

Executive
Summary
2019

DISTRICT of COLUMBIA
**Community
Health Needs
Assessment**



ABBREVIATED ACKNOWLEDGEMENTS

DC Health would like to thank the many multi-sector partners who contributed and provided insights to the development of this document.

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Letter from the Director

Dear Residents and Partners,

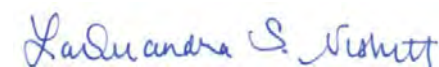
I am pleased to share with you the 2019 District of Columbia Community Health Needs Assessment (DC CHNA). This report provides a holistic view of the current trends and drivers that impact population health in our community.

The purpose of this assessment is to deepen our understanding of community health needs, strengths, and priorities, and identify opportunities that will most equitably improve the health and wellbeing of our residents. Our goal is for stakeholders to utilize the DC CHNA findings to guide our shared work and collective efforts to create environments in which every District resident has the ability to attain their highest level of health.

To assess and prioritize the greatest health needs of the communities we serve, DC Health partnered with the DC Hospital Association to conduct a comprehensive and inclusive process through the DC CHNA Resident Survey (2019). The findings represent the voices of the residents and patients we serve, the community partners and clinical providers we collaborate with, the advocates, organizers and stakeholders who promote and empower our community health priorities, and are complemented by the population health data we monitor.

The Executive Summary contains highlights from the comprehensive DC CHNA digital platform. The website explores the impact of over 40 topic areas on communities in the District and connects residents to assets and resources,

Sincerely,



LaQuandra S. Nesbitt, MD, MPH

Director, District of Columbia Department of Health

We invite you to explore the detailed, interactive data and context online at OurHealthyDC.org/DC-CHNA

including services, programs, best practices, data resources, and funding opportunities to address community needs. We invite you to explore the detailed, interactive content online at <https://OurHealthyDC.org/DC-CHNA>.

Our efforts to achieve health equity, by addressing the underlying social and structural determinants of health, will require sustained action and commitment across sectors, partners, and levels. It is our hope that stakeholders, partners, and community members share and use this platform to:

- Better understand the current health status and context of District residents' lived experiences
- Participate in the creation of data-driven plans and initiatives that will have the greatest impact on our population's health
- Identify the best strategies for leveraging assets and serving the needs of all community members

Thank you for your continued interest and support in improving the opportunities for health and equity in the District.

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Methodology

The purpose of the DC Community Health Needs Assessment (CHNA) is to comprehensively analyze the overall health status and quality of life for District residents.

In analyzing key health, demographic, and socioeconomic data, we gather information to:

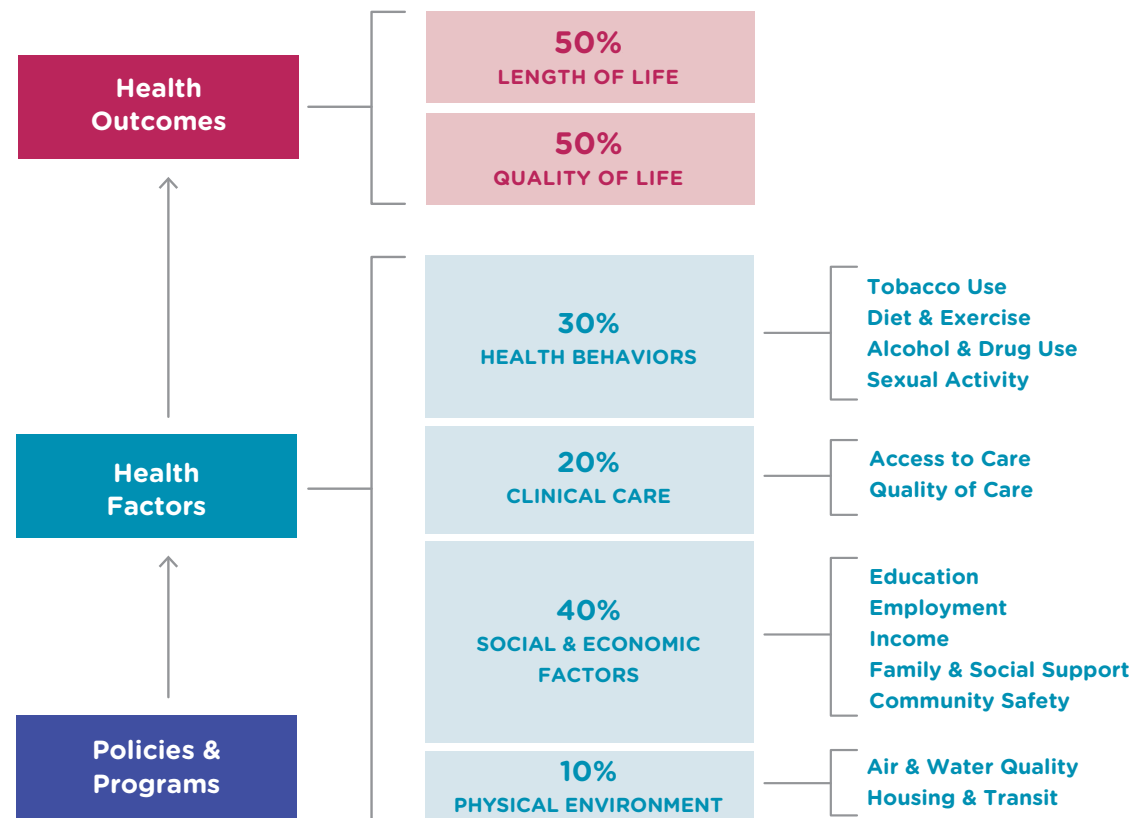
- 1 **Better understand the needs, challenges, strengths, and opportunities for health to DC residents; and**
- 2 **Identify ways to leverage strengths and opportunities so our systems can better meet our unique needs and challenges.**

decisions as well as support the development of topic-specific assessments and improvement plans.

The content serves as a comprehensive health status assessment of District residents and is organized around a modified version of the County Health Rankings Model, pictured below.

The DC CHNA is formatted as a series of interactive webpages, and synthesized to present as this Executive Summary. For a detailed methodology, as well as data, context, and policy information on over 40 topic areas, please visit OurHealthyDC.org/DC-CHNA.

COUNTY HEALTH RANKINGS MODEL



Source: University of Wisconsin Population Health Institute, 2014

1 Introduction

The 2019 DC Community Health Needs Assessment identifies the key health indicators and population outcomes within the District of Columbia through data collection and analysis, and presents available community assets and resources, as well as policy recommendations to equitably improve population health.

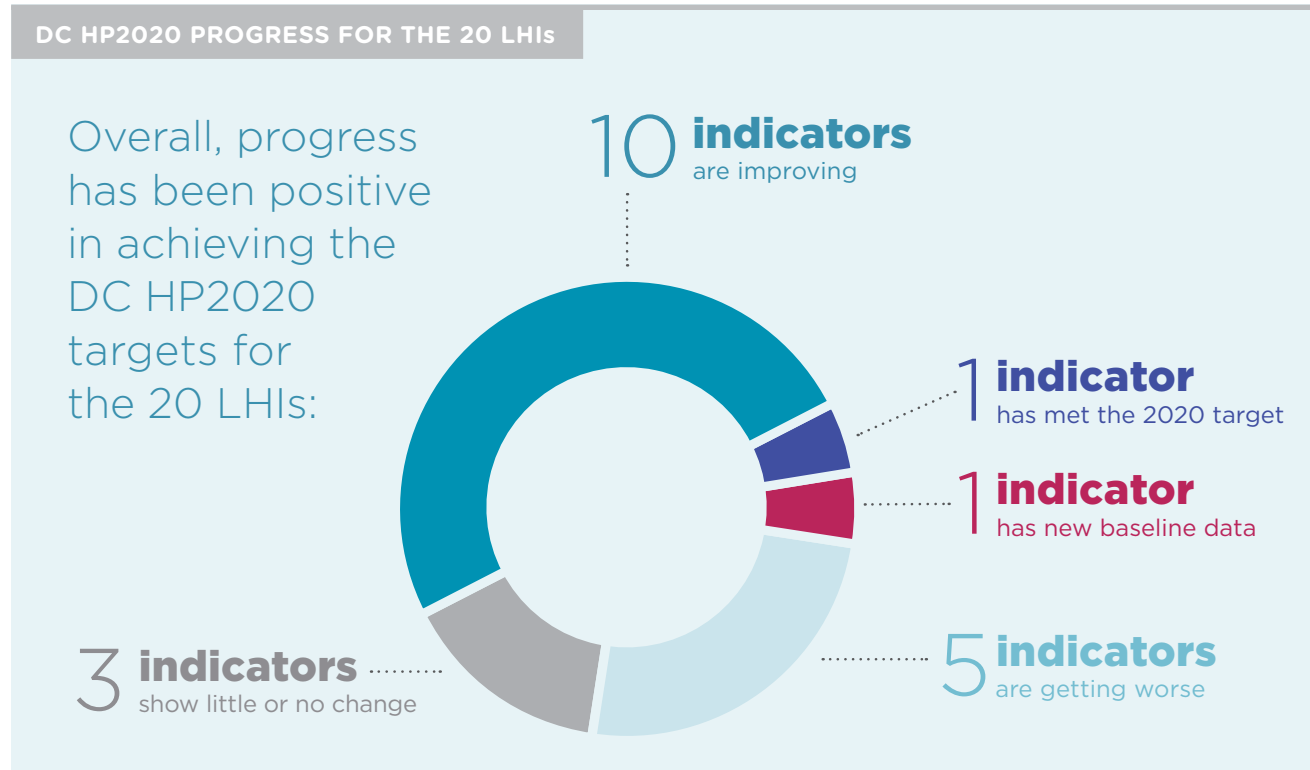
Leading Health Indicators

The DC CHNA is a continuation of the community health improvement cycle that created DC Healthy People 2020 (DC HP2020), and its corresponding goals, objectives, targets, and strategies. The status of the DC HP2020 Leading Health Indicators (LHIs), 20 priority objectives, is shown below. LHIs are organized based on whether they have met the established 2020 target, are improving, are showing little to no change, have new data, or are getting worse.

On the following pages, the 20 LHIs are grouped by their progress. Each LHI contains baseline data, the baseline year, recent data, the recent year, and

the 2020 target, where applicable. More detailed information about each LHI can be found on the corresponding DC CHNA webpages.

Leading Health Indicators in Injury and Violence Prevention and Mental Health and Mental Disorders are among those that are getting worse over time, including for LGBTQ populations. Injury and Violence Prevention and Mental Health were the top two priority topic areas identified in DC HP2020, showing that our collective efforts in these important areas need to be intensified to reverse the negative trends.





HEALTH INDICATORS THAT HAVE MET TARGET

NUMBER	LEADING HEALTH INDICATOR	BASELINE (YEAR)	RECENT (YEAR)	TARGET (2020)
Substance Use				
MHMD-4	Increase the proportion of persons with co-occurring substance use and mental disorders who receive treatment for both disorders	11.3% (2015)	13.6% (2017)	12.4%



HEALTH INDICATORS IMPROVING

NUMBER	LEADING HEALTH INDICATOR	BASELINE (YEAR)	RECENT (YEAR)	TARGET (2020)
Access to Health Services				
AHS-2	Increase percentage of residents who receive preventive care	74.6% (2011)	77.0% (2017)	80.3%
Nutrition, Weight Status and Physical Activity				
NWP-2	Decrease the number of food deserts	9 (2014)	6 (2017)	0
Clinical Preventive Services				
C-5	Increase early detection for cancer (% in situ or local)	48.4% (2010)	56.9% (2016)	57.0%
HDS-4.1	Increase the proportion of adults with hypertension whose blood pressure is under control	55.7% (2013)	60.2% (2017)	77.4%
IID-2.2	Increase the percentage of children aged 19-35 months who receive the recommended doses of vaccinations	66.2% (2010)	74.0% (2017)	80.7%
Social Determinants of Health				
AH-2.1	Increase the 4-year high school graduation rate	59.0% (2010/2011)	68.5% (2017/2018)	80.0%
SDH-1	Decrease proportion of persons living in poverty	18.5% (2010)	17.4% (2017)	16.7%
HIV				
HIV-2	Reduce the number of new annual HIV infections in all ages	889 (2010)	360 (2018)	196


Health Indicators Improving continued...

NUMBER	LEADING HEALTH INDICATOR	BASELINE (YEAR)	RECENT (YEAR)	TARGET (2020)
 Older Adults				
OA-1	Improve overall health of older adults (50+)	73.6% (2011)	80.0% (2017)	90.0%
 Oral Health				
OH-2	Increase percentage of residents who receive preventive dental care	71.1% (2012)	76.5% (2015)	78.2%





HEALTH INDICATORS WITH LITTLE/NO CHANGE

NUMBER	LEADING HEALTH INDICATOR	BASELINE (YEAR)	RECENT (YEAR)	TARGET (2020)
 Nutrition, Weight Status and Physical Activity				
NWP-4.1	Reduce the proportion of children and adolescents who are considered obese	20.6% (2011/2012)	19.5% (2016/2017)	14.5%
 Maternal, Infant and Child Health/Perinatal Health				
MICH-1	Decrease infant mortality rate (per 1,000 live births)	8.0 (2010)	8.1 (2017)	6.0
MICH-2.1	Decrease total preterm births (% of total births)	11.0% (2011)	10.6% (2017)	6.5%

HEALTH INDICATORS WITH NEW DATA

NUMBER	LEADING HEALTH INDICATOR	BASELINE (YEAR)	RECENT (YEAR)	TARGET (2020)
 Tobacco Use				
TU-4	Reduce the early initiation of the use of tobacco products among children and adolescents in grades 9-12	12.1% (2017)	12.1% (2017)	10.9%

HEALTH INDICATORS GETTING WORSE

NUMBER	LEADING HEALTH INDICATOR	BASELINE (YEAR)	RECENT (YEAR)	TARGET (2020)
 Mental Health and Mental Disorders				
MHMD-2	Reduce the proportion of adolescents aged 12 to 17 years who experience major depressive episodes (MDEs)	6.5% (2011)	10.5% (2017)	5.8%
 Injury and Violence Prevention				
AH-1.1	Reduce homicide rate among 20-24 year-olds (per 100,000 population)	46.9 (2012)	50.8 (2016)	32.7
IVP-2	Reduce fatal injuries (per 100,000 population)	49.0 (2012)	86.2 (2017)	46.3
 Clinical Preventive Services				
D-4	Reduce the proportion of persons with poor control of diabetes	37.1% (2013)	48.7% (2017)	27.2%
 LGBTQ Health				
LGBTH-3	Decrease the percentage of youth in grades 9-12 who were threatened or hurt because someone thought they were gay, lesbian, or bisexual	10.7% (2010)	22.1% (2017)	4.2%

Source: <https://dchealth.dc.gov/page/dc-healthy-people-2020-lhi-dashboard>
 Note: Data sources and notes for each indicator can be found in Appendix A



Our efforts in the areas of Injury and Violence Prevention & Mental Health need to be redoubled to reverse negative trends.



2 District of Columbia Demographics

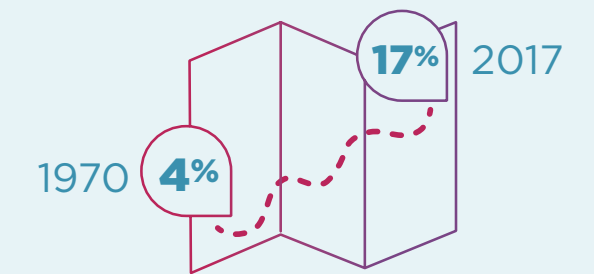
In 2018, the District's population was

702,455

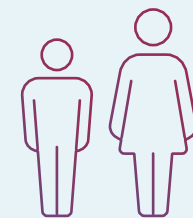
a 14% increase from 601,723 residents reported in 2010



DC's immigrant population has increased



The District is home to the **third youngest** population in the U.S. with a median age of 34



Females outnumber males by about 35,000

DC youth who identify as lesbian, gay or bisexual



middle schoolers
6.2%



high schoolers
12.3%

Sources: US Census and DC OSSE, DC Youth Risk Behavior Survey.

Population Distribution & Trends

The median age in DC is 34 years old, making the District the third youngest in the United States². The largest age group in the District is those who fall within 25-29 years of age².

Among the eight wards in the District, the population in Ward 4 is the oldest with a median age of 39.9, while Ward 8 is the youngest with a median age of 29.8².

Racial/Ethnic Diversity

In highly diverse populations like the District of Columbia, changing demographic characteristics have important implications for the health of residents. In 2018, the racial/ethnic composition of the District was primarily made up of Non-Hispanic Black (47%) and Non-Hispanic White (36%) individuals². The third largest group within the District is the Hispanic/Latinx group (11%)². DC's foreign-born population has grown over time; in 2018, there were approximately 100,000 foreign-born DC residents and the immigrant population has increased from 4% in 1970 to 17% in 2017². According to an Urban Institute Report commissioned and funded by the DC Mayor's Office of Community Affairs, three out of every four foreign-born residents living in DC are collectively represented by four immigrant groups: Latinx, Asian and Pacific Islander (API), African, and Caribbean³.

Three out of every four foreign-born DC residents are represented by 4 immigrant groups: **Latinx, Asian & Pacific Islander, African, and Caribbean**



LGBT Diversity

As of 2013, 10.7% of DC adults identify as either lesbian, gay, bisexual, and/or transgender⁴. The LGBT community includes people of all races, ethnicities, religions, and socioeconomic groups. According to the Williams Institute, in 2017, DC had the highest percentage of LGBT residents compared to all other states⁵. Among middle school youth, 6.2% identify as lesbian, gay or bisexual, and 12.3% of high school youth identify as the same⁶. Research suggests that LGBT individuals face health disparities linked to social stigma, discrimination, and denial of their civil and human rights⁷. Better understanding and eliminating LGBT health disparities and enhancing efforts to improve LGBT health are necessary to ensure that all residents can lead long, healthy lives.

3 District Health Profile

Health Outcomes

Health outcomes are important population health measures that tell us how a population's health is faring overall. Measures of life expectancy as well as the leading causes of death and hospitalization can reveal trends and be used to compare the health outcomes of different population groups.

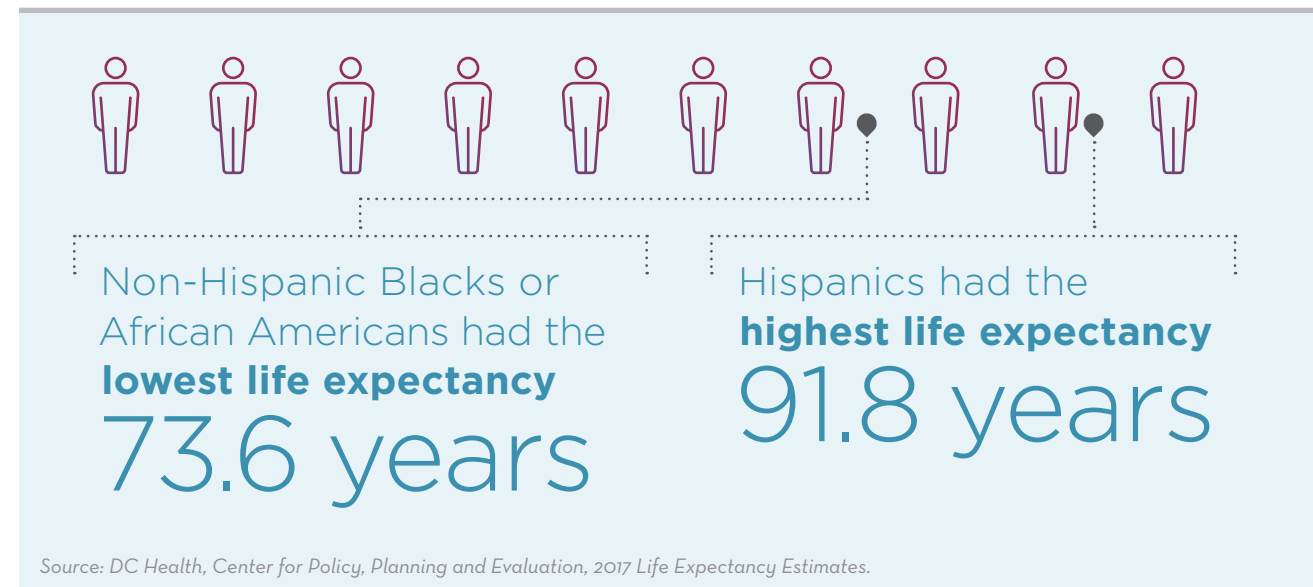
Life expectancy is the average number of years that a group of newborns is expected to live if the age-specific death rates present in the year of their birth remained consistent throughout their life. It is widely used as an important indicator to evaluate a community's health status. As with changes in mortality rates, changes in life expectancy over time can be a signal of improving or worsening health in a population.

Although life expectancy has drastically improved throughout the 20th century, the United States (US) as well as the District have experienced a downtick in recent years, with both estimates hovering between 78-79 years. However, for the first time, in 2017, the District's life expectancy (78.9 years) surpassed the nation's (78.6)^{8,9}. Similar to national-level data, District-level data mask disparate trends by population groups and geographic areas. In 2017, there were gaps in life expectancy estimates among all wards.

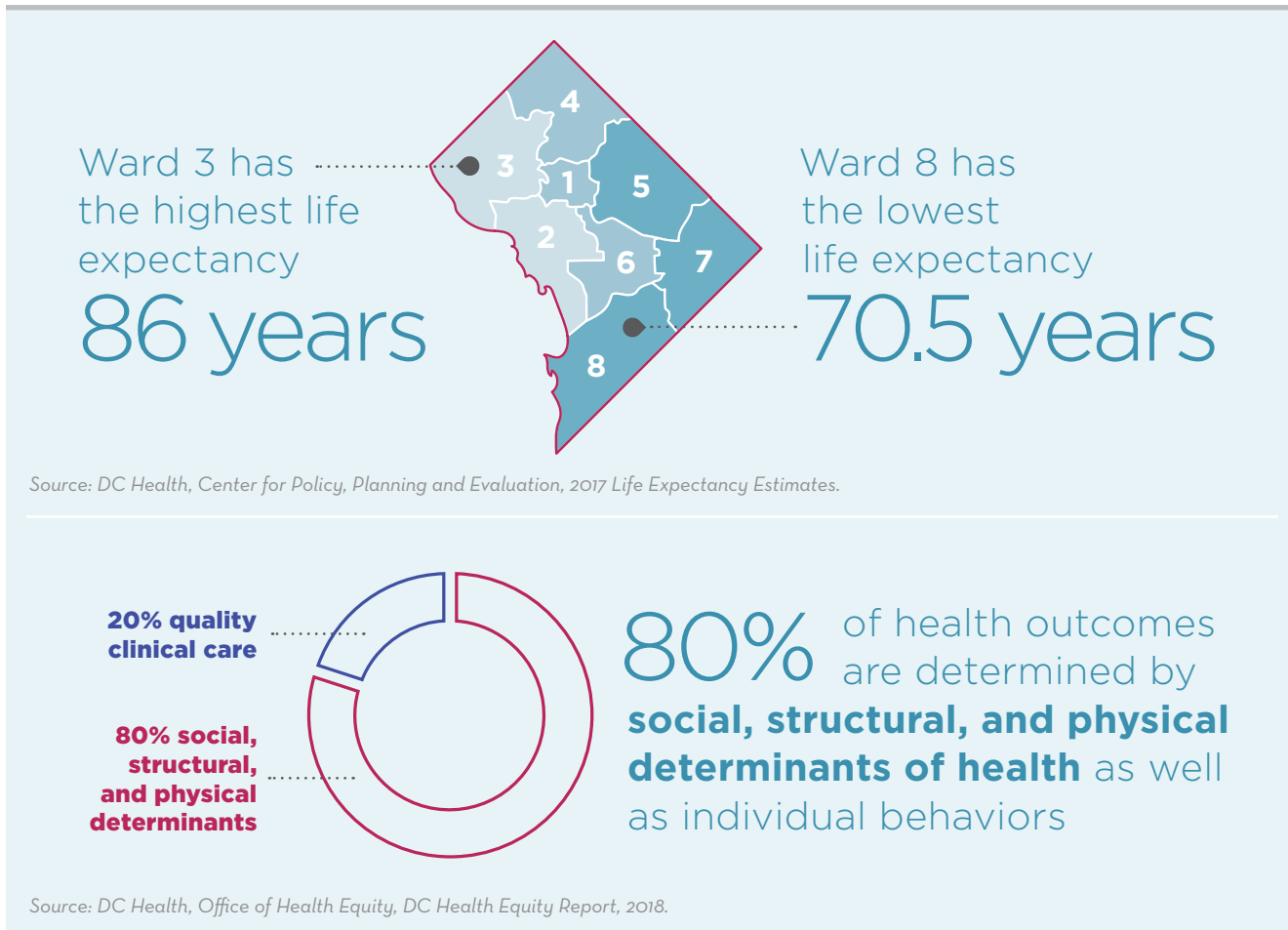
Similarly, there were differences in life expectancy between Black and White residents in every ward. The life-years of improvement between 2000 and 2017 ranged from 0.7 to 13.9 years⁹.

The District has a lower life expectancy compared to those of neighboring communities such as Prince George's County and Montgomery County, which were 79.6 and 84.3 in 2016 respectively^{10,11}.

Within the District, Ward 8 had the lowest life expectancy (70.5 years), while the highest was in Ward 3 (86.0 years)⁹. We can see that the largest difference in life expectancy was approximately 15.5 years, demonstrating a continued need to tackle this disparity. In the District, Hispanics had the highest life expectancy at 91.8 years, while Non-Hispanic Blacks or African Americans had the lowest life expectancy at 73.6 years⁹.



Source: DC Health, Center for Policy, Planning and Evaluation, 2017 Life Expectancy Estimates.



LEADING CAUSES OF DEATH
District of Columbia and the United States - 2017

LEADING CAUSE OF DEATH	DC RATE	US RATE
1. Heart Disease	189.8*	165.0
2. Cancer	152.7*	152.5
3. Accidents	61.1*	49.4
4. Stroke	35.8	37.6*
5. Diabetes	20.1	21.5*
6. Chronic Lower Respiratory Disease	19.6	40.9*
7. Alzheimer's Disease	17.6	31.0*
8. Homicide	15.6*	6.2
9. Flu/Pneumonia	11.3	14.3*
10. Hypertension	11.4*	9.0

Source: DC Health, Center for Policy, Planning and Evaluation, Vital Records Division.
 Note: Rates are age-adjusted per 100,000 population. Higher rates indicated with the asterisk.

The leading causes of death in the District compared to the US show that we have higher rates in the top three causes of death as well as homicide and hypertension. Most violence in the District is homicide-related, and our suicide rate is lower compared to other jurisdictions¹². Notably missing from the leading causes of death is HIV, which had been included in the District's top ten through 2013.

Health Determinants and Factors

The County Health Rankings roadmap can help break down the factors and determinants that affect our health outcomes. It is accepted that, while important, only about 20% of our health outcomes are determined by quality clinical care¹². The remaining 80% are determined by social, structural, and physical determinants of health as well as individual behaviors¹². Collective action is essential to tackle these multiple factors. Policymaking and program development can use the wide range of data and context that define an issue to create meaningful solutions. Below, several key indicators that describe each of the four determinant groups show how the District health status compares to national data. More detailed information on these determinants is found on the corresponding DC CHNA webpages at OurHealthyDC.org/DC-CHNA.

Clinical Care

Access to affordable, quality, and timely health care can help prevent diseases and detect issues sooner. Access to clinical care is also an essential part of treating and managing health conditions, enabling individuals to live longer, healthier lives. The larger DC CHNA report covers three key topics in clinical care: access to clinical care, quality of clinical care, and prevention & screenings, which also overlaps with individual behaviors. Two key points from this topic include:

TOPIC AREA	MEASURE	DATA SOURCE	DC	US
Access to Care	Uninsured Population (2017)	US Census, American Community Survey 1-year Estimates	3.8%	8.7%
Quality of Care	Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia SIR* (2017)	CDC National Healthcare Safety Network	1.16	0.86

* Standardized Infection Ratio (SIR) is a summary statistic showing how often infections occur divided by what would be expected given certain criteria particular to the facility. Lower SIRs indicate better outcomes or a positive change.



Access to affordable, quality, and timely clinical care is an essential part of treating and managing health conditions, enabling individuals to live longer, healthier lives.

Social & Economic Factors

Social and economic factors can significantly affect how we live and how well we live. These factors affect our ability to make healthy choices, manage stress, afford

care and housing, and so much more. The table below highlights a few key indicators from the social and economic factors that affect District resident health:

TOPIC AREA	MEASURE	DATA SOURCE	DC	US
Education	4-Year High School Graduation Rate (2017/2018)	DC Office of the State Superintendent for Education (OSSE)	68.5%	84%
Employment	Unemployment Rate (January 2019)	DC Department of Employment Services and US Department of Labor	5.4%	4.0%
Food Security	Percentage of Population Facing Food Insecurity (2016)	Feeding America ^a	11.9% of adults 21.6% of children	11.5% of adults 17.5% of children
IPV & Sexual Violence	Percentage of High School Students that Reported Being Forced to Have Sexual Intercourse (2017)	DC OSSE and CDC Youth Risk Behavior Survey	8.5%	7.4%

^a <https://map.feedingamerica.org/county/2016/child/district-of-columbia>

Physical Environment

The physical environment is where we live, learn, work, and play. Communities interact with their physical environment through the air they breathe, water they drink, houses they live in, and transportation they access to travel to work and

school. The physical environment can affect our ability, and that of our families and our neighbors, to live long and healthy lives. The following table highlights some of the key measures that are observed when we talk about physical environment:

TOPIC AREA	MEASURE	DATA SOURCE	DC	US
Built Environment & Housing	Homelessness (rate per 100,000 population) (2018)	US Department of Housing and Urban Development	99.5 (91% sheltered)	17 (65% sheltered)
Environmental Quality	Particulate Matter 2.5 microns (Seasonally-weighted annual average) (2018)	Environmental Protection Agency	8.7 µg/m ³	8.2 µg/m ³
Food Safety	Rate of Salmonellosis (per 100,000 population) (2018)	CDC National Notifiable Diseases Surveillance System	11.1	18.6



The **choices we make are shaped by the choices we have**, so social norms, policies, and other structural factors play a role in our behaviors.

Health Behaviors

Health behavioral factors are choices and actions individuals take that affect their health. The choices we make are shaped by the choices we have, so social norms, policies, and other structural factors also play a role in our behaviors.

These actions can lead to improved health, such as being physically active and eating well, or can increase your risk of disease, such as smoking and excessive alcohol consumption. Some key points from this topic are:

TOPIC AREA	MEASURE	DATA SOURCE	DC	US
Active Living	Obesity Rate (2018)	CDC BRFSS	24.7%	30.9%
Alcohol & Substance Use; Vaping and Tobacco	Binge Drinking Rate (2018)	CDC BRFSS	24.4%	16.2%
	Opioid Overdose Mortality Rate (per 100,000 population) (2017)	DC Health and CDC	33.1	21.7
	E-Cigarette Use Among Adults (% never used) (2017)	CDC BRFSS	83.7%	79.3%
Sexual Health	Estimated HIV Incidence Rate (per 100,000 population) (2016)	CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	70.5	14.3

DC residents say **Housing and Homelessness** is the most important issue affecting their community.

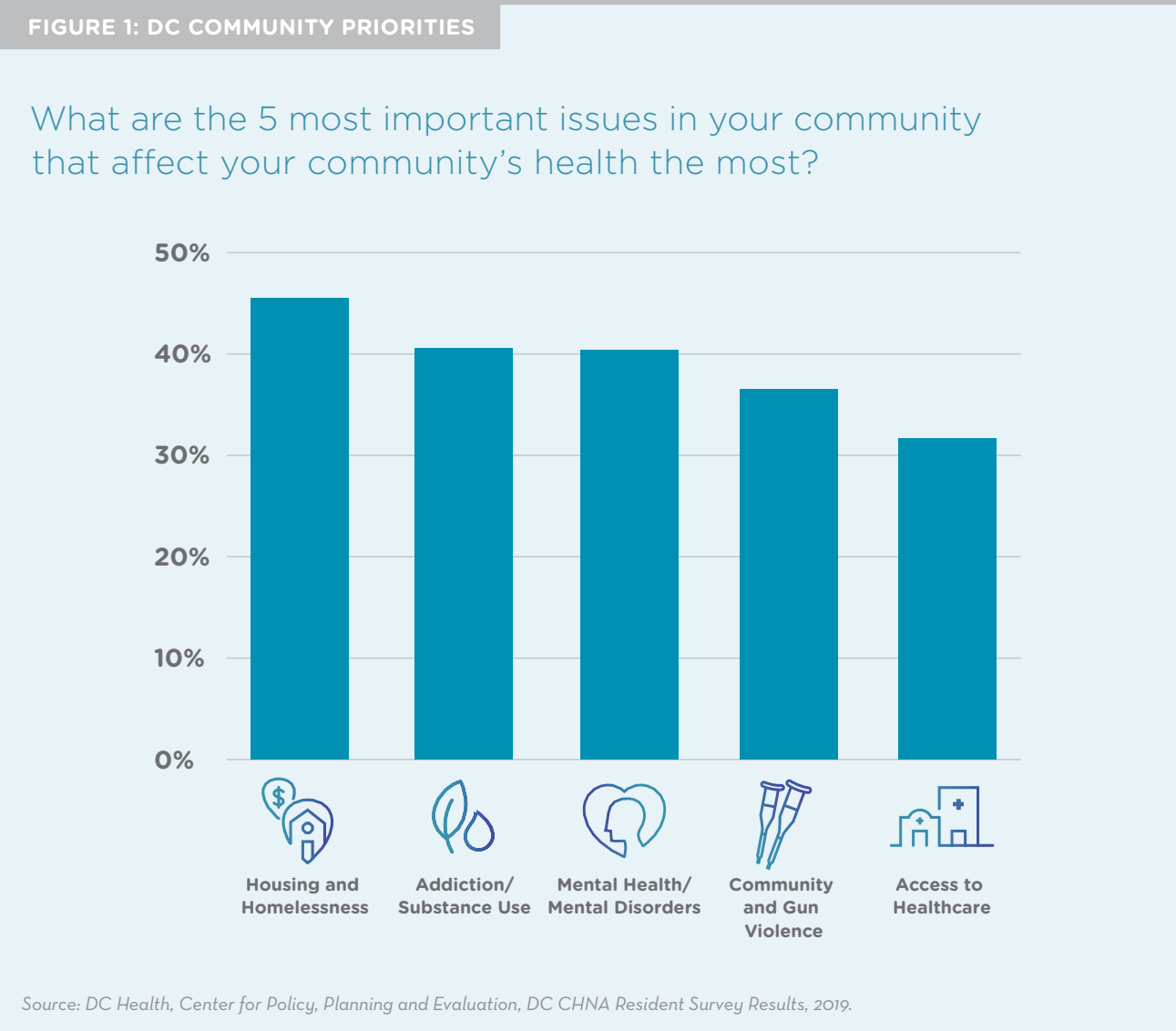


4 Community Perspectives

An important part of the community input for the DC CHNA was solicited via a resident-level survey that covered three areas: Community Health and Connections; Health Care Services; and Living Arrangements & Experiences.

When asked what the most important health issues that affect their community are, residents responded similarly to the priorities in DC Healthy People 2020, with the addition of Addiction/ Substance Use (Figure 1).

The DC CHNA Survey is a rich source of information from DC residents related to our experiences in life and navigating the health care system. Visit **OurHealthyDC.org** to view more data from the survey in the DC CHNA and contact us for more information.



5 Assets and Resources

Below is a table of important community assets and resources across 10 topic areas. For links and information on assets and resources specific to all 40 topic areas, visit OurHealthyDC.org.

Mental Health & Mental Disorders

RESOURCE	WEB	PHONE	ADDRESS
Department of Behavioral Health Adult Services	https://dbh.dc.gov/service/adult-services	(202) 673-2200	64 New York Ave NE 3rd Floor Washington, DC 20002
	<i>For an appointment, please call (202) 442-4202 or the ACCESS Helpline at (888) 793-4357. Same Day Urgent Care. You can walk into a clinic located at 35 K Street NE and be seen the same day without an appointment from 8:30-3:00pm. Services include assessment, counseling, psychiatric evaluation and medication management. You may be referred to a community provider for ongoing care. If you have questions, please call (202) 442-4202.</i>		
Department of Behavioral Health Community Based Children, Youth and Family Services	https://dbh.dc.gov/service/children-youth-and-family-services	(202) 481-1440	
	<i>The Children and Adolescent Mobile Psychiatric Service (ChAMPS) provides on-site immediate help to children facing a behavioral or mental health crisis whether in the home, school or community. Services are geared toward children and youth 6-21 years of age. The on-call, mobile emergency service is available 24 hours a day, seven days a week.</i>		
Emergency Psychiatric Services	https://dbh.dc.gov/service/emergency-psychiatric-services	(202) 673-9319	
Homeless Services	https://dbh.dc.gov/service/homeless-services-dmh	(202) 673-9124	
Peer Specialist Certification Program	https://dbh.dc.gov/service/peer-specialist-certification-program	(202) 673-4377	
Recovery Support Services	https://dbh.dc.gov/service/recovery-support-services	(202) 673-4377	
School Behavioral Health Program	https://dbh.dc.gov/service/school-behavioral-health-program	(202) 698-1871	
Treatment Services DC Department of Behavioral Health Helpline	https://dbh.dc.gov/service/treatment-services	(888) 793-4357	
DPR Roving Leaders	https://dpr.dc.gov/service/dpr-roving-leaders	(202) 698-2250	Youth Development Division Roving Leaders Program 1800 Anacostia Ave SE
National Suicide Prevention Lifeline		(800) 273-TALK (8255)	
The Trevor Project	http://www.thetrevorproject.org/	(866) 488-7386	
Sasha Bruce Youthwork	https://www.sashabruce.org/	(202) 547-7777	
Fair Girls	https://www.fairgirls.org/	(855) 900-3274	
Latin American Youth Center	http://www.layc-dc.org/	(202) 319-2225	

Injury & Violence Prevention

RESOURCE	WEB	PHONE	ADDRESS
ONSE office programs	https://onse.dc.gov/page/onse-programs	(202) 807-0440	
MPD Victim Assistance Resources	https://mpdc.dc.gov/page/victim-assistance	(202) 727-6491	
DC YouthLink	https://dhrs.dc.gov/sites/default/files/dc/sites/dhrs/service_content/attachments/DC%20YouthLink%20Service%20Coalition%20Member%20Directory%202013-%202014.pdf		<i>A coalition of community-based organizations that provide a diverse array of services to court-involved youth in their neighborhoods.</i>
Intimate Partner Violence Resources	https://mpdc.dc.gov/node/137912		
Break the Cycle		(202) 654-4039	
House of Ruth		(202) 667-7001	
My Sister's Place		(202) 529-5991	
Sexual Assault Resources DC Rape Crisis Center	https://mpdc.dc.gov/node/137932	(202) 333-RAPE (7273)	
DAWN (Deaf Abuse Women's Network)	Emergency Email: hotline@deafdawn.org		Deaf and Hard of Hearing 24 Hour Video Phone: (202) 559-5366
Casa Ruby Emergency hotline	https://casaruby.org/	(202) 355-5155	
Counseling Directory	http://dcrcc.org/counseling/	(202) 232-0789	
Tools for survivors DC Rape Crisis Center	http://dcrcc.org/counseling/no-straight-path/tools-for-survivors/	(202) 470-1188	
Tools for loved ones of survivors DC Rape Crisis Center	http://dcrcc.org/counseling/no-straight-path/tools-for-loved-ones/	(202) 232-0789	

Access to Health Services

RESOURCE	WEB	PHONE	ADDRESS
Community Provider Resources from DC Health	https://dchealth.dc.gov/page/community-provider-resources	711	
Health Care Services Resources from DC Health	https://dchealth.dc.gov/service/health-care-services	711	
DC Health Link	https://dhealthlink.com/node/2478	(855) 532-5465	
Telehealth Innovation Program	https://dhcf.dc.gov/telehealthinnovation	(202) 478-9299	



Social Determinants of Health

RESOURCE	WEB	PHONE	ADDRESS
Unemployment compensation	https://does.dc.gov/page/unemployment-compensation-dcnetworks.org	(202) 724-7000	
American Job Center <i>*formerly DC Works!</i>	https://does.dc.gov/service/american-job-center <i>The District of Columbia American Job Center can help you find a new job, transition into something new, expand your skills, or even explore a new career. Find a location nearest you. Email: does@dc.gov</i>	(202) 724-7000	
Apprenticeship DC	https://does.dc.gov/service/apprenticeship-dc	(202) 698-5099	4058 Minnesota Ave NE Washington, DC 20019
Injured Workers Employee Services	https://does.dc.gov/service/injured-workeremployee-services	711	
East River Family Strengthening Collaboration	http://www.erfsc.org/	(202) 397-7300	
Bright Beginnings Family Support Services	https://bbidc.org/programs/parent-family-support-services/	(202) 842-9090	
Hillcrest Children & Family Center	http://hillcrest-dc.org/		
Georgia Avenue Family Support Collaborative	https://gafsc-dc.org/family-support/	(202) 722-1815	4420 Georgia Ave NW
DC Department of Human Services-Strong Families Program	https://dhs.dc.gov/service/family-services	(202) 698-4293	
Parent and Adolescent Support (PASS) Program	https://dhs.dc.gov/node/117632	(202) 698-4334	
Teen Parent Assessment Program	https://dhs.dc.gov/page/teen-parent-assessment-program-tpap Email: dhs.pass@dc.gov	(202) 698-4334	
Family Violence Prevention	https://dhs.dc.gov/node/142902	(202) 715-7627	
Refugee Assistance	https://dhs.dc.gov/node/117892	(202) 698-4316	
Far Southeast Family Strengthening Collaborative	http://www.fsfsc.org/	(202) 889-1425	
Edgewood/Brookland Family Support Collaborative	http://ebfsc.org/	(202) 832-9400	
DC ReEngagement Center	https://srcd.onlinelibrary.wiley.com/doi/abs/10.1111/cdev.12995	(202) 671-2539	
Afterschool Programs	https://dcps.dc.gov/afterschool	(202) 442-5002	
Support for English Learners (ELs)	https://dcps.dc.gov/service/supports-english-learners-els	(202) 671-0750	
Medication and Treatment at School	https://dcps.dc.gov/health	(202) 345-0052	
Homeless Children and Youth Services	https://dcps.dc.gov/service/homeless-children-and-youth-services-dcps	(202) 576-9502	
School-Based Health Centers	https://dcps.dc.gov/service/school-based-health-centers-dcps	(202) 442-9525	
Free and Reduced-price Meals Application	https://dcps.dc.gov/farm dcps.dc.gov/page/community-eligibility-provision-cep-schools		
Parents Amplifying Voices in Education	http://www.dcpave.org/	(202) 677-9412	



Nutrition & Physical Activity

RESOURCE	WEB	PHONE	ADDRESS
DC Greens Community Food Guide	https://www.dcgreens.org/community-food-guides	(202) 601-9200	
DC Food Finder	https://www.dchunger.org/get-help/	(202) 640-1088	
Food and Friends	https://www.foodandfriends.org/refer-a-client/ <i>Provides home delivered meals and groceries to people with serious illnesses (HIV/AIDS, cancer, poorly-controlled diabetes, or receiving hospice care) that limit their ability to get food for themselves. Must be referred by a healthcare provider.</i>	(202) 269-2277	
The SHARE Network	http://www.sharedc.org/	(800) 21-SHARE	
DC WIC	http://www.dcwic.org/	(202) 442-9397	
Capitol Area Food Bank	https://www.capitalareafoodbank.org/cafb-programs/	(202) 644-9807	
DC Health SNAP Education Program	https://dchealth.dc.gov/service/supplemental-nutrition-assistance-program-education	(202) 442-9171	
DC Office of State Superintendent of Education: Wellness & Nutrition School Programs	http://osse.dc.gov/service/wellness-and-nutrition-school-programs	(202) 727-1839	
DC Department of Human Services Benefits	https://dhs.dc.gov/page/benefits-dhs	(202) 727-5355	



Substance Use

RESOURCE	WEB	PHONE	ADDRESS
Assessment and Referral Center (The ARC)	https://dbh.dc.gov/node/106832 <i>To enroll in treatment services, call or visit.</i>	(202) 727-8473	75 P Street NE Washington, DC 20002
Prevention Services	https://dbh.dc.gov/node/109292	(202) 727-8608	
Department of Behavioral Health	https://dbh.dc.gov/service/access-helpline	Access Helpline: (888) 7WE-HELP or (888) 793-4357	
NARCAN® (naloxone HCl) Training Workshops	https://dchealth.dc.gov/node/1339896	(202) 232-6749	
Medical Marijuana & Integrative Therapy	https://dchealth.dc.gov/service/medical-marijuana-and-integrative-therapy	(202) 724-8800	
Treatment Services – Adolescents	https://dbh.dc.gov/node/107042		
Federal City Recovery Services (Ward 6)		(202) 710-1850	316 F St NE, Suite 118
Hillcrest Children's Center (Ward 4)		(202) 232-6100	244-46 Taylor St NW
Latin American Youth Center (Ward 1) *Assessment and Referral Site		(202) 319-2229	1419 Columbia Rd NW
Recovery Support Services	https://dbh.dc.gov/node/109902	(202) 673-4377	



Oral Health

RESOURCE	WEB	PHONE	ADDRESS
Oral Health Toolkit and Dentist Locator	https://www.dchealthcheck.net/resources/pediatric/oral-health-toolkit.html	(866) 758-6807	


HIV/STI

RESOURCE	WEB	PHONE	ADDRESS
Sex Is DC...	https://sexisd.org/	(202) 671-4900	
Sex Positivity Resources	https://sexualbeing.org/get-prep/pep/	(202) 442-5955	
Speak Up DC:	https://sexisd.org/speak-up/	(202) 671-4900	
	<i>DC has laws that make it easier for youth to access healthcare. In fact, youth of any age can obtain sexual and reproductive healthcare without parental consent. Want more legal information about sex and sexual health in DC?</i>		
LGBTQ Rights	https://lgbtq.dc.gov/page/glbtknow-your-rights	(202) 727-9493	
Free Condom	https://sexualbeing.org/get-condoms/free-condoms/	(202) 671-4900	
DC Health & Wellness Center	https://dchealth.dc.gov/dc-health-and-wellness-center	(202) 741-7692	77 P St NE Washington, DC 20002
	<i>The new clinic offers easy and affordable sexual health care with a bilingual staff, a convenient location, and same-day appointments. Our caring professionals offer expert services.</i>		
PrEP (Pre-Exposure Prophylaxis) Drug Assistance Program	https://dchealth.dc.gov/DCPrEPDAP	(202) 671-4815	
	<i>DC Health offers the Pre-exposure Prophylaxis (PrEP) Drug Assistance Program (DAP), for insured & uninsured HIV negative residents in the DC metropolitan area who are at high risk of HIV infection and are prescribed Truvada as PrEP. Pre-Exposure Prophylaxis therapy is a biomedical treatment that can reduce the spread of HIV in high risk populations by taking a pill daily to reduce the risk of HIV-1 infection among adult men and women.</i>		
PEP (Post-Exposure Prophylaxis)	https://sexualbeing.org/get-prep/pep/	(202) 741-7692	
	<i>Your health care provider, an emergency room doctor, and the DC Health and Wellness Center can prescribe PEP.</i>		
inSPOT:	https://dchealth.dc.gov/page/expedited-partner-therapy		
	<i>Notify someone anonymously that they need to get tested and treated from an STI</i>		
Living with HIV ADAP-AIDS Drug Assistance Program	https://dchealth.dc.gov/living-with-hiv	(202) 671-4900	
New Diagnosis of HIV	https://dchealth.dc.gov/node/1129892	(202) 671-4900	
	<i>Don't assume that if you have health insurance you are not eligible for some kind of assistance. Sometimes insurance does not pay premiums and co-pays. Call HAHSTA at (202) 671-4900 and ask to speak to a representative to see if you qualify.</i>		


Tobacco Use

RESOURCE	WEB	PHONE	ADDRESS
DC Quit Line		(800) Quit-Now (784-8669)	
Smoking Cessation Programs in DC Metro Area	https://dbh.dc.gov/service/quit-smoking	(202) 442-5433	


Maternal, Infant and Child Health/Perinatal Health

RESOURCE	WEB	PHONE	ADDRESS
Newborn Screening and Surveillance Programs	https://dchealth.dc.gov/service/dc-newborn-metabolic-screening-program	(202) 442-9158	
Breastfeeding Rights and Programs in DC	https://dchealth.dc.gov/service/breastfeeding-program	(202) 442-9397	
Project Empowerment	https://does.dc.gov/service/project-empowerment-program	(202) 698-5599	
	<i>Collaboration with Department of Employment Services to implement healthy relationships and parenting skills curricula with men</i>		

Maternal, Infant and Child Health/Perinatal Health continued...

RESOURCE	WEB	PHONE	ADDRESS
Help Me Grow	https://dchealth.dc.gov/service/help-me-grow-dc	1-800-666-2229	
	<i>A centralized referral program that links prenatal women and children 0-5 and their families to services to support healthy development</i>		
Early Childhood Comprehensive Systems	https://dchealth.dc.gov/node/122482	(202) 442-5925	
	<i>Aims to address needs of all children 0-8 years in DC</i>		
Maternal Health Resource Guide	https://dcmaternalhealth.com/resources/	(202) 727-1750	
DC Child Care	https://dcchildcareconnections.org/	(202) 829-2500	
Special Supplemental Nutrition Program for Women, Infants and Children	https://dchealth.dc.gov/service/special-supplemental-nutrition-program-women-infants-and-children-wic	(202) 442-9397	
Pre-K Programs	https://osse.dc.gov/page/how-find-pre-kindergarten-program		https://www.myschooldc.org/
WIC	https://dchealth.dc.gov/service/special-supplemental-nutrition-program-women-infants-and-children-wic	(202) 442-9397	
Home Visitation	https://dchealth.dc.gov/node/113532	(202) 442-5925	
Project Launch	https://dchealth.dc.gov/node/113552	711	
	<i>Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) is a 5-year initiative funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The goal of Project LAUNCH is to promote the wellness of young children (0-8 years) so they can thrive in safe, supportive environments and enter school ready to learn.</i>		
DC Healthy Start	https://dchealth.dc.gov/service/dc-healthy-start	(800) 666-2229	
	<i>Enhanced medical homes for pregnant and reproductive-age women</i>		
Perinatal Hepatitis B Prevention Program	https://dchealth.dc.gov/page/hepatitis-b-and-pregnancy	(202) 576-9325	


Older Adults

RESOURCE	WEB	PHONE	ADDRESS
Peer-led support groups for LGBTQ+ Older Adults	https://www.iona.org/silver-circles/	(202) 939-7646	
LGBTQ Programs for Older Adults	https://dcoa.dc.gov/service/lgbtq-programs	(202) 682-2245	
Benefits Assistance	https://dcoa.dc.gov/node/552792	(202) 724-5626	
Options Counseling	https://dcoa.dc.gov/node/553002	(202) 724-5626	
	<i>Options Counseling provides individuals, family members and/or significant others with support in their decisions to determine appropriate choices. During this process, a written plan for receiving community resources is developed based on an individual's needs, preferences, values, and circumstances.</i>		
Hospital and Nursing Home Discharge Planning Assistance	https://dcoa.dc.gov/node/553212	(202) 724-5627	
	<i>Discharge Planning is a process, not a single event. Medicare defines discharge planning this way: "A process used to decide what a patient needs for a smooth transition from one level of care to another". As a result of that process, the discharge plan may be to return home or someone else's, a rehab facility, a nursing home or some other place outside the hospital.</i>		
Long-Term Care Planning Assistance	https://dcoa.dc.gov/node/553352	(202) 724-5626	
Caregiver Support Program-Home Care Partners	https://dcoa.dc.gov/node/553062	(202) 638-2382	
Volunteer Opportunities	https://dcoa.dc.gov/service/dcoa-volunteer-opportunities	(202) 724-5626	
District-wide events	https://dcoa.dc.gov/page/events	(202) 673-2087	
Ms. Senior DC Pageant	https://dcoa.dc.gov/page/ms-senior-dc-pageant	(202) 724-5626	

To add your voice to the process that will shape our future priorities around health & equity, join **OurHealthyDC.org**

6 Looking Forward

The DC CHNA will provide the jumping-off point for the DC Healthy People 2030 development process, which will look to collectively improve population health and equity in the District over the next decade. We will create a shared community agenda with partners and residents in order to tackle the stubborn issues we face and leverage the wealth of assets and resources the District already has. To add your voice to the process that will shape our future city-wide priorities around health and equity, join **OurHealthyDC.org** to understand more about the health status of District residents and our collective progress on community priorities.

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APPENDIX A. Leading Health Indicator Data Sources & Notes

PRIORITY TOPIC AREA	HEALTH INDICATOR DATA SOURCE	NOTES & DESCRIPTIONS
Access to Health Services*	AHS-2 DC BRFSS	
Clinical Preventive Services	C-5 DC Cancer Registry	<i>C-5 Includes breast, prostate, colorectal and lung/bronchus cancers.</i>
	D-4 UDS	
	HDS-4.1 UDS	
	IID-2.2 National Immunization Survey	
HIV	HIV-2 DC Health - HAHSTA	
Injury and Violence Prevention*	AH-1.1 Vital Records	
	IVP-2 Vital Records	
LGBTQ Health	LGBTH-3 YRBS	
Maternal, Infant and Child Health	MICH-1 Vital Records	
	MICH-2.1 Vital Records	
Mental Health and Mental Disorders*	MHMD-2 NSDUH	
Nutrition, Weight Status and Physical Activity	NWP-2 USDA	
	NWP-4.1 Universal Health Certificate	
Older Adults	OA-1 DC BRFSS	
Oral Health	OH-2 DC BRFSS	
Social Determinants of Health*	AH-2.1 OSSE	<i>Doesn't include IEP graduation rate.</i>
	SDH-4 US Census	
Substance Use	MHMD-4 WITS, DBH data warehouse	<i>Data source changed in 2019.</i>
Tobacco Use	TU-4 YRBS	<i>Measures students who first tried a cigarette before 13, "even one or two puffs." New baseline and target established in 2019.</i>

*Indicates a Priority Topic Area

APPENDIX B. Glossary

BRFSS	Behavioral Risk Factor Surveillance System
CDC	US Centers for Disease Control and Prevention
CHNA	Community Health Needs Assessment
DBH	DC Department of Behavioral Health
DC HP2020	District of Columbia Healthy People 2020
DC Health	DC Department of Health
DCPR	DC Department of Parks and Recreation
HAHSTA	HIV/AIDS, Hepatitis, STD, and Tuberculosis Administration
HP2020	National Healthy People 2020
LGBTQ	Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning
LHI	Leading Health Indicator
MDE	Major Depressive Episodes
MPD	DC Metropolitan Police Department
NSDUH	National Survey on Drug Use and Health
ONSE	DC Office of Neighborhood Safety and Engagement
OSSE	DC Office of the State Superintendent for Education
SNAP	Supplemental Nutrition Assistance Program
UDS	Uniform Data System
USDA	United States Department of Agriculture
WIC	Women, Infants and Children
WITS	Web Infrastructure for Treatment Services
YRBS	Youth Risk Behavioral Survey

TOPIC AREA ABBREVIATIONS	
AHS	Access to Health Services
AH	Adolescent Health
C	Cancer
D	Diabetes
HDS	Heart Disease and Stroke
HIV	Human Immunodeficiency Virus
IID	Immunization and Infectious Diseases
IVP	Injury and Violence Prevention
LGBTH	Lesbian, Gay, Bisexual and Transgender Health
MICH	Maternal, Infant and Child Health
MHMD	Mental Health and Mental Disorders
NWP	Nutrition, Weight Status and Physical Activity
OA	Older Adults
OH	Oral Health
SDH	Social Determinants of Health
TU	Tobacco Use



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