obesity	7.4	30.7	20.7	14.9	21.4

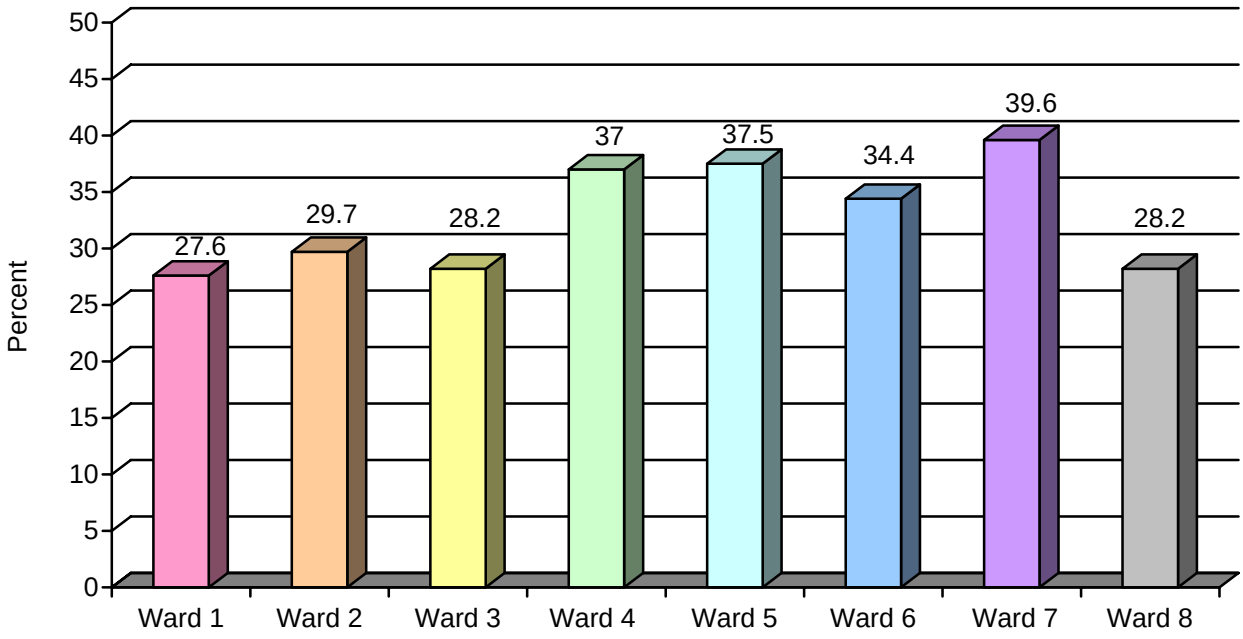
Source: District of Columbia Department of Health, Bureau of Epidemiology and Health Risk Assessment, Data Book 2002.
* Denominator less than 50 count.
**Hispanic includes persons of Hispanic origin of any race.

Chart 6. Overweight Prevalence in Adults 18 Years and Older, by Sex, District of Columbia, 2000



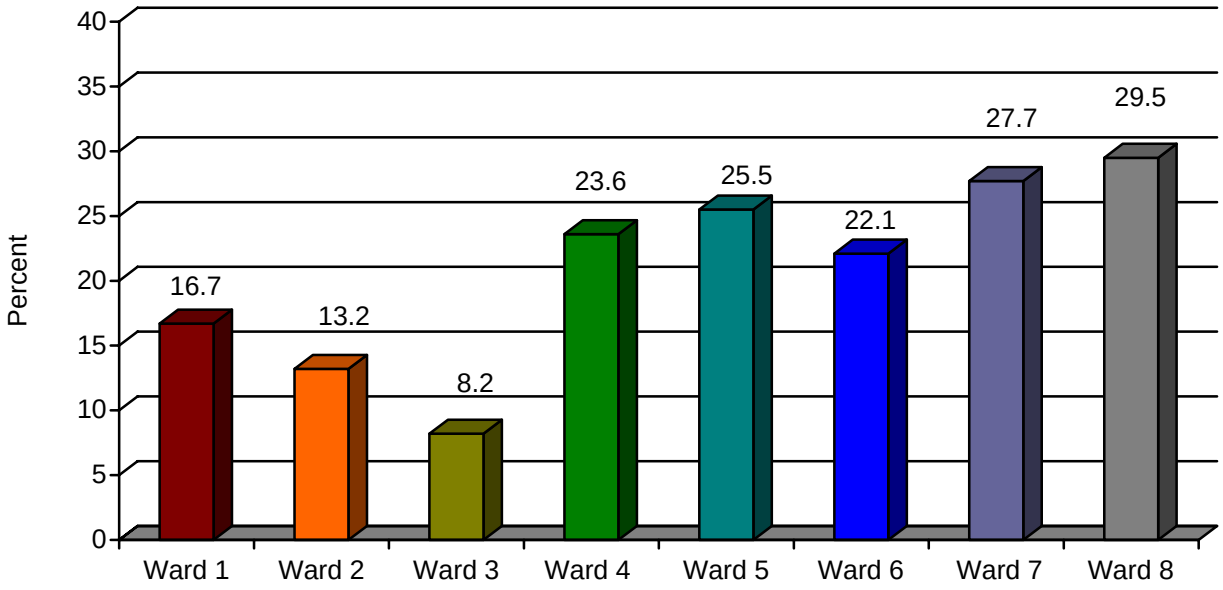
Source: District of Columbia Department of Health, Bureau of Epidemiology and Health Risk Assessment, Data Book 2002.

Chart 7. Overweight Prevalence by Ward in the District of Columbia, 1997-2001 (Average)



Source: District of Columbia Department of Health, Bureau of Epidemiology and Health Risk Assessment, Data Book 2002.

Chart 8. Obesity Prevalence by Ward in the District of Columbia, 1997-2001



Source: District of Columbia Department of Health, Bureau of Epidemiology and Health Risk Assessment, Data Book 2002.

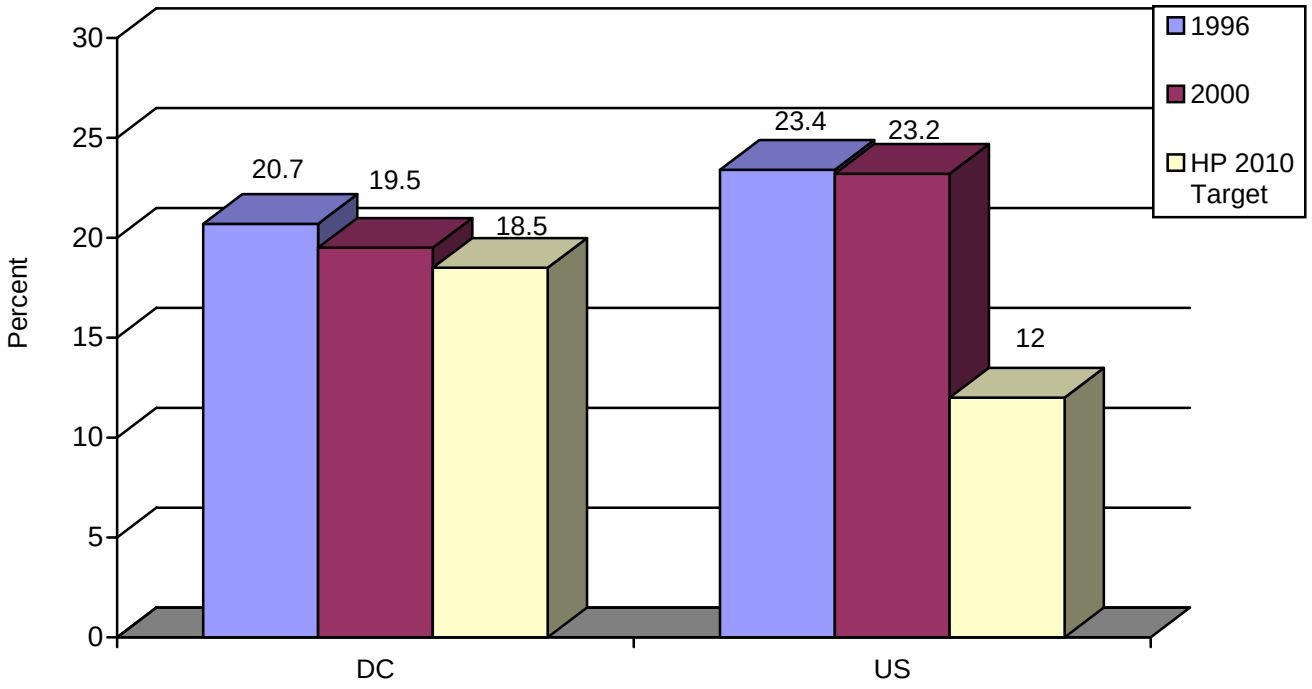
C. Tobacco Use

Tobacco use in the United States remains the leading cause of approximately 430,000 preventable deaths annually (21). Tobacco-related diseases result in an annual cost of 50 billion dollars in direct medical costs nationally. It is associated with certain forms of cancer, cardiovascular diseases and pulmonary diseases. Women smokers have an increased risk of conception delay, primary and secondary infertility, ectopic pregnancy, and spontaneous abortions.

Infants and children exposed to environmental tobacco smoke or second hand smoking can experience sudden infant death syndrome, increased lower respiratory diseases, increased asthma attacks and ear infections (4). Nationally, second-hand smoke causes 300,000 cases of pneumonia and bronchitis in children every year (17). The 1999 BRFSS in the District of Columbia showed that 34.3 percent of the in-home smokers lived with children, as opposed to 27.8 percent of in-home smokers who did not have children in the home. Almost twenty percent (19.9) of the students 9^{th} to 12^{th} grade in the District of Columbia reported smoking one or more cigarettes in the past 30 days in a BRFSS survey in 1999 (3).

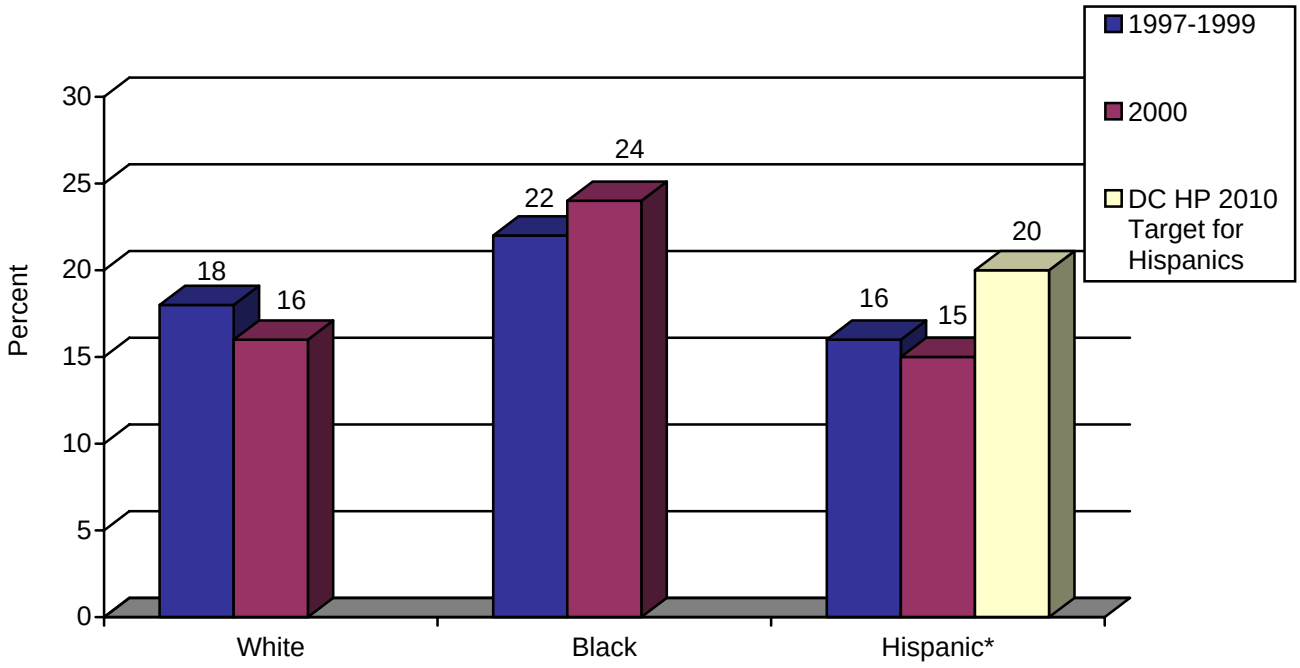
The National Healthy People 2010 goal for tobacco smoking for adolescents in grades 9-12 is 16 percent. The District's 2010 goal is that no more than 15 percent of youth are current smokers. For adults, the National 2010 goal for current smokers is 12 percent and the District's Healthy People 2010 goal is 18.5 percent. Local data on Tobacco Use are presented in the bar graphs that follow. (See pages 18 to 22).

Chart 9. Current Cigarette Smokers (Adults 18 Years and Older) District of Columbia and Nationwide 1996 and 2000



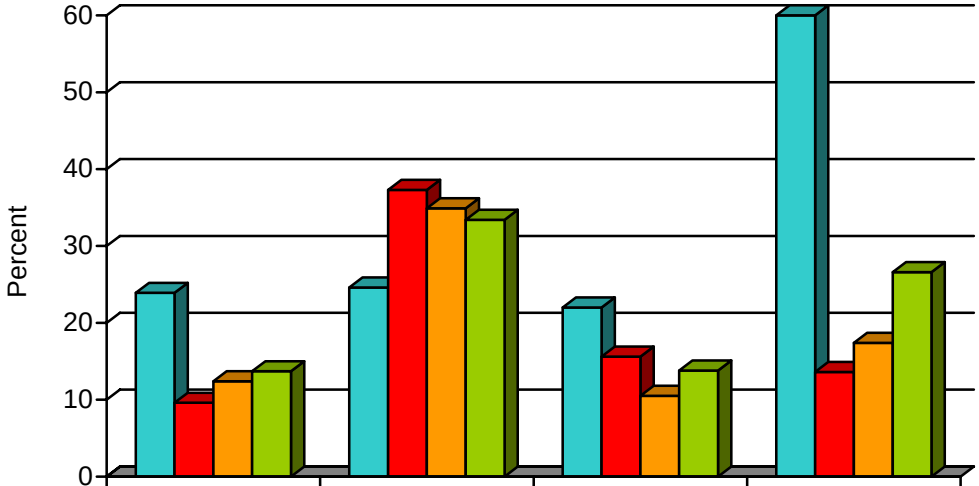
Source: District of Columbia Department of Health, Bureau of Epidemiology and Health Risk Assessment, Data Book 2002.
Current cigarette smokers are adults who have smoked at least 100 cigarettes in their lifetime and now smoke.

Chart 10. Cigarette Smoking in Adults 18 Years and Older by Race/Ethnicity, District of Columbia 1997-1999 average and 2000



Source: The State of Latinos in the District of Columbia, 2002.
Note: 86% of interviewed African-Born Residents in the Washington DC Area reported to be current smokers.
(Ethiopian Community Development Council Health Needs Assessment Study, 1999).
* Hispanic includes persons of Hispanic origin of any race.

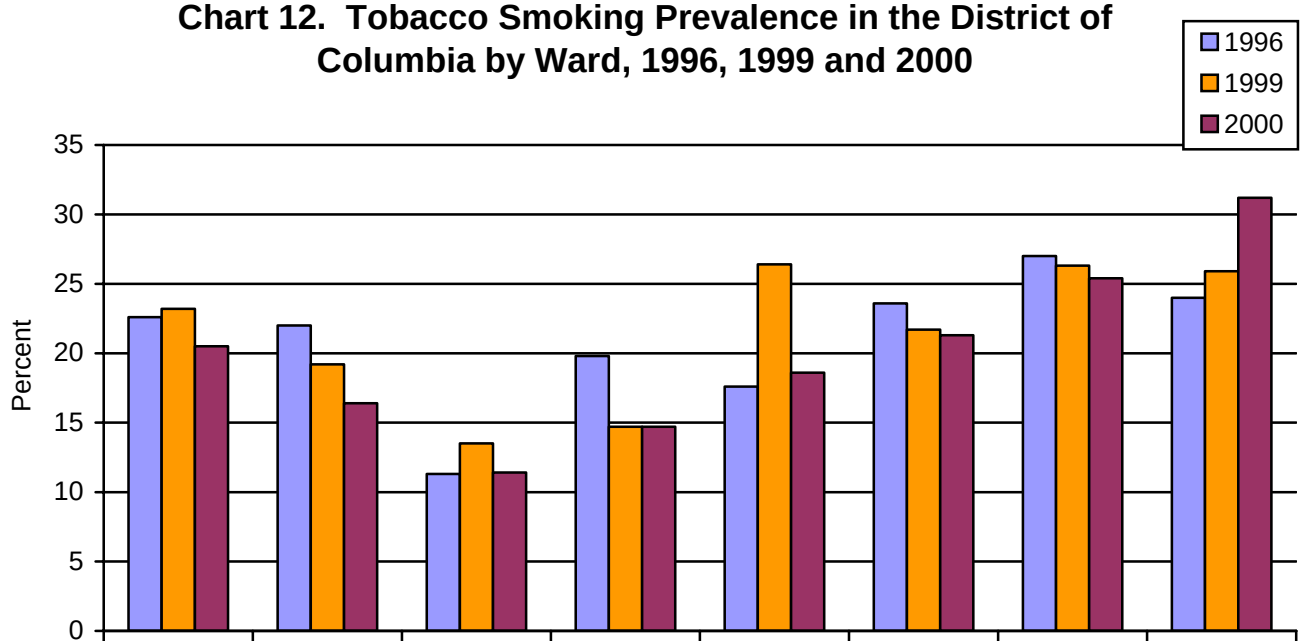
Chart 11. Cigarette Use in the Past Month, by Age Group and Race/Ethnicity, District of Columbia 1999



	White	Black	Hispanic*	Others
12 to 24	23.9	24.6	22	69.9
25 to 34	9.6	37.3	15.6	13.6
35+	12.4	34.9	10.5	17.4
Total	13.7	33.4	13.8	26.6

Source: District of Columbia Department of Health, Addiction Prevention and Recovery Administration, 2001.
* Hispanic includes persons of Hispanic origin of any race.

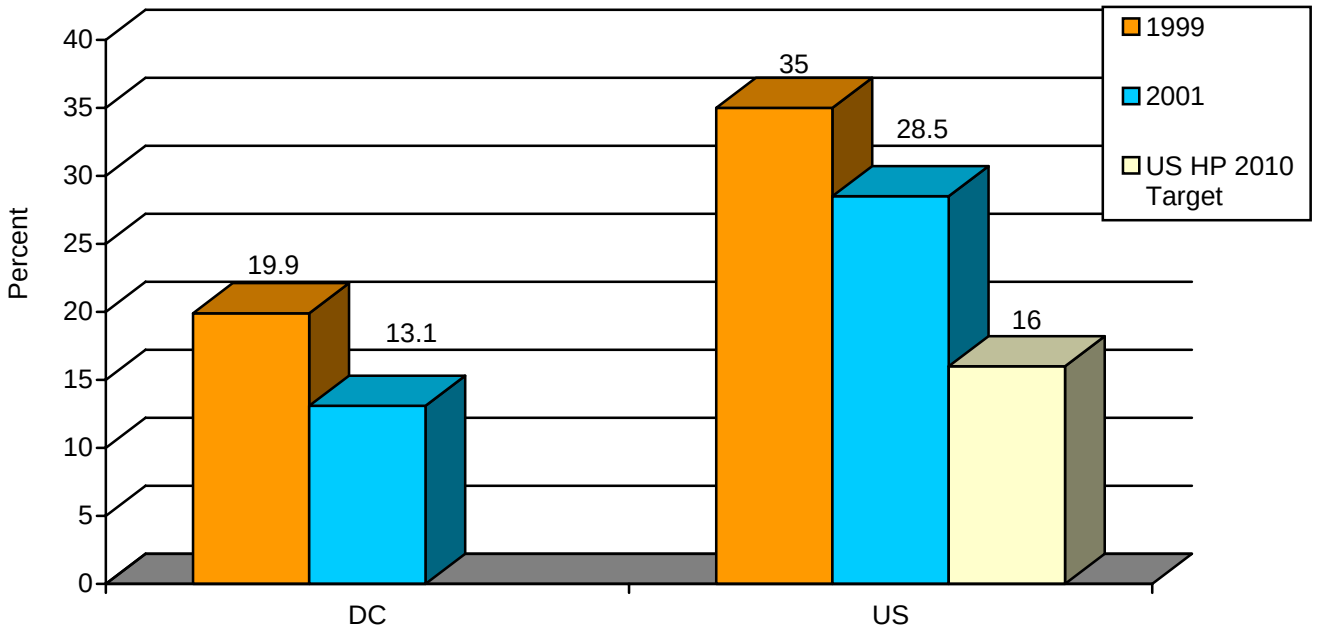
Chart 12. Tobacco Smoking Prevalence in the District of Columbia by Ward, 1996, 1999 and 2000



	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
1996	22.6	22	11.3	19.8	17.6	23.6	27	24
1999	23.2	19.2	13.5	14.7	26.4	21.7	26.3	25.9
2000	20.5	16.4	11.4	14.7	18.6	21.3	25.4	31.2

Source: Behavioral Risk Factor Surveillance System Fact Sheet, Tobacco Use in the District of Columbia, 2002 (for 1999 data); District of Columbia Department of Health, Bureau of Epidemiology and Health Risk Assessment, Data Book 2002 (for 1996 and 2000 data).

Chart 13. Cigarette use by Students (9-12 Grades) who smoked cigarettes once or more (past 30 days), District of Columbia and the United States 1999 and 2001



Source: Every Kid Counts in the District of Columbia, 2002.
Centers for Disease Control and Prevention, State Health Profiles, 2002.

D. Substance Abuse

Substance abuse is of special concern to public health prevention advocates because it can impair judgment and lead to violence, intentional and unintentional injury, and irresponsible sexual behavior. Substance abuse includes tobacco use, alcohol consumption and illicit drug use, such as the use of marijuana, heroin, cocaine, hallucinogens, inhalants and non-medical use of prescription drugs. Although alcohol is not considered illicit, consumption by youth below 21 years of age is prohibited.

Defining a substance abuse problem or its use pattern is of particular challenge because of the new drugs that become available and most popular, and the modes of administration (1). However, the 2000 Household Survey on Substance Abuse by the District of Columbia Addiction Prevention and Recovery Administration reveals that an estimated 80 percent of the non-institutionalized population over 12 years of age had used alcohol and 42 percent had used marijuana in their lifetimes. Less popular illicit drugs are cocaine (18 percent), hallucinogens (13 percent), inhalants (6 percent), heroin (5 percent), and prescription drugs (9 percent).

Pertinent DC Healthy People 2010 **goals** regarding substance abuse are:

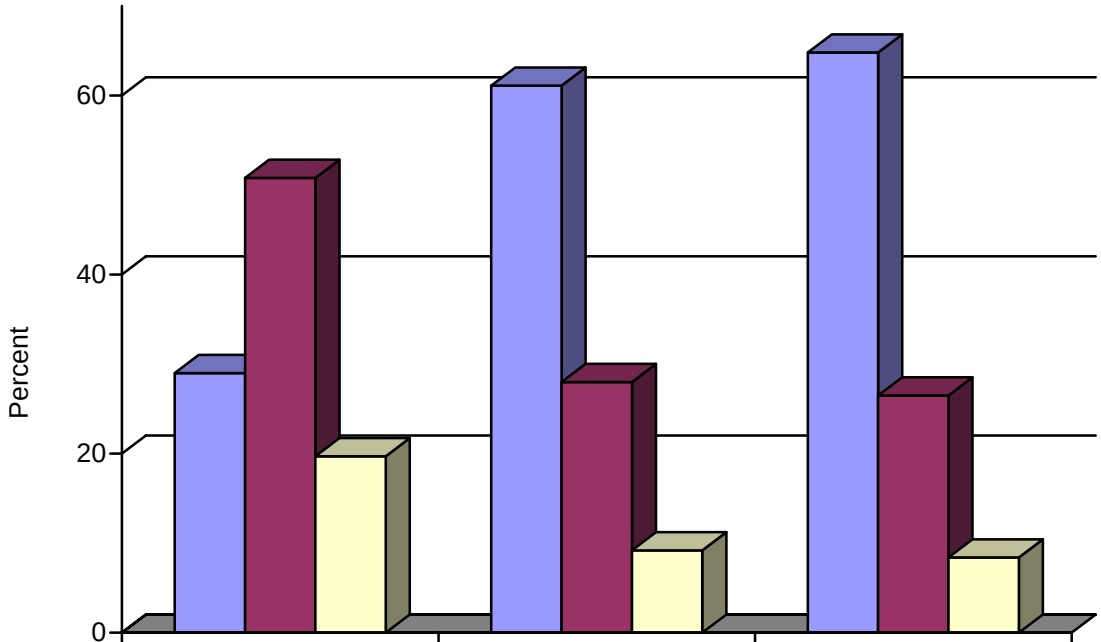
- No more than 51 percent of youth report that they have ever drunk alcohol
- No more than 20 percent of youth report that they have ever used marijuana
- No more than 10 percent of youth have been offered, sold, or given an illegal drug on school property in the past 12 months

US Healthy People 2010 **goals** regarding substance abuse are:

- Increase the proportion of adolescents not using alcohol or any illicit drugs during the last 30 days to 89 percent
- Reduce the proportion of adults using any illicit drug during the past 30 days to 6 percent
- Reduce the proportion of adults engaging in binge drinking of alcoholic beverages during the past month to 2 percent.

Local data on Substance Abuse are presented in the bar graphs that follow. (See pages 24 to 27).

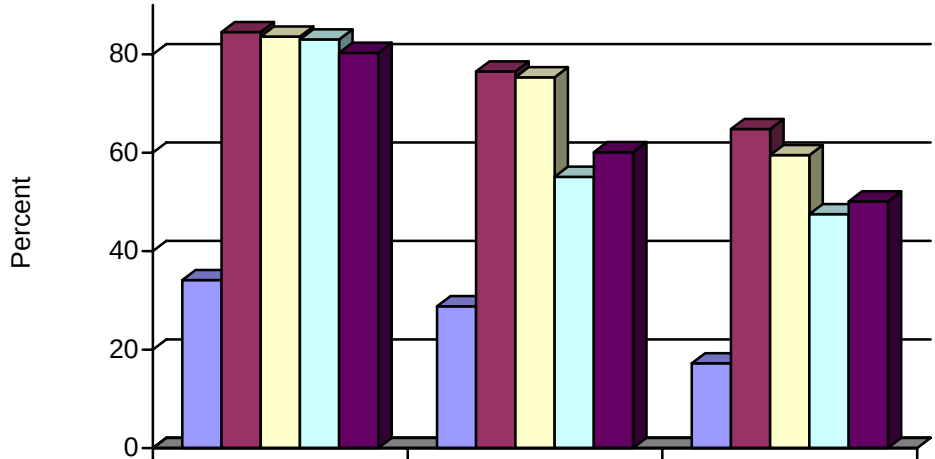
Chart 14. Alcohol Use, Drinking Patterns among Adult Residents by Race/Ethnicity, 1997-1999



	White	Black	Hispanic*
Non-drinkers	29	61.1	64.8
Moderate	50.8	28	26.5
Binge Drinkers	19.7	9.2	8.4

Source: The State of Latinos in the District of Columbia, 2002.
* Hispanic includes persons of Hispanic origin of any race.

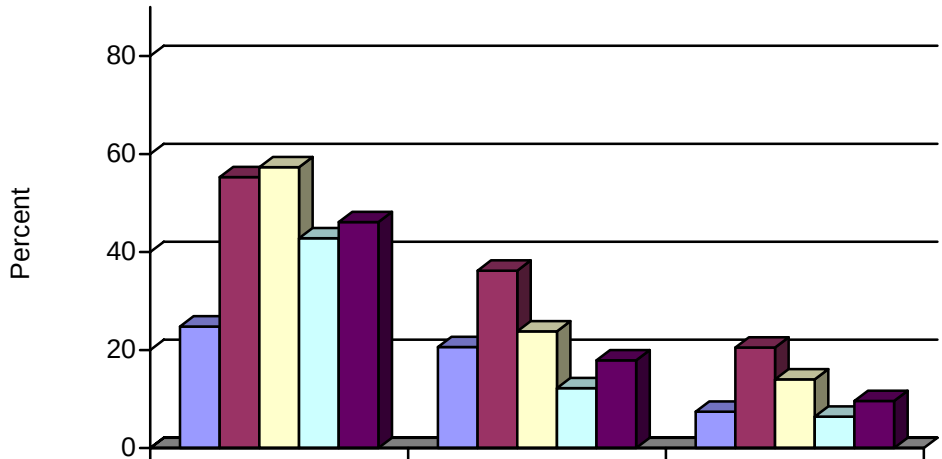
Chart 15. Alcohol Use by Residents (Lifetime, Past Year and Past Month) by Age Group, District of Columbia 2000



	Lifetime	Past Year	Past Month
12 to 17 Years	34.1	28.8	17.2
18 to 24 Years	84.5	76.5	64.8
25 to 34 Years	83.6	75.3	59.5
35+ Years	83	55.1	47.5
Total	80.3	60.1	50.1

Source: District of Columbia Department of Health, Addiction Prevention and Recovery Administration, 2001.

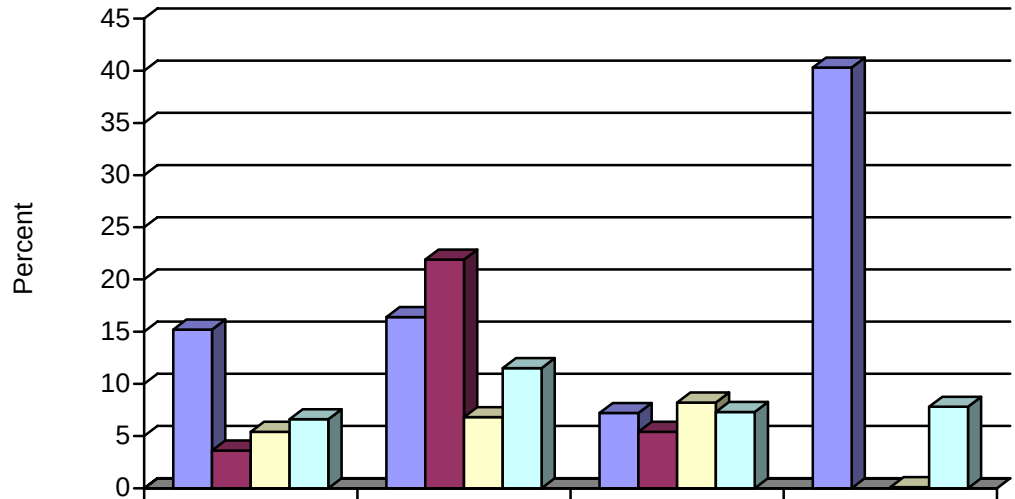
Chart 16. Illicit Drug Use by Residents (Lifetime, Past Year and Past Month) by Age Group, District of Columbia 2000



	Lifetime	Past Year	Past Month
12 to 17 Years	24.8	20.6	7.4
18 to 24 Years	55.3	36.2	20.5
25 to 34 Years	57.3	23.8	14
35+ Years	42.8	12.2	6.4
Total	46.1	17.9	9.6

Source: District of Columbia Department of Health, Addiction Prevention and Recovery Administration, 2001.

Chart 17. Illicit Drug Use by Residents (Past Month) by Age Group and Race/Ethnicity, District of Columbia 2000



	White	Black	Hispanic*	Others
12 to 24	15.2	16.4	7.2	40.3
25 to 34	3.6	21.9	5.4	-
35+	5.4	6.8	8.2	0.1
Total	6.6	11.5	7.3	7.8

Source: District of Columbia Department of Health, Addiction Prevention and Recovery Administration, 2001
* Hispanic includes persons of Hispanic origin of any race.

E. Responsible Sexual Behavior

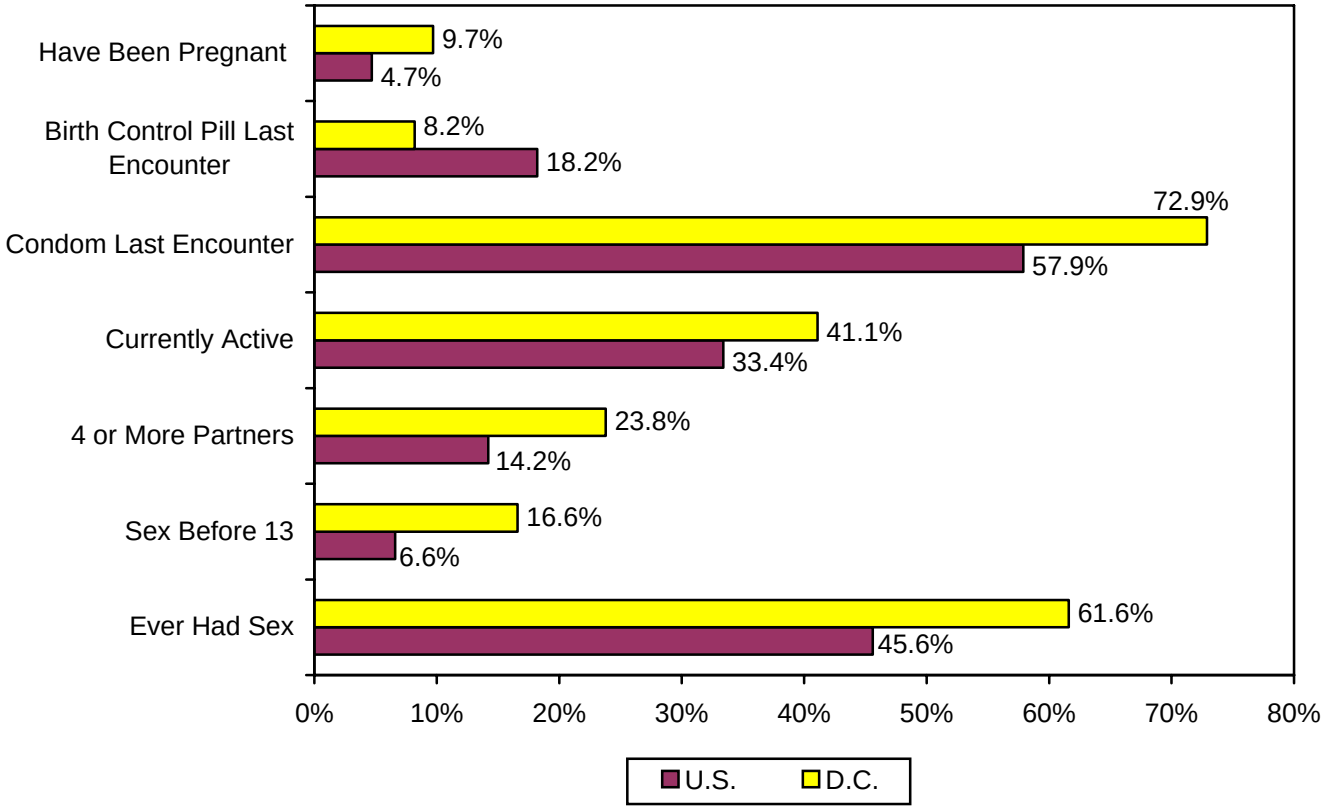
Responsible sexual behavior is key to the prevention of Sexually Transmitted Diseases and Infections (STDs and STIs) and unintended pregnancies. Abstinence is the surest method of protecting against STDs, STIs and unintended pregnancies (21), although the correct use of condoms during sexual relations is another way of preventing these STDs and STIs. Among the STDs and STIs, Chlamydia was the most frequently reported STI in the US in 2001, with 783,242 cases (rate of 430.8 per 100,000 population) (19); and 361,705 cases of Gonorrhea were reported in 2001 (rate of 126.9 per 100,000 population) (20). These two STDs were also the most reported in the District in 2001.

The national Healthy People 2010 goal for adolescents in grades 9-12 who choose to abstain from sexual relations or to use condoms every time during sexual intercourse is 95 percent. The national goal for reported condom use among unmarried women ages 18-44 is 50 percent. In the District of Columbia, the Healthy People 2010 goals concerning STD's and STI's are:

- Reducing to no more than 3 cases per 100,000 population the incidence of primary and secondary syphilis (baseline 7.1 per 100,000 in 2000)
- Reducing the incidence of congenital syphilis to no more than 10 cases per 100,000 population (baseline 52 per 100,000 in 2000)
- Reducing the percent of women testing positive for Chlamydia in the District's STDs and STIs clinics by 3.2 percent (baseline 6 percent in 2000), and in family clinics by 4.92 percent (baseline 3.8 percent in 2000).

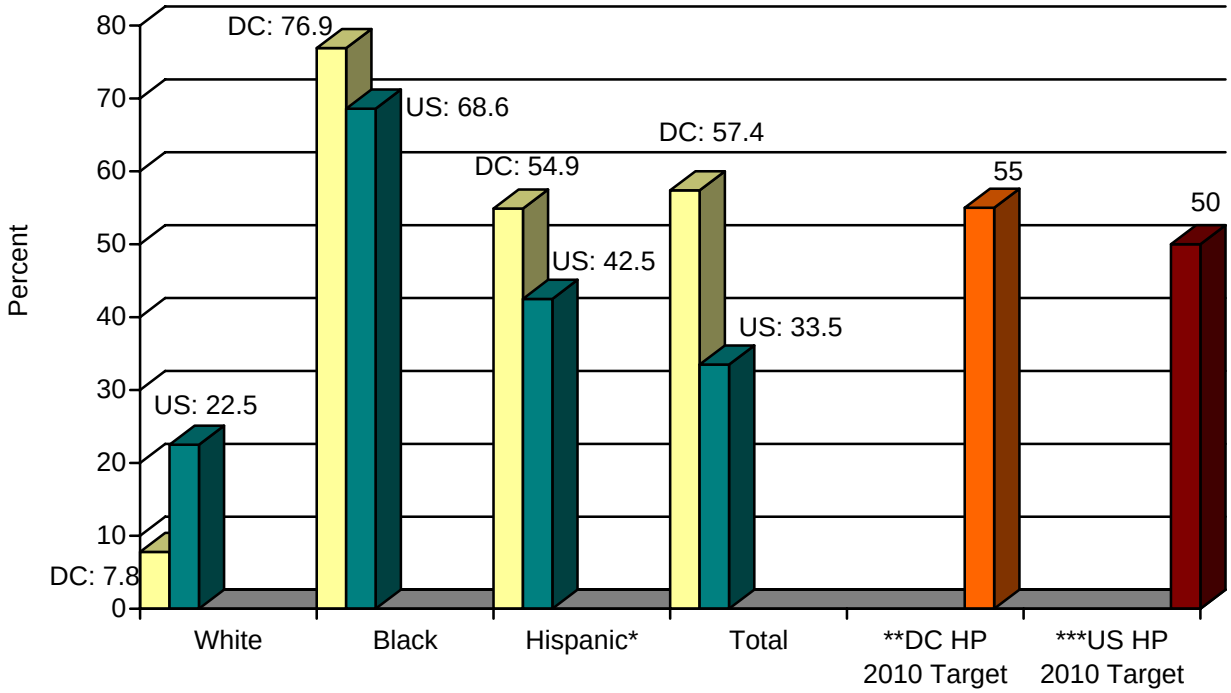
Local data on Responsible Sexual Behavior are presented in the bar graphs that follow. (See pages 29 to 34).

Chart 18. Sexual Activity Among Teens, (Grades 9-12) District of Columbia and Nationwide 2001



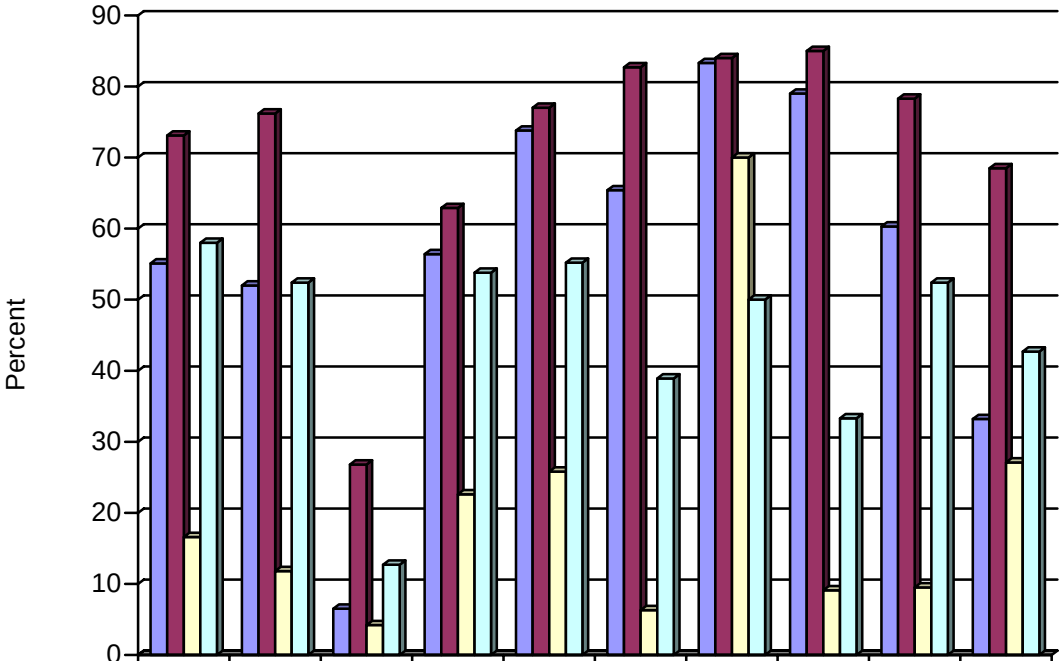
Source: Every Kid Counts in the District of Columbia, Fact Book 2002.

Chart 19. Births to Unmarried Women by Race/Ethnicity, District of Columbia 2001



Source: District of Columbia Department of Health,
State Center for Health Statistics, Centers for Disease Control and Prevention, National Vital Statistics Report, 2002.
* Hispanic includes persons of Hispanic origin of any race.
** The DC HP 2010 Target refers to the percent of planned pregnancies among District's women.
*** The US HP 2010 Target refers to the percent of sexually active unmarried women ages 18-44 that report using a condom.

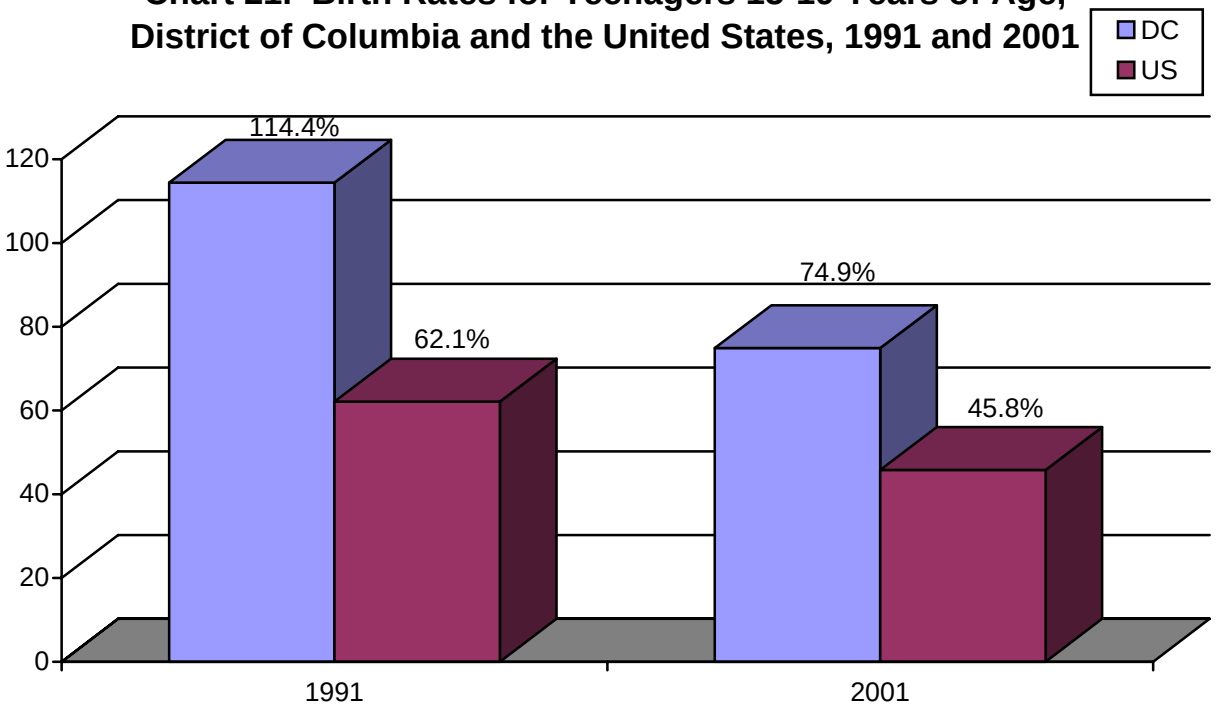
Chart 20. Births to Unmarried Women by Ward and Race/Ethnicity, District of Columbia and the United States, 2000



	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8	DC	US
Total	55.1	52	6.5	56.4	73.8	65.4	83.3	79	60.3	33.2
Black	73.1	76.2	26.8	62.9	77	82.7	84	85	78.3	68.5
White	16.6	11.8	4.2	22.6	25.8	6.3	70	9.1	9.5	27.1
Hispanic*	58	52.4	12.7	53.8	55.2	38.9	50	33.3	52.4	42.7

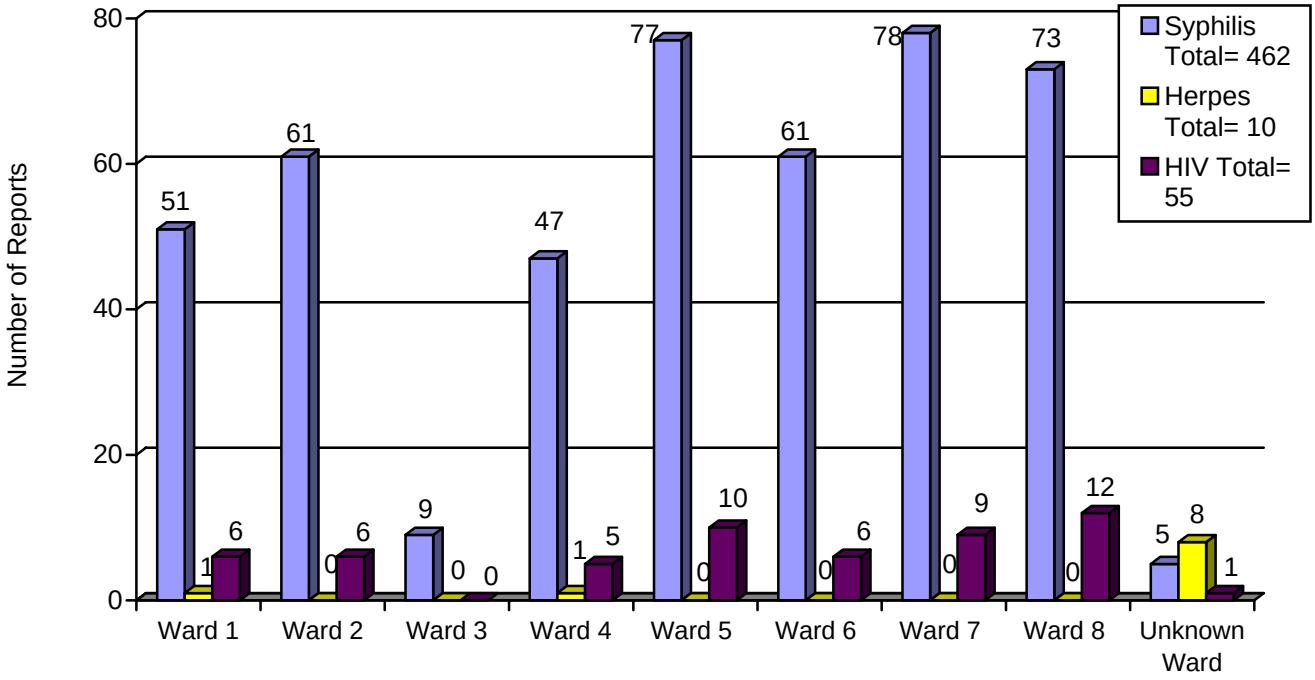
Source: District of Columbia Department of Health, State Center for Health Statistics.
* Hispanic includes persons of Hispanic origin of any race.

Chart 21. Birth Rates for Teenagers 15-19 Years of Age, District of Columbia and the United States, 1991 and 2001



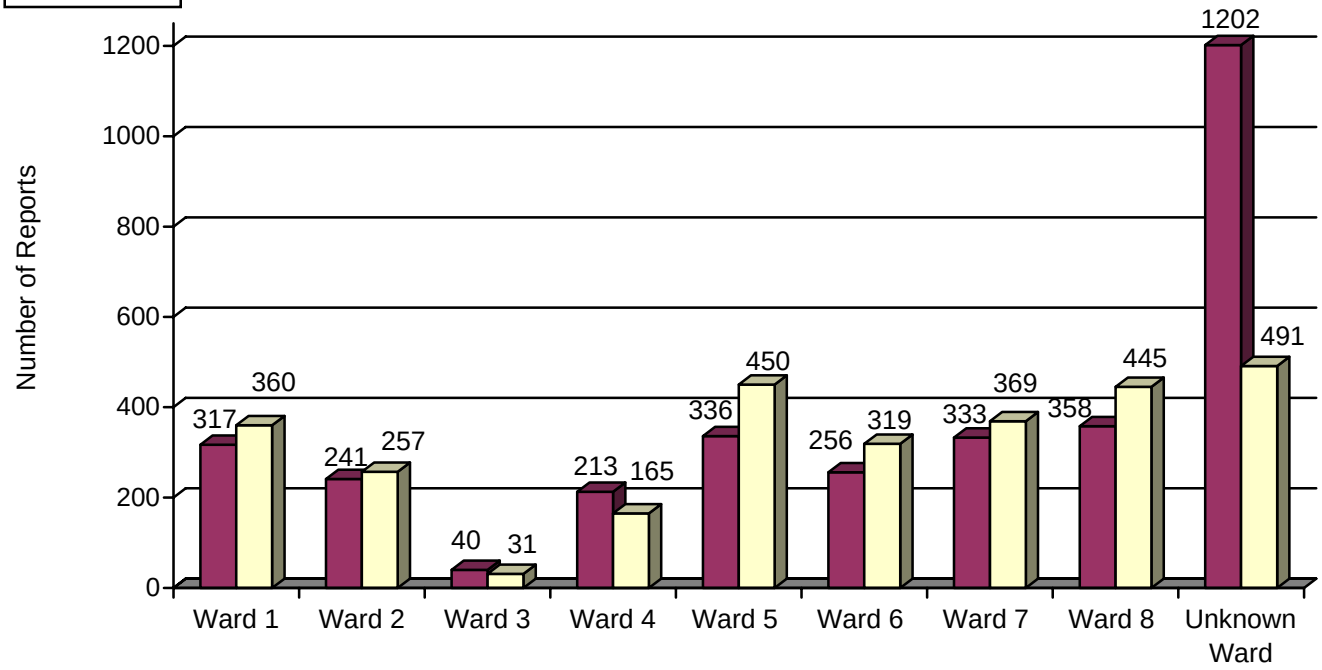
Source: Centers for Disease Control and Prevention, National Vital Statistics Report, 2002.

Chart 22. Sexually Transmitted Diseases (Syphilis, Herpes and HIV), Reported Cases by Ward, District of Columbia 2001



Source: District of Columbia Department of Health,
Division of Sexually Transmitted Disease Control, 2001 Annual Reports.

Chart 23. Sexually Transmitted Diseases (Chlamydia and Gonorrhea) Reported Cases by Ward, District of Columbia 2001



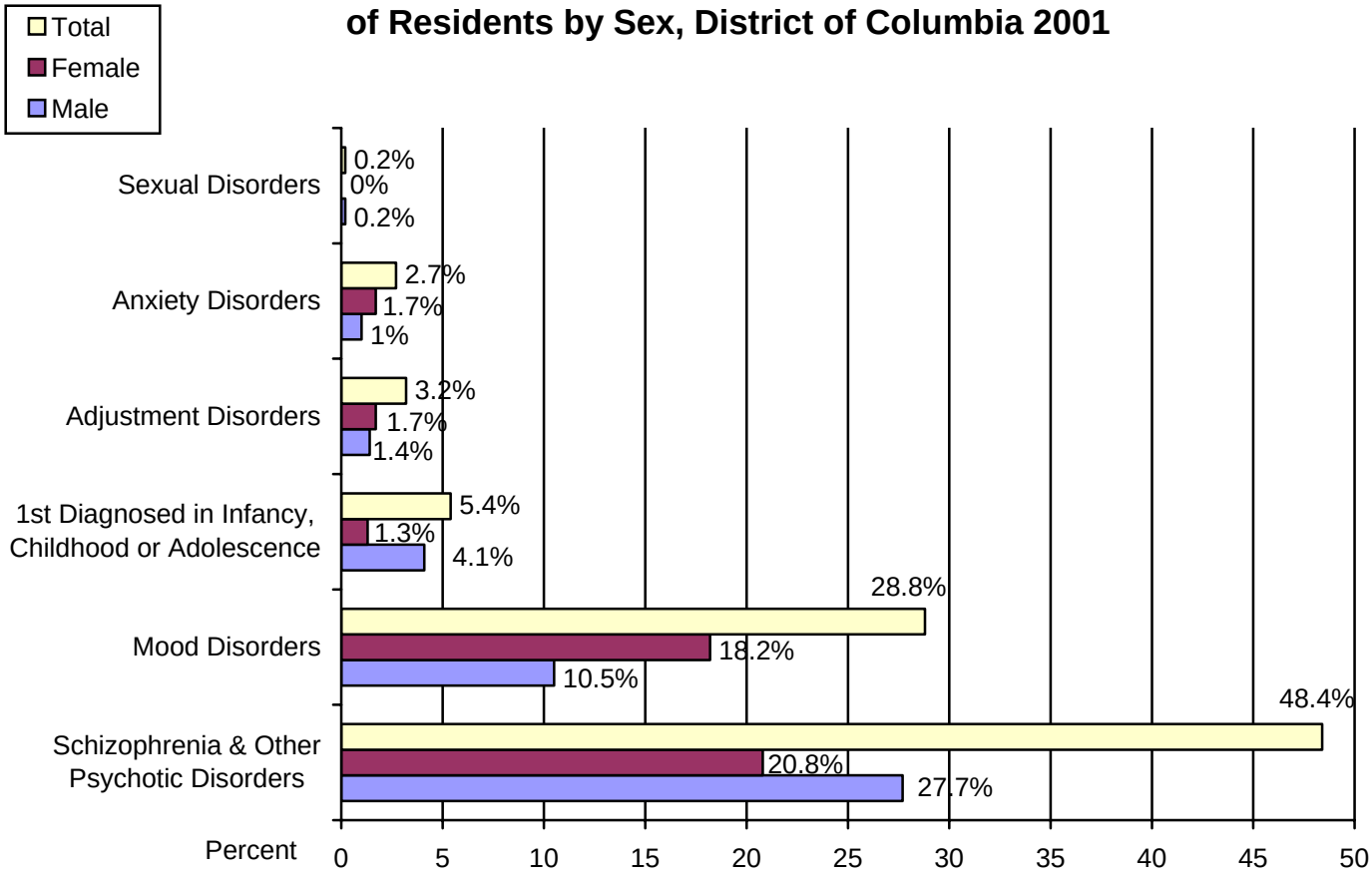
Source: District of Columbia Department of Health,
Division of Sexually Transmitted Disease Control, 2001 Annual Reports.

F. Mental Health

Many years of research have shown that Mental Health is an indicator directly related to many outcomes in the physical health of individuals. Mental health can be defined as a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity (23). Being mentally healthy is, in turn, also essential to not only an individual's wellbeing, but also family and community wellbeing. A measure called Disability Adjusted Life Years (DALY) was used by the Global Burden of Disease Study conducted by the World Health Organization, Harvard University and the World Bank, to express years of life lost to premature death and years lived with disability of specified severity and duration. The DALY measure permits a comparison of the global burden of various diseases. Mental health (including suicide) with a DALY of 15.4 percent was second only to cardiovascular disease with a DALY of 18.6 percent. Cancer and all respiratory conditions ranked 3rd and 4th after mental illnesses with a DALY of 15 percent and 4.8 percent, respectively.

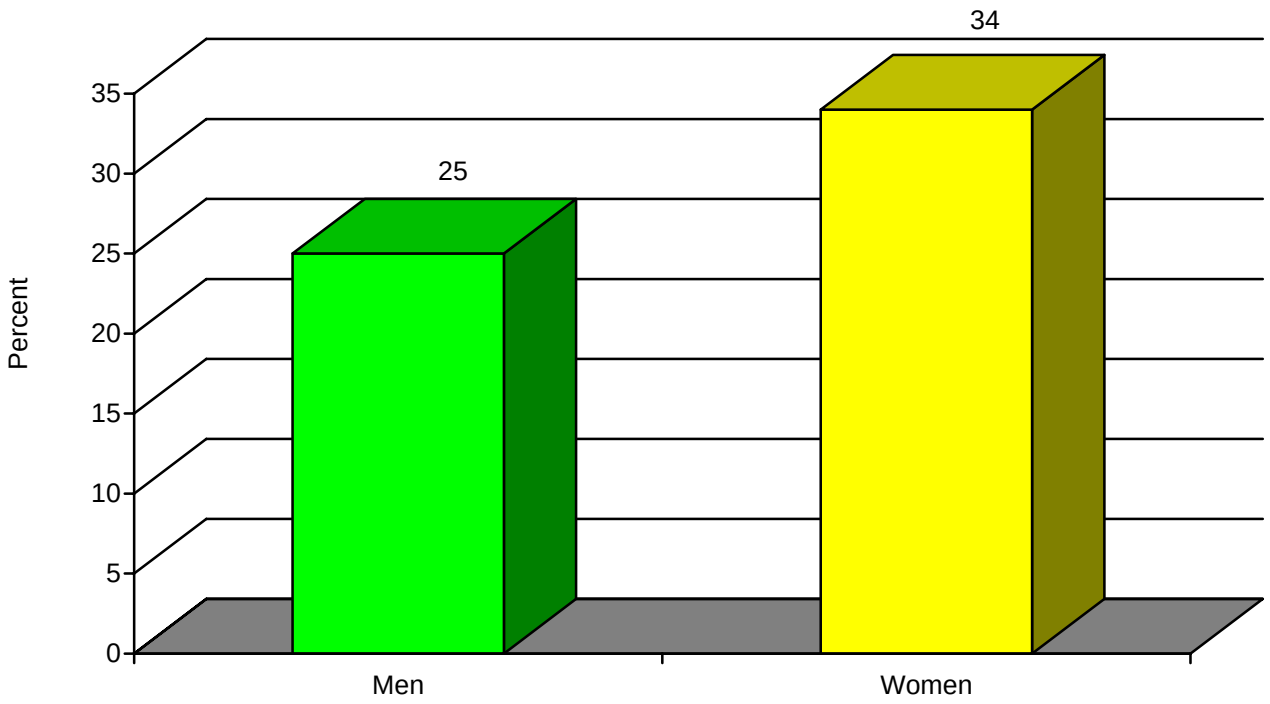
In the United States approximately 20 percent of the population suffers from a mental illness. Mental health data for the District of Columbia comes from clinics in the Department of Mental Health that served 7,908 in-patients and out-patients in FY-2001. By the year 2010 the District of Columbia Department of Mental Health expects to expand by 10 percent annually the proportion of District's schools to have prevention, early intervention and treatment services available to children and their families (baseline: 9.3 percent by 2001). Another Healthy People 2010 goal is to establish mental health services based on an Individual Recovery Plan for adults, and have mental services available through outreach workers for homeless adults in the District. Local data on Mental Health are presented in the bar graphs that follow. (See pages 36 to 39).

Chart 24. Range of Diagnosis for the Served Population of Residents by Sex, District of Columbia 2001



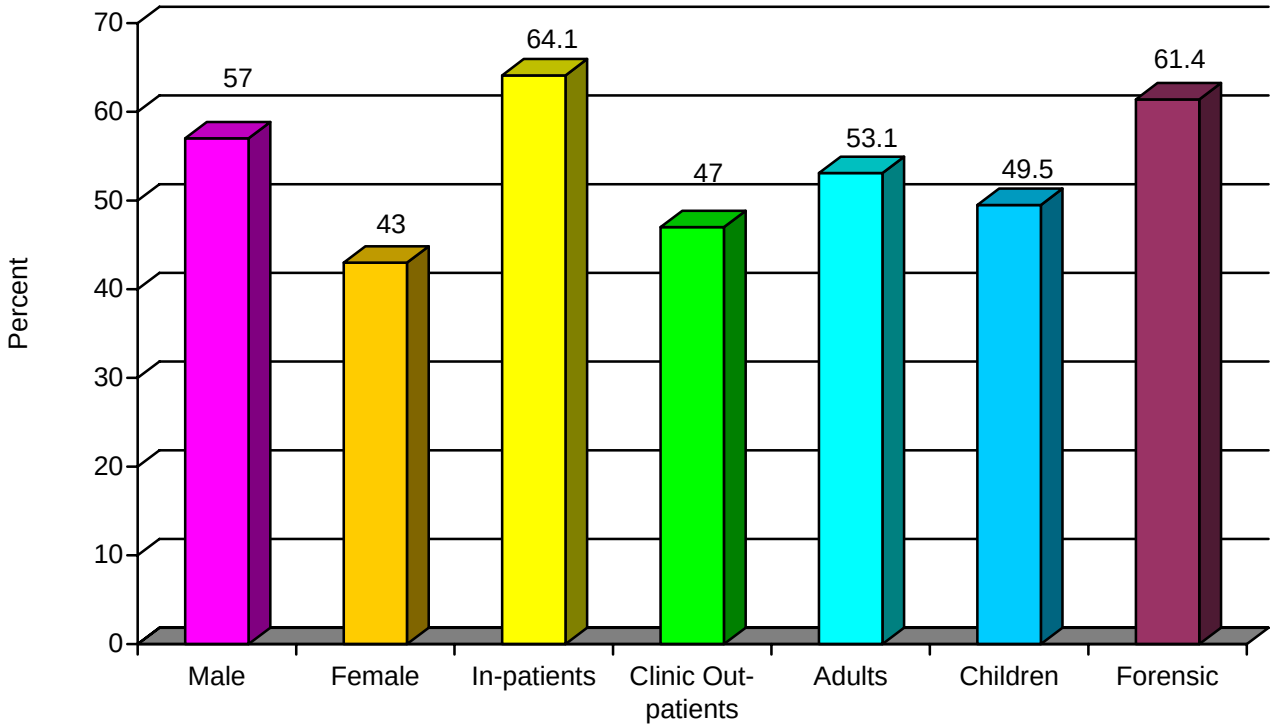
Source: Department of Mental Health Report - fiscal year 2001.
Note: Total number of Served Patients = 7,908.

Chart 25. Hispanics* Saying that they Suffered from Depression by Sex, District of Columbia 1998



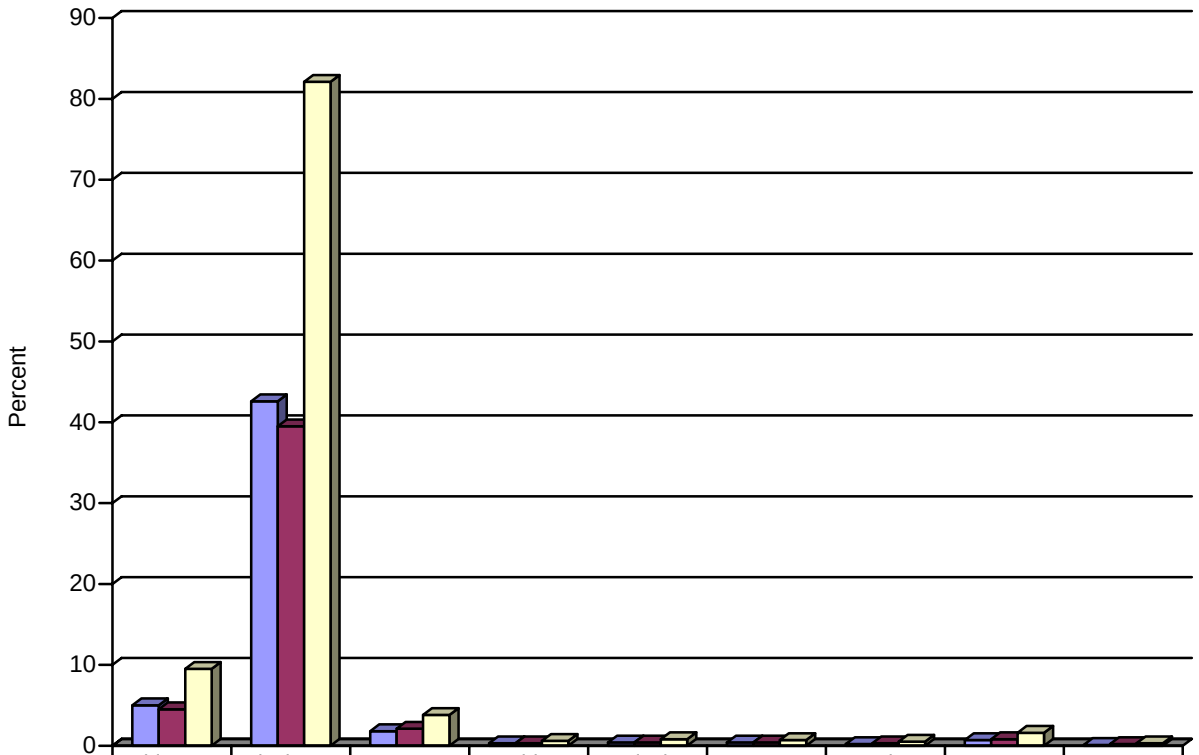
Source: The State of Latinos in the District of Columbia, 2002.
* Hispanic includes persons of any Hispanic origin of any race.

Chart 26. Patients with Diagnosed Schizophrenia, by Sex, Age and Patient Status, District of Columbia Residents, 2001



Source: Department of Mental Health Report, FY2001.
Note: Total number of Served Patients on 2001 was 7,908.

Chart 27. Patients Receiving Mental Health Services by Race/Ethnicity and Sex, District of Columbia 2001



	White non Hispanic	Black non Hispanic	Hispanic*	White Hispanic	Black Hispanic	Asian	Native American	Other	Unknown
Male	5	42.6	1.8	0.3	0.4	0.4	0.2	0.7	0.09
Female	4.5	39.5	2.1	0.3	0.4	0.4	0.3	0.8	0.2
Total	9.5	82.1	3.8	0.6	0.8	0.7	0.5	1.6	0.3

Source: Department of Mental Health Report, FY 2001.
Note: Total number of Served Patients on 2001 was 7,908.
* Hispanic includes persons of Hispanic origin of any race.

G. Injury and Violent Behaviors

Injuries and violent behaviors are considered serious public health problems that result in morbidity and mortality. Included in this category are motor vehicle accidents and related deaths, homicides, suicides, domestic violence and occupational injuries, among others. Men, teenagers, young adults and minority residents are the most vulnerable groups.

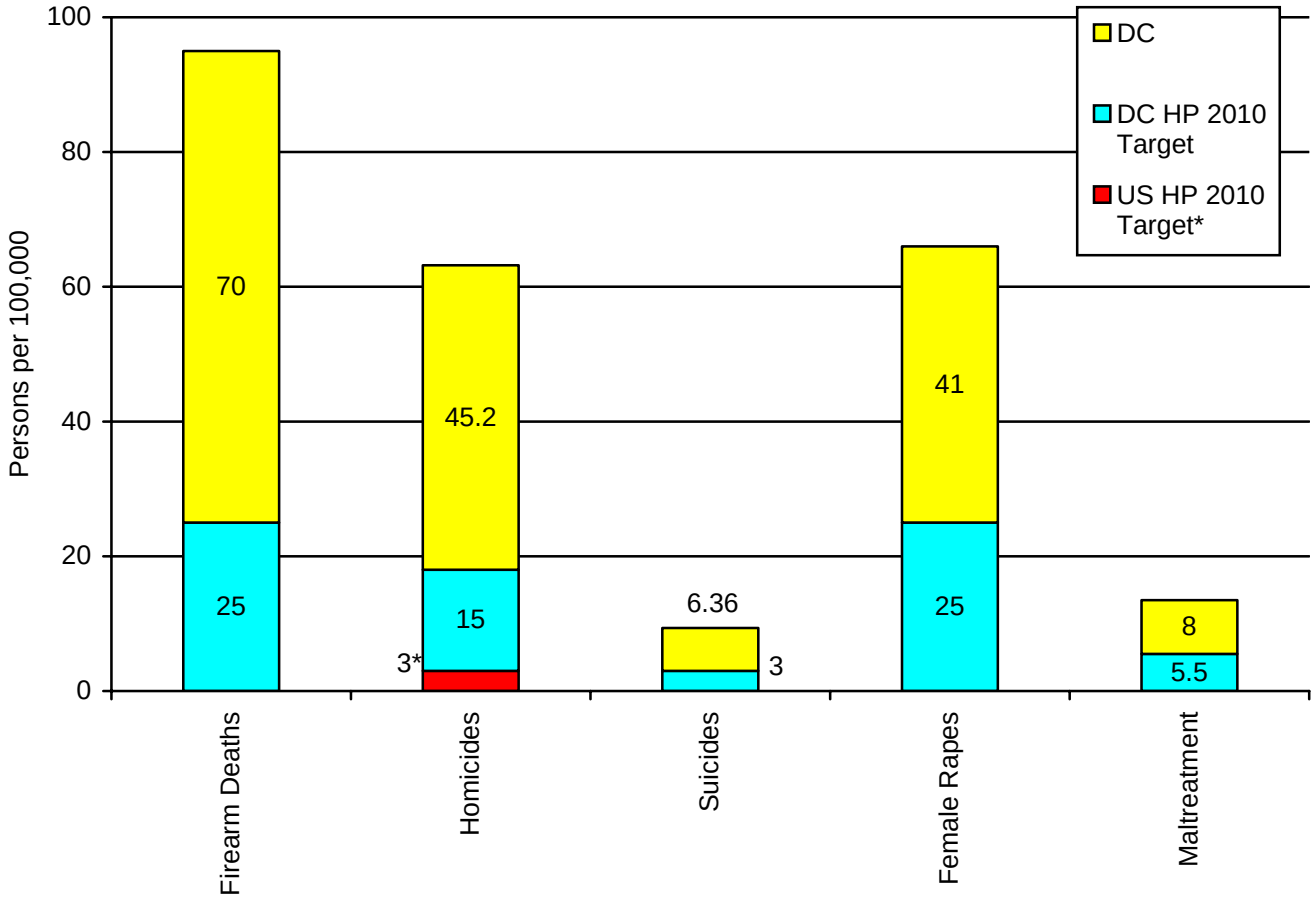
Injuries and violence-related injuries are a big problem among children and adolescents in the US. Every year approximately 15, 000 adolescents die from violence, and between 20 and 25 percent of children sustain sufficiently severe injuries that require medical attention (4). Children raised in violent environments are expected to continue the cycle. Violence in schools often results in school desertion.

The District of Columbia Healthy People 2010 goals for Injury/Violence prevention include:

- No more than 25 firearm related deaths per 100,000 District residents
- No more than 15 homicides per 100,000 District residents
- No more than 3 suicides per 100,000 District residents
- No more than 25 rapes or attempted rapes per 100,000 District residents
- And no more than 5.5 reports of maltreatment to children per 100,000 District children

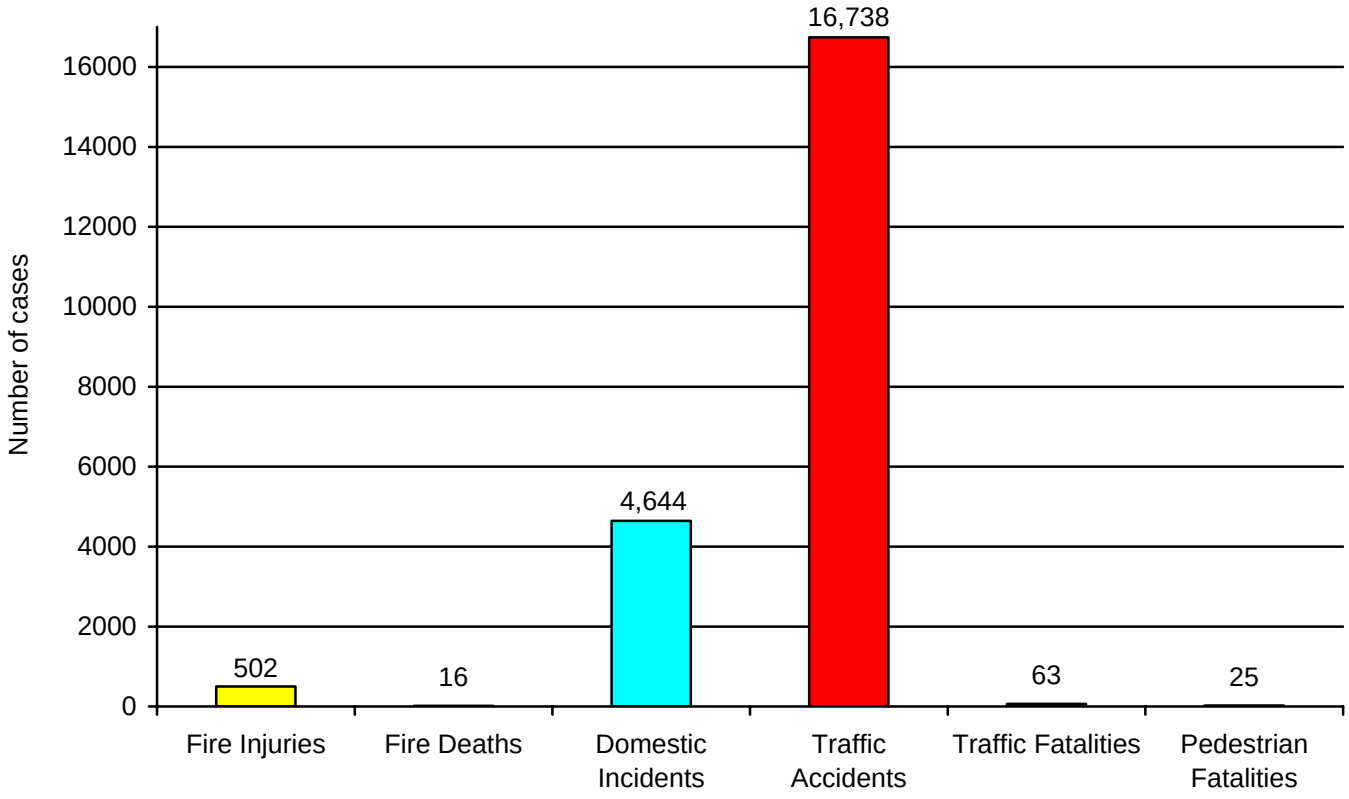
Local data on Injury and Violent Behaviors are presented in the bar graphs that follow. (See pages 41 to 50).

Chart 28. Reported Injuries and Violent Behaviors, District of Columbia 1997



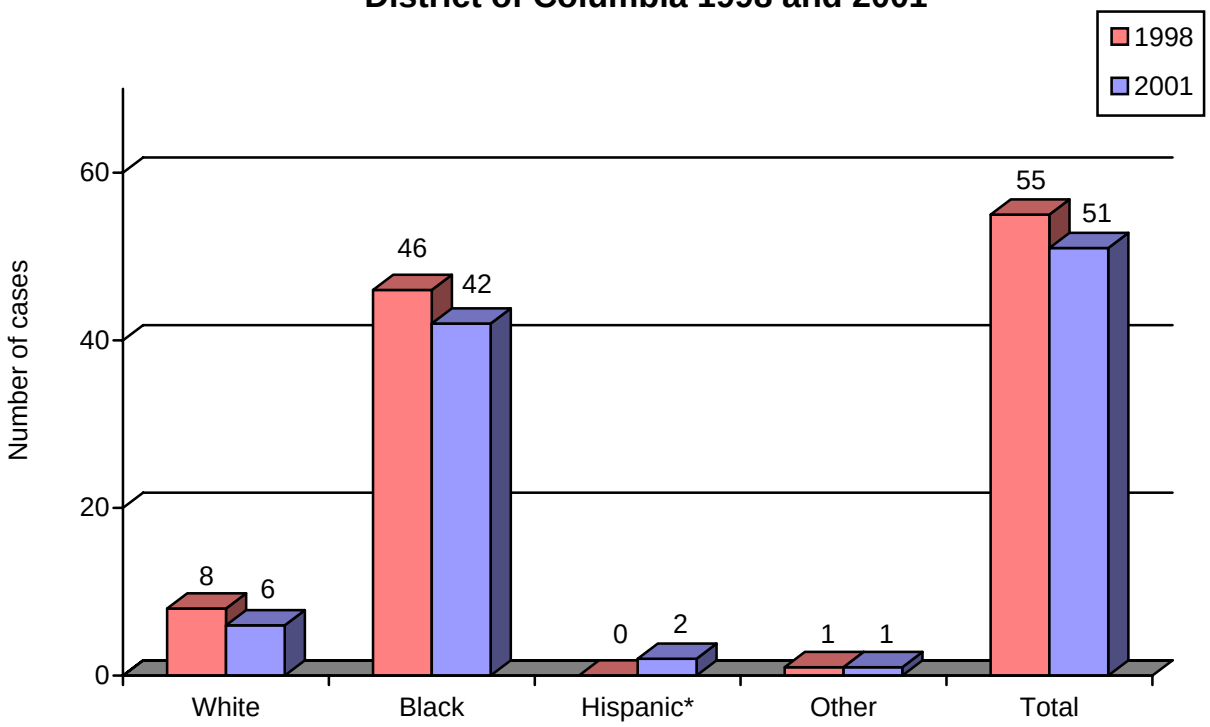
Source: District of Columbia Healthy People 2010, 2000.
* The US HP 2010 Target refers to 3.0 deaths per 100,000 population.

Chart 29. Reported Injuries and Violent Behaviors, District of Columbia 1997



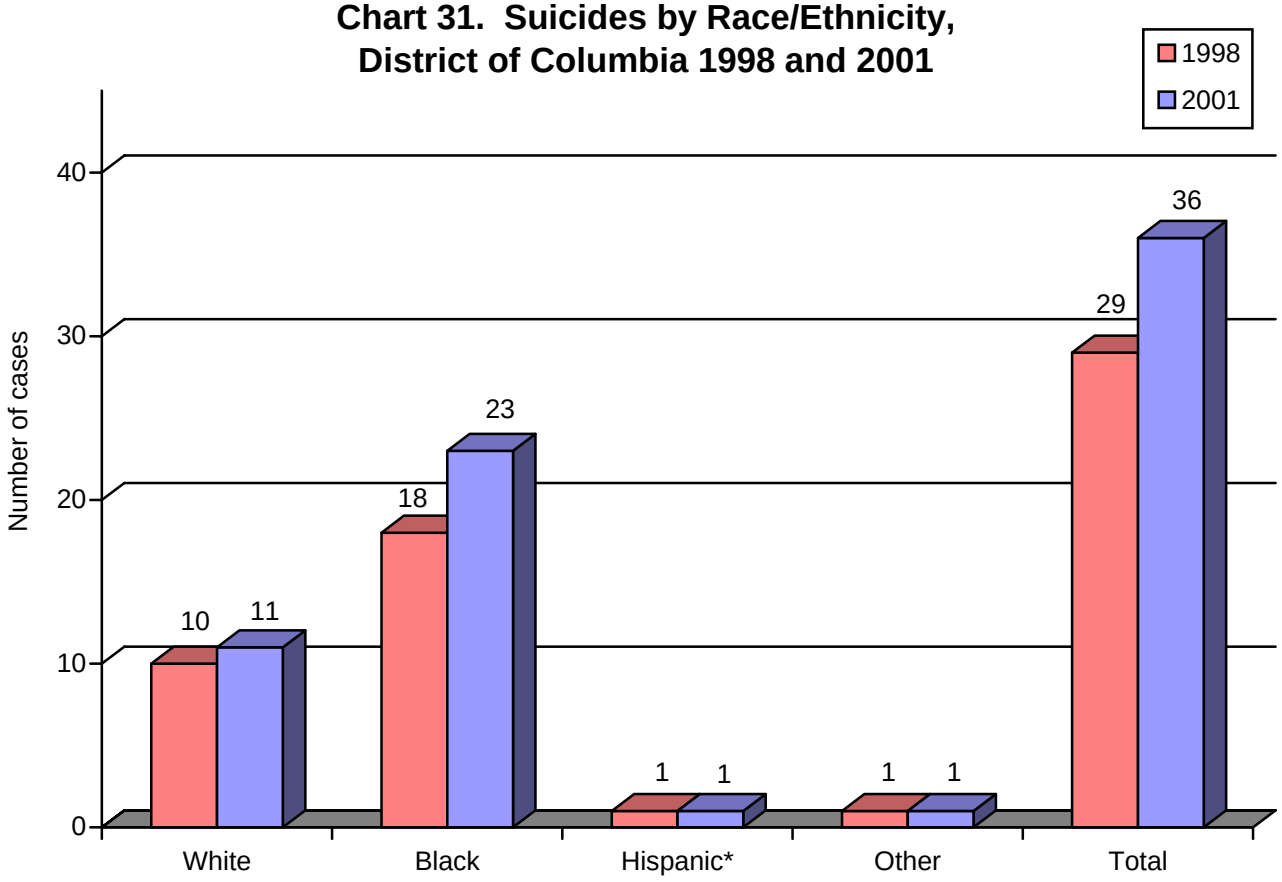
Source: District of Columbia Department of Health, Indices, 1997-1998.
Note: US Healthy People 2010 Target for Traffic Fatalities is 9.2 deaths per 100,000 population.

Chart 30. Motor Vehicle-Related Deaths by Race/Ethnicity, District of Columbia 1998 and 2001



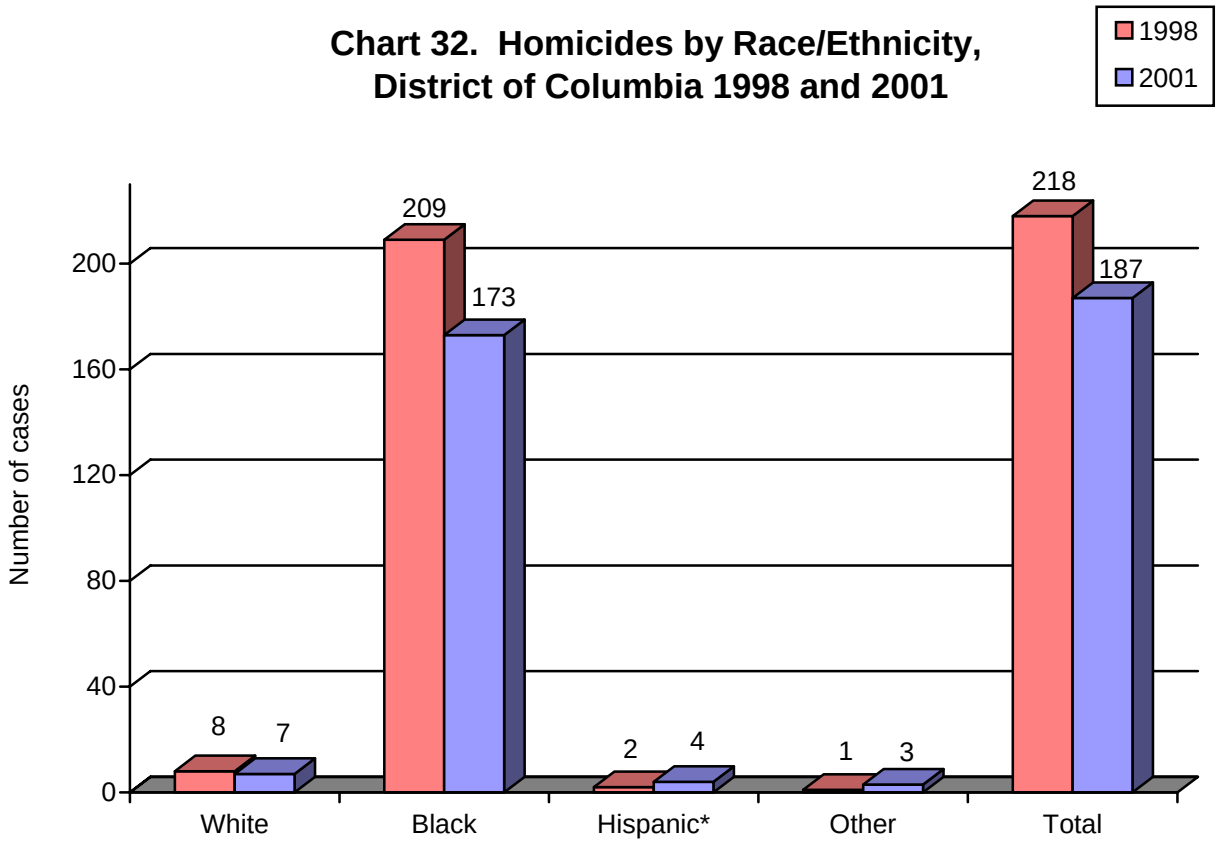
Source: District of Columbia Department of Health, State Center for Health Statistics.
* Hispanic includes persons of Hispanic origin of any race.

Chart 31. Suicides by Race/Ethnicity, District of Columbia 1998 and 2001



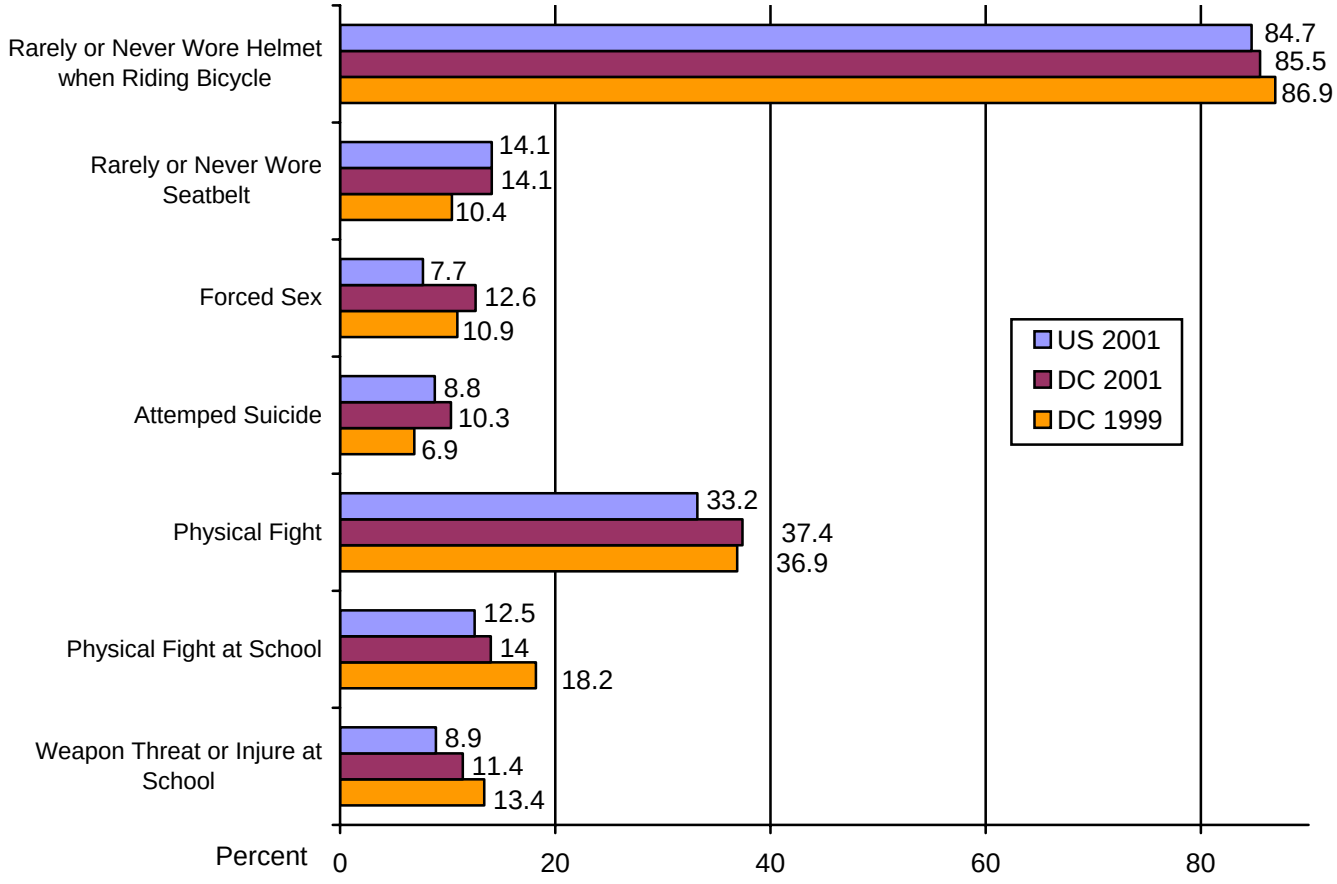
Source: District of Columbia Department of Health, State Center for Health Statistics.
* Hispanic includes persons of Hispanic origin of any race.

Chart 32. Homicides by Race/Ethnicity, District of Columbia 1998 and 2001



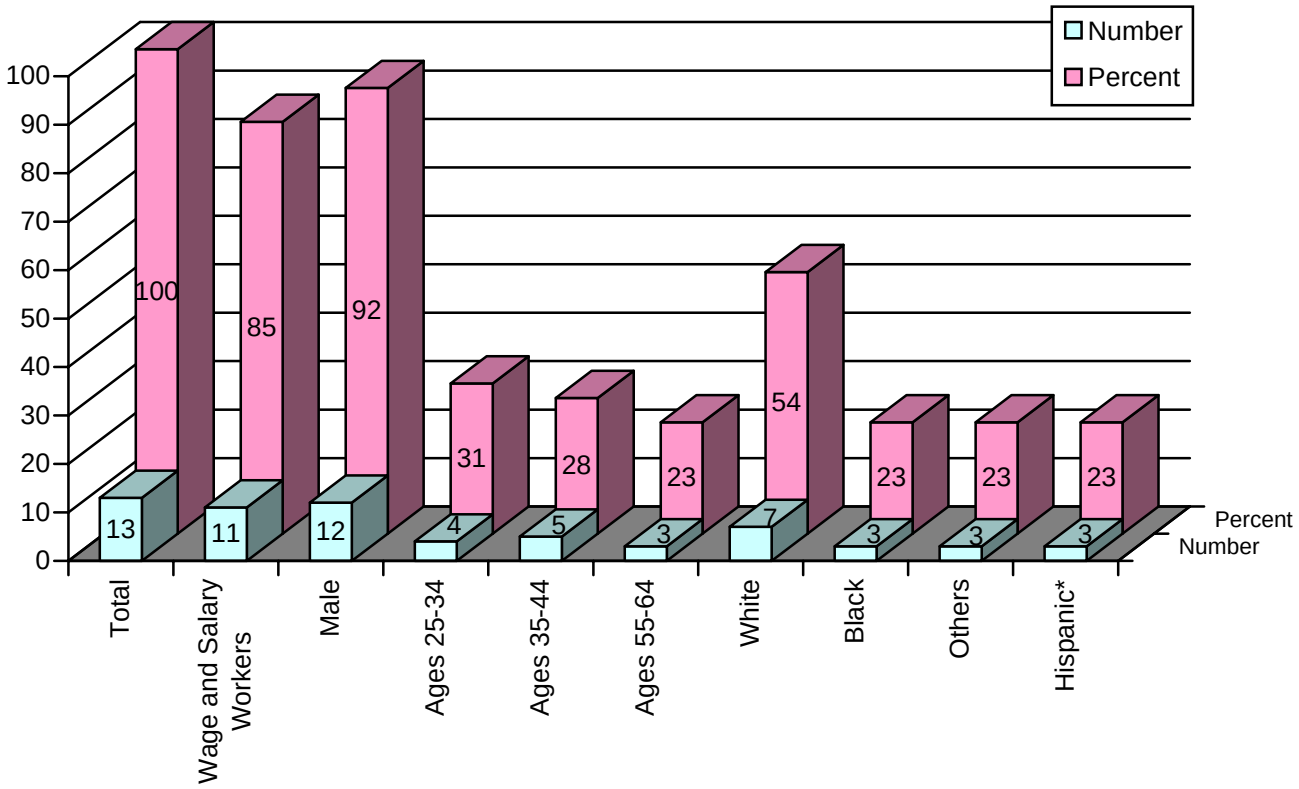
Source: District of Columbia Department of Health, State Center for Health Statistics.
* Hispanic includes persons of Hispanic origin of any race.

Chart 33. Injuries and Violent Behaviors Reported by Youth (Grades 9-12), District of Columbia and Nationwide 1999 and 2001



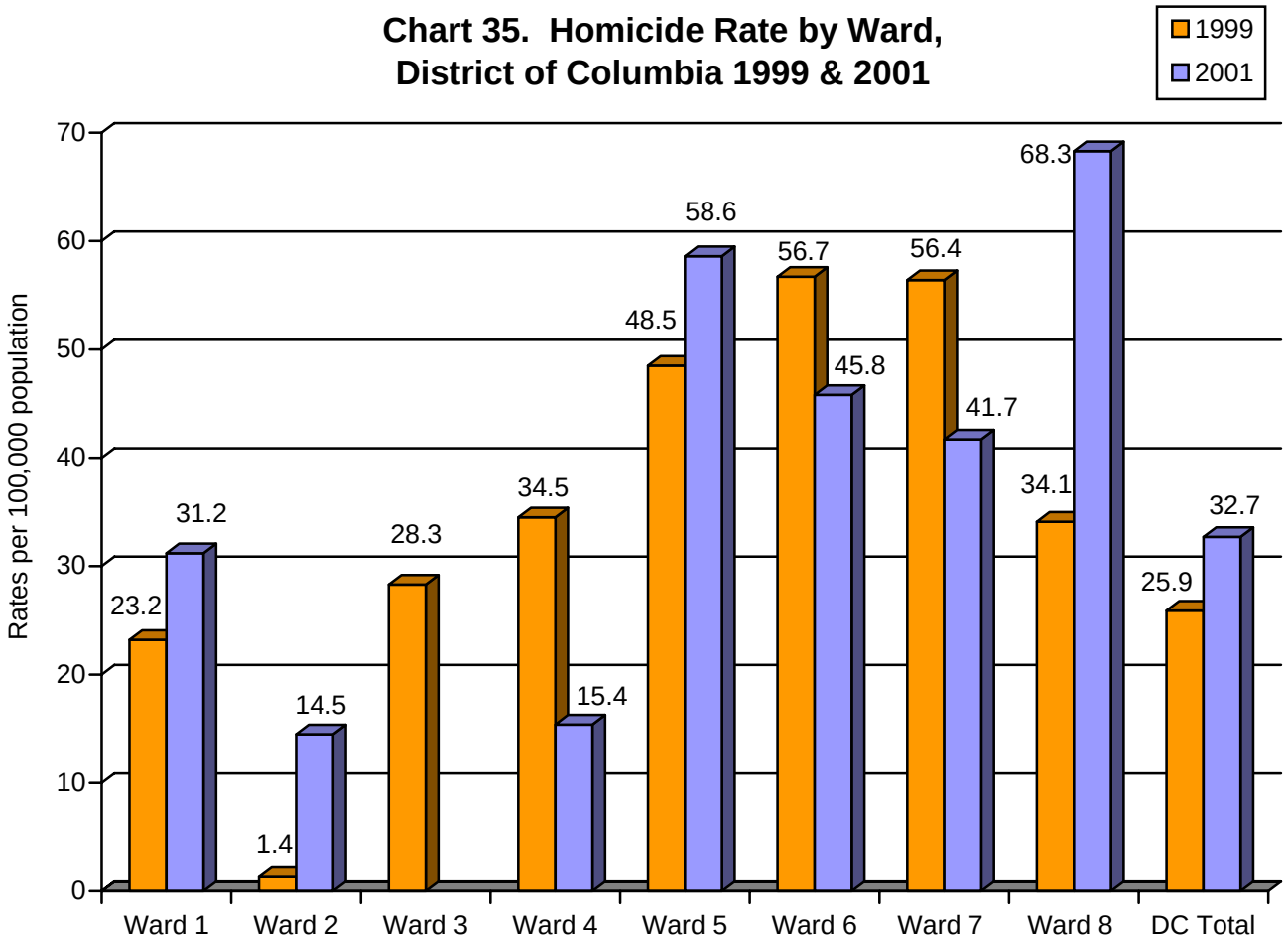
Source: Every Kid Counts in the District of Columbia Fact Book, 2002.

Chart 34. Fatal Occupational Injuries by Selected Categories, District of Columbia 1998



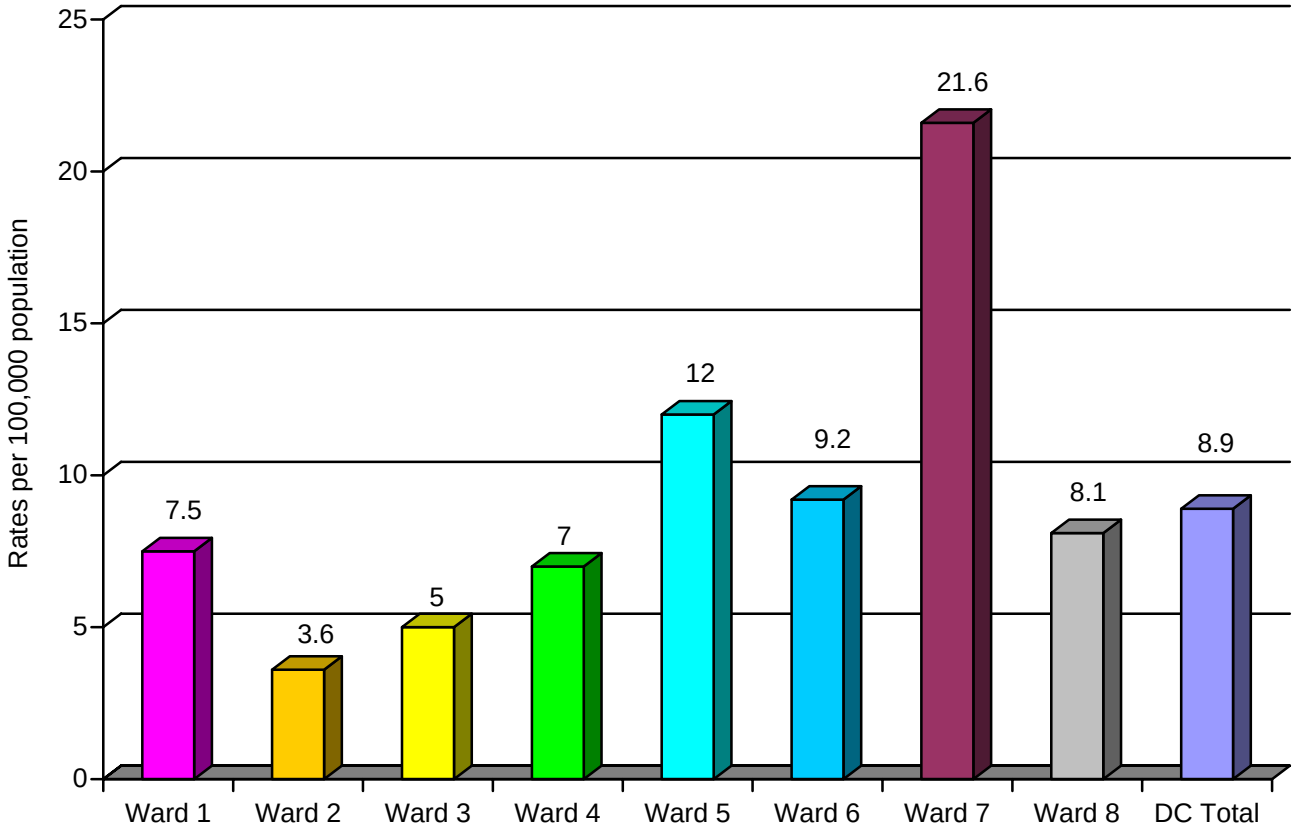
Source: District of Columbia Department of Health,
Bureau of Epidemiology and Health Risk Assessment, Data Book 2002.
* Hispanic includes persons of Hispanic origin of any race.
Note: Totals for major categories may include subcategories not shown separately.

Chart 35. Homicide Rate by Ward, District of Columbia 1999 & 2001



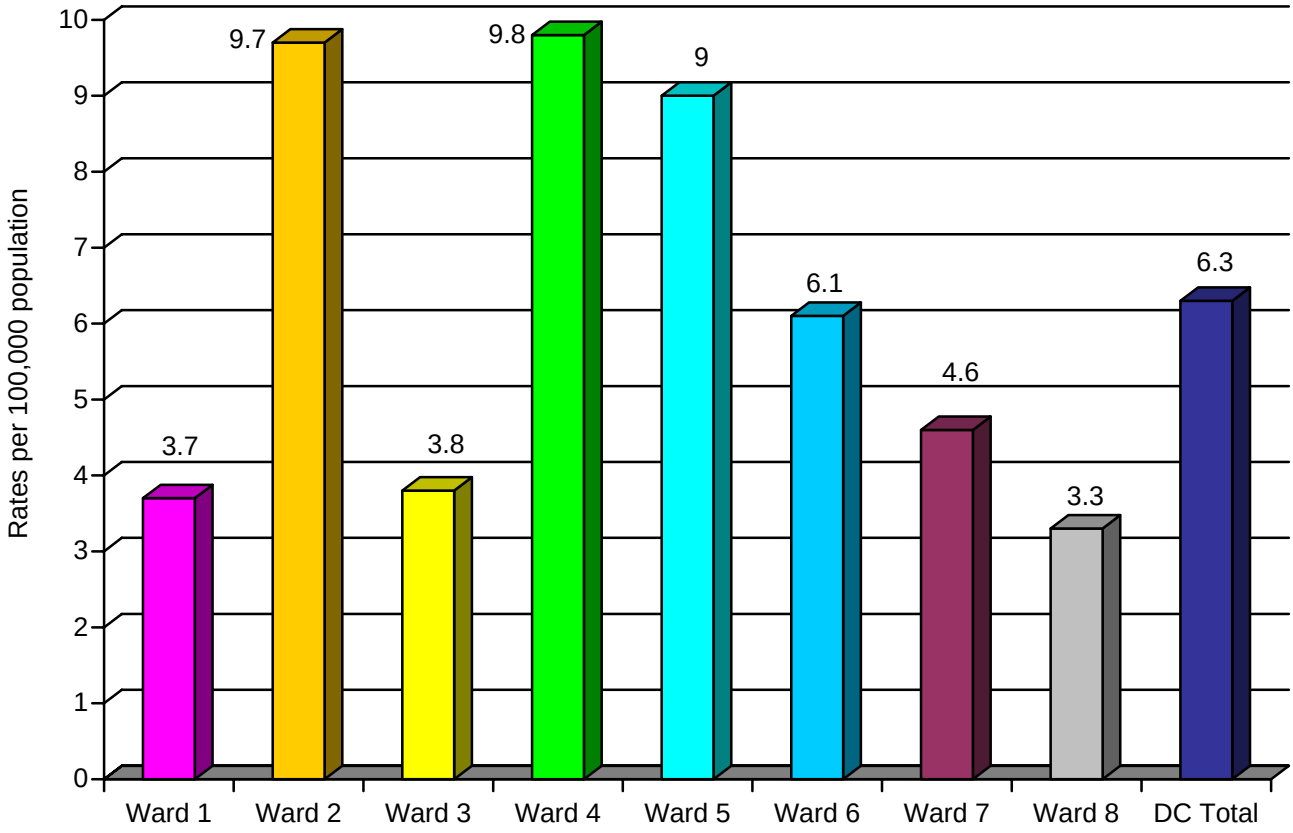
Source: District of Columbia Primary Care Association, 2002.

Chart 36. Motor Vehicle-Related Death Rate, District of Columbia 2001



Source: District of Columbia Department of Health, State Center for Health Statistics.

Chart 37. Suicide Rate by Ward, District of Columbia 2001



Source: District of Columbia Department of Health, State Center for Health Statistics.

H. Environmental Health

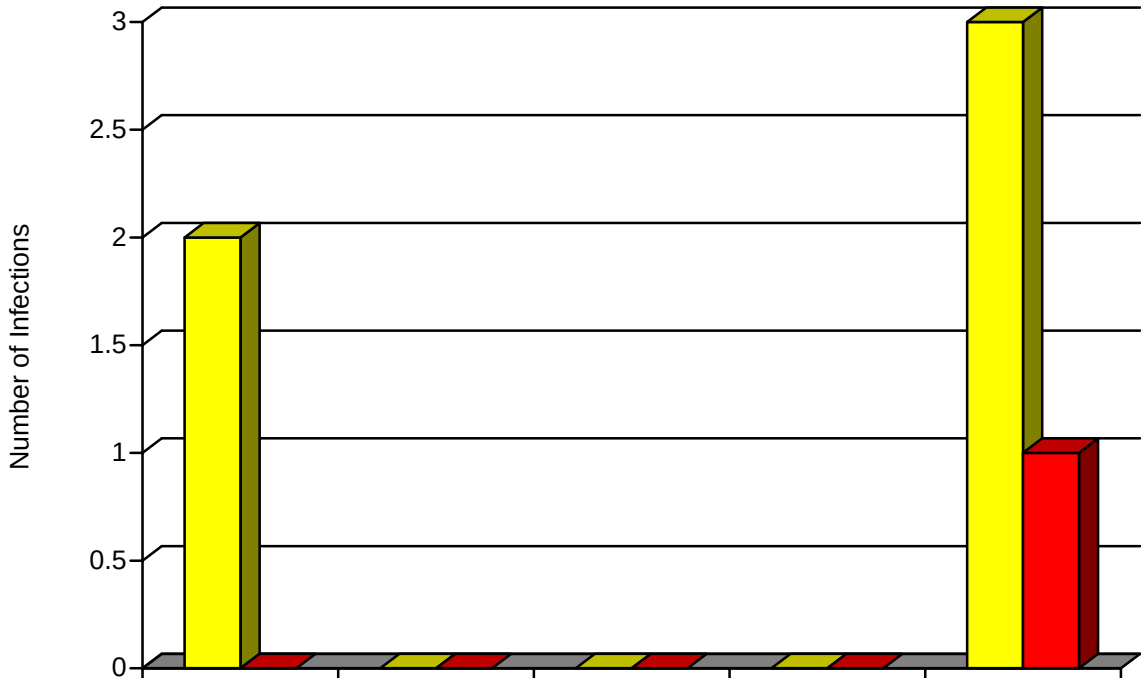
The quality of the environment plays an important role in the health status of residents. It is estimated by the Department of Health and Human Services that approximately 25 percent of all preventable illnesses worldwide, starting with diarrheal diseases and respiratory infections, can be attributed to poor environmental quality. Human exposure to toxic and hazardous substances in the air, water and soil, as well as in food and building materials, can result in many health conditions, birth defects, disabilities, and even death. The people most vulnerable to environmental hazards are those whose health status is already compromised by illness or such high-risk behaviors as tobacco use. The District of Columbia Healthy People 2010 Plan includes 2010 goals in the areas of toxic substances, hazardous waste, and food and drug safety. Though, baseline data for the District in many of these areas are often unavailable.

DC Healthy People 2010 goals:

- No more than 1 percent of the blood lead levels results exceeded 15 ug/dl in District's children ages 6 months to 6 years of age (baseline: 3 percent in 1999).
- No screenings of blood lead levels results in 25 ug/dl in District's children ages 6 months to 6 years of age (baseline: 2 percent in 1999).
- All National Priority List of hazardous waste sites in the District of Columbia have been remediated.
- The District has adopted and implemented the 1999 National Food Codes for institutional food operations and the new uniform food protection code for regulation of all District food operations.

Local data on Environmental Health are presented in the bar graphs that follow. (See pages 52 to 56).

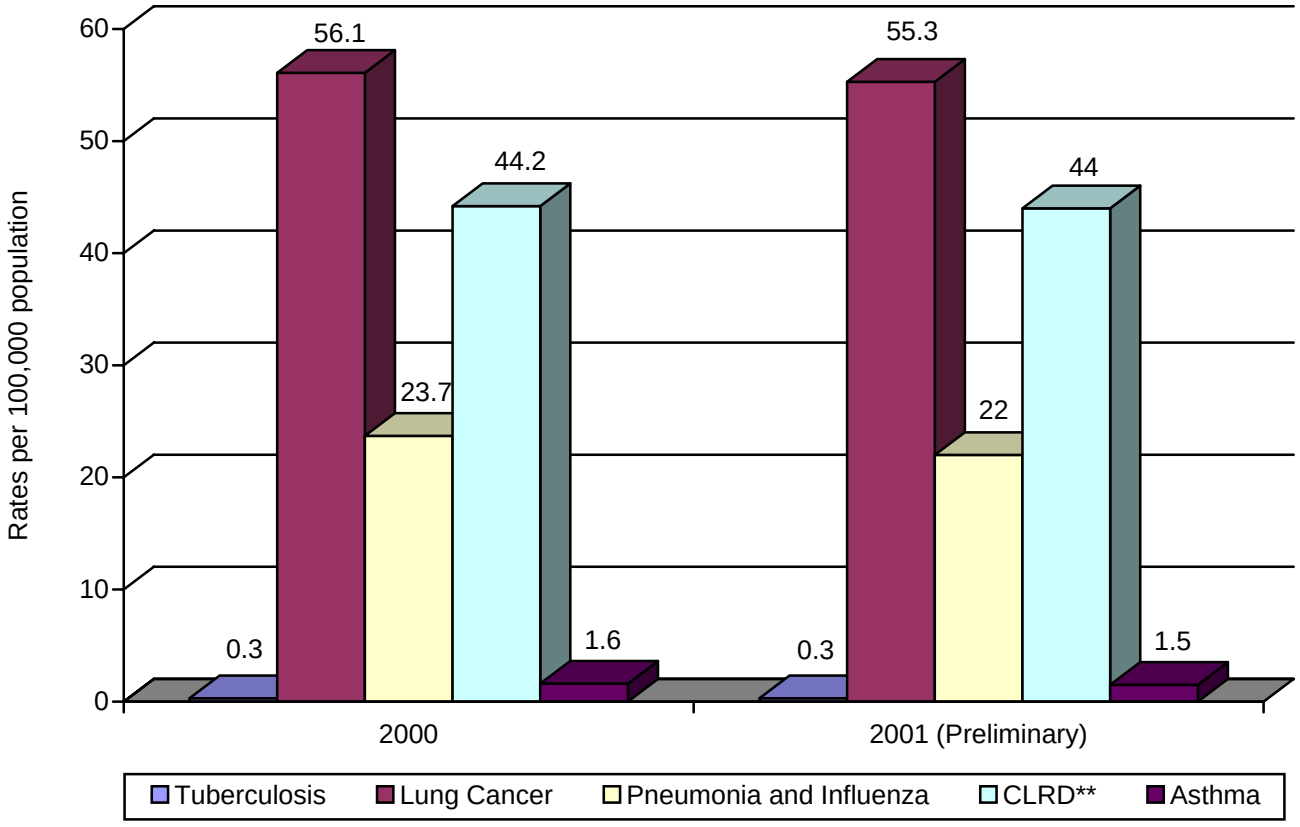
Chart 38. Food and Drug-Related Infections, District of Columbia 1998



	Salmonella	Campylobacter jejuni	Escherichia coli O157:H7	Lysteria monocygenes	Unknown ethiology
DC	2	0	0	0	3
DC HP 2010 Target	0	0	0	0	1

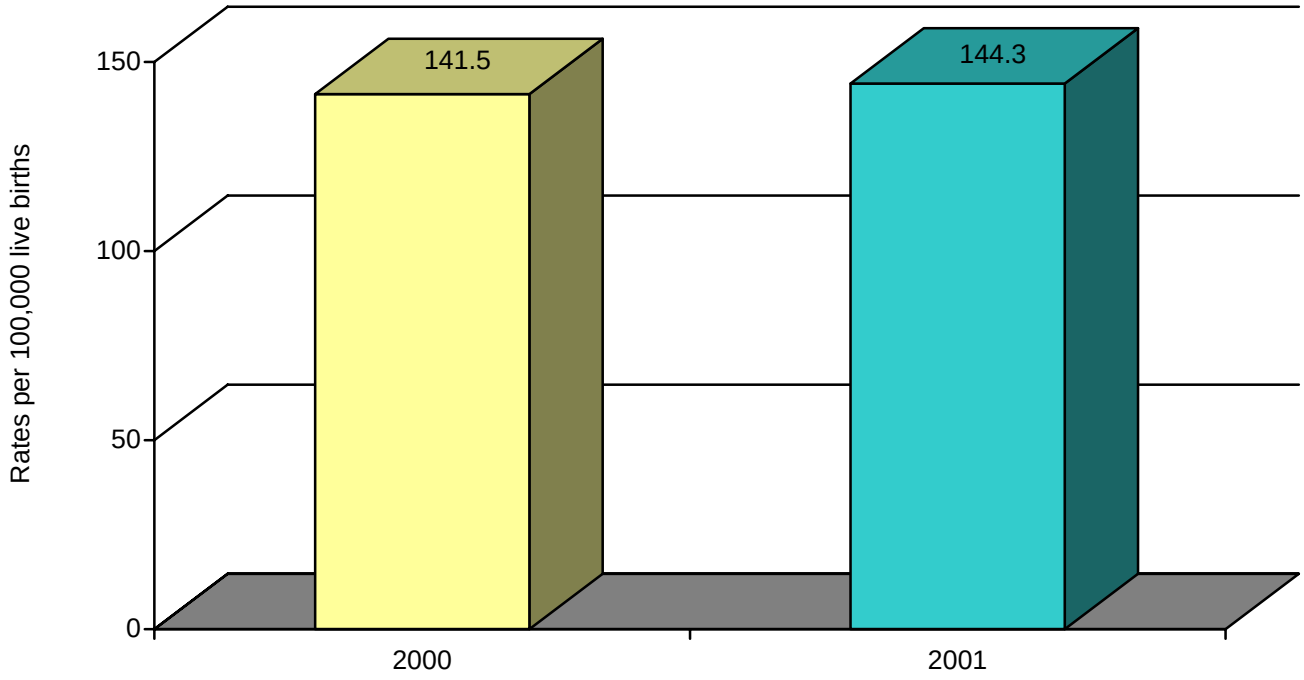
Source: District of Columbia Healthy People 2010 Plan.

Chart 39. Lung Disease Mortality, Age-Adjusted Rates*, District of Columbia 2000 and 2001 (preliminary)



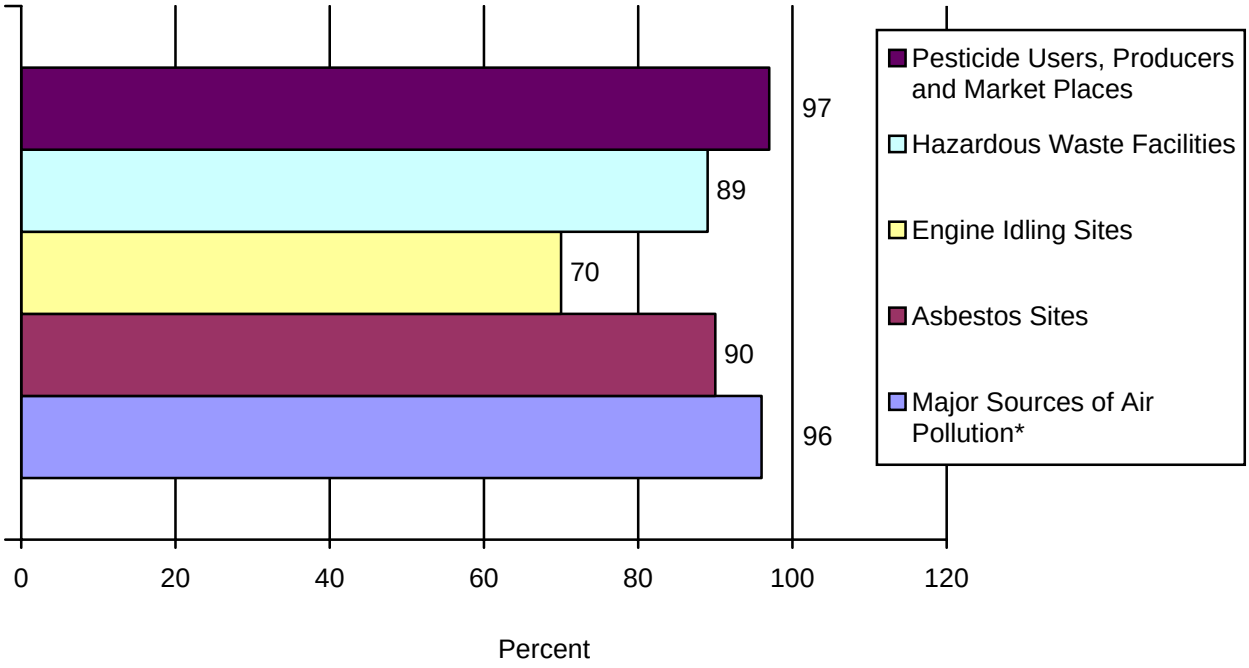
Source: Centers for Disease Control and Prevention, National Vital Statistics Reports, Vol. 51, No. 5, 2003.
* Rates are per 100,000 and age adjusted to the 2000 census for 2000 data and estimated populations for 2001 data.
** CLRD (Chronic Lower Respiratory Diseases as of ICD-10 code) including Asthma.

Chart 40. Infant Mortality Rate due to Congenital Malformations, Deformations and Chromosomal Abnormalities, District of Columbia, 2000 and 2001



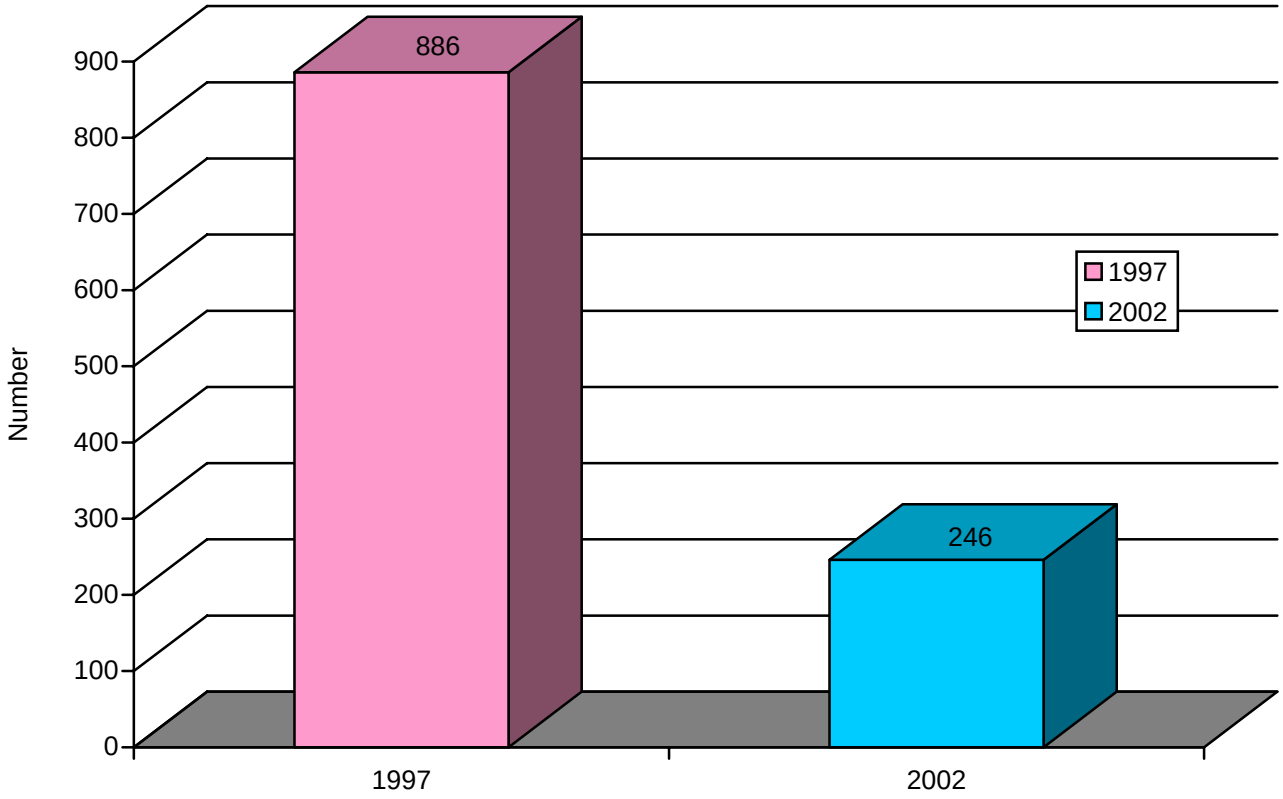
Source: Centers for Disease Control and Prevention, National Vital Statistics Reports, Vol. 51, No. 5, 2003.

Chart 41. Sources of Environmental Exposure in Compliance with Standards after Inspection, District of Columbia 2002



Source: District of Columbia Department of Health, State Center for Health Statistics, FY 2002 Program Measures Annual Report, 2003.
* Major sources of air pollution produce more than 50 tons of pollutants a year.

Chart 42. Number of Screened Children with Blood Levels of >15 ug/dl, District of Columbia 1997 and 2002



Source: District of Columbia Department of Health, State Center for Health Statistics, FY 2002 Program Measures Annual Report, 2003.

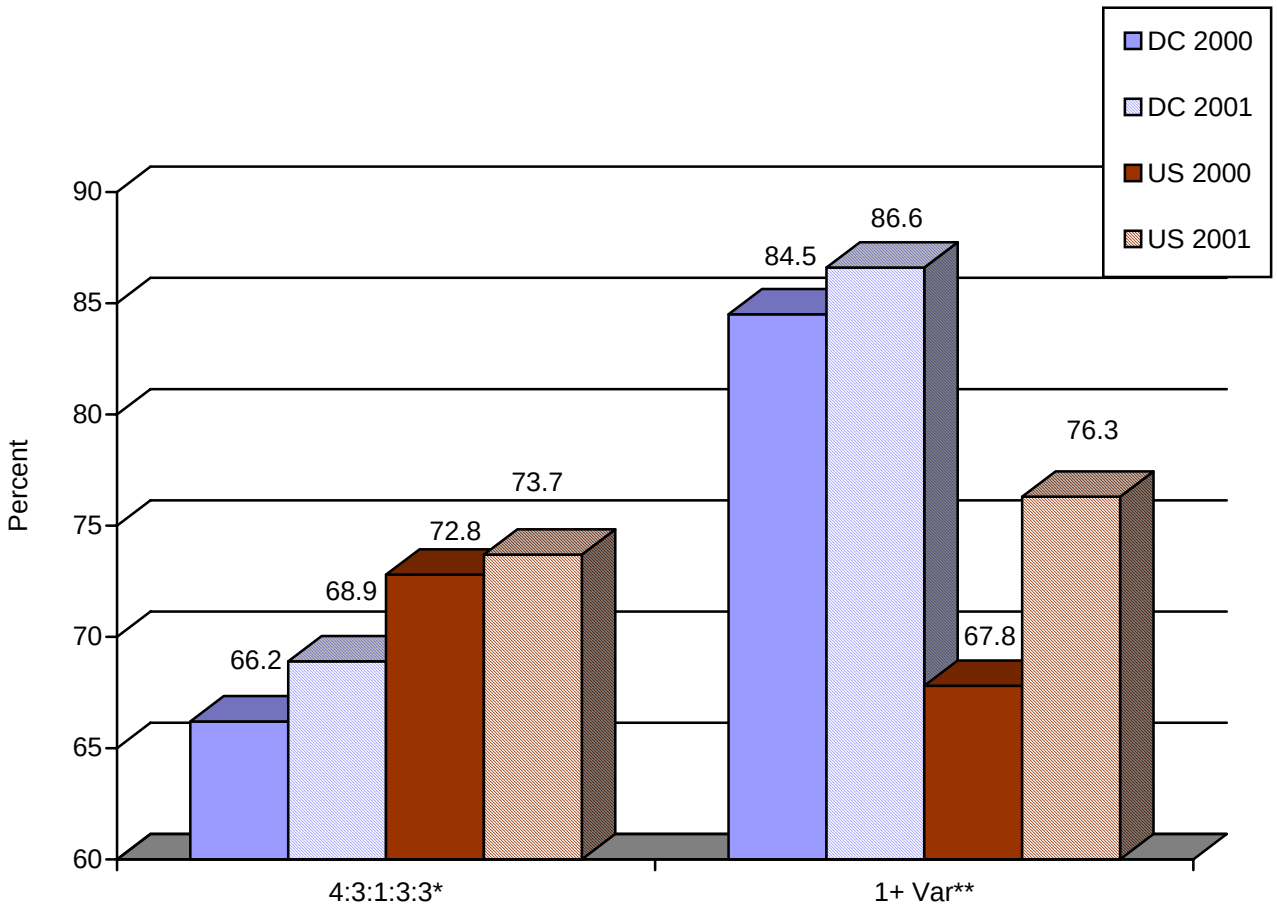
I. Immunization

Immunization is one of the most effective public health strategies to prevent infectious diseases. With the implementation of immunization campaigns, diseases like polio, measles, diphtheria, pertussis (whooping cough), rubella (German measles), mumps, tetanus, and *Haemophilus influenzae* type b (Hib) are being controlled in the US (4).

The recommended vaccines vary by age group. For infants by age two the recommended vaccines are measles, mumps, polio, rubella (German measles), pertussis (whooping cough), hepatitis A, hepatitis B, tetanus, spinal meningitis, pneumococcal disease, and chickenpox. The recommended vaccines for teenagers are varicella (chicken pox), hepatitis B, measels-mumps-rubella (MMR), and tetanus-diphteria. College students are recommended to have the Meningococcus vaccine. For adults age 50 and older, the recommended vaccine is Influenza and for adults age 65 and older is the Pneumococcal vaccine (4).

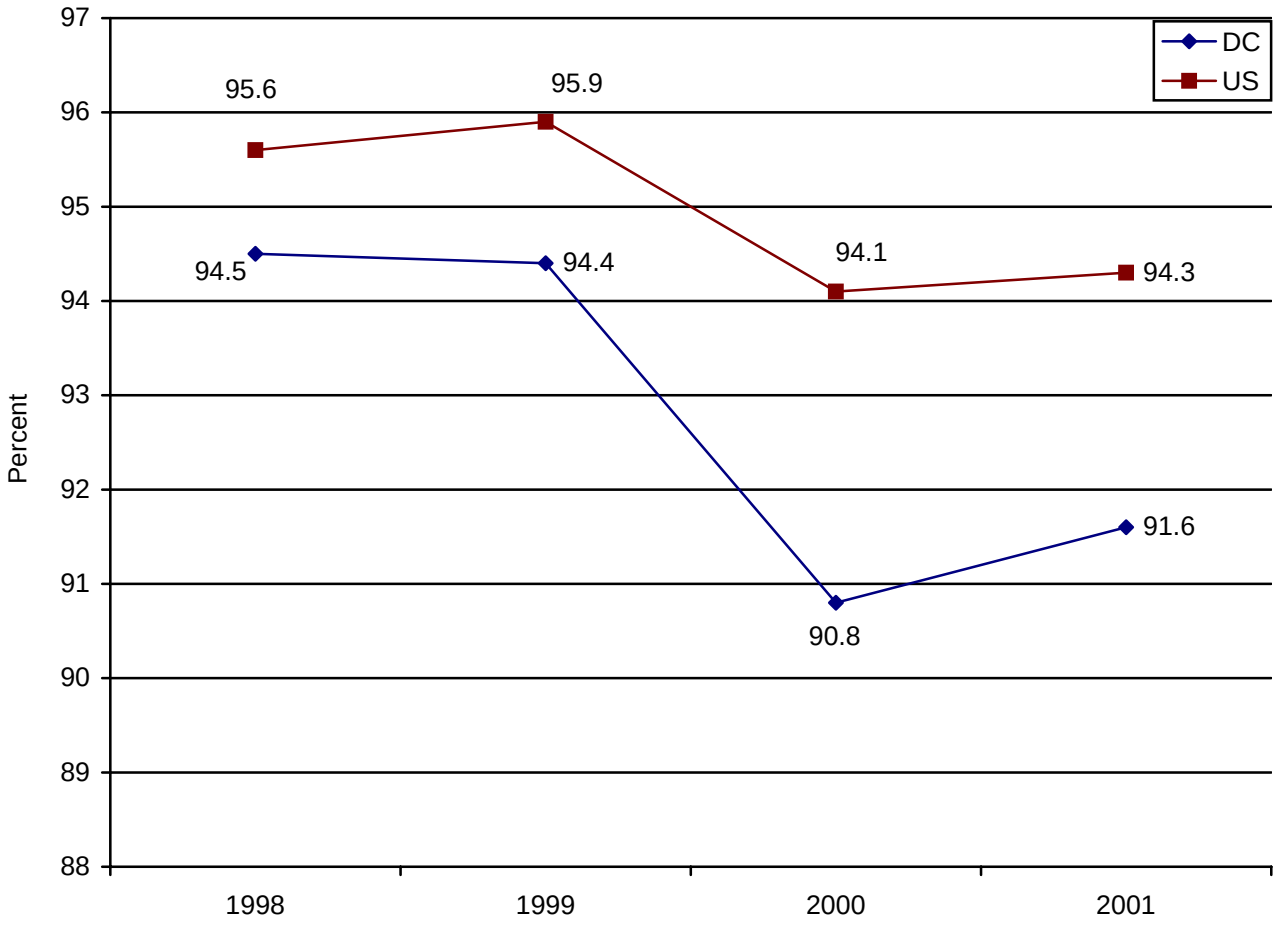
By 2010 the District's Healthy People goal is that primary immunization levels among children ages 19-35 months are 90 percent or higher. The 2010 goal for Influenza and Pneumococcal immunization among adults 65 years of age and older is 90 and 60 percent respectively. Local data on Immunization are presented in the bar graphs that follow. (See pages 58 to 60).

Chart 43. Estimated Coverage Rates for Selected Vaccination Series for Children Ages 19 - 35 Months, District of Columbia and Nationwide 2000 and 2001



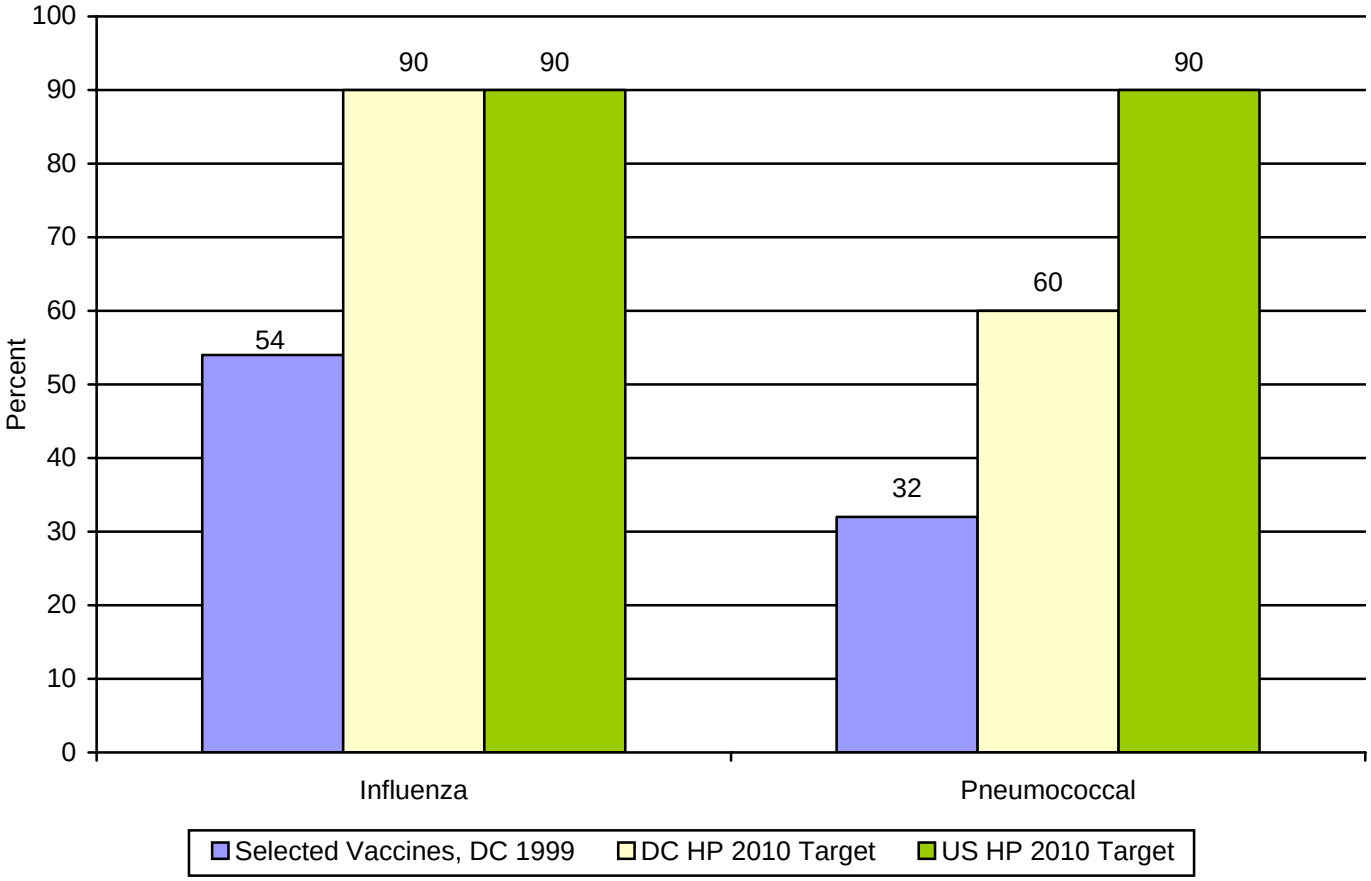
Source: US National Immunization Survey, 2000 and 2001.
*Four or more doses of DTP, three or more doses of poliovirus vaccine, one or more doses of any MCV (Measles-containing vaccine), three or more doses of Hib, and three or more doses of Hep B.
**One or more doses of Varicella at or after child's first birthday, unadjusted for history of varicella illness.

Chart 44. Vaccination Coverage for 3 or More Shots of Diphteria, Tetanus, Pertusis (DTP) for Children Ages 19-35 Months, United States and the District of Columbia 1998-2001



Source: Every Kid Counts in the District of Columbia, Fact Book 2002.

Chart 45. Coverage for Selected Vaccines for Adults Age 65 and Older, District of Columbia and United States, 1999



Source: District of Columbia Healthy People 2010 Annual Implementation Plan, 2002.

J. Access to Care

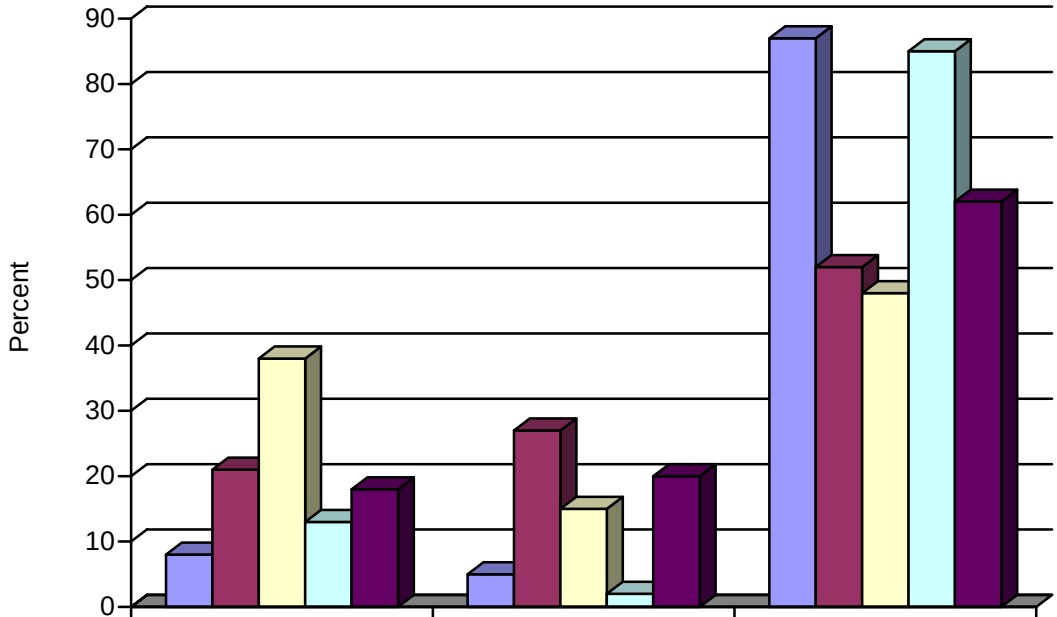
Appropriate access to health care is an indicator of the health status of an individual, a community, a state, a nation. Access to care requires that there be no barriers for an individual seeking to find appropriate health care (structural access), to afford health care (financial access), and to understand the services available (personal access). In 2000, 83.3 percent of adults (ages 18-64) in the District of Columbia and 82.1 percent in the US had some kind of health coverage (3).

The US Healthy People 2010 goal is that a 100 percent of persons under age 65 have health coverage. Several of the District's Healthy People 2010 goals are:

- The numbers of designated Health Professional Shortage Areas increase to 20 in the areas of primary care, dental care and mental care (baseline was 9 in 2001)
- Developing and implementing standards of care in 30 certified primary care facilities in order to improve access to comprehensive, high quality primary care.
- Increase to 95 percent the Temporary Assistance to Needy Families (TANF) enrollees that have a specified source of primary care (baseline 87% in 1998).
- Medicaid eligible persons will have access to comprehensive behavioral health services (i.e. mental health and substance abuse).

Local data on Access to Care are presented in the bar graphs that follow. (See pages 62 to 67).

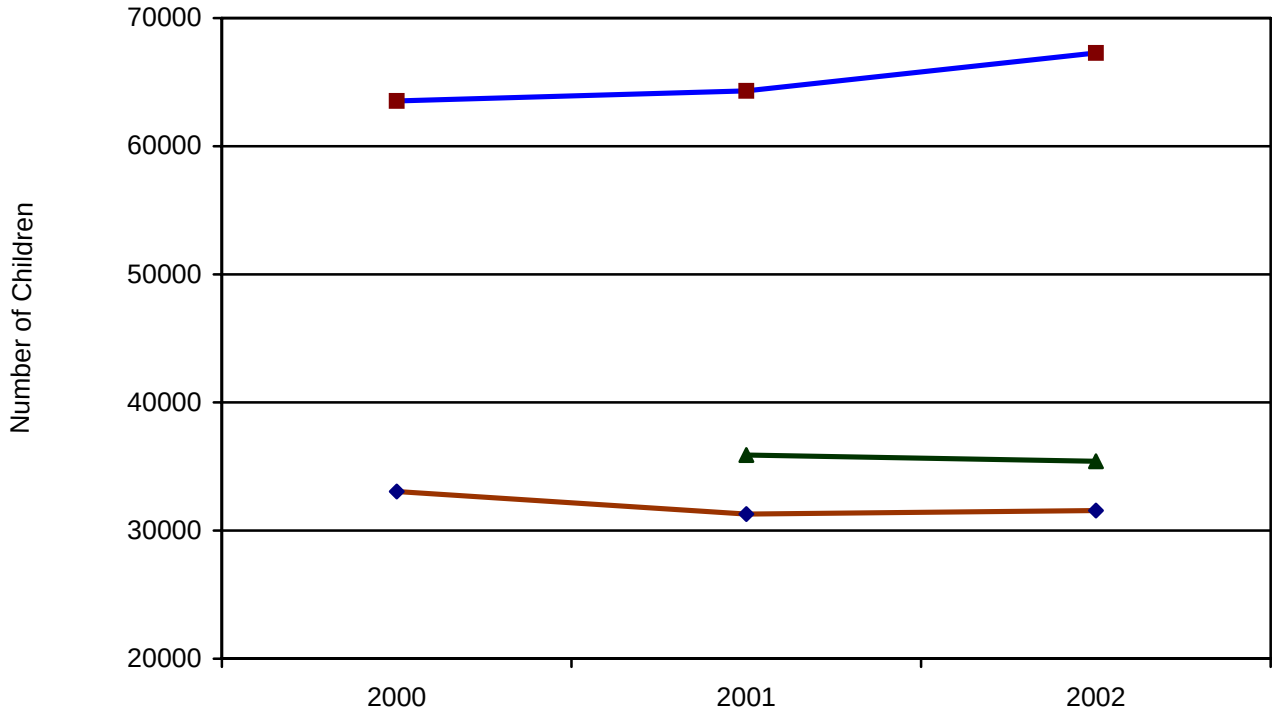
Chart 46. Health Insurance for the Non-Elderly (Ages <65) by Race/Ethnicity and Type of Insurance, District of Columbia 1998-2000



	Uninsured	Medicaid	Other
White	8	5	87
Black	21	27	52
Hispanic*	38	15	48
Other	13	2	85
Total	18	20	62

Source: The State of Latinos in the District of Columbia, 2002.
* Hispanic includes persons of Hispanic origin of any race.

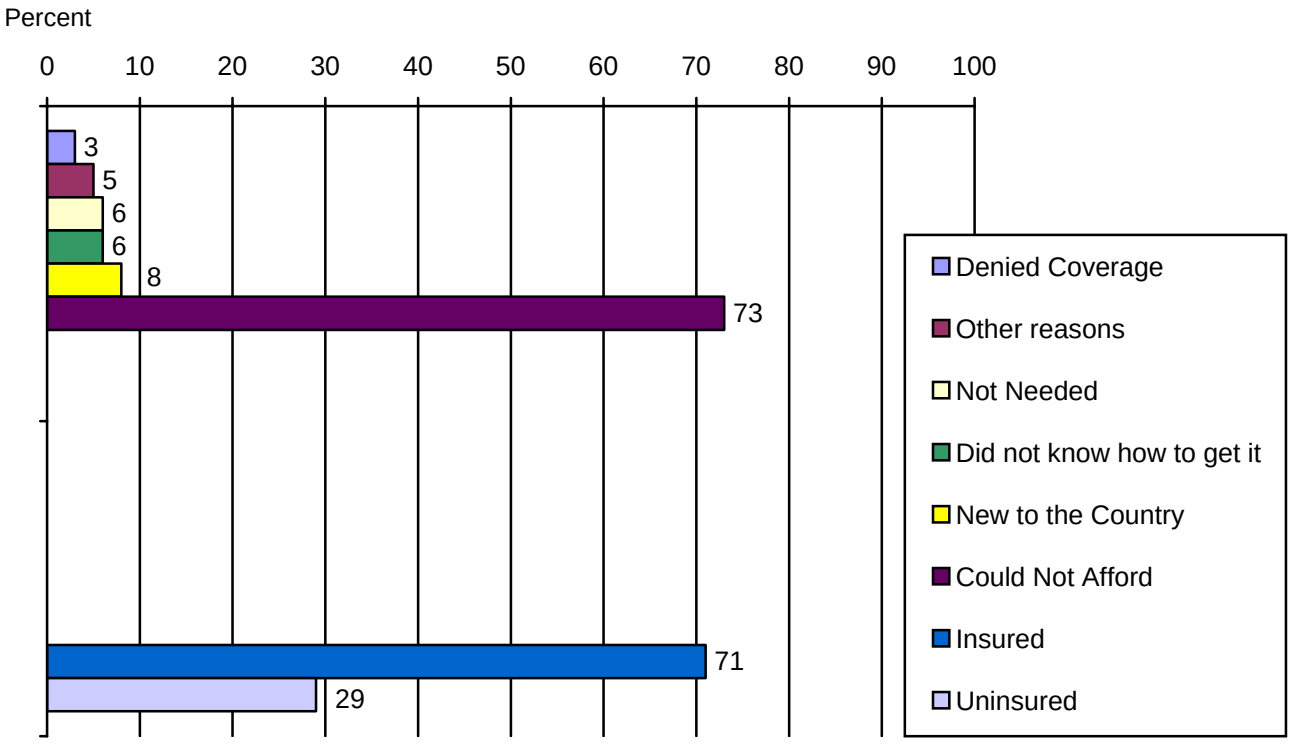
Chart 47. Children in the District of Columbia Receiving Government Assistance, 2000-2002



	June-00	June-01	June-02
Welfare	33049	31292	31562
Medicaid	63535	64320	67282
Food Stamps	-	35902	35412

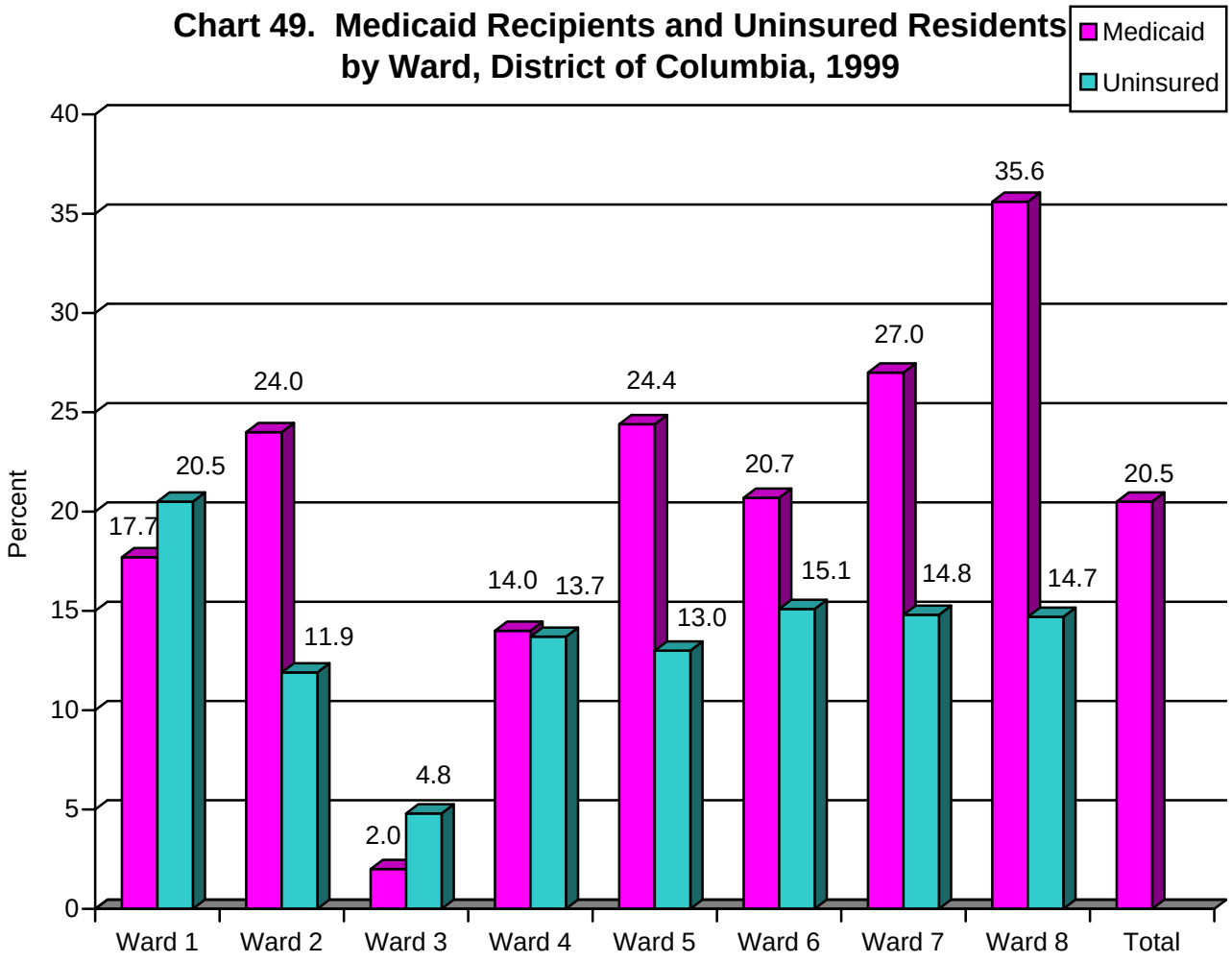
Source: Every Kid Counts in the District of Columbia, Fact Book 2002.

Chart 48. Health Insurance Status and Reasons for Being Uninsured for Individual African-Born Responders Residing in the Washington, DC Metro Area, 1999



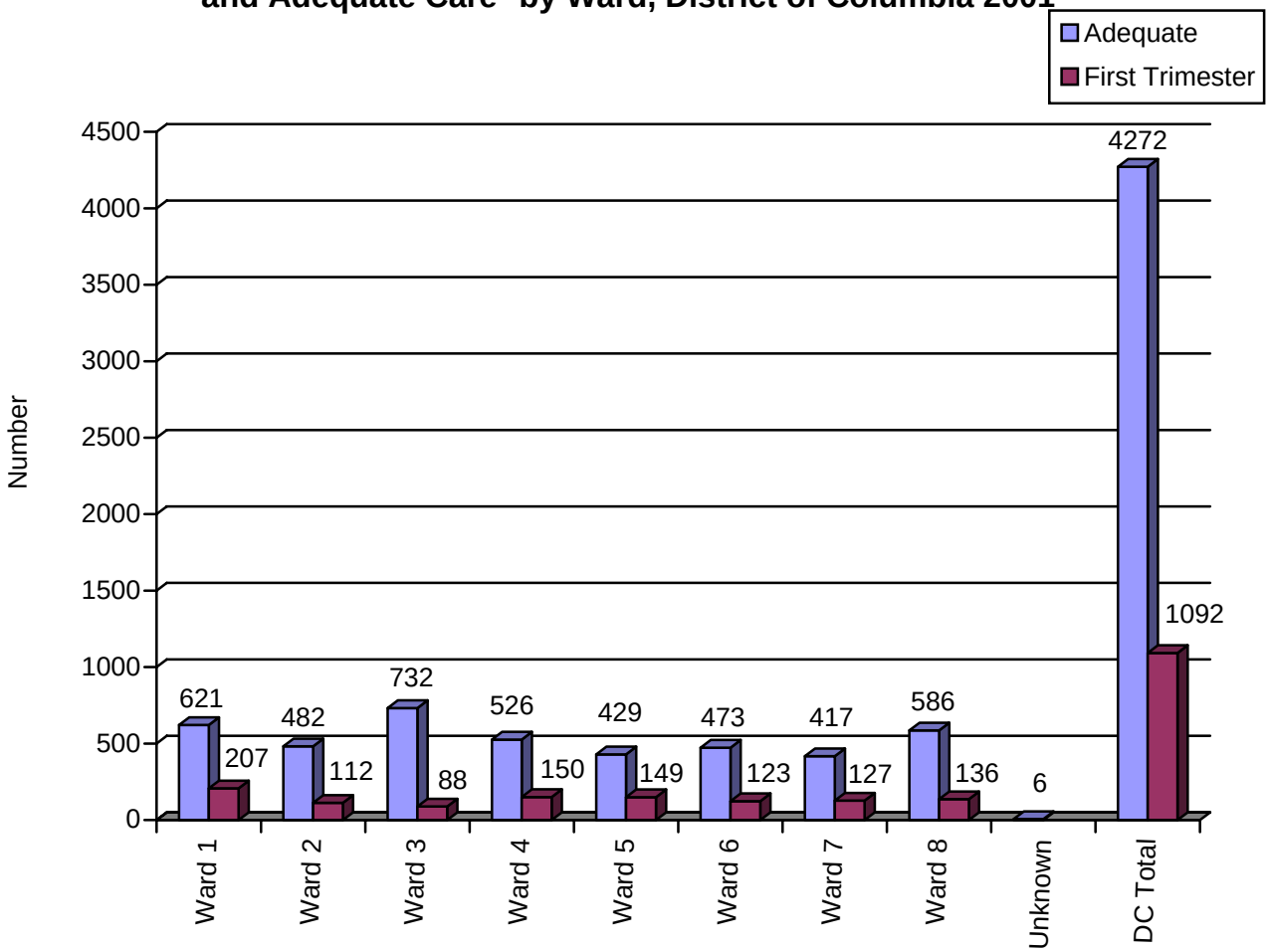
Source: Ethiopian Community Development Council Health Needs Assessment Study, 1999.

Chart 49. Medicaid Recipients and Uninsured Residents by Ward, District of Columbia, 1999



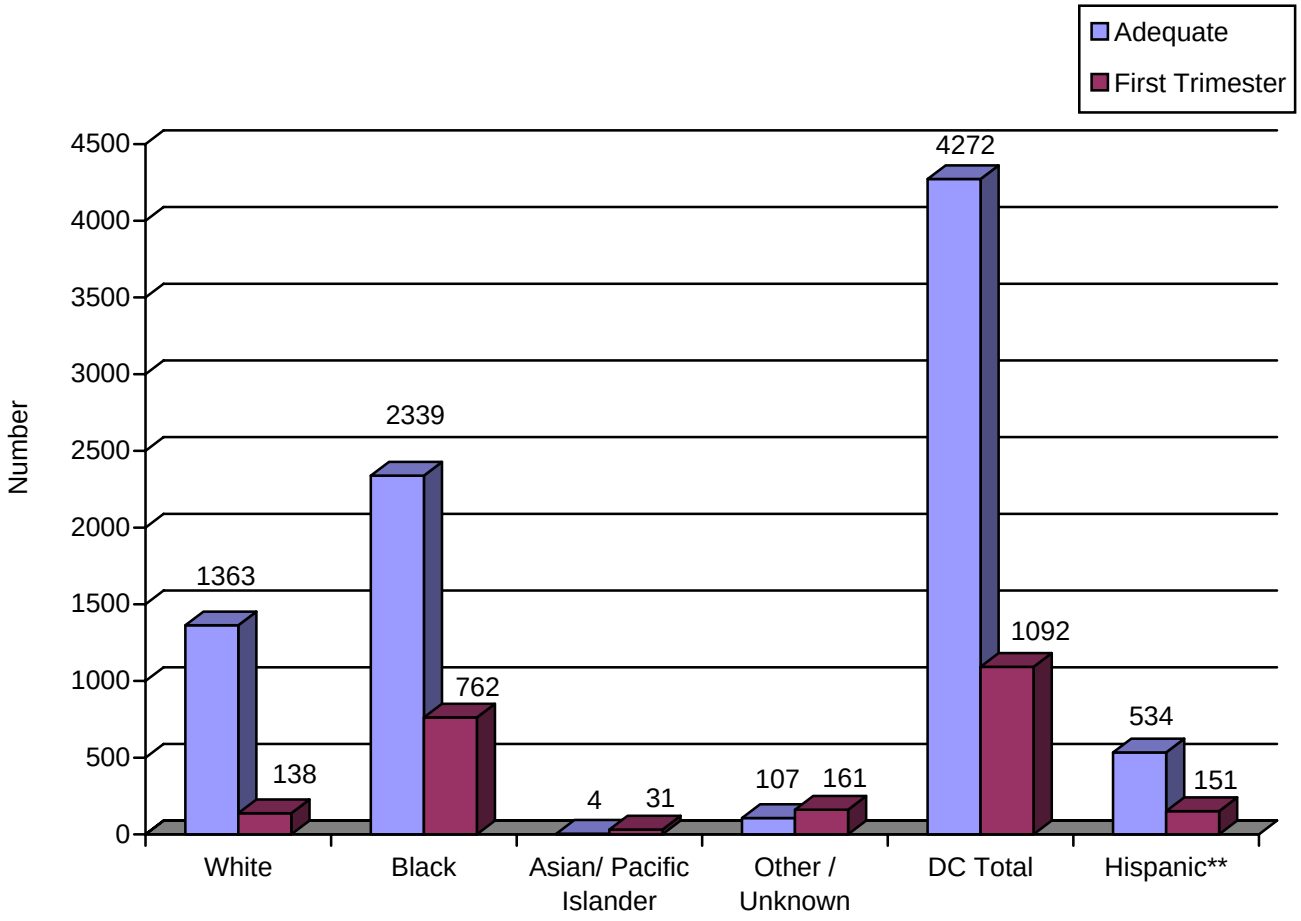
Source: District of Columbia Primary Care Association, 2002.
DC Behavioral Risk Factor Surveillance System (BRFSS), 1999.

Chart 50. Births with Prenatal Care Starting at the First Trimester and Adequate Care* by Ward, District of Columbia 2001



Source: District of Columbia Department of Health, State Center for Health Statistics.
*Adequate Care refers to having prenatal care in the first trimester and 9 or more care visits.

Chart 51. Births with Prenatal Care Starting at the First Trimester and Adequate Care* by Race/Ethnicity in the District of Columbia, 2001



Source: District of Columbia Department of Health, State Center for Health Statistics.
* Adequate Care refers to having prenatal care in the first trimester and 9 or more care visits.
** Hispanic includes persons of Hispanic origin of any race.

III. Five Leading Causes of Resident Deaths in the District of Columbia, 2000/2001

This section presents information on resident deaths from the District of Columbia vital records system. Data are presented on total number of deaths, leading causes of death by gender (Table 4), and by ward (Table 8).

In the year 2000, there were 5,945 resident deaths in the District of Columbia. This represented a crude death rate of 1,039.2 per 100,000 population and an age-adjusted rate of 1,053.6 per 100,000 population. The age-adjusted death rate eliminates the effects of the aging of the population per 100,000 U.S. standard population. The District's crude and age-adjusted death rates are higher than the national rate, but have been declining since 1994. The crude death rate for the United States in 2000 was 873.1 per 100,000 and the age-adjusted death rate was 872.0 per 100,000 population. The 2000 crude rate for males (1,107.8 per 100,000) was considerably higher than for females (978.2 per 100,000), and the 2000 rate for blacks / African Americans (1,353.3 per 100,000) was significantly higher than for whites (688.2 per 100,000) (Table 4).

Table 4. Crude Death Rate* for all Causes by Race and Sex; District of Columbia Residents, 2000

Categories	All Races		White		Black		Other	
	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*
Both Sexes	5,945	1,039.2	1,112	688.2	4,646	1,353.3	87	165.3
Males	2,984	1,107.8	596	655.9	2,334	1,500.5	54	207.7
Females	2,961	978.2	616	697.7	2,312	1,231.3	33	123.9

*Crude Rate per 100,000 population.
Source: DC Department of Health, State Center for Health Statistics, 2002.

Leading Causes of Death

The leading causes of deaths for all residents (including black / African American, white, Asian, and Hispanic) in 2000 were heart disease and cancer. The five leading causes of death in the District of Columbia in 2000 ranked in order were the following: 1) heart disease, 2) cancer, 3) essential (primary) hypertension, 4) cerebrovascular diseases (stroke), 5) HIV/AIDS (Figure 1 and Table 5). These 5 causes accounted for 63.5 percent of all District resident deaths in 2000.

Table 5. Five Leading Causes of Death, District of Columbia, 2000

	Number of Cases	Crude Rates
Heart Disease	1,566	273.7
Cancer	1,329	232.3
Hypertension	236	41.3
Cerebrovascular Disease	226	39.5
HIV/AIDS	225	39.3

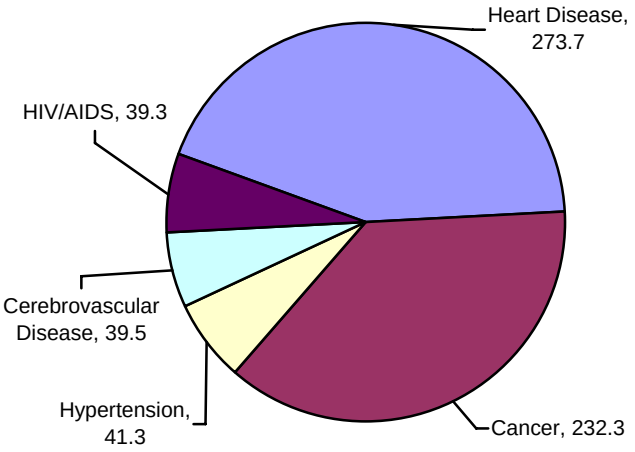
Source: D.C. Department of Health: State Center for Health Statistics, 2005

Table 6. Five Leading Causes of Death, District of Columbia, 2001

	Number of Cases	Crude Rates
Heart Disease	1,517	265.2
Cancer	1,311	229.2
Hypertension	327	57.2
Cerebrovascular Disease	224	39.2
Accidents	222	38.8
Special case: Diabetes	201	35.1

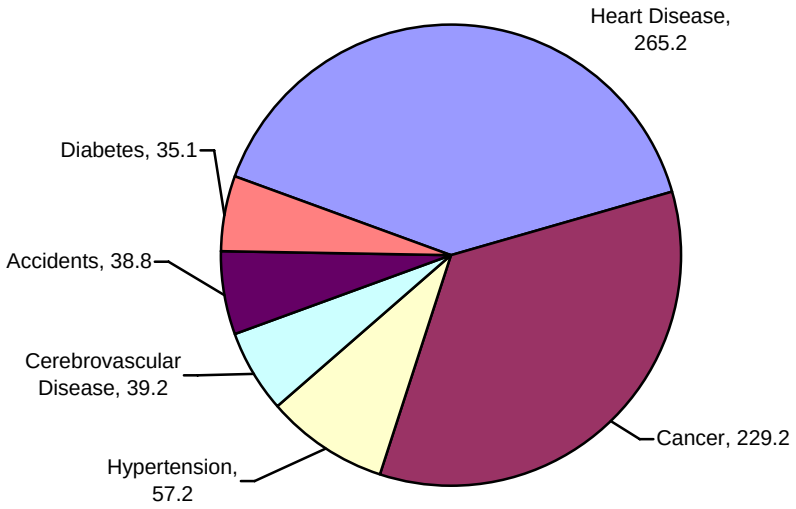
Source: D.C. Department of Health: State Center for Health Statistics, 2005

Figure 1. Five Leading Causes of Death, District of Columbia 2000, Crude Rates



Source: D.C. Department of Health: State Center for Health Statistics, 2005

Figure 2. Five Leading Causes of Death and Special Case, District of Columbia 2001, Crude Rates



Source: D.C. Department of Health: State Center for Health Statistics, 2005

Table 7. Five Leading Causes of Death by Gender, District of Columbia Residents, 2000

Cause of Death	Total		Male		Female	
	Number	Rate*	Number	Rate*	Number	Rate*
All Causes	5,945	1,039.2	2,984	1,107.8	2,961	978.2
1. Heart Disease	1,566	273.7	697	258.8	869	287.1
2. Cancer	1,329	232.3	685	254.3	644	212.8
3. Hypertension	236	41.3	124	46.0	112	37.0
4. Cerebrovascular Diseases (Stroke)	226	39.5	92	34.2	134	44.3
5. HIV/AIDS	225	39.3	162	60.1	63	20.8

*Rates are per 100,000 population.
Source: DC Department of Health, State Center for Health Statistics, 2002

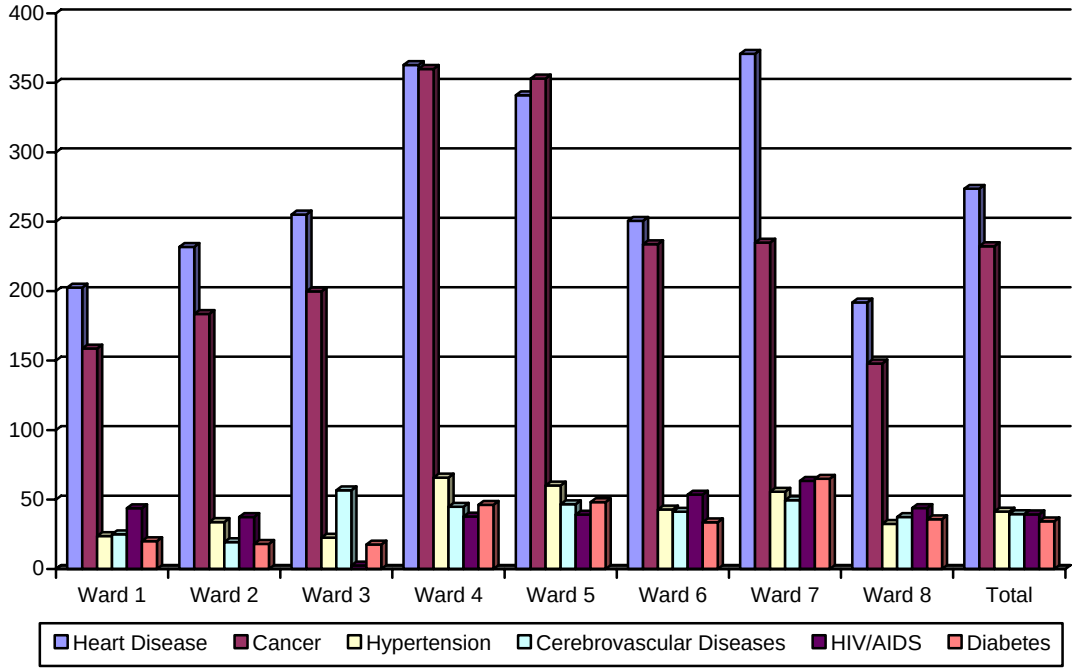
The following section provides more detailed information on the five leading causes of death and diabetes by wards (Table 8 and Chart 52). These five leading causes and diabetes accounted for 63.5 percent of all deaths to District residents in 2000. Then in Charts 53, 54 and 55, data are presented for the leading causes of death by race, ethnicity and by ward in 2001. Data for 2000 by ward is only included in some charts of this series.

Table 8. Number and Rate* of Five Leading Causes of Death and Diabetes by Ward, District of Columbia Residents, 2000

Cause	Total	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
All Causes									
Number	5,945	613	681	661	986	924	707	835	521
Rate	1,039.2	766.1	822.0	830.8	1,381.1	1,388.5	1,080.1	1,290.5	846.7
1. Heart Disease									
Number	1,566	162	192	203	259	227	164	240	118
Rate	273.7	202.5	231.8	255.1	362.8	341.1	250.5	370.9	191.8
2. Cancer									
Number	1,329	127	152	159	257	235	153	152	91
Rate	232.3	158.7	183.5	199.8	360.0	353.1	233.7	234.9	147.9
3. Hypertension									
Number	236	19	28	18	47	40	28	36	20
Rate	41.3	23.7	33.8	22.6	65.8	60.1	42.8	55.6	32.5
4. Cerebrovascular Diseases									
Number	226	20	16	45	32	31	27	32	23
Rate	39.5	25.0	19.3	56.6	44.8	46.6	41.2	49.5	37.4
5. HIV/AIDS									
Number	225	35	31	2	27	26	35	41	27
Rate	39.3	43.7	37.4	2.5	37.8	39.1	53.5	63.4	43.9
6. Diabetes									
Number	196	16	15	14	33	32	22	42	22
Rate	34.3	20.0	18.1	17.6	46.2	48.1	33.6	64.9	35.8

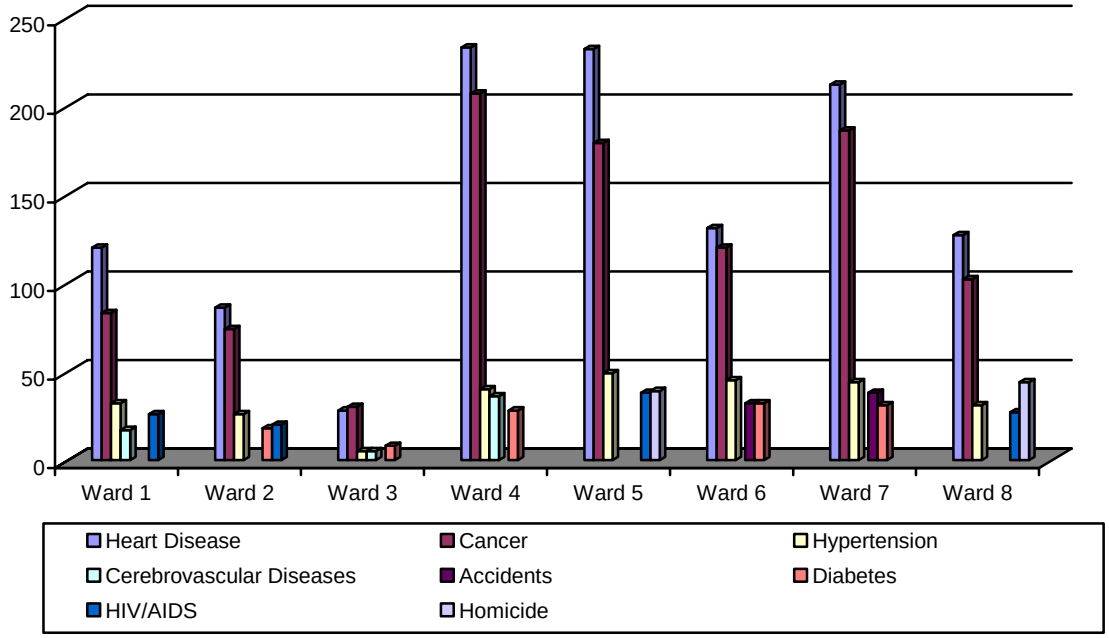
*Crude death rates are per 100,000 population.
Source: DC Department of Health, State Center for Health Statistics, 2002.

Chart 52. Rate* of Five Leading Causes of Death and Diabetes by Ward, District of Columbia Residents, 2000



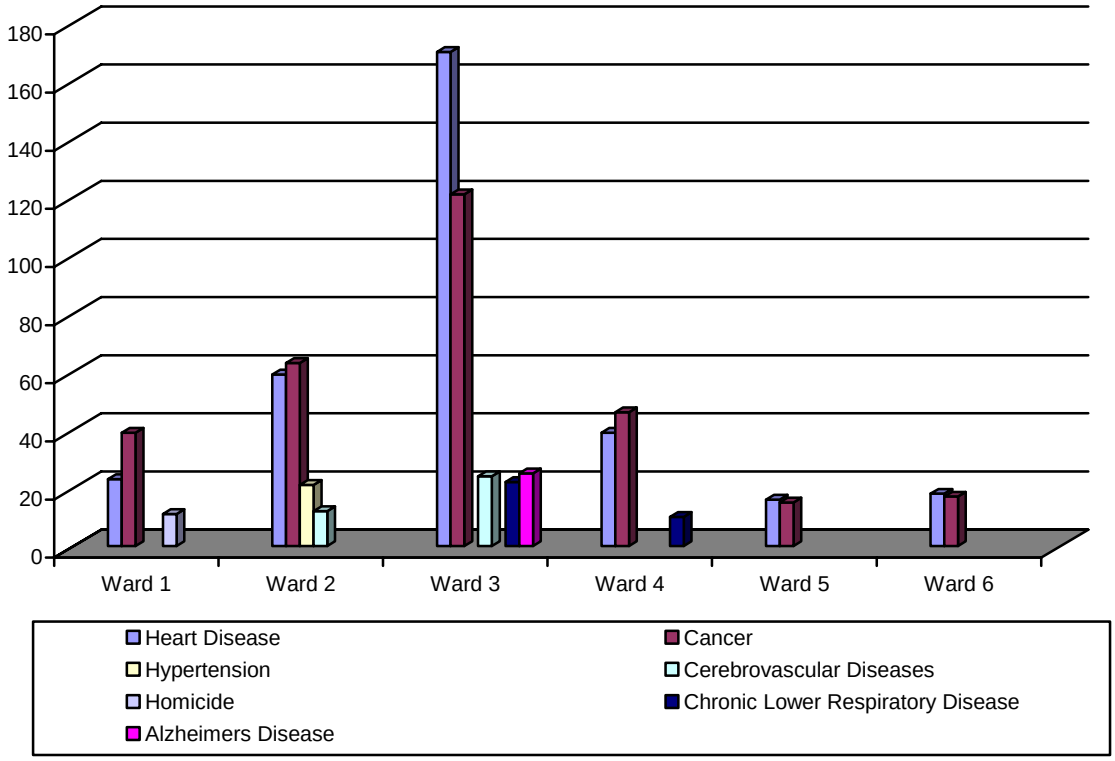
*Crude death rates are per 100,000 population.
Source: DC Department of Health, State Center for Health Statistics, 2002.

Chart 53. Number of Resident Deaths by Ward and Race/Ethnicity - "Black/African American", District of Columbia 2001



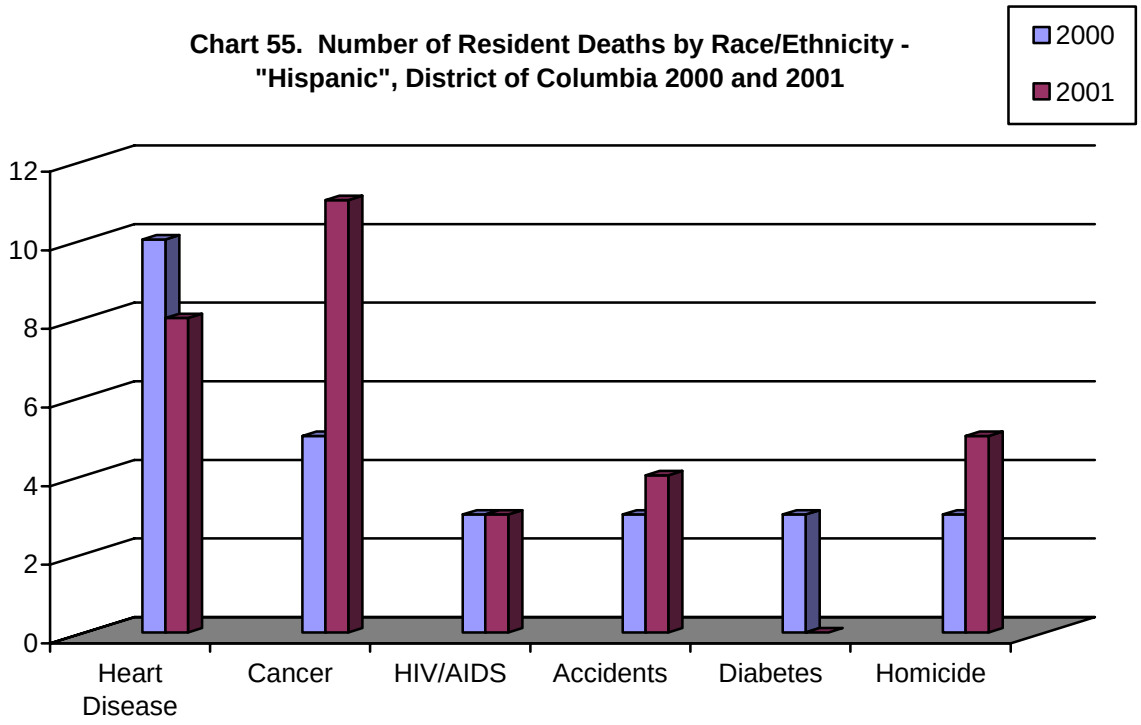
Source: DC Department of Health, State Center for Health Statistics, 2005.

Chart 54. Number of Resident Deaths by Ward and Race/Ethnicity - "White", District of Columbia 2001



Note: The Number of Deaths for Wards 7 and 8 were too small to graph.
Source: DC Department of Health, State Center for Health Statistics, 2005.

Chart 55. Number of Resident Deaths by Race/Ethnicity - "Hispanic", District of Columbia 2000 and 2001



Source: DC Department of Health, State Center for Health Statistics, 2005.

DC Healthy People 2010, Chapter 15:
Objectives 15-1 through 15-8
Healthy People 2010, Chapter 12:
Objectives 12-1 through 12-6

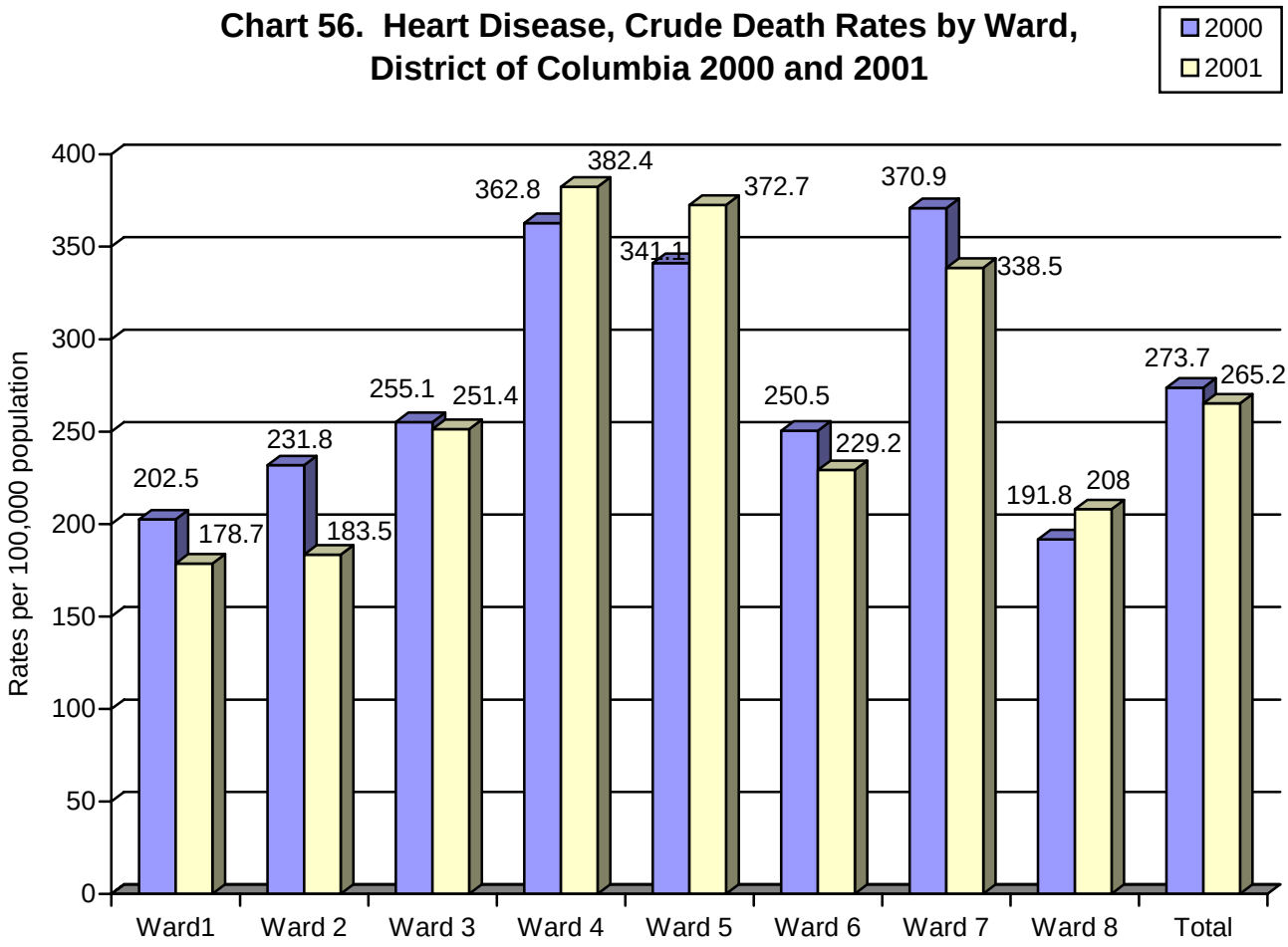
K. Mortality from Heart Disease by Ward

Heart disease was the leading cause of death both in the District of Columbia and the United States. Although deaths due to heart disease have declined nationally by nearly one-third since 1980, it still kills almost as many people as do all the diseases combined. Among District residents in 2000, heart disease had the highest mortality rate (273.7 per 100,000 population), killing 1,566 people equal to 26.3 percent of all resident deaths. Heart disease is the leading cause of death both for women and men.

A disproportionate number of deaths occurred among blacks / African Americans (25.6 percent on average) in comparison to their share of the total population (approximately 60 percent). The highest mortality rate was for blacks / African Americans (346 per 100,000), followed by whites (202.2), Asians (32.9), and Hispanics (24.5). Among Hispanic residents, heart disease was also the leading cause of death, accounting for 18.6 percent of all Hispanic deaths in 2000.

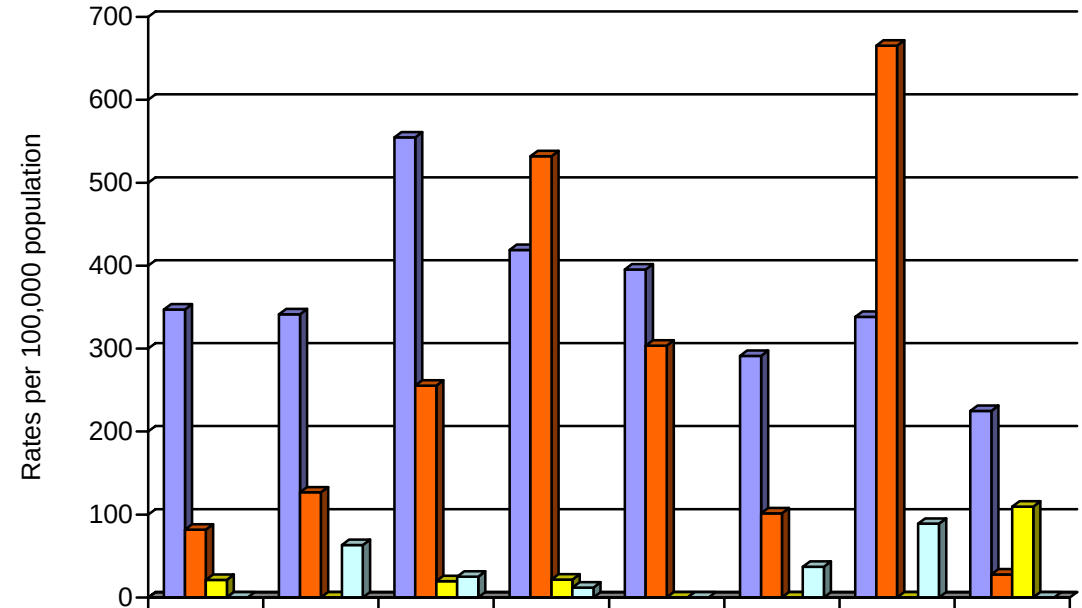
In the year 2000, the crude death rate for heart disease was the highest for Ward 7 (370.0 per 100,000), followed by Ward 4 (362.8 per 100,000), and the lowest for Ward 4 (191.9 per 100,000). In 2001, the highest crude death rate for heart disease was for Ward 8 (382.4 per 100,000) followed by Ward 5 (372.7 per 100,000) and the lowest for Ward 1 (178.7 per 100,000). Local data on mortality from Heart Disease are presented by ward in bar graphs that follow. (See pages 75 to 77).

Chart 56. Heart Disease, Crude Death Rates by Ward, District of Columbia 2000 and 2001



Source: District of Columbia Department of Health, State Center for Health Statistics.

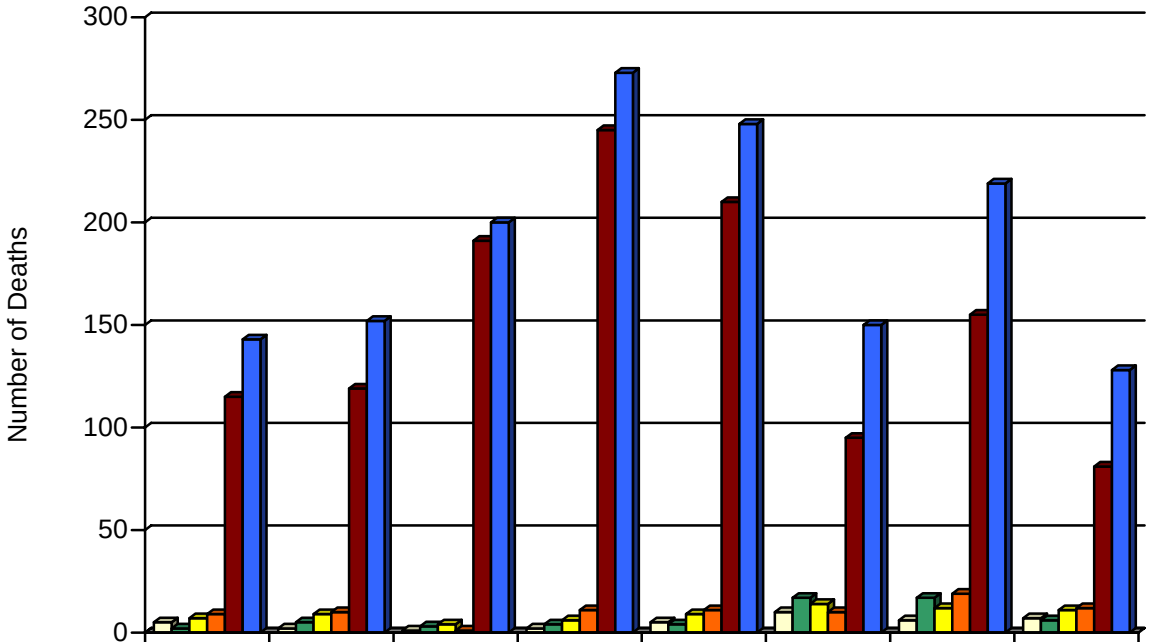
Chart 57. Heart Disease, Crude Death Rates by Ward and Race/Ethnicity, District of Columbia 2001



	Ward1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
Black	347.0	341.2	554.6	418.9	395.2	291.2	338.2	224.9
White	81.7	126.7	255.5	531.9	303.7	101.3	665.2	27.9
Hispanic	21.3	0.0	19.5	21.8	0.0	0.0	0.0	109.6
Other	0.0	63.2	25.1	11.9	0.0	37.2	88.9	0.0

Source: District of Columbia Department of Health, State Center for Health Statistics.

Chart 58. Heart Disease, Number of Deaths by Ward and Age Group, District of Columbia 2001



	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
45-49	5	2	1	2	5	10	6	7
50-54	2	5	3	4	4	17	17	6
55-59	7	9	4	6	9	14	12	11
60-64	9	10	1	11	11	10	19	12
65+	115	119	191	245	210	95	155	81
All Ages	143	152	200	273	248	150	219	128

Source: District of Columbia Department of Health, State Center for Health Statistics.

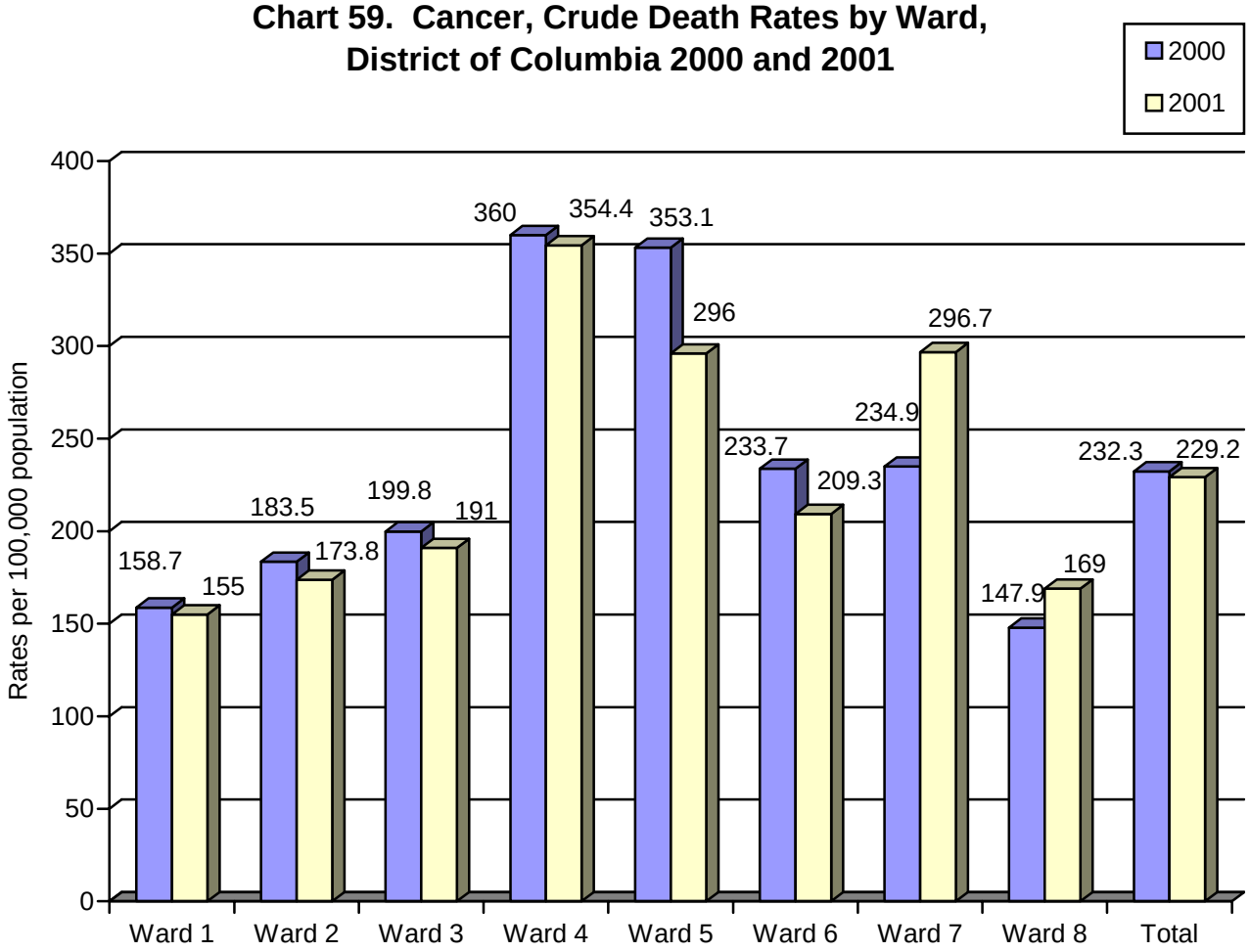
DC Healthy People 2010, Chapter 12: Objectives 12:1-4
Healthy People 2010, Chapter 3: Objectives 3: 2-5, 3-7

L. Mortality from Cancer by Ward

Cancer was the second leading cause of death in both the United States and the District of Columbia in 2000. Of the 5,945 District resident deaths in 2000, 1,329 (22.4 percent) or about one in five died from cancer with a crude death rate of 232.3 per 100,000 population. With more than 3,000 new cases of cancer reported each year, the District of Columbia has the highest incidence rate of cancer and ranks higher overall in cancer mortality rates in the U.S. (DOH, 2000). Incidence and mortality rates are highest for blacks / African Americans who account for the majority of District residents. In 1998, the incidence rate for black / African American males was 1.5 times higher than for white males (326.1 per 100,000). Black / African American males had an age-adjusted mortality rate of 256 per 100,000, which was twice that of white males (128.7 per 100,000).

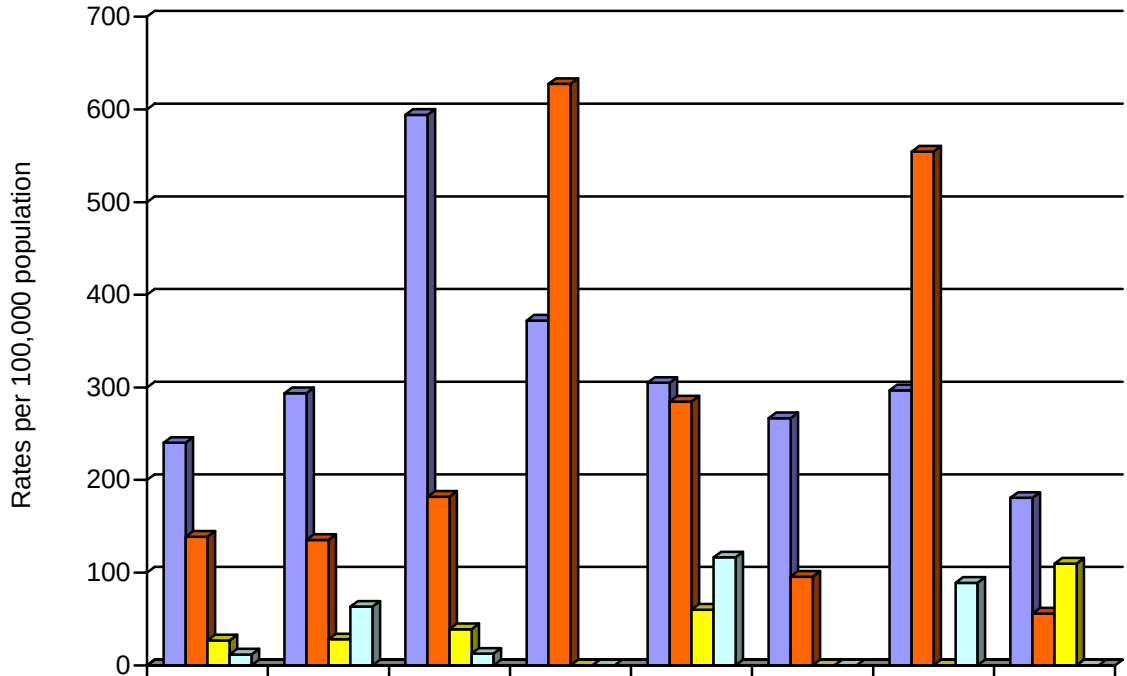
Cancer affects residents in every ward, but in the year 2000, Ward 4 had the highest rate of cancer deaths (360 per 100,000), followed by Ward 5 (353.1 per 100,000), Ward 7 (234.9), and Ward 6 (233.7). Ward 8 had the lowest cancer mortality rate (147.9). In 2001, Ward 4 again had the highest rate of deaths (354.4 per 100,000) followed by Ward 7 (296.7 per 100,000), and Ward 1 had the lowest cancer mortality rate (155 per 100,000). Local data on Cancer mortality by ward are presented in the bar graphs that follow. (See pages 79 to 81).

Chart 59. Cancer, Crude Death Rates by Ward, District of Columbia 2000 and 2001



Source: District of Columbia Department of Health, State Center for Health Statistics.

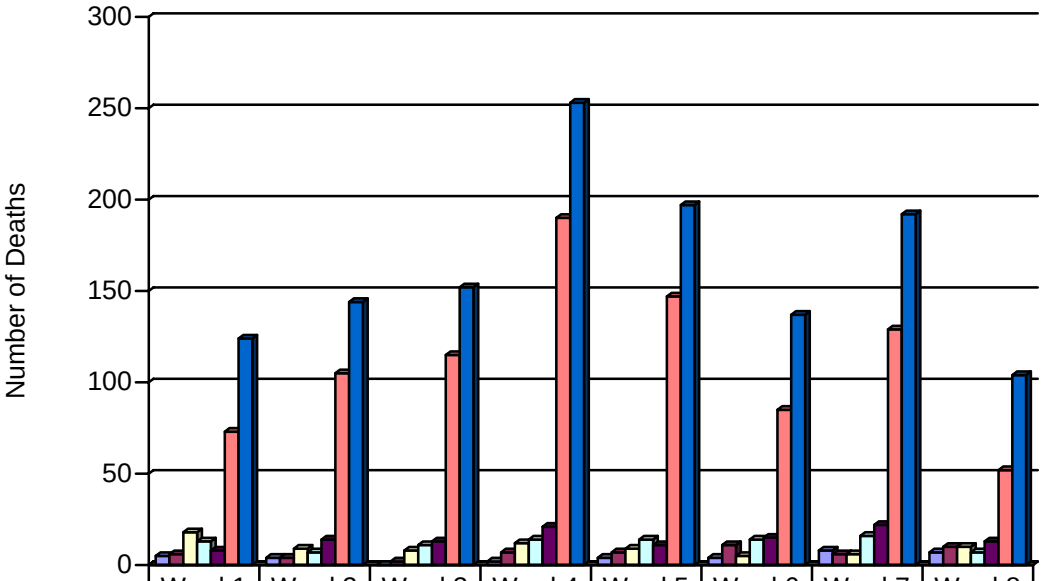
Chart 60. Cancer, Crude Death Rates by Ward and Race/Ethnicity, District of Columbia 2001



	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
Black	240.0	293.6	594.2	372.1	304.9	266.7	296.8	180.6
White	138.6	135.3	181.9	627.4	284.7	95.6	554.3	55.9
Hispanic	26.7	28.0	38.9	0.0	60.0	0.0	0.0	109.6
Other	11.6	63.2	12.5	0.0	116.4	0.0	88.9	0.0

Source: District of Columbia Department of Health, State Center for Health Statistics.

Chart 61. Cancer, Number of Deaths by Ward and Age Group, District of Columbia 2001



	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
40-44	5	4	0	2	4	4	8	7
45-49	6	4	2	7	7	11	6	10
50-54	18	9	8	12	9	5	6	10
55-59	13	7	11	14	14	14	16	7
60-64	8	14	13	21	11	15	22	13
65+	73	105	115	190	147	85	129	52
All Ages	124	144	152	253	197	137	192	104

Source: District of Columbia Department of Health, State Center for Health Statistics.

DC Healthy People 2010, Chapter 15:
Objectives 2 through 15-5
Healthy People 2010, Chapter 12:
Objectives 12-9 through 12-12

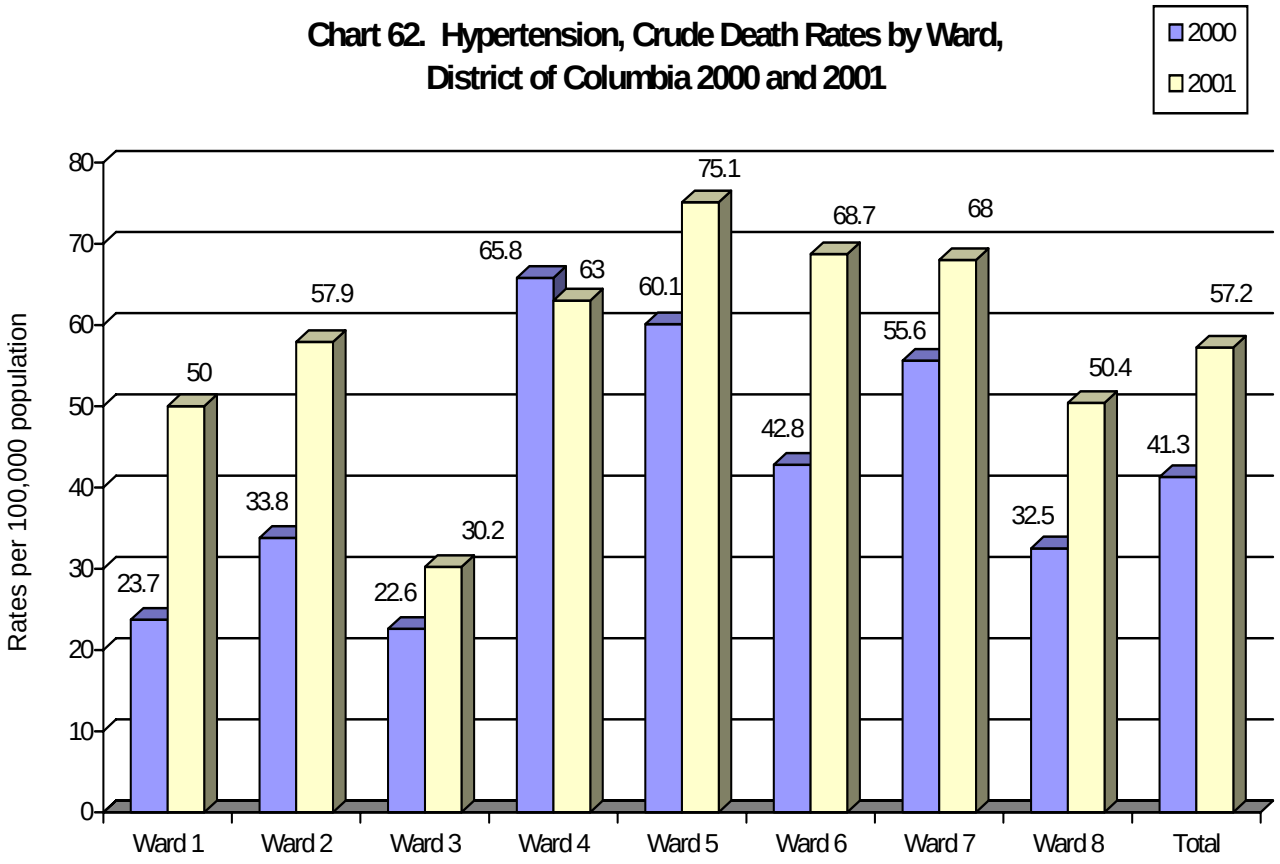
M. Mortality from Hypertension by Ward

Essential (Primary) Hypertension and Hypertensive Renal Disease (Hypertension)

Hypertension was the third leading cause of death for the District of Columbia but ranked as the 13th leading cause of death (age-adjusted rate of 6.6 per 100,000 population) for the U.S in 2000. Among District residents in 2000, hypertension accounted for 236 (13.3 percent) or 1 in 7.5 of all deaths. The overall crude death rate was 41.3 per 100,000.

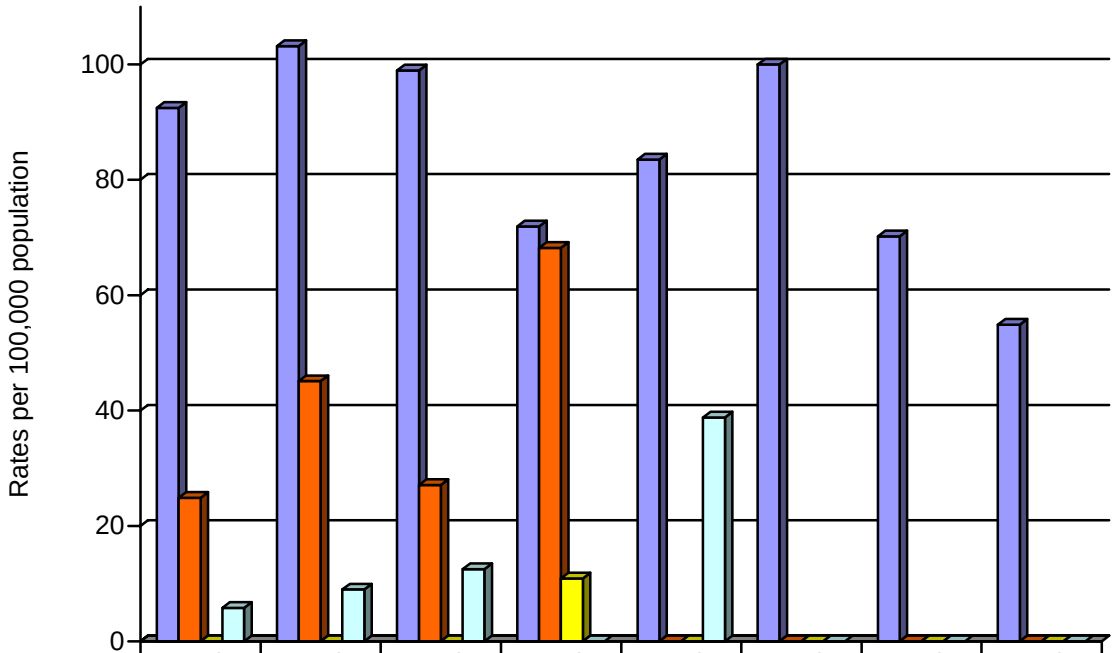
In that same year—2000, the highest death rate from hypertension was in Ward 4 (65.8 per 100,000), followed by Ward 5 (60.1 per 100,000), and Ward 7 (55.6 per 100,000 population). Ward 3 had the lowest hypertension mortality rate (22.6 per 100,000). However, in the year 2001, the highest death rate for hypertension was in Ward 5 (75.1 per 100,000), followed by Ward 6 (68.7 per 100,000) and the lowest rate was in Ward 3 (30.2 per 100,000). Local data on mortality from Hypertension by ward are presented in the bar graphs that follow. (See pages 83 to 85).

Chart 62. Hypertension, Crude Death Rates by Ward, District of Columbia 2000 and 2001



Source: District of Columbia Department of Health, State Center for Health Statistics.

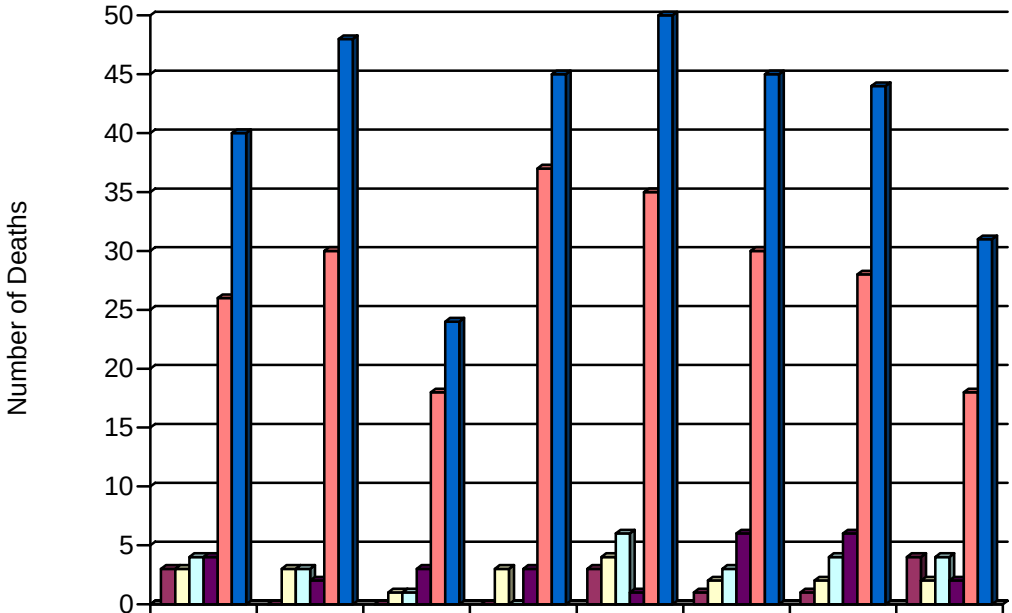
Chart 63. Hypertension, Crude Death Rates by Ward and Race/Ethnicity, District of Columbia 2001



	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
Black	92.5	103.2	99.0	71.9	83.5	100.0	70.2	54.9
White	24.9	45.1	27.1	68.2	0.0	0.0	0.0	0.0
Hispanic	0.0	0.0	0.0	10.9	0.0	0.0	0.0	0.0
Other	5.8	9.0	12.5	0.0	38.8	0.0	0.0	0.0

Source: District of Columbia Department of Health, State Center for Health Statistics.

Chart 64. Hypertension, Number of Deaths by Ward and Age Group, District of Columbia 2001



	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
45-49	3	0	0	0	3	1	1	4
50-54	3	3	1	3	4	2	2	2
55-59	4	3	1	0	6	3	4	4
60-64	4	2	3	3	1	6	6	2
65+	26	30	18	37	35	30	28	18
All Ages	40	48	24	45	50	45	44	31

Source: District of Columbia Department of Health, State Center for Health Statistics.

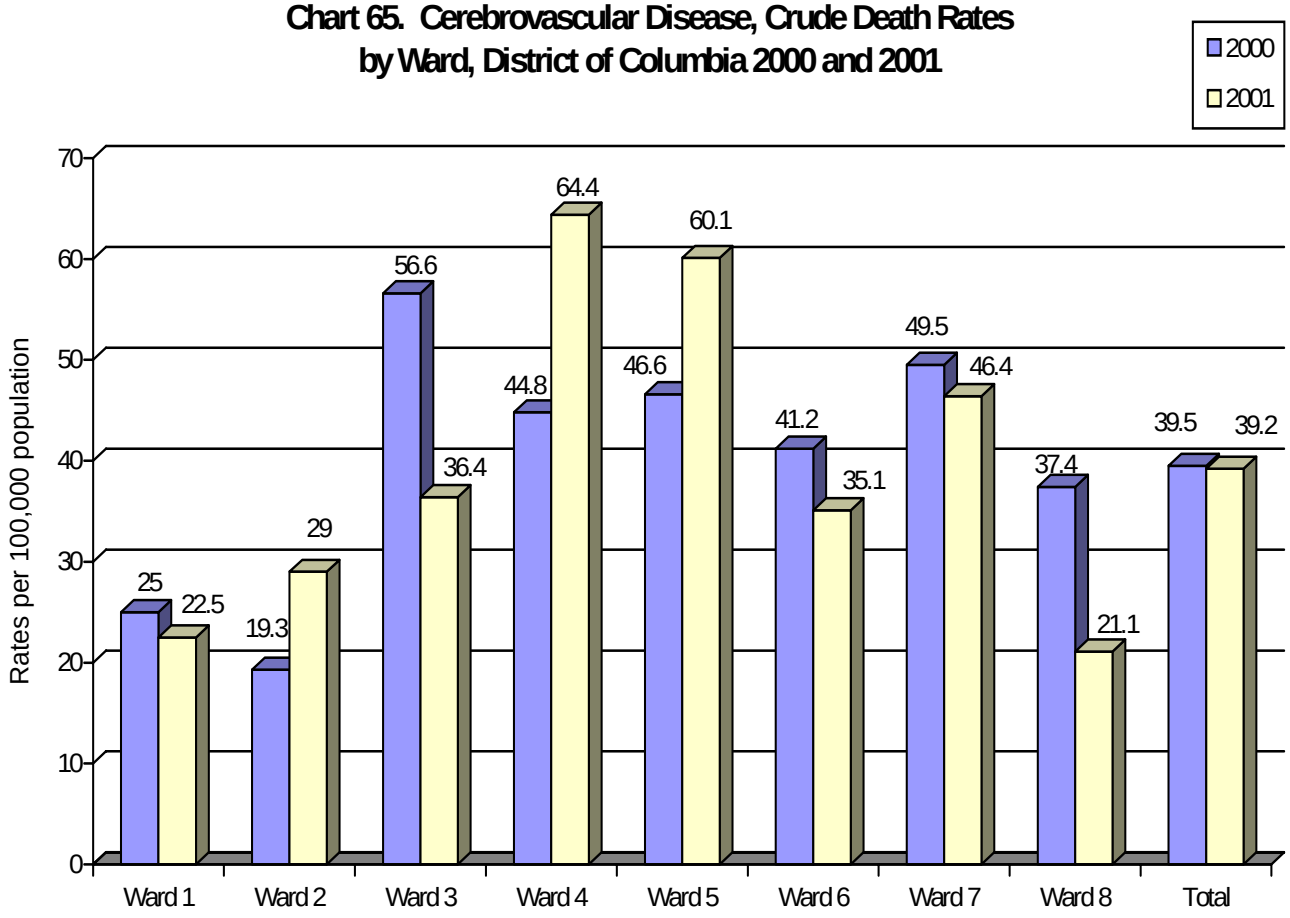
DC Healthy People 2010, Chapter 15.
Healthy People 2010, Chapter 12:
Objectives 12-7 through 12-8)

N. Mortality from Cerebrovascular Disease by Ward

Cerebrovascular disease, also known as stroke, was the fourth leading cause of death in the District of Columbia in 2000 but ranked third (age-adjusted rate of 60.9 per 100,000 population) nationally. It was the number one cause of disability, with blacks / African Americans more than twice as likely to suffer a stroke as whites; and more women dying from stroke each year than from breast cancer (DOH, 2000). In 2000, the crude death rate for stroke was 39.5. A greater proportion of whites than blacks / African Americans dies each year from stroke (approximately 5 percent vs. 3.4 percent). In addition, more women than men regardless of race die each year from stroke (4.5 percent vs. 3.1 percent).

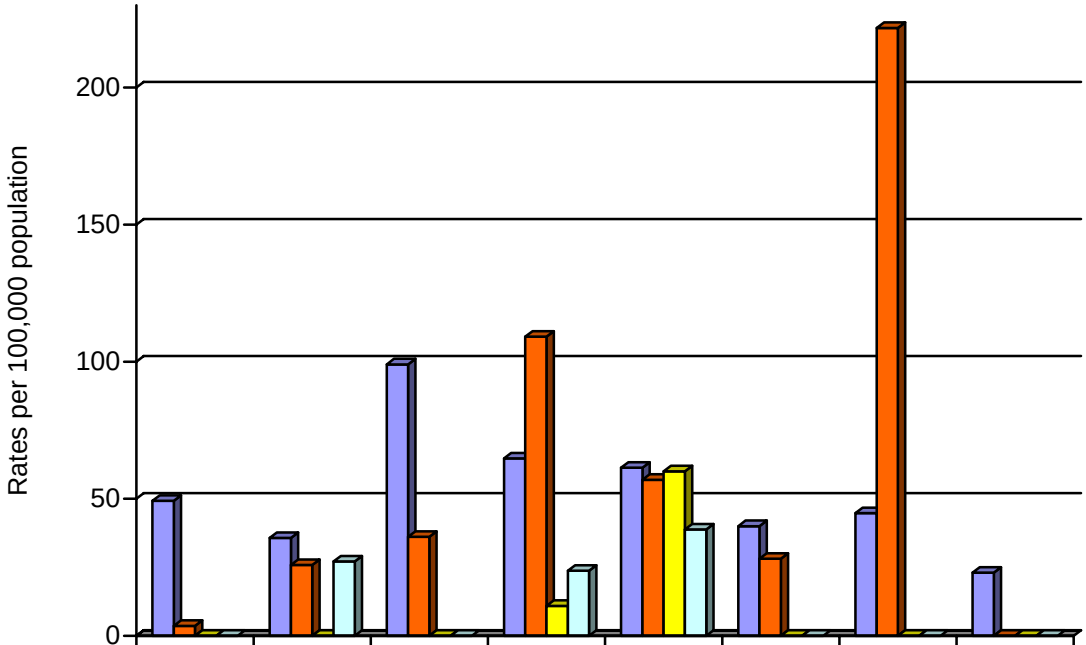
In the year 2000, the crude death rates for stroke by ward indicates that Wards 3 (56.6 per 100,000), Ward 7 (49.5 per 100,000), and Ward 5 (46.6 per 100,000), respectively, had the highest rates. In the year 2001, Ward 4 had the highest death rate (64.4 per 100,000), followed by Ward 5 (60.1 per 100,000) and Ward 8 had the lowest (21.4 per 100,000). Local data on mortality from Cerebrovascular Disease by ward are presented in the bar graphs that follow. (See pages 87 to 89).

Chart 65. Cerebrovascular Disease, Crude Death Rates by Ward, District of Columbia 2000 and 2001



Source: District of Columbia Department of Health, State Center for Health Statistics.

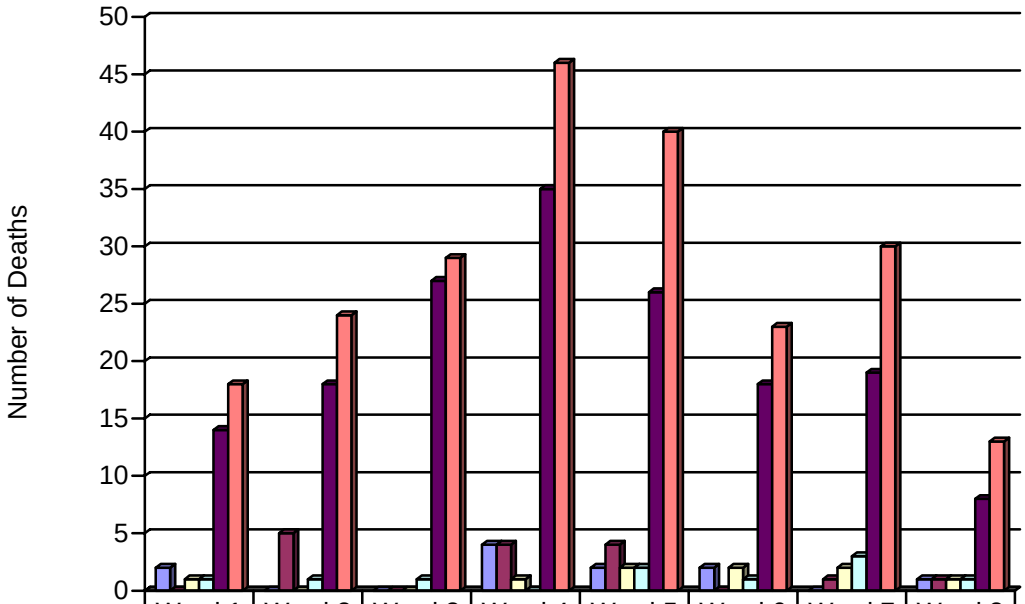
Chart 66. Cerebrovascular Disease, Crude Death Rates by Ward and Race/Ethnicity, District of Columbia 2001



	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
Black	49.2	35.7	99	64.7	61.3	40	44.7	23
White	3.6	25.8	36.1	109.1	56.9	28.1	221.7	0
Hispanic	0	0	0	10.9	60	0	0	0
Other	0	27.1	0	23.7	38.8	0	0	0

Source: District of Columbia Department of Health, State Center for Health Statistics.

Chart 67. Cerebrovascular Disease, Number of Deaths by Ward and Age Group, District of Columbia 2001



	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
45-49	2	0	0	4	2	2	0	1
50-54	0	5	0	4	4	0	1	1
55-59	1	0	0	1	2	2	2	1
60-64	1	1	1	0	2	1	3	1
65+	14	18	27	35	26	18	19	8
All Ages	18	24	29	46	40	23	30	13

Source: District of Columbia Department of Health, State Center for Health Statistics.

DC Healthy People 2010, Chapter 16:
Objectives 16-1 through 16-7
Healthy People 2010, Chapter 13:
Objectives 13-1, 13-8, 13-10, 13-13 through 13-16

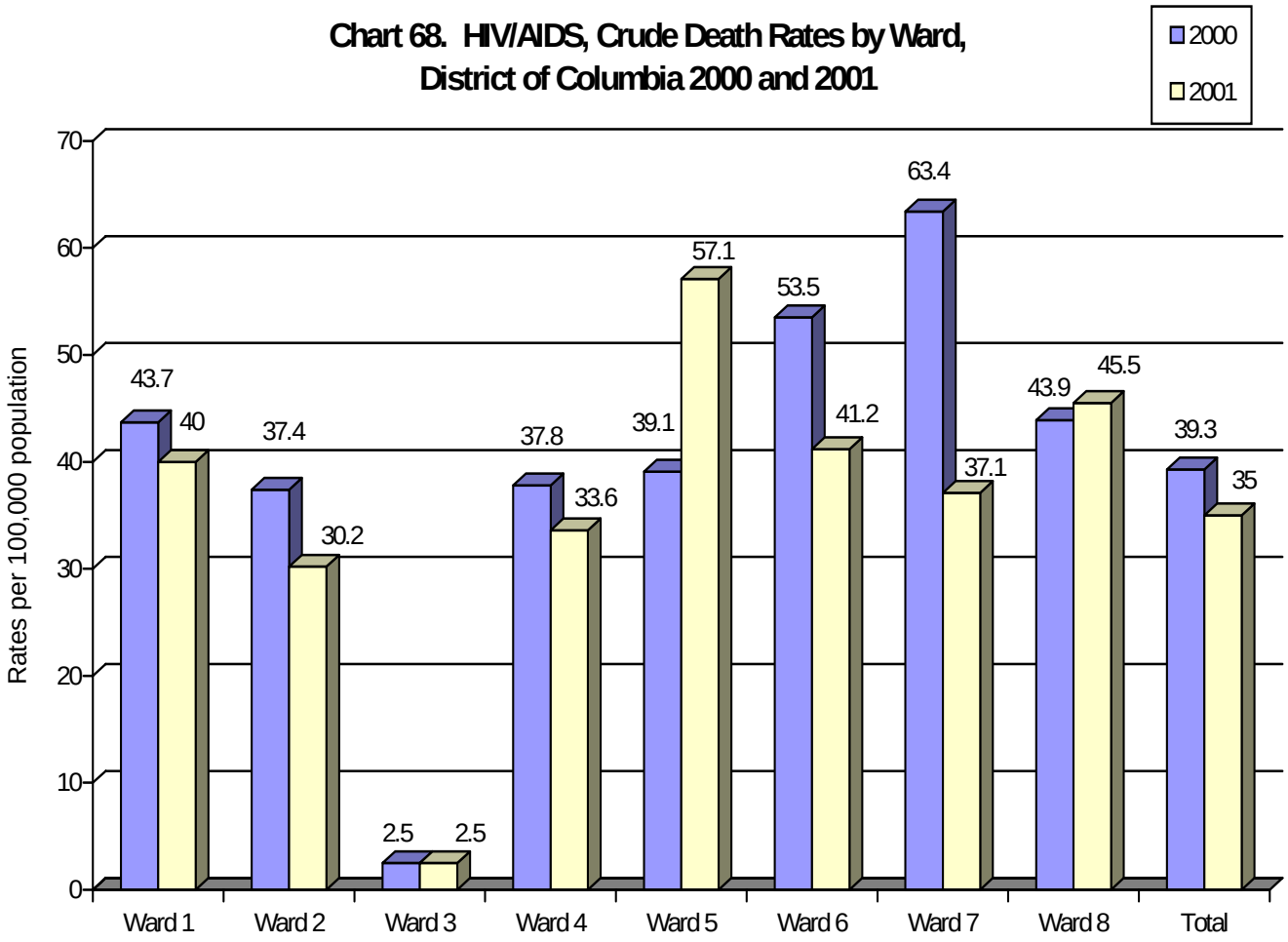
O. Mortality from HIV/AIDS by Ward (in 2000)

Acquired immune deficiency syndrome (AIDS) is caused by the human immunodeficiency virus (HIV) and ranked as the fifth leading cause of death in the District for 2000. Nationally, HIV/AIDS (age-adjusted rate 5.3 per 100,000 population) has not been on the list of 15 leading causes of death since 1997 (NCHS, vol 50 no 15, 2002). The crude death rate for the District in 2000 was 39.3 per 100,000. Age-adjusted mortality rates for HIV/AIDS in the District of Columbia are higher in blacks/African Americans than in any other race or ethnic group. In 1998, the age-adjusted rate for blacks/African Americans was 60.8 per 100,000 compared with only 20.6 per 100,000 for the U.S. The age-adjusted rate is much lower in the white population (13 per 100,000). Males continue to be infected at considerably higher rates than females, although the number of infected females is rapidly rising. The majority of DC HIV/AIDS cases in males from 1995-1998 were among African Americans at 79 percent, followed by white males at 22 percent (DOH, 1999). Of the 225 HIV/AIDS deaths, most deaths were in the 25-44 years age group (50.7 percent).

Consistent with the United States, deaths among people with HIV/AIDS continue to decline in the District. A disproportionate number of deaths occurred in Ward 7 (63.4 per 100,000) and Ward 6 (53.5 per 100,000) in the year 2000. As there were only two HIV/AIDS deaths in Ward 3, the small number of cases may render the age-adjusted mortality rate unreliable.

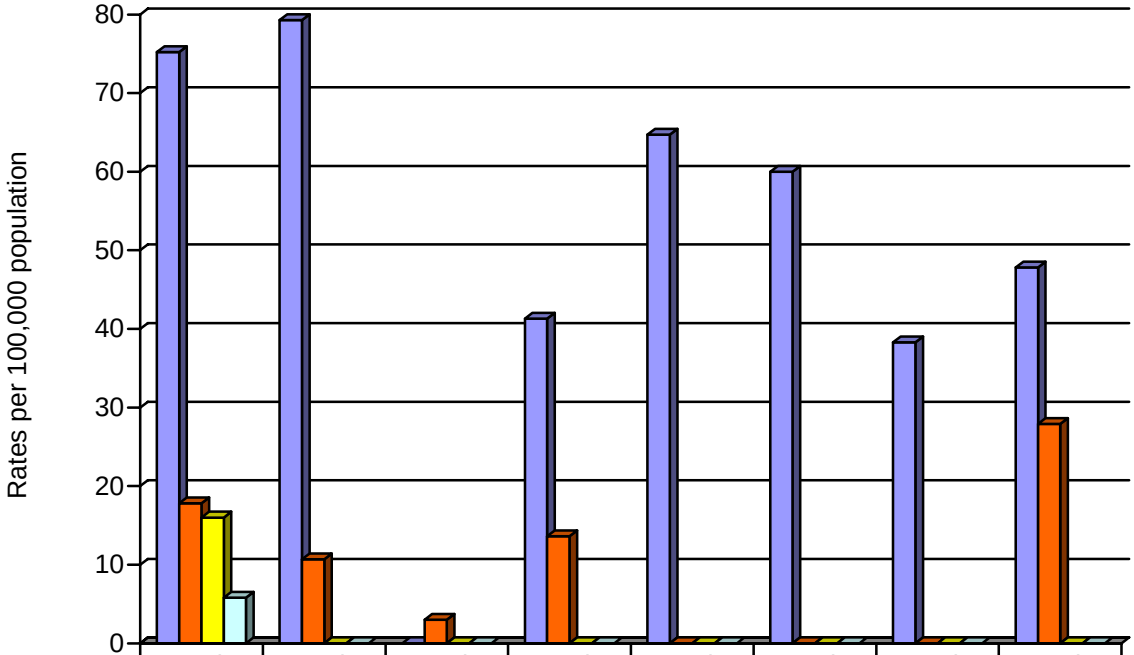
In 2001, Ward 5 had a death rate of 57.1 per 100,000 due to HIV/AIDS, while Ward 3 had only had a rate of 2.5 per 100,000. Local data on mortality from HIV/AIDS by ward are presented in the bar graphs that follow. (See pages 91 to 93).

Chart 68. HIV/AIDS, Crude Death Rates by Ward, District of Columbia 2000 and 2001



Source: District of Columbia Department of Health, State Center for Health Statistics.

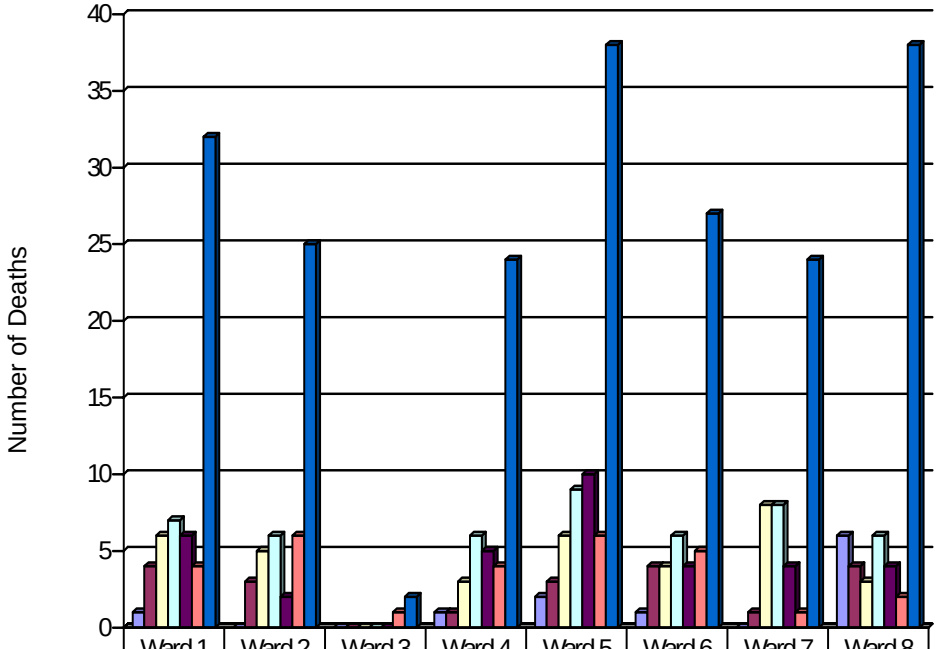
Chart 69. HIV/AIDS, Crude Death Rates by Ward and Race/Ethnicity, District of Columbia 2001



	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
Black	75.2	79.3	0	41.3	64.7	60	38.3	47.8
White	17.8	10.7	3	13.6	0	0	0	27.9
Hispanic	16	0	0	0	0	0	0	0
Other	5.8	0	0	0	0	0	0	0

Source: District of Columbia Department of Health, State Center for Health Statistics.

Chart 70. HIV/AIDS, Number of Deaths by Ward and Age Group, District of Columbia 2001



	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
25-29	1	0	0	1	2	1	0	6
30-34	4	3	0	1	3	4	1	4
35-39	6	5	0	3	6	4	8	3
40-44	7	6	0	6	9	6	8	6
45-49	6	2	0	5	10	4	4	4
50-54	4	6	1	4	6	5	1	2
All Ages	32	25	2	24	38	27	24	38

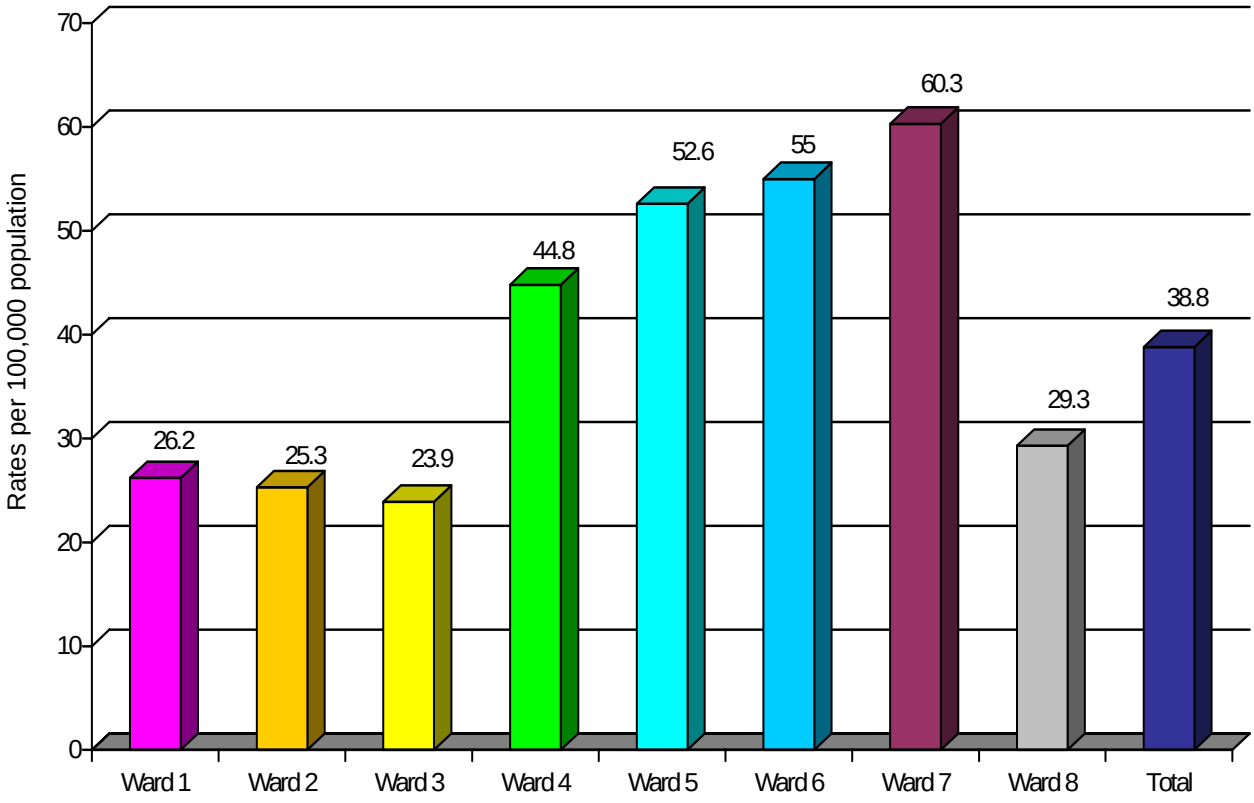
Source: District of Columbia Department of Health, State Center for Health Statistics.

P. Mortality from Accidents by Ward (in 2001)

More than 300 Americans die each day from injuries due primarily to motor vehicle crashes, firearms, poisonings, suffocation, falls, fires, and drowning. The risk of injury is so great that most people experience a significant injury at some time during their lives. Motor vehicle crashes are the most common cause of serious injury. (Healthy People 2010, 2000).

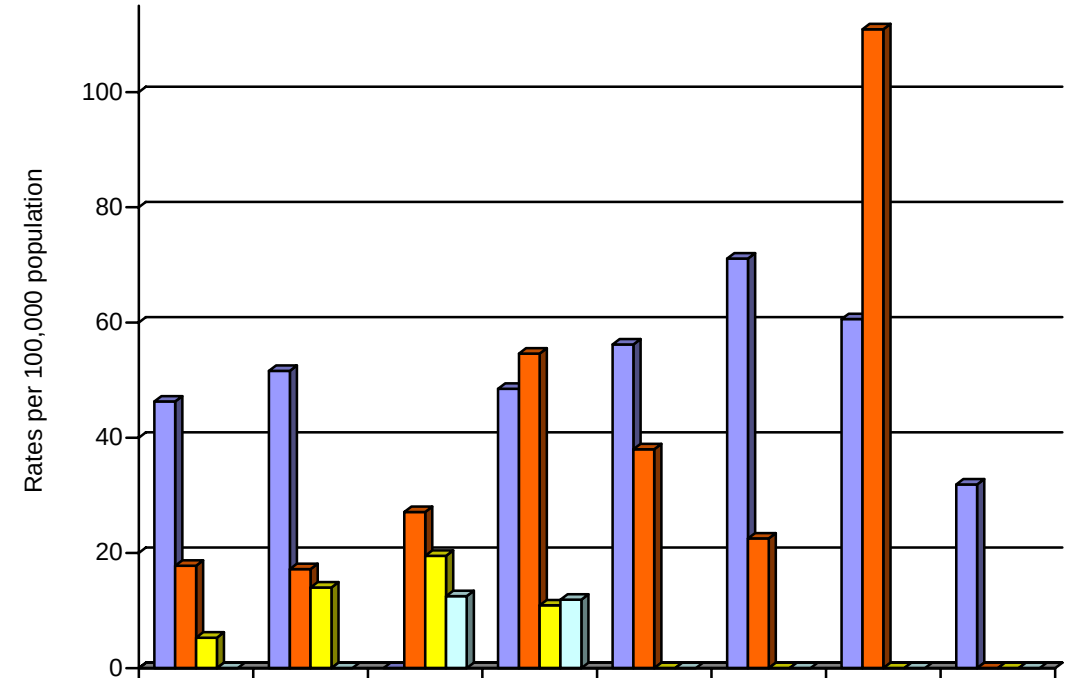
In 2001, the total crude rate for deaths caused by accidents was 38.8 per 100,000 in the District. The death rate in Ward 7 was the highest that year (60.3 per 100,000) and Ward 3 had the lowest, 23.9 per 100,000. Local data on mortality from Accidents by ward are presented in the bar graphs that follow. (See pages 95 to 97).

Chart 71. Accidents, Crude Death Rates by Ward, District of Columbia 2001



Source: District of Columbia Department of Health, State Center for Health Statistics.

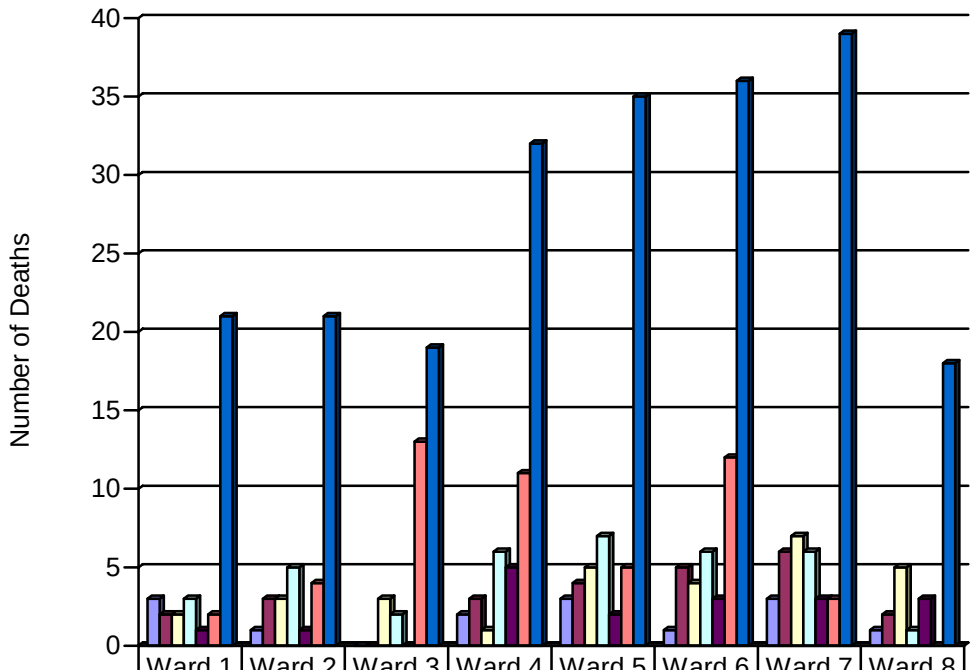
Chart 72. Accidents, Crude Death Rates by Ward and Race/Ethnicity, District of Columbia 2001



	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
Black	46.3	51.6	0	48.5	56.2	71.1	60.6	31.9
White	17.8	17.2	27.1	54.6	38	22.5	110.9	0
Hispanic	5.3	14	19.5	10.9	0	0	0	0
Other	0	0	12.5	11.9	0	0	0	0

Source: District of Columbia Department of Health, State Center for Health Statistics.

Chart 73. Accidents, Number of Deaths by Ward and Age Group, District of Columbia 2001



	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
20-24	3	1	0	2	3	1	3	1
35-39	2	3	0	3	4	5	6	2
40-44	2	3	3	1	5	4	7	5
45-49	3	5	2	6	7	6	6	1
50-54	1	1	0	5	2	3	3	3
65+	2	4	13	11	5	12	3	0
All Ages	21	21	19	32	35	36	39	18

Source: District of Columbia Department of Health, State Center for Health Statistics.

DC Healthy People 2010, Chapter 13:
Objectives 13-1 through 13-11
Healthy People 2010, Chapter 5:
Objectives 5-1, 5-3, 5-5, 5-9, 5-12, 5-13, 5-17

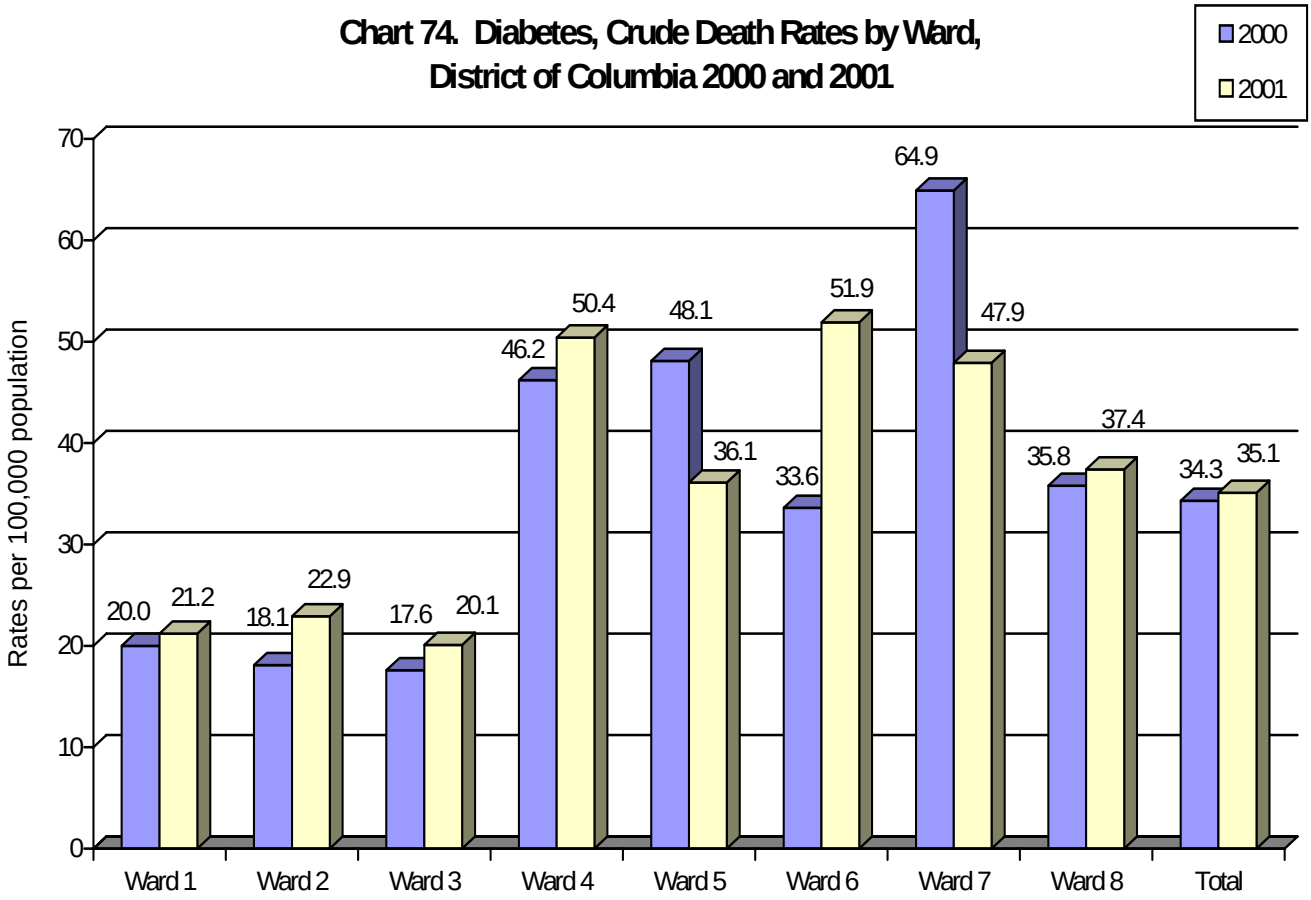
IV. Mortality from Diabetes by Ward - Special Case

Diabetes ranked eighth among the 10 leading causes of death in the District of Columbia, but sixth (age-adjusted rate of 25.2) in the United States in 2000. Diabetes is discussed along with the five leading causes of death because it is a chronic disease known to disproportionately affect minorities, particularly American Indians, Mexican Americans, and other Hispanics, as well as blacks / African Americans. Lack of timely, appropriate medical care may contribute to the complications of diabetes, such as lower extremity amputations, end stage renal disease, heart disease, stroke, high blood pressure, and blindness.

Adult African Americans are 1.7 times as likely to have diabetes as non-Hispanic whites, while Mexican Americans and other Latinos are almost twice as likely to have the disease, and American Indians and Alaskan Natives are 2.8 times as likely (CDC Diabetes Fact sheet, 1998).

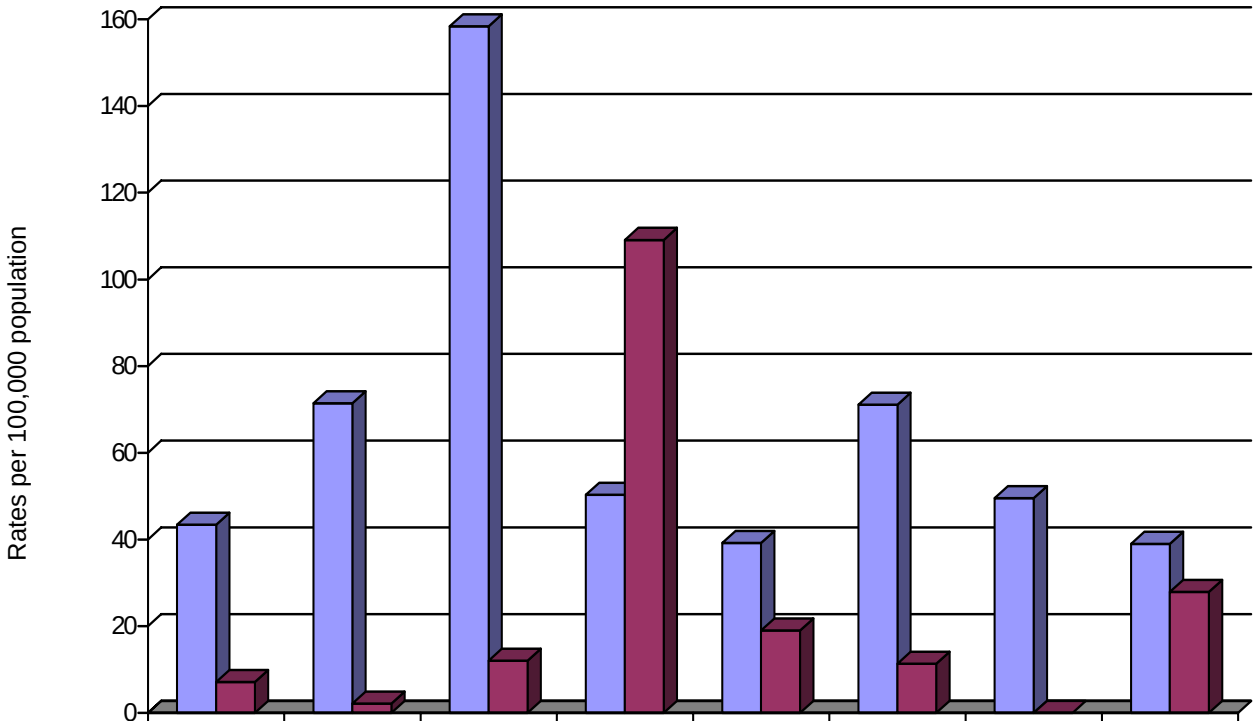
The crude death rate for diabetes in the District in 2000 was 34.3 per 100,000 population and in 2001 it was 35.1 per 100,000. In 2000, diabetes disproportionately afflicted the population in Ward 7, with the highest death rate of 64.9 per 100,000. Ward 3 had the lowest mortality rate (17.6 per 100,000). In 2001, Ward 6 had the highest death rate of 51.9 per 100,000 while the lowest was in Ward 2 with 18.1 per 100,000. Local data on mortality from Diabetes (as the primary cause) by ward are presented in the bar graphs that follow. (See pages 99 to 101).

Chart 74. Diabetes, Crude Death Rates by Ward, District of Columbia 2000 and 2001



Source: District of Columbia Department of Health, State Center for Health Statistics.

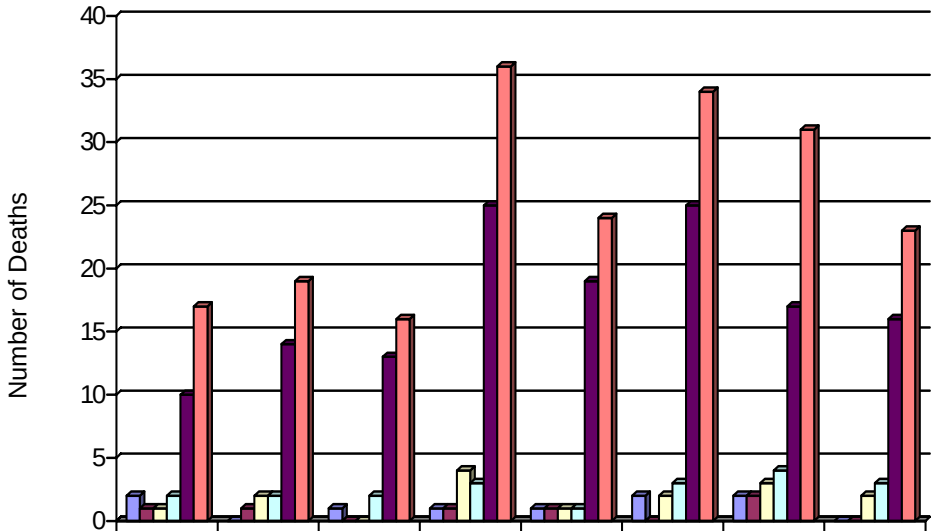
Chart 75. Diabetes, Crude Death Rates by Ward and Race/Ethnicity, District of Columbia 2001



	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
Black	43.4	71.4	158.4	50.3	39.2	71.1	49.5	39
White	7.1	2.1	12	109.1	19	11.3	0	27.9

Source: District of Columbia Department of Health, State Center for Health Statistics. There were "0" Hispanic and Other Races deaths due to diabetes in 2001.

Chart 76. Diabetes, Number of Deaths by Ward and Age Group, District of Columbia 2001



	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
40-44	2	0	1	1	1	2	2	0
50-54	1	1	0	1	1	0	2	0
55-59	1	2	0	4	1	2	3	2
60-64	2	2	2	3	1	3	4	3
65+	10	14	13	25	19	25	17	16
All Ages	17	19	16	36	24	34	31	23

Source: District of Columbia Department of Health, State Center for Health Statistics.

V. Years of Potential Life Lost due to the Leading Causes of Death in the District of Columbia, 2000 and 2001

This section is included to illustrate the impact of premature deaths – those occurring before the age of 65 years – on the longevity of residents. The number of premature deaths is an important measure of the health of a population. (p. 4 – DC Healthy People 2010 Plan, 2000 Edition). Local data on years of Potential Life Lost (YPLL) are presented in bar graphs on the pages that follow. (See pages 103 to 109).

Chart 77. Years of Potential Life Lost (YPLL) due to Heart Disease by Ward in the District of Columbia, 2000 and 2001

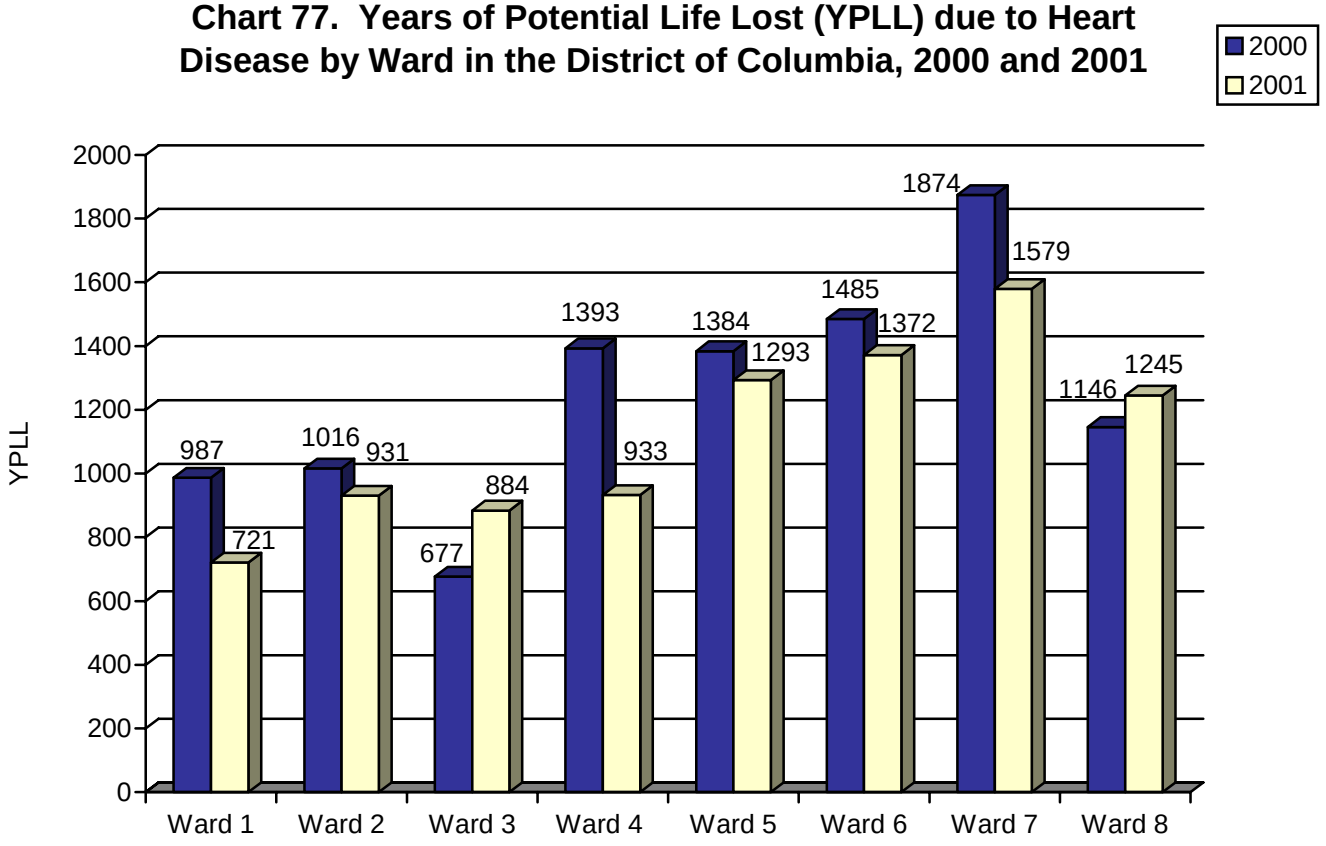


Chart 78. Years of Potential Life Lost (YPLL) due to Cancer by Ward in the District of Columbia, 2000 and 2001

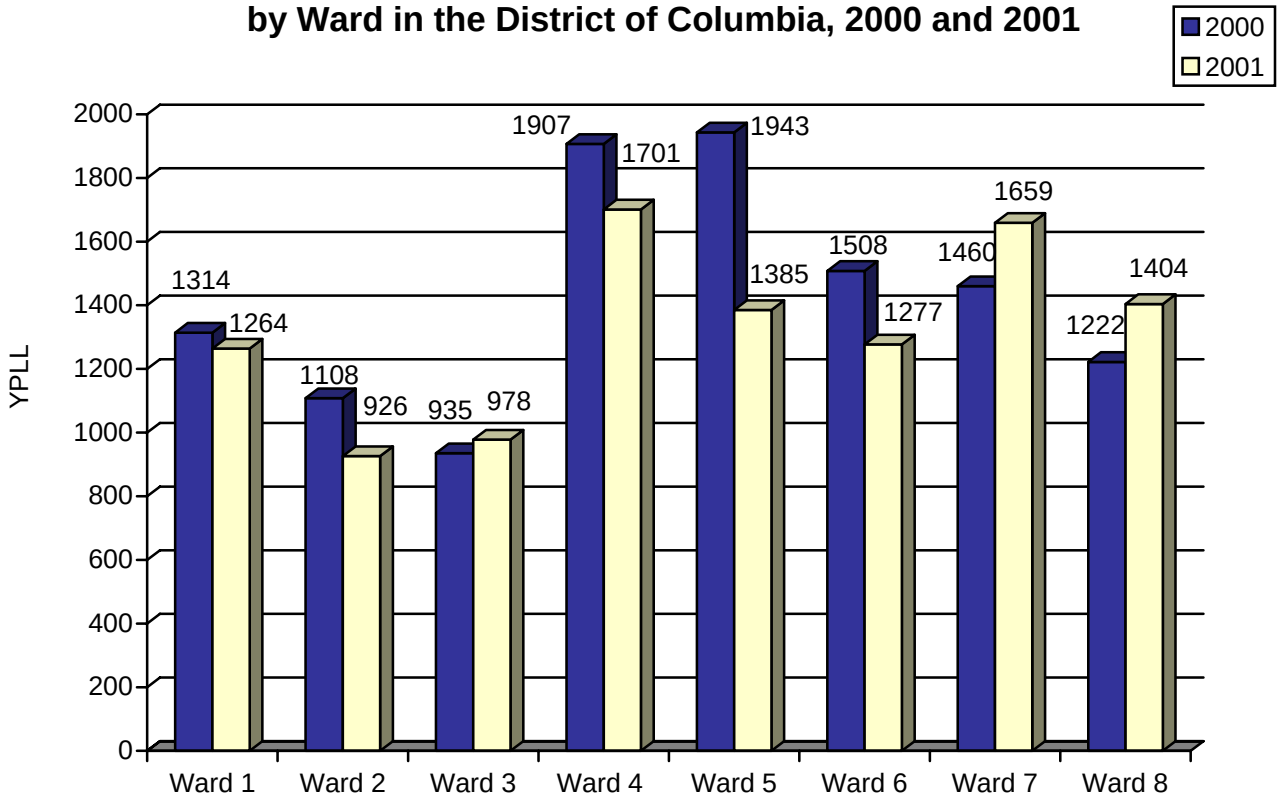


Chart 79. Years of Potential Life Lost (YPLL) due to Hypertension by Ward in the District of Columbia, 2000 and 2001

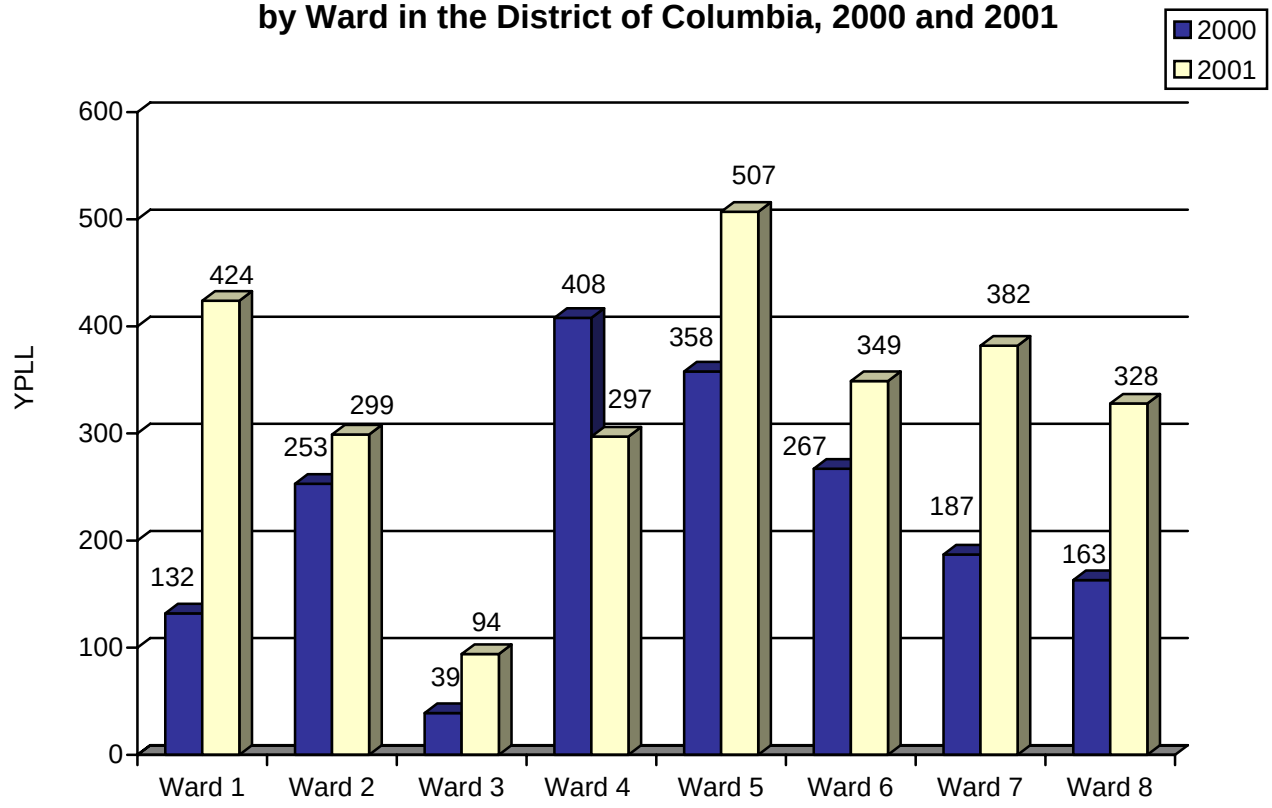


Chart 80. Years of Potential Life Lost (YPLL) due to Cerebrovascular Disease/Stroke by Ward in the District of Columbia, 2000 and 2001

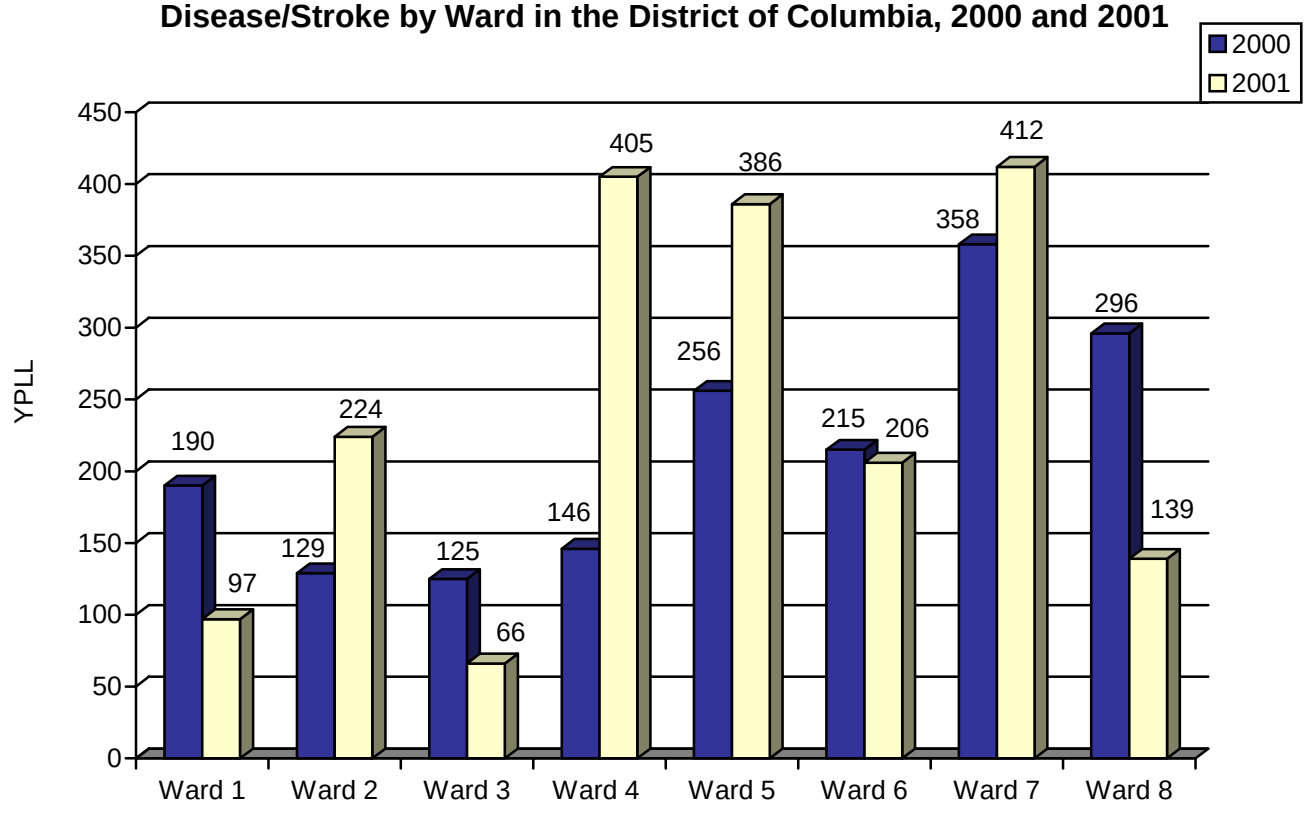


Chart 81. Years of Potential Life Lost (YPLL) due to HIV/AIDS by Ward in the District of Columbia, 2000 and 2001

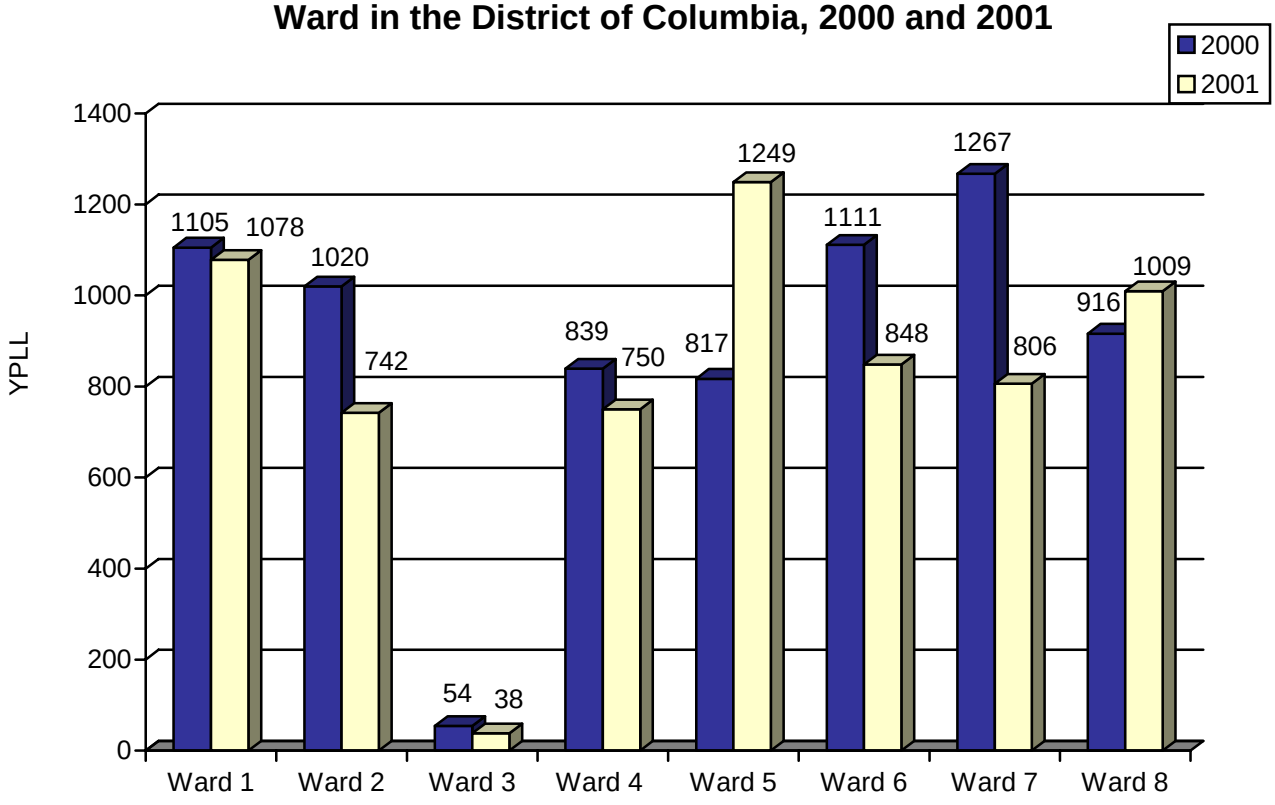


Chart 82. Years of Potential Life Lost (YPLL) due to Accidents by Ward in the District of Columbia, 2000 and 2001

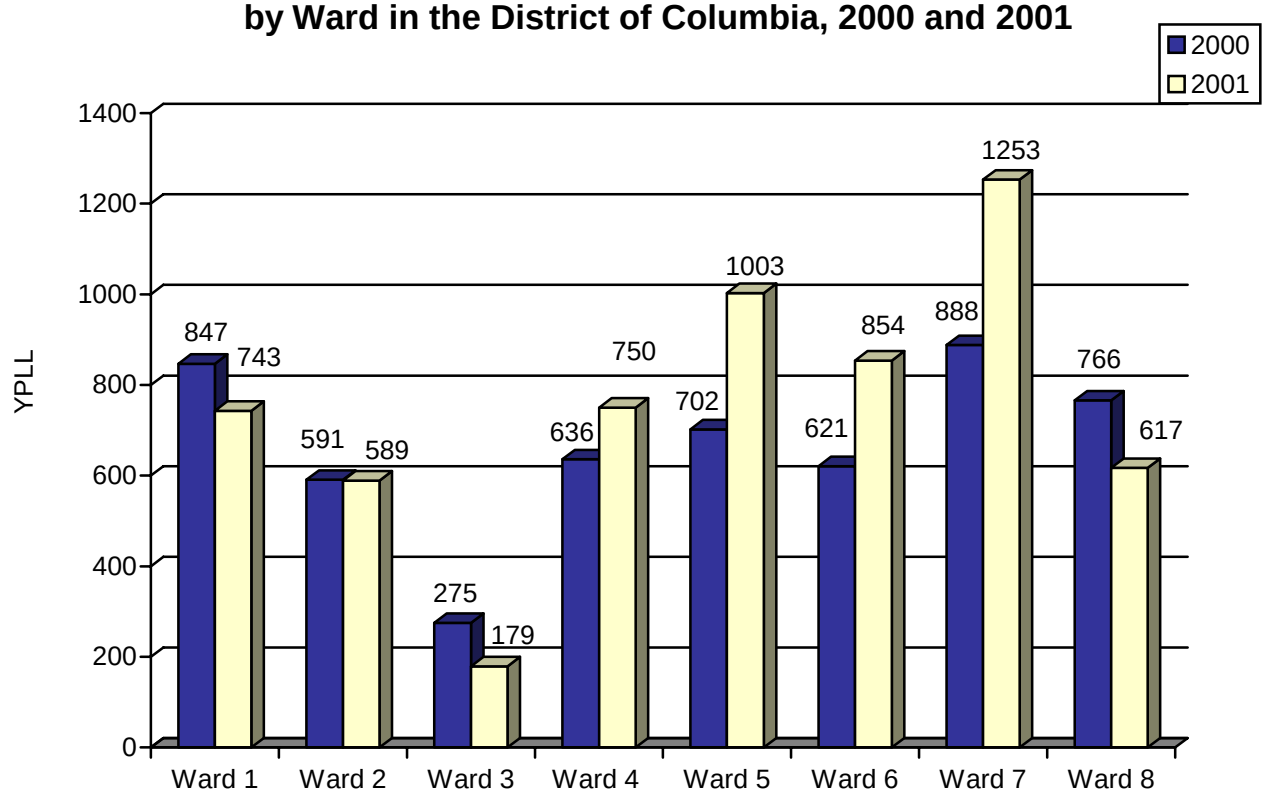
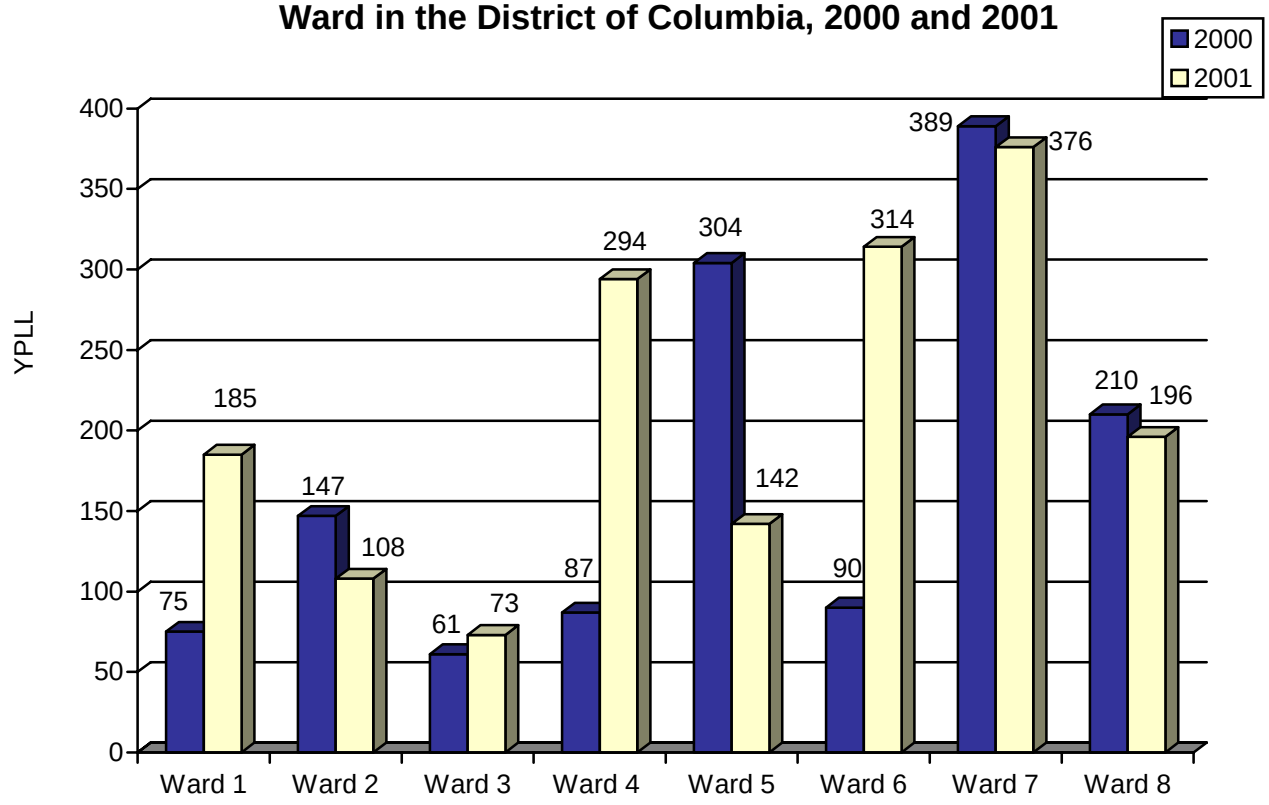


Chart 83. Years of Potential Life Lost (YPLL) due to Diabetes by Ward in the District of Columbia, 2000 and 2001



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