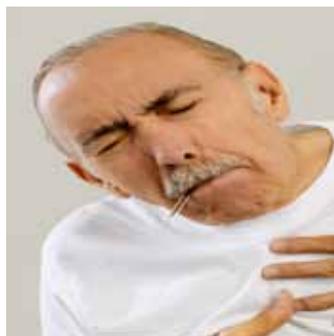




2009



(BRFSS)



Behavioral Risk Factor Surveillance System Annual Health Report

Government of the District of Columbia Department of Health

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Printed September 2011

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH



Office of the Director

Dear Constituent:

Enclosed, please find the District of Columbia's Behavioral Risk Factor Surveillance System Annual Report. The referenced document includes a detailed synopsis of the Department's efforts to address and understand current health behaviors in the city. The data gathered from the in-depth Department of Health survey, have helped assess modifiable risk factors for chronic disease and other illnesses that widely affect our community. The process of analyzing behaviors and wellness patterns aided the Department in learning about the specific risk associated with certain health practices of our residents. From these findings, the city can best determine how to improve health outcomes among individuals and communities in the District of Columbia.

The data presented herein helps the Department of Health and its community partner to:

- Increase public awareness of personal behaviors that may have negative health consequences.
- Provide baseline data that may be use to support funding proposals and reports.
- Guide policy decisions for improving the health of District residents.
- Monitor progress toward achieving annual health objectives.

The Department of Health plays a major role in identifying and prioritizing the District's health challenges and the impact these issues have on the quality of life of our residents. We anticipate that this report will be most beneficial and useful in assisting residents and community partners in the planning, developing and execution of public health activities.

If you would like to request additional copies of this report, please contact Tracy Garner, Program Coordinator, Behavioral Risk Factor Surveillance System, District of Columbia Department of Health at (202) 442-5857.

Sincerely,

Mohammad N. Akhtar, MD, MPH
Director

ACKNOWLEDGEMENTS

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SPECIAL THANKS

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TABLE OF CONTENTS

INTRODUCTION	6
SURVEY METHODOLOGY	7
SURVEY POPULATION	11
SURVEY RESULTS	15
ACCESS TO HEALTH CARE	
Health Care Coverage	16
GENERAL HEALTH STATUS	
Anxiety and Depression	23
Disability	37
Emotional Support and Life Satisfaction	40
General Health Status	44
Quality of Life	46
Sleep	50
RISK FACTOR	
Alcohol Consumption	53
Tobacco Use	62
PREVENTIVE BEHAVIORS AND KNOWLEDGE	
Cholesterol Screening	71
Exercise/Physical Activity	77
HIV/AIDS	86
Hypertension Screening	107
Immunization (Flu, Pneumonia, H1N1, High Risk Health Workers and Pandemic)....	116
Nutrition	126
Oral Health	129
CHRONIC DISEASE	
Arthritis	137
Asthma	144
Cancer	148
Cardiovascular	152
Diabetes	166
Overweight/Obesity	180
ADDITIONAL HEALTH INDICATORS	
Caregiver	184
Epilepsy	189
Intimate Partner Violence	191
Sexual Assault	195
Sexual Orientation.....	198

INTRODUCTION

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

The BRFSS began in 1984 with four primary goals: (1) Identify emerging health issues; (2) Document health trends; (3) Compare health behaviors across states and (4) Measure progress toward health-related goals. More recently, data collected from the BRFSS has been utilized through the District of Columbia Department of Health and external agencies specifically in program planning in the following areas:

Gay, Lesbian, Bisexual and Transgender (GLBT) agency: The DC Department of Health and the GLBT agency develop the first report on critical health issues that affect the GLBT community.

HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA): HAHSTA utilizes the BRFSS data to evaluate testing and condom distribution scale up programs, as well as including the data into the Community Service Assessment, Substance Use Strategic Plan, and MSM Strategic Plan. The BRFSS data has also been used for presentations along with Annual Reports and have included information in published MMWR. BRFSS data is also used to monitor changes in public attitude towards HIV in the District, as well as gain attitudes towards HIV prevention, care and treatment. Most recently, data from the BRFSS was used for the Enhanced Comprehensive HIV Prevention Plan.

Rape Prevention Education Program – BRFSS data is used to assess target populations in need of rape prevention activities/education throughout the District.

Tobacco Control Program: BRFSS data is used to educate stakeholders, including the DC Tobacco Free Coalition and the Live Well DC Community Coalition, as well using BRFSS in tandem with other analysis, reporting tools such GIS to educate stakeholders and guide further strategy development for the program.

The District of Columbia Department of Health conducts the BRFSS with funding and guidance provided by the CDC

SURVEY METHODOLOGY

The BRFSS is a telephone survey that uses random dialing and is conducted with adults within households containing telephones in the District of Columbia. This methodology for conducting BRFSS surveys is standardized by the CDC and described in the BRFSS User's Guide and related policy memos. (See CDC website at <http://www.cdc.gov/brfss/>.) ICF Macro, an independent survey research company, collected survey data for the 2009 District of Columbia BRFSS following this methodology summarized below.

Survey Sample

BRFSS protocol calls for a probability sample of all households with telephones within each participating state or territory. With this method, each household with a telephone in the survey area has a known chance of selection for the study. The 2009 District of Columbia BRFSS accomplished this with a disproportionate stratified random digit dial (RDD) sample based on a list-assisted frame. Marketing Systems Group (MSG), using their proprietary Genesys sampling software, generated the sample for the District of Columbia BRFSS, as they do for all states participating in the BRFSS. The Genesys sample was drawn quarterly from all working banks of District of Columbia telephone numbers, and provided to Macro each month. The sample included both listed and unlisted numbers. The sample was pre-screened for non-working and business numbers.

Survey Questionnaire

The BRFSS questionnaire consists of three parts:

The “*core*” questionnaire consists of a standard set of questions, designed by the CDC, that are included in the survey for every state. Core modules administered for the 2009 District of Columbia BRFSS were:

- General Health Status
- Health Care Access
- Exercise
- Cancer Survivors
- Arthritis Burden
- Cardiovascular Disease Prevalence
- Disability
- Demographics
- Immunization
- Emotional Support
- Hypertension Awareness
- Physical Activity
- Quality of Life
- Sleep
- Diabetes
- Caregiver Status
- Oral Health
- Asthma
- Tobacco Use
- Alcohol Consumption
- HIV/AIDS
- Cholesterol Awareness
- Fruits and Vegetables
- Pandemic Influenza

The CDC also designs “*optional*” modules. These modules comprise of standardized questions on various topics and may be selected by any state for inclusion as a part of their questionnaire. However, a selected module must be used in its entirety and asked of all eligible respondents. If an optional module is modified in any way, then the questions are treated as “state-added” questions. Optional modules included in the 2009 District of Columbia BRFSS were:

- Pre-Diabetes
- Random Child Selection

- Childhood Asthma Prevalence
- Cardiovascular Health
- Heart Attack and Stroke
- Adult Asthma History
- Actions to Control High Blood Pressure
- Caregiver

States design “*state-added*” questions to address topics not covered in the CDC modules, or to gather detailed information about certain topics. The District of Columbia Department of Health added questions to the 2009 BRFSS on the following topics:

- Tobacco Use
- Oral Health
- Sexual Orientation
- Intimate Partner Violence
- Demographics (Ward)
- HIV/AIDS
- Sexual Violence
- Epilepsy

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

The survey consisted of 199 questions. Not all questions were administered to all respondents; however, some questions were administered only to respondents with certain characteristics, determined by responses to previous questions. The CATI software system controls this survey logic. The average survey length in 2009 was 28.6 minutes.

Interviewing Protocol

Experienced, supervised personnel conducted the surveys using CfMC’s Survent software. A total of 4,008 completed interviews were obtained during the year – a 12- month calling period beginning January 1, 2009 and ending December 31, 2009. Interviewers adhered to the following procedures when contacting households for interviews:

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

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

Non-English Households. The 2009 District of Columbia BRFSS was conducted in English only. No attempts were made to conduct an interview in a household where the randomly selected adult could not be interviewed in English. When a Spanish-speaking individual was contacted, a bilingual interviewer attempted to determine if the selected person was capable of completing the survey in English.

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

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

Response Rates

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

- The cooperation rate measures how successful interviewers are at completing interviews once a respondent has been contacted and selected. The cooperation rate for the 2009 District of Columbia BRFSS was 70.06%.
- The CASRO response rate is the percentage of interviews completed from all eligible respondents. The CASRO response rate for the 2009 District of Columbia BRFSS was 41.72%.
- The overall response rate is a measure of sample frame efficacy. It shows the rate at which the total sample dialed produces completed interviews. The overall response rate for the 2009 District of Columbia BRFSS was 22.6%.

Data Analysis

Data for the 2009 District of Columbia BRFSS were delivered to the CDC each month; the data were then aggregated and weighted after interviewing was completed for the year. Data were weighted to adjust for differences in the probabilities of selection of each respondent. This weight accounted for the probability of selection of a telephone number, the number of adults in an household, and the number of telephones in a household. An additional post-stratification adjustment was also made to ensure that the sample proportions of selected demographic characteristics (gender, age, and race) were equal to the estimated sample proportions in the population, and to make the sum of the weights equal to the population of the District of Columbia. In this report, all data are weighted unless otherwise noted.

Limitations of the Data

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

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

Small Numbers

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

The survey population excludes adults:

- In penal, mental, or other institutions;
- Living in group quarters such as dormitories, barracks, convents, or boarding houses;
- Contacted at a second home during a stay of less than 30 days;
- Who do not speak English well enough to be interviewed;
- Living in households without telephones.

SURVEY POPULATION

Washington, District of Columbia - The 2009 Census population estimate was 599,657 person, a 4.8% increase or decrease since April 2000 (the 2000 population census population was 572,055). The demographic composite, based on the 2000 census population consisted of:

- 54.4% Blacks, 40.1% Whites, 0.4% American Indian and Alaska Native, and 3.4% Asians; Persons of Hispanic or Latino origin made up 8.6% of the population.
- 11.9% of the population was 65 years old and over
- 77.8% of the population age 25 years old and over were high school graduates and 39.1% of the population age 25 years old and over held a Bachelor's degree (based on 2000 census).
- The median household income (2007) was \$54,812 and 17.1% of the population lived below the poverty level (2007).

The demographic composite based on 2009 census population estimates consisted of:

- 54% Blacks, 40.6% Whites, Persons of Hispanic or Latino origin 8.8%; Asian 3.2%; American Indian and Alaska Native 0.4%; Native Hawaiian and Other Pacific Islander 0.1%.
- 11.7% of the population was 65 years old and over
- 77.8% of the population age 25 and older were high school graduates and 39.1% held a Bachelor's degree (based on 2000 census).
- The median household income (2008) was \$58,553 and 16.9% of the population lived below poverty level (2008).

District of Columbia – Table 1:

This table was created so that the representativeness of the sample can be assessed. The 2009 District of Columbia BRFSS data are based on 4,008 completed interviews. 2009 BRFSS Weighted Data:

- Females were more likely than males to participate in the BRFSS survey; 53.6% vs 46.4% respectively.
- Adults aged 25-34 were more likely to participate in the BRFSS survey, at 29.2%, while adults aged 18-24 were less likely, at 8%.
- Caucasians were more likely to participate in the BRFSS survey, at 47.1%, while Asians were less likely, at 3.2%.
- College graduates were more likely to participate in the BRFSS survey, at 62%, while adults will less than a high school education were less likely to at 5.7%.
- Adults with a household income of \$75,000 or more were more likely to participate in the BRFSS survey, at 51.3%, while adults with a household income of \$25,000-\$34,999 were less likely, at 8.3%.

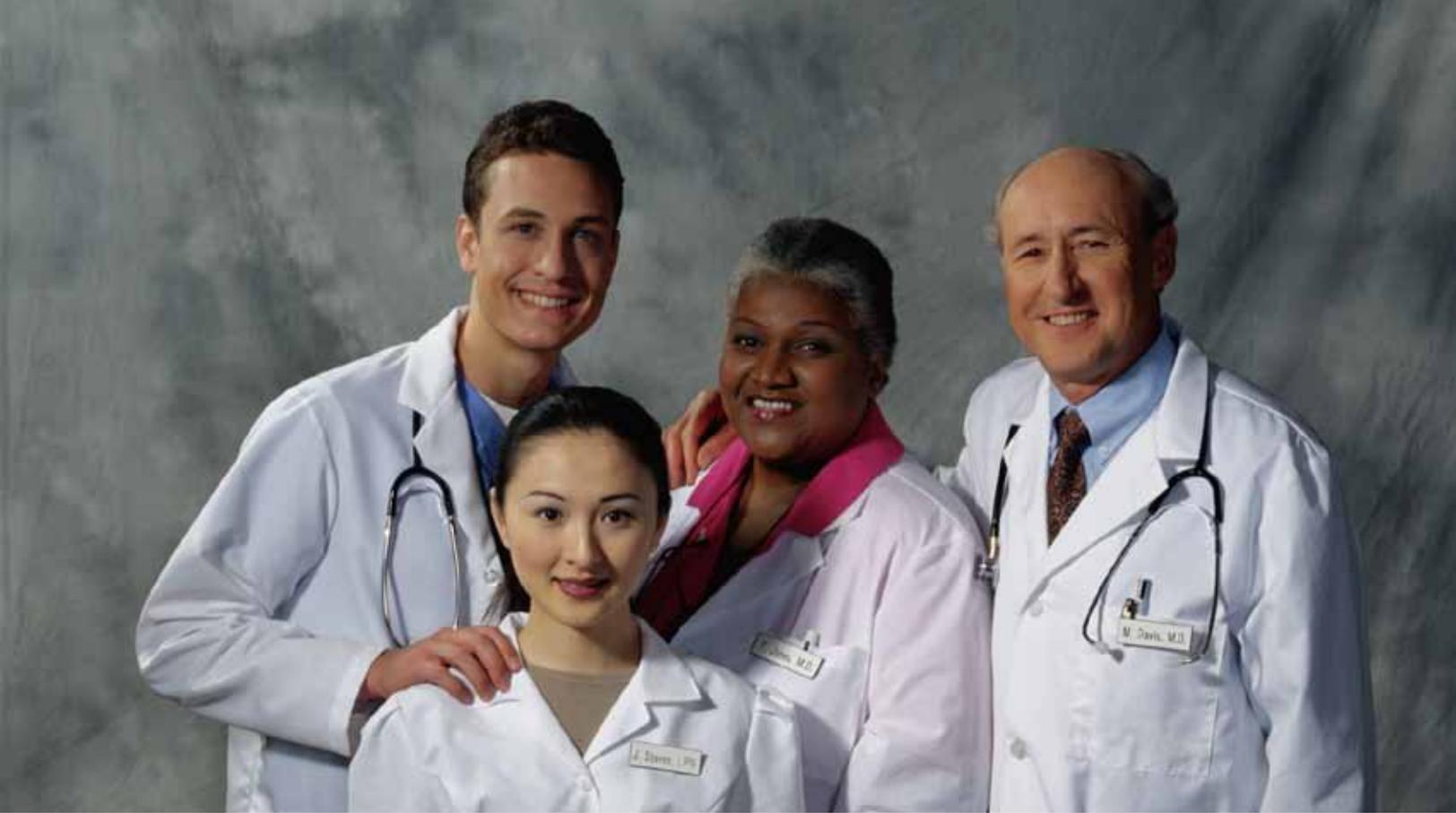
- Adults who reside in Ward 3 were more likely to participate in the BRFSS survey, at 18.6%, while adults who reside in Wards 2 and 7 were less likely at 10.3%.

Table 1. Demographic Data for the District of Columbia
The 2009 District of Columbia BRFSS

	Unweighted 2009 DC BRFSS	Weighted 2009 DC BRFSS
GENDER		
Male	38.6	46.4
Female	61.4	53.6
AGE		
18-24	2.3	8.0
25-34	11.7	29.2
35-44	16.1	18.1
45-54	18.8	16.2
55-64	23.1	13.4
65 and older	28.0	15.1
RACE		
Caucasian	47.6	47.1
African American	42.9	40.7
Asian	2.3	3.2
Other	3.2	3.7
Hispanic	4.0	5.3
EDUCATION		
Less than High School	6.8	5.7
High School Graduate	16.3	17.5
Some College	15.1	14.5
College Graduate	61.8	62.0
INCOME		
Less than \$15,000	10.5	9.0
\$15,000-\$24,999	10.5	9.6
\$25,000-\$34,999	8.4	8.3
\$35,000-\$49,999	10.5	9.7
\$50,000-\$74,999	13.2	12.1
\$75,000 and over	46.9	51.3
WARD		
Ward 1	9.9	11.3
Ward 2	10.6	10.3
Ward 3	20.6	18.6
Ward 4	14.6	14.3
Ward 5	11.6	11.2
Ward 6	12.1	12.9
Ward 7	10.8	10.3
Ward 8	9.8	11.2

DATA RESULTS

This chapter presents the results of the 2009 District of Columbia BRFSS survey. Topics generally correspond to modules of the questionnaire. Where applicable, objective of the Healthy People 2010 initiative are included in the presentation of the data. Data tables are titled by topic, and a definition of the variable or variables analyzed (with question text, or a brief definition of calculated variables) are included underneath the title. Tables indicate the number of respondents (N) who answered each question in the column to the left of the percentages of respondents giving analyzed responses. Data presented in tables are stratified by key demographic variables (gender, age, race, education and household income) and ward.



Access to Health Care



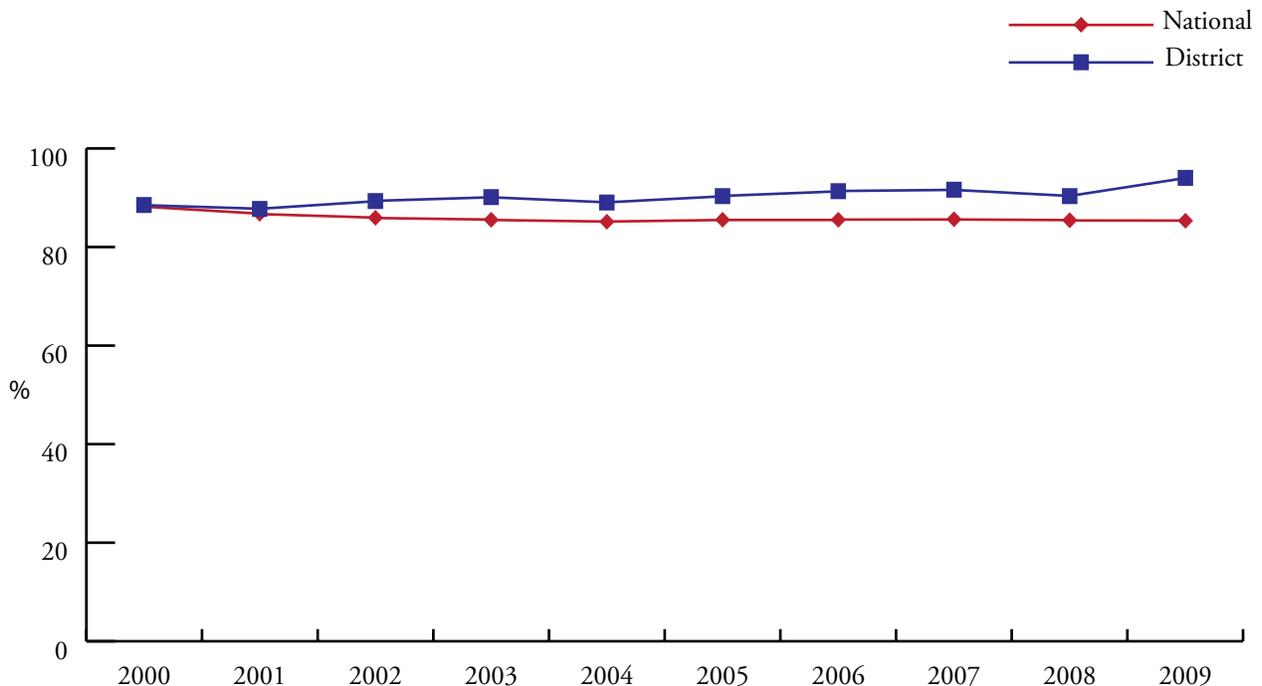
HEALTH CARE ACCESS

Healthy People 2010 Objectives

- **Goal Not Met:** Increase the proportion of adults under age 65 with health insurance to 100%; **the District's rate is 92.2%.**
- **Goal Not Met:** Increase the proportion of persons who have a regular primary care provider to 85%; **the District's rate is 73.7%.**

Approximately 45.7 million persons in the United States have lacked health insurance coverage at a point in time during 2007. One in five adults under age 65 and older and nearly one in ten children are uninsured.¹ Having health care coverage is important to receive more effective and efficient care, including preventive services in order to maintain a healthy life. For many, lack of health care is a persistent barrier to good health.² Without health coverage, individuals are more susceptible to less preventive care, receive disease diagnosis at more advanced stages, undergo less therapeutic care, and have higher disease mortality rates.¹

Figure 1. Percentage of Adults who have Healthcare Coverage



District residents were asked if they have health coverage and whether they could not see a doctor because of cost (Table 2). In 2009, 85% of US residents had health care coverage compared to District residents, at 94% (Figure 1).

- Females were more likely than males to be covered by a health plan 95% versus 92% respectively.
- Adults aged 18-24 were least likely than all other age groups to have health care coverage, at

86%.

- Hispanics were less likely than all other race/ethnic groups to have health care coverage, at 88%.
- Respondents with less than a high school education were less likely than all other education subgroups to have health care coverage, at 88%.
- Residents of Wards 2 and 3 were more likely than all other wards to be covered by a health plan; 98% and 97% respectively.
- As a whole, 94% of District residents who responded to this survey indicated there was not a time in the past 12 months (of taking the survey) when they needed to see a doctor but could not because of cost. Conversely, males (10%), respondents aged 18-24 years (17%), Hispanics (17%), respondents with a high school education (16%), and respondents with household income less than \$15,000 (23%) indicated that they experienced, within the past 12 months (of being surveyed) being unable to see a doctor due to cost.

District residents were asked if they have one person they think of as their personal doctor or health care provider (Table 3). Overall, 74% of respondents indicated that they have only one person that they think of to be their personal doctor or health care provider.

- Females were more likely than males to have one person they think of as their personal doctor or health care provider; 76% versus 71%, respectively.
- Adults aged 65 and older were more likely than all other age groups to have one person they think of as their personal doctor or health care provider, at 84%.
- African Americans were more likely than all other race/ethnic groups to have one person they think of as their personal doctor or health care provider, at 76%.
- Adults with a high school diploma were more likely than all other education subgroups to have one person they think of as their personal doctor or health care provider, at 76%.
- Adults with a household income of \$75,000 and more were more likely than all other income subgroups to have one person they think of as their personal doctor or health care provider, at 76%.
- Adults residing in Wards 4 and 7 were more likely than any other wards to have one person they think of as their personal doctor or health care provider, prevalence at 81%.

District respondents were asked how long it has been since they last visited a doctor for a routine check-up (Table 4). Overall, 75% indicated that they have visited a doctor within the past year; 14% indicated that they visited a doctor within the past two years; 7% indicated that they have visited a doctor within the past five years and 4% indicated that they have visited the doctor within five or more years ago and less than 1% indicated that they have never visited the doctor.

- Females were more likely than males to have visited a doctor for a routine check-up within the past year, 80% versus 69% respectively.
- Adults aged 65 and older were more likely than any other age group to have visited a doctor for a routine check-up within the past year, at 88%.
- African Americans were more likely than any other race/ethnic groups to have visited a doctor for a routine check-up within the past year, at 86%.
- Adults with less than a high school education were more likely than all other education subgroups to have visited a doctor for a routine check-up within the past year, at 89%.
- Adult households with an income less than \$15,000 were more likely than all other income subgroups to have visited a doctor for a routine check-up within the past year, at 84%.
- Adults residing in Ward 8 were more likely than all other wards to have visited a doctor for a routine check-up within the past year, at 88%.

¹ America's Uninsured Crisis: Consequences for Health and Health Care. <http://www.iom.edu/Reports/2009/Americas-Uninsured-Crisis-Consequences-for-Health-and-Health-Care.aspx> Accessed June 6, 2011

² Cohen RA, Martinez ME. Health insurance coverage: Early release of estimates from the National Health Interview Survey, 2008. National Center for Health Statistics. June 2009. Available from: <http://www.cdc.gov/nchs/nhis.htm>.

Table 2. Having Health Care Coverage and Cost, by Demographics and Ward

“Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?” and “Was there a time during the past 12 months where you could not see a doctor because of cost?”

	Covered by Health Plan		Could Not See Doctor Because of Cost			
	N	Yes	No	N	Yes	No
TOTAL	3896	94.0	6.0	3895	10.1	89.9
GENDER						
Male	1504	92.5	7.5	1500	10.3	89.7
Female	2392	95.4	4.6	2395	9.8	90.2
AGE						
18-24	89	86.0	14.0	91	16.9	83.1
25-34	457	95.1	4.9	458	7.5	92.5
35-44	628	92.8	7.2	628	10.9	89.1
45-54	730	92.1	7.9	730	15.7	84.3
55-64	899	95.5	4.5	897	8.9	91.1
65+	1093	98.5	1.5	1091	5.4	94.6
RACE						
Caucasian	1815	98.0	2.0	1811	5.4	94.6
African American	1631	89.9	10.1	1632	14.3	85.7
Asian	88	97.9	2.1	88	4.1	95.9
Other	121	92.5	7.5	122	18.5	81.5
Hispanic	154	88.0	12.0	154	17.0	83.0
EDUCATION						
Less than High School	261	87.9	12.1	262	14.3	85.7
High School Graduate	632	89.0	11.0	633	16.0	84.0
Some College	586	90.4	9.6	586	13.1	86.9
College Graduate	2406	96.9	3.1	2403	7.3	92.7
INCOME						
Less than \$15,000	359	85.3	14.7	359	22.7	77.3
\$15,000-\$24,999	360	88.6	11.4	358	21.0	79.0
\$25,000-\$34,999	288	84.1	15.9	289	12.8	87.2
\$35,000-\$49,999	359	94.6	5.4	359	15.2	84.8
\$50,000-\$74,999	451	97.6	2.4	450	10.3	89.7
\$75,000 and over	1606	97.7	2.3	1604	4.8	95.2
WARD						
Ward 1	315	91.8	8.2	315	11.0	89.0
Ward 2	337	97.8	2.2	336	7.9	92.1
Ward 3	655	97.3	2.7	653	5.2	94.8
Ward 4	463	95.3	4.7	465	11.9	88.1
Ward 5	370	89.2	10.8	370	11.0	89.0
Ward 6	387	96.4	3.6	387	5.6	94.4
Ward 7	345	91.8	8.2	344	10.1	89.9
Ward 8	312	90.2	9.8	310	15.1	84.9

Table 3. Multiple Health Care Professionals by Demographics and Ward
 “Do you have one person you think of as your personal doctor or health care provider?”

	N	Yes, Only One	More Than One	No
TOTAL	3894	73.7	6.7	19.5
GENDER				
Male	1500	70.8	5.5	23.7
Female	2394	76.2	7.8	19.5
AGE				
18-24	91	54.9	3.4	41.7
25-34	458	68.0	5.1	26.9
35-44	626	72.9	6.3	20.9
45-54	731	79.6	6.5	13.8
55-64	899	80.1	9.8	10.1
65+	1089	83.9	9.8	6.2
RACE				
Caucasian	1815	74.0	7.2	18.8
African American	1629	75.8	6.2	18.0
Asian	88	72.3	2.8	25.0
Other	121	75.4	6.2	18.3
Hispanic	154	60.2	8.0	31.7
EDUCATION				
Less than High School	260	68.8	11.7	19.5
High School Graduate	631	75.7	5.7	18.5
Some College	587	73.4	6.0	20.6
College Graduate	2405	73.8	6.6	19.6
INCOME				
Less than \$15,000	357	68.7	10.1	21.1
\$15,000-\$24,999	359	71.1	7.5	21.4
\$25,000-\$34,999	287	71.1	6.2	22.6
\$35,000-\$49,999	357	77.1	5.9	16.9
\$50,000-\$74,999	452	74.2	7.7	18.1
\$75,000 and over	1605	76.4	6.0	17.6
WARD				
Ward 1	315	71.1	6.3	22.6
Ward 2	336	75.7	3.5	20.9
Ward 3	655	75.4	9.8	14.8
Ward 4	465	81.0	7.4	11.6
Ward 5	371	70.1	7.2	22.7
Ward 6	386	76.9	4.4	18.7
Ward 7	343	80.8	5.2	14.0
Ward 8	310	72.8	7.7	19.4

Table 4. Time Since Last Check-up, by Demographics and Ward

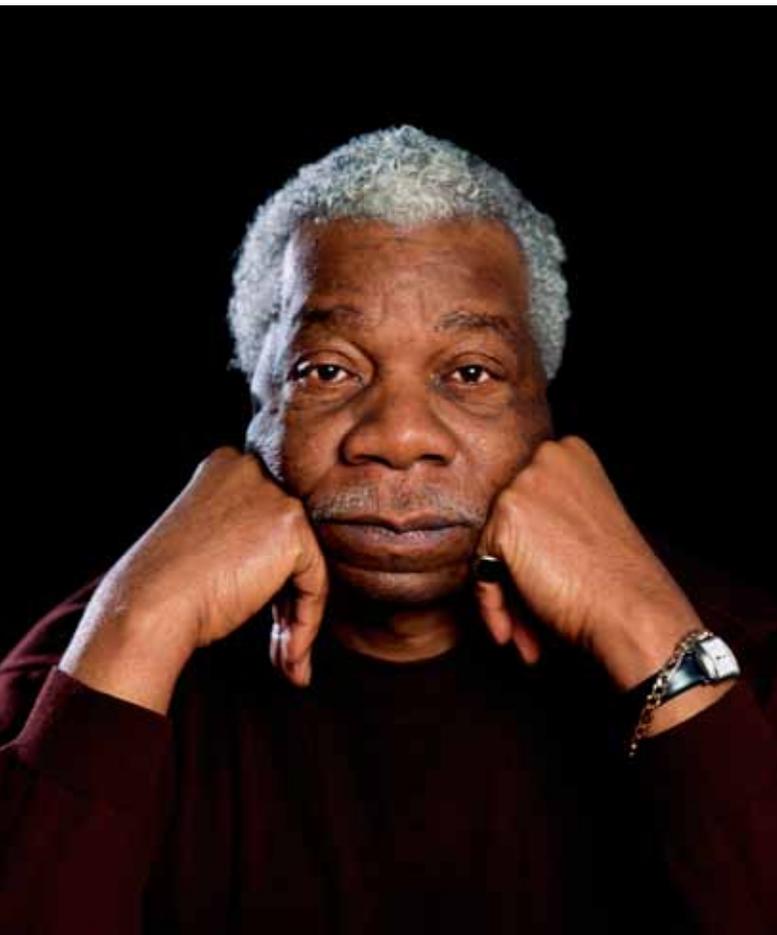
“About how long has it been since you last visited a doctor for a routine check-up?”

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

	N	Within Past Year	Within Past 2 Years	Within Past 5 Years	5 or More Years Ago	Never
TOTAL	3868	75.0	13.9	6.7	4.1	0.3
GENDER						
Male	1489	69.1	16.5	8.6	5.5	0.3
Female	2379	80.2	11.6	5.0	2.9	0.3
AGE						
18-24	91	85.0	10.0	2.9	2.1	0.0
25-34	457	68.6	16.9	8.8	5.1	0.6
35-44	623	68.2	17.3	9.6	4.7	0.2
45-54	723	72.1	15.0	7.7	4.8	0.3
55-64	894	81.2	11.6	3.6	3.1	0.5
65+	1080	88.1	6.8	2.7	2.4	0.1
RACE						
Caucasian	1805	66.1	18.4	9.3	5.5	0.6
African American	1619	85.7	8.5	3.5	2.2	0.1
Asian	87	69.8	18.7	8.6	2.2	0.7
Other	120	73.4	16.3	4.7	5.6	0.0
Hispanic	149	75.4	8.8	9.0	6.8	0.0
EDUCATION						
Less than High School	258	89.4	4.4	4.6	1.5	0.0
High School Graduate	623	86.6	8.4	3.1	2.0	0.0
Some College	584	76.7	11.5	7.4	4.2	0.3
College Graduate	2391	70.0	16.9	7.7	4.9	0.5
INCOME						
Less than \$15,000	353	84.4	7.1	4.6	3.9	0.0
\$15,000-\$24,999	358	83.4	8.8	5.2	2.6	0.0
\$25,000-\$34,999	287	83.4	8.5	5.8	2.3	0.0
\$35,000-\$49,999	355	78.9	11.9	5.3	3.8	0.1
\$50,000-\$74,999	449	71.3	13.4	8.6	6.6	0.0
\$75,000 and over	1602	69.7	17.5	8.1	4.2	0.5
WARD						
Ward 1	309	74.1	14.1	5.4	6.2	0.2
Ward 2	336	73.0	17.2	7.5	2.1	0.3
Ward 3	653	67.6	18.9	7.7	5.7	0.1
Ward 4	461	75.1	15.0	7.1	2.7	0.0
Ward 5	369	83.0	9.1	4.4	3.3	0.1
Ward 6	386	76.1	13.3	7.5	3.0	0.2
Ward 7	344	84.2	10.5	2.8	2.5	0.0
Ward 8	306	88.4	7.5	2.3	1.8	0.0



Health Status



ANXIETY AND DEPRESSION

Anxiety and depression are two major causes of illness and death in the United States and are associated with reduced quality of life, social functioning, and excess disability. Psychiatric conditions such as depression can contribute to or worsen chronic diseases. Anxiety and Depression frequently co-occur and when they do, they have an even greater impact than when they occur alone. ¹

Respondents were asked how many days within the past 14 days they had little interest or pleasure in doing things (Table 5). Overall, 66.7% of District respondents reported that they had zero days of little interest or pleasure in doing things, while 3.2% of respondents had 14 days of little interest or pleasure in doing things.

- Males were more likely than females to report 14 days of little interest or pleasure in doing things (3.7% versus 2.8% respectively).
- Adults aged 45-54 were more likely than all other age groups to experience 14 days of little interest or pleasure in doing things, at 4.8%.
- African Americans (5.5%) were more likely than all other race/ethnic groups to experience 14 days of little interest or pleasure in doing things.
- Respondents with just a high school diploma were more likely than all other education subgroups to experience 14 days of little interest or pleasure in doing things, at 8%.
- Adult households with an income of less than \$15,000 were more likely than all other income subgroups to experience 14 days of little interest or pleasure in doing things at 12.7%.
- Respondents who reside in Ward 7 were more likely than all other wards to experience 14 days of little interest or pleasure in doing things, at 9%.

Respondents were asked how many days within the past 14 days they felt down depressed or hopeless (Table 6). Seventy-three percent of District respondents reported zero days of feeling down, depressed or hopeless; whereas 2% of respondents reported 14 days of feeling down, depressed or hopeless.

- Females were more likely than males to report 14 days of feeling down, depressed or hopeless (2.8% versus 1.6% respectively).
- Respondents aged 45-54 were more likely than all age groups to experience 14 days of feeling down, depressed or hopeless, at 4.6%.
- African Americans were more likely than all other race/ethnic groups to experience 14 days of feeling down, depressed or hopeless, at 3.4%.
- Respondents with less than a high school education were more likely than all other education subgroups to experience 14 days of feeling down, depressed or hopeless, at 13.4%.

- Adults households with an income of less than \$15,000 were more likely than all other income subgroups to experience 14 days of feeling down, depressed or hopeless.
- Adults residing in Ward 1 were more likely than all other wards to experience 14 days of feeling down, depressed or hopeless, at 3.7%.

District respondents were asked how many days over the last two weeks did you have trouble falling asleep or staying asleep or sleep too much (Table 7). Overall, 5.4% of respondents experienced 14 days of trouble falling asleep or sleeping too much.

- Females were more likely than males to have trouble falling asleep or staying asleep; 6.5% versus 4.2% respectively.
- Adults aged 45-64 were more likely than all other age groups to have trouble falling asleep or staying asleep, at 9%.
- African Americans were more likely than all race/ethnic groups to have trouble falling asleep or staying asleep, at 8%.
- Adults with less than a high school education were more likely than all other education subgroups to have trouble falling asleep or staying asleep, at 16%.
- Adult households with an income of less than \$15,000 were more likely than all other income subgroups to have trouble sleeping or staying asleep, at 16%.
- Adults who reside in Ward 8 were more likely than all other wards to have trouble falling asleep or staying asleep, at 9.6%.

Respondents were asked how many days within the last two weeks they had a poor appetite or eaten too much (Table 8). Overall, 4% of adult respondents reported 14 days of poor appetite or over eating.

- Females were more likely than males to report 14 days of poor appetite or over eating; 5.2% versus 2.7% respectively.
- Adults aged 45-54 were more likely than all other age groups to report 14 days of poor appetite or over eating, at 7.7%.
- Hispanics were more likely than all other race/ethnic groups to report 14 days of poor appetite or over eating, at 8%.
- Adult households with an income of \$25,000-\$34,999 were more likely than all other income subgroups to report 14 days of poor appetite or over eating, at 11%.
- Residents who reside in Ward 7 were more likely than all other wards to report poor appetite or over eating, at 12.5%.

Respondents were asked how many days within the last two weeks they felt bad about themselves or that they were a failure or had let themselves and their family down (Table 9). Overall, 81.3% of adult respondents reported zero days of feeling bad about themselves.

- Females and males were equally as likely to report 14 days of feeling bad, a failure or letting their family down, at 3%.
- Adults aged 45-54 were more likely than all other age groups to report feeling bad or a failure, at 4%.
- Hispanics were more likely than all other race/ethnic groups to report feeling bad, a failure or letting their family down, at 5%.
- Adults with less than a high school education were more likely than all other education subgroups to report feeling bad, a failure or letting their family down, at 15%.
- Adult households with an income of less than \$15,000 were more likely than all other income subgroups to report feeling bad, a failure or letting their family down, at 10%.
- Residents who reside in Ward 7 were more likely than all other wards to report 14 days of feeling bad, a failure or letting their family down, at 7.2%.

Respondents were asked how many days within the past two weeks they had trouble concentrating on things, such as reading the newspaper or watching the TV (Table 10). Overall, 80% of respondents reported zero days of having trouble concentrating while 2% of respondents reported 14 days of having trouble concentrating.

- Females were more likely than males to report 14 days of having trouble concentrating (2.8% versus 1.5% respectively).
- Adults 18-24 and 35-44 were more likely than all other age groups to report 14 days of having trouble concentrating, at 2.8%.
- Hispanics were more likely than all other race/ethnic groups to report 14 days of having trouble concentrating, at 4%.
- Adults with less than a high school education were more likely than all other education subgroups to report 14 days of having trouble concentrating, at 6%.
- Adult households with an income of less than \$15,000 were more likely than all other subgroups to report having trouble concentrating, at 6.1%.
- Adult respondents who reside in Ward 1 were more likely than all other wards to report having trouble concentrating, at 4.6%.

Respondents were asked how many days within the past two weeks they moved or spoke so slowly that other people could notice (Table 11). Overall, 89.9% of adult respondents reported zero days of

being lethargic, fidgety, or restless.

- No differences between male and females (1%).
- Adults age 45-54 were more likely than all other age groups to report being lethargic, fidgety or restless, at 2%.
- Hispanics were more likely than all other race/ethnic groups to report being lethargic, fidgety or restless, at 5%.
- Adults with less than a high school education were more likely than all other education subgroups to report 14 days of being lethargic, fidgety or restless, at 6.3%.
- Adults with a household income less than \$15,000 were more likely than all other income subgroups to report 14 days of being lethargic, fidgety or restless, at 5%.
- Adults who reside in Ward 7 were more likely than all other wards to report 14 days of being lethargic, fidgety or restless, at 4%.

Respondents were asked how many days within the past two weeks they felt tired or had little energy (Table 12). Overall, 35.8% of respondents reported zero days of being tired or having less energy compared to 6% of respondents who reported 14 days of being tired or having less energy.

- Females were more likely than males to report being tired or having less energy (7% versus 5%).
- Adults aged 45-54 were more likely than any other age group to report 14 days of being tired or having less energy, at 9%.
- African Americans were more likely than all other race/ethnic groups to report 14 days of being tired or having less energy than any race, at 8%.
- Adults with less than a high school education were more likely than all other education subgroups to report being tired or having less energy, at 17%.
- Adults with household income less than \$15,000 were more likely than all other income subgroups to report 14 days of being tired and having less energy, at 14%.
- Respondents who reside in Ward 8 were more likely than all other wards to report 14 days of being tired or having less energy, at 10%.

Respondents were asked if they were ever told by a doctor they have an anxiety disorder (Table 13). Overall, 11% of District respondents reported being diagnosed with anxiety.

- Females were more likely than males to be diagnosed with anxiety (14% versus 8% respectively).
- Adults aged 55-64 were more likely than all other age groups to be diagnosed with anxiety, at

16%.

- Caucasians were more likely than all other race/ethnic groups to be diagnosed with anxiety 14.5%.
- Adults with less than a high school education were more likely than all other education subgroups to be diagnosed with anxiety, at 24%.
- Adult households with an income of less than \$15,000 were both more likely than all other subgroups to be diagnosed with anxiety, at 16.8%.
- Respondents who reside in Ward 2 were more likely than all other wards to be diagnosed with anxiety, at 18%.

Respondents were asked if they were ever told by a doctor that they have a depressive disorder (Table 13). Overall, 17.5% of District respondents reported being diagnosed with depression.

- Females were more likely than males to report being diagnosed with depression (20% versus 15% respectively).
- Adults aged 55-64 were more likely than all other age groups to be diagnosed with depression, at 25.6.
- Caucasians were more likely than all other race/ethnic groups to be diagnosed with depression, at 22%.
- Adults with less than a high school education were more likely than all other education subgroups to be diagnosed with depression, at 40%.
- Adult households with an income of less than \$15,000 were more likely than all other subgroups to be diagnosed with depression, at 24%.
- Respondents who reside in Wards 2 and 6 were more likely than all other wards to report being diagnosed with depression, at 23%.

Source: Anxiety and Depression <http://www.cdc.gov/Features/dsBRFSSDepressionAnxiety/> Accessed April 14, 2011

Table 5. Number of Days With Little Interest or Pleasure in Doing Things, by Demographics and Ward
 “Over the last two weeks, how many days gave you had little interest or pleasure in doing things?”

	N	1-4 days	5-13 days	14 days	Zero days
TOTAL	1900	21.7	8.4	3.2	66.7
GENDER					
Male	746	23.0	7.7	3.7	65.6
Female	1154	20.5	9.1	2.8	67.7
AGE					
18-24	51	41.0	16.1	0	42.9
25-34	205	22.7	8.0	2.5	66.8
35-44	314	19.8	5.2	4.0	71.0
45-54	352	20.9	10.2	4.8	64.1
55-64	450	18.4	7.8	3.1	70.8
65+	528	14.0	7.0	4.0	75.0
RACE					
Caucasian	948	17.8	5.7	1.4	75.1
African American	748	24.8	12.2	5.5	57.5
Asian	42	*	*	*	*
Other	50	18.0	10.1	1.5	70.4
Hispanic	69	40.2	6.5	4.9	48.4
EDUCATION					
Less than High School	111	20.6	28.3	6.0	45.2
High School Graduate	261	26.0	10.1	7.9	56.0
Some College	298	32.1	13.2	4.5	50.2
College Graduate	1226	18.2	5.2	1.6	75.0
INCOME					
Less than \$15,000	152	22.7	14.1	12.7	50.5
\$15,000-\$24,999	175	26.7	20.2	3.7	49.3
\$25,000-\$34,999	147	37.2	6.6	4.5	51.7
\$35,000-\$49,999	166	19.4	8.6	1.5	70.6
\$50,000-\$74,999	230	25.3	6.6	3.5	64.6
\$75,000+	834	18.9	5.1	1.0	75.0
WARD					
Ward 1	170	25.7	6.5	2.6	65.2
Ward 2	149	17.1	9.0	1.1	72.8
Ward 3	347	15.8	5.6	2.4	76.2
Ward 4	239	23.6	9.5	2.6	64.3
Ward 5	171	27.2	13.7	1.7	57.3
Ward 6	199	16.3	6.4	3.5	73.8
Ward 7	142	22.7	9.1	9.1	59.1
Ward 8	143	25.1	12.8	7.7	54.4

*Data not presented if the unweighted cell size was < 50.

Table 6. Number of Days Feeling Down, Depressed or Hopeless, by Demographics and Ward
 “Over the last two weeks how many days have you felt down, depressed or hopeless?”

	N	1-4 days	5-13 days	14 days	Zero days
TOTAL	1924	19.0	5.4	2.2	73.3
GENDER					
Male	752	18.4	6.1	1.6	73.9
Female	1172	19.5	4.8	2.8	72.8
AGE					
18-24	51	19.1	8.8	0	72.2
25-34	207	21.0	6.1	1.3	71.6
35-44	315	22.4	2.9	3.1	71.6
45-54	353	18.1	6.3	4.6	71.0
55-64	457	19.2	5.4	2.6	72.8
65+	541	12.1	4.1	1.5	82.3
RACE					
Caucasian	955	18.8	4.7	1.5	75.0
African American	764	19.1	5.7	3.4	71.7
Asian	42	*	*	*	*
Other	50	11.4	16.8	1.0	70.8
Hispanic	69	25.5	5.3	3.0	66.2
EDUCATION					
Less than High School	114	14.5	11.6	13.4	60.4
High School Graduate	268	15.5	5.6	3.0	75.9
Some College	300	21.3	8.9	3.6	66.2
College Graduate	1238	19.5	4.0	0.9	75.6
INCOME					
Less than \$15,000	159	19.0	9.9	10.9	60.2
\$15,000-\$24,999	179	20.3	9.4	3.5	66.8
\$25,000-\$34,999	146	13.1	7.9	3.3	75.7
\$35,000-\$49,999	169	15.2	6.0	1.1	77.7
\$50,000-\$74,999	232	23.1	5.4	1.9	69.6
\$75,000+	837	19.8	3.4	0.8	76.0
WARD					
Ward 1	172	20.6	5.3	3.7	70.4
Ward 2	150	23.6	2.3	2.3	71.8
Ward 3	350	21.3	4.2	2.3	72.2
Ward 4	242	14.0	5.8	1.7	78.5
Ward 5	174	25.0	4.6	0.3	70.1
Ward 6	200	12.6	5.8	2.2	79.4
Ward 7	148	20.0	1.1	3.1	75.9
Ward 8	144	15.9	6.7	3.5	73.9

*Data not presented if the unweighted cell size was < 50.

Table 7. Number of Days Having Trouble Sleeping, by Demographics and Ward

“Over the last two weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much?”

	N	1-4 days	5-13 days	14 days	Zero days
TOTAL	1921	30.6	13.5	5.4	50.5
GENDER					
Male	753	30.6	12.8	4.2	52.4
Female	1168	30.7	14.1	6.5	48.8
AGE					
18-24	50	41.6	17.7	3.1	37.7
25-34	207	32.6	14.7	2.3	50.3
35-44	316	35.6	13.0	4.4	47.0
45-54	352	24.9	12.5	8.6	54.1
55-64	459	29.2	12.4	8.5	50.0
65+	537	21.9	11.3	7.6	59.3
RACE					
Caucasian	954	32.4	14.1	3.8	49.7
African American	761	26.8	14.5	8.0	50.7
Asian	41	*	*	*	*
Other	50	31.7	7.7	1.8	58.9
Hispanic	71	43.8	4.3	3.5	48.3
EDUCATION					
Less than High School	112	14.6	21.3	16.3	47.8
High School Graduate	272	24.5	13.9	8.9	52.7
Some College	297	29.0	16.4	6.0	48.5
College Graduate	1236	33.7	12.0	3.6	50.6
INCOME					
Less than \$15,000	156	21.1	15.7	16.0	47.2
\$15,000-\$24,999	174	26.1	15.1	10.7	48.2
\$25,000-\$34,999	147	26.5	10.6	8.8	54.1
\$35,000-\$49,999	170	33.8	11.6	7.7	46.9
\$50,000-\$74,999	231	40.5	9.9	3.0	46.5
\$75,000+	836	33.3	13.8	2.5	50.4
WARD					
Ward 1	171	36.2	12.3	3.0	48.5
Ward 2	150	36.2	15.5	5.3	43.1
Ward 3	349	33.3	10.7	6.5	49.5
Ward 4	243	28.0	12.4	4.5	55.1
Ward 5	171	27.4	13.9	4.1	54.6
Ward 6	201	26.8	15.7	7.0	50.4
Ward 7	145	29.1	14.3	5.7	50.8
Ward 8	146	25.9	12.2	9.6	52.3

*Data not presented if the unweighted cell size was < 50.

Table 8. Number of Days with Poor Appetite or Over Eating, by Demographics and Ward
 “Over the last two weeks, how many days have you had a poor appetite or eaten too much?”

	N	1-4 days	5-13 days	14 days	Zero days
TOTAL	1921	19.9	7.6	4.0	68.4
GENDER					
Male	752	19.0	6.9	2.7	71.4
Female	1169	20.8	8.3	5.2	65.7
AGE					
18-24	50	21.8	7.8	2.8	67.6
25-34	208	25.0	6.9	3.6	64.5
35-44	316	19.7	7.7	2.6	70.0
45-54	352	16.6	9.6	7.7	66.1
55-64	457	20.7	8.3	3.9	67.1
65+	538	12.9	6.1	3.6	77.4
RACE					
Caucasian	958	21.3	6.1	1.6	71.1
African American	758	19.0	8.5	7.3	65.2
Asian	42	*	*	*	*
Other	50	15.0	15.4	0.5	69.1
Hispanic	70	20.0	8.2	8.1	63.7
EDUCATION					
Less than High School	112	17.0	17.9	10.1	55.0
High School Graduate	273	12.3	7.6	7.0	73.0
Some College	296	20.9	10.1	8.3	60.7
College Graduate	1236	21.7	6.2	1.8	70.3
INCOME					
Less than \$15,000	157	19.1	16.2	8.1	56.6
\$15,000-\$24,999	172	16.4	7.3	9.7	66.5
\$25,000-\$34,999	147	11.9	8.2	11.1	68.8
\$35,000-\$49,999	170	23.6	5.6	3.2	67.6
\$50,000-\$74,999	234	15.5	6.1	4.7	73.7
\$75,000+	836	24.5	6.6	0.9	68.0
WARD					
Ward 1	172	23.7	6.8	5.4	64.1
Ward 2	151	20.1	6.3	2.2	71.4
Ward 3	351	19.7	10.1	2.6	67.5
Ward 4	240	20.8	7.0	3.2	69.0
Ward 5	170	21.7	10.7	2.5	65.1
Ward 6	200	9.7	8.1	3.2	79.0
Ward 7	145	13.6	6.3	12.5	67.7
Ward 8	144	13.0	6.8	9.4	70.9

*Data not presented if the unweighted cell size was < 50.

Table 9. Number of Days with Bad Feelings about Themselves, by Demographics and Ward
 “Over the last two weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down?”

	N	1-4 days	5-13 days	14 days	Zero days
TOTAL	1916	12.8	2.9	3.0	81.3
GENDER					
Male	753	11.7	3.1	2.9	82.3
Female	1163	13.7	2.8	3.0	80.4
AGE					
18-24	50	18.1	1.9	2.5	77.5
25-34	207	13.2	3.7	3.4	79.8
35-44	314	14.4	2.0	3.1	80.4
45-54	354	12.2	4.2	4.2	79.4
55-64	455	12.4	3.8	1.5	82.3
65+	536	7.8	1.2	2.3	88.7
RACE					
Caucasian	955	13.3	2.5	2.1	82.0
African American	759	12.0	4.0	3.8	80.1
Asian	42	*	*	*	*
Other	49	*	*	*	*
Hispanic	69	16.7	0.8	4.9	77.6
EDUCATION					
Less than High School	113	8.7	6.1	15.3	70.0
High School Graduate	273	10.4	3.2	2.9	83.5
Some College	296	15.1	6.8	5.0	73.1
College Graduate	1230	13.0	1.6	1.5	83.8
INCOME					
Less than \$15,000	154	18.8	8.9	10.4	61.9
\$15,000-\$24,999	176	7.2	4.3	6.3	82.3
\$25,000-\$34,999	145	6.8	2.5	4.2	86.5
\$35,000-\$49,999	168	11.7	1.3	0.4	86.6
\$50,000-\$74,999	231	14.3	1.5	3.2	81.1
\$75,000+	835	13.7	2.3	1.3	82.8
WARD					
Ward 1	171	9.6	2.2	3.9	84.3
Ward 2	150	15.8	1.9	3.3	78.9
Ward 3	349	13.4	2.3	2.4	81.9
Ward 4	239	9.2	3.2	3.0	84.6
Ward 5	168	14.7	3.2	0.6	81.5
Ward 6	200	11.4	3.2	0.9	84.6
Ward 7	148	9.7	1.2	7.2	81.9
Ward 8	145	8.4	2.4	6.0	83.3

*Data not presented if the unweighted cell size was < 50.

Table 10. Number of Days Having Trouble Concentrating, by Demographics and Ward
 “Over the last two weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV?”

	N	1-4 days	5-13 days	14 days	Zero days
TOTAL	1921	14.5	3.4	2.2	80.0
GENDER					
Male	755	16.2	2.8	1.5	79.5
Female	1166	12.9	3.9	2.8	80.4
AGE					
18-24	50	12.0	3.6	2.8	81.5
25-34	208	19.6	2.0	2.0	76.4
35-44	316	14.3	2.2	2.8	80.7
45-54	355	16.3	4.5	2.4	76.8
55-64	457	11.9	4.6	2.2	81.3
65+	535	7.3	4.7	1.0	87.0
RACE					
Caucasian	967	14.1	2.6	1.9	81.4
African American	760	13.9	4.8	2.6	78.8
Asian	42	*	*	*	*
Other	48	*	*	*	*
Hispanic	70	20.0	1.9	4.2	73.9
EDUCATION					
Less than High School	115	9.3	11.5	6.1	73.1
High School Graduate	271	11.1	5.2	2.6	81.1
Some College	298	15.6	3.8	4.5	76.2
College Graduate	1233	15.3	2.2	1.2	81.3
INCOME					
Less than \$15,000	155	10.8	7.2	6.1	75.9
\$15,000-\$24,999	176	13.5	4.5	4.1	77.9
\$25,000-\$34,999	146	5.1	3.5	3.4	88.0
\$35,000-\$49,999	167	14.3	3.5		82.2
\$50,000-\$74,999	234	11.0	2.9	3.9	82.3
\$75,000+	837	17.7	1.3	1.3	79.7
WARD					
Ward 1	173	13.7	2.3	4.6	79.4
Ward 2	150	14.6	6.4	0.9	78.0
Ward 3	351	11.7	2.6	3.0	82.8
Ward 4	239	17.9	2.9	2.8	76.4
Ward 5	170	15.1	2.5	1.2	81.2
Ward 6	199	11.1	1.7	1.1	86.1
Ward 7	148	18.7	2.5	3.0	75.8
Ward 8	145	4.7	6.9	2.7	85.7

*Data not presented if the unweighted cell size was < 50.

Table 11. Number of Days being Lethargic, Fidgety, or Restless, by Demographics and Ward

“Over the last two weeks, how many days have you moved or spoken so slowly that other people could notice?”

“Or have you performed the opposite and were being so fidgety or restless that you were moving around a lot more than usual?”

	N	1-4 days	5-13 days	14 days	Zero days
TOTAL	1907	6.1	2.7	1.3	89.9
GENDER					
Male	748	5.5	3.1	1.2	90.2
Female	1159	6.6	2.2	1.5	89.7
AGE					
18-24	49				
25-34	208	5.2	3.4	1.7	89.7
35-44	317	6.8	1.5	1.6	90.0
45-54	353	5.9	1.2	2.0	90.9
55-64	451	3.9	2.5	0.7	92.9
65+	529	3.8	2.6	0.9	92.8
RACE					
Caucasian	956	4.9	1.7	0.6	92.8
African American	748	7.7	4.1	2.0	86.2
Asian	41	*	*	*	*
Other	48	*	*	*	*
Hispanic	70	4.6	0.6	4.8	90.0
EDUCATION					
Less than High School	108	16.0	10.3	6.3	67.5
High School Graduate	273	8.1	4.1	2.1	85.7
Some College	291	5.8	5.3	1.0	87.9
College Graduate	1231	4.9	1.1	0.8	93.1
INCOME					
Less than \$15,000	155	13.0	7.6	5.0	74.5
\$15,000-\$24,999	172	8.6	5.0	2.7	83.7
\$25,000-\$34,999	143	5.0	4.0	2.1	88.9
\$35,000-\$49,999	169	12.6	0	0	87.4
\$50,000-\$74,999	233	6.6	1.1	1.9	90.3
\$75,000+	834	3.5	1.2	0.4	94.9
WARD					
Ward 1	172	11.8	0.2	1.5	86.5
Ward 2	151	7.3	1.4	0.7	90.5
Ward 3	350	3.9	2.1	0.8	93.2
Ward 4	235	4.8	2.5	1.7	90.9
Ward 5	169	12.8	2.1	1.1	83.9
Ward 6	199	6.1	0.8	0.4	92.7
Ward 7	144	2.3	7.0	3.9	86.7
Ward 8	142	6.2	4.0	1.9	87.9

*Data not presented if the unweighted cell size was < 50.

Table 12. Number of Days Being Tired or Having Little Energy, by Demographics and Ward
 “Over the last two weeks, how many days have you felt tired or had little energy?”

	N	1-4 days	5-13 days	14 days	Zero days
TOTAL	1911	40.5	17.6	6.0	35.8
GENDER					
Male	748	40.6	16.1	4.5	38.9
Female	1163	40.5	19.0	7.4	33.2
AGE					
18-24	50	41.9	20.1	3.1	35.0
25-34	207	44.3	22.6	2.2	30.8
35-44	317	46.8	17.9	8.7	26.6
45-54	354	36.9	14.5	9.2	39.4
55-64	457	36.4	16.1	7.8	39.7
65+	526	32.5	11.3	6.3	49.9
RACE					
Caucasian	950	44.6	16.8	5.0	33.6
African American	758	37.0	15.9	8.2	38.9
Asian	41	*	*	*	*
Other	49	*	*	*	*
Hispanic	71	37.1	21.2	5.0	36.7
EDUCATION					
Less than High School	109	34.2	19.2	16.5	30.0
High School Graduate	272	35.9	12.6	9.0	42.5
Some College	298	43.4	15.0	7.2	34.3
College Graduate	1228	41.4	19.3	4.2	35.1
INCOME					
Less than \$15,000	157	27.2	21.1	13.9	37.8
\$15,000-\$24,999	169	49.7	16.6	9.2	24.5
\$25,000-\$34,999	146	39.2	12.8	8.7	39.3
\$35,000-\$49,999	170	36.3	23.1	6.8	33.7
\$50,000-\$74,999	231	46.6	16.6	3.0	33.7
\$75,000+	834	43.3	17.4	4.0	35.3
WARD					
Ward 1	171	41.9	15.3	6.1	36.7
Ward 2	148	41.8	25.6	6.3	26.3
Ward 3	349	40.0	16.6	5.6	37.8
Ward 4	241	35.7	22.2	4.5	37.7
Ward 5	170	49.5	11.1	4.1	35.4
Ward 6	200	38.0	14.9	5.9	41.2
Ward 7	146	40.1	23.2	5.2	31.5
Ward 8	144	35.8	10.0	10.4	43.8

*Data not presented if the unweighted cell size was < 50.

Table 13. Anxiety and Depression, by Demographics and Ward

“Has a doctor or other healthcare provider ever told you that you have a anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, post traumatic stress disorder, or social anxiety disorder)?” and “Has a doctor or other healthcare provider ever told you that you have depressive disorder (including depression, major depression, dysthymia, or minor depression)?”

	N	Anxiety	N	Depression
TOTAL	1912	11.3	1920	17.5
GENDER				
Male	751	8.2	753	14.8
Female	1161	14.0	1167	20.0
AGE				
18-24	49		49	10.7
25-34	206	9.0	208	15.0
35-44	316	12.8	317	16.8
45-54	355	14.6	355	20.8
55-64	454	15.8	457	25.6
65+	532	6.1	534	16.3
RACE				
Caucasian	959	14.5	956	21.9
African American	750	7.3	758	13.0
Asian	41	*	43	*
Other	49	*	49	*
Hispanic	70	8.2	70	16.5
EDUCATION				
Less than High School	111	21.4	114	40.1
High School Graduate	270	7.2	274	11.5
Some College	296	11.3	297	17.9
College Graduate	1231	11.3	1231	16.9
INCOME				
Less than \$15,000	152	16.8	156	24.1
\$15,000-\$24,999	174	10.6	176	22.2
\$25,000-\$34,999	145	8.0	145	15.0
\$35,000-\$49,999	168	13.6	167	11.4
\$50,000-\$74,999	234	12.1	234	14.9
\$75,000 and over	835	10.6	834	17.1
WARD				
Ward 1	171	15.1	173	18.5
Ward 2	150	18.2	151	23.3
Ward 3	351	13.8	350	19.7
Ward 4	238	8.3	238	12.8
Ward 5	167	7.7	168	13.9
Ward 6	201	10.8	201	23.0
Ward 7	145	9.4	148	16.9
Ward 8	143	8.0	144	9.9

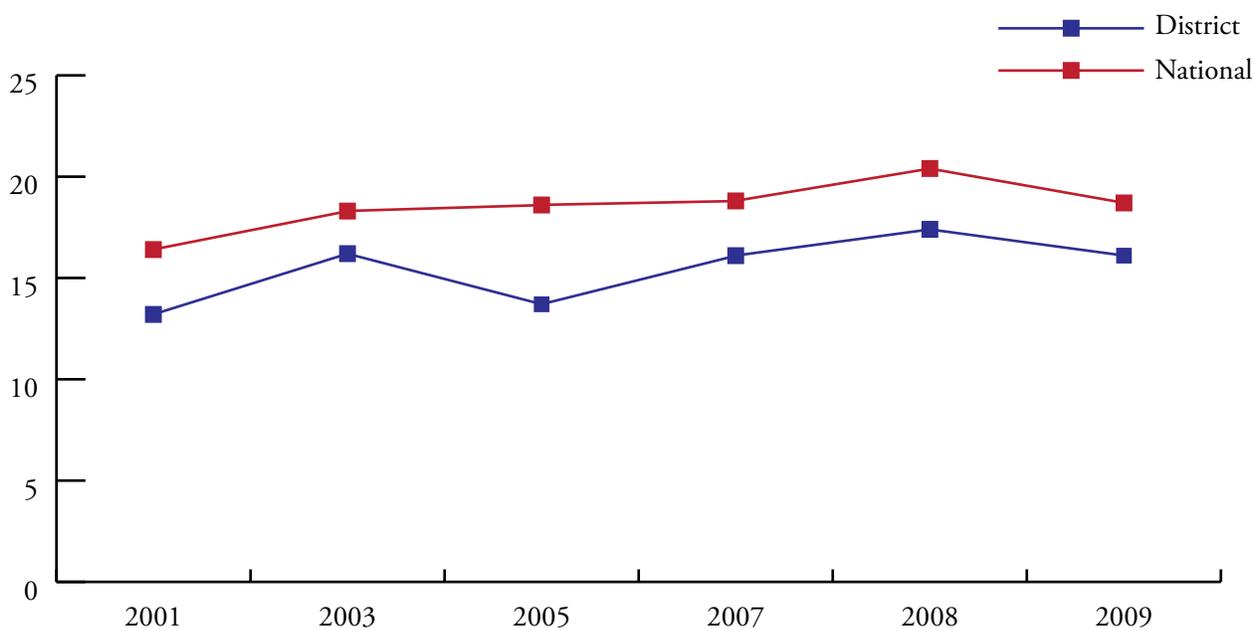
*Data not presented if the unweighted cell sized was <50.

DISABILITY

Approximately 50 million Americans, or 1 in 5 people, are living with at least one disability and most Americans will experience a disability at some time during the course of their lives.¹ People with disabilities need health care and health programs for the same reasons anyone else does to stay well and be an active part of the community.²

Having a disability does not mean a person is not healthy or that he or she cannot be healthy. Being healthy means the same thing for all of us becoming and staying well so we can lead full, active lives.²

Figure 2. Percentage of Adults with Activity Limitation

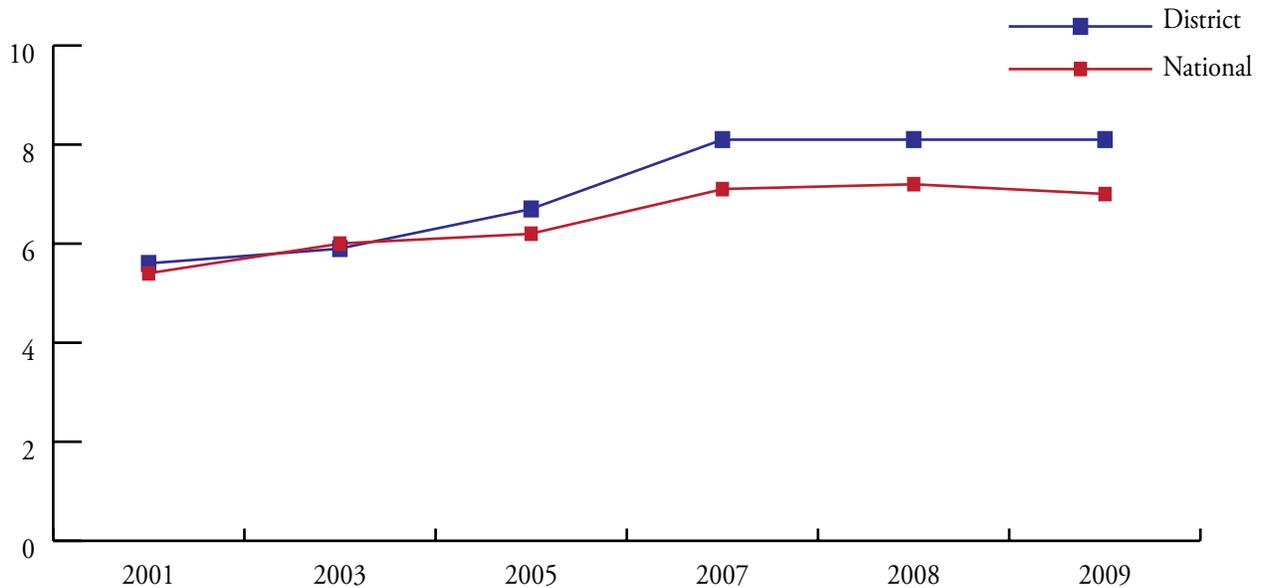


Respondents were asked if they were limited in any of their activities because of physical, mental or emotional problem (Table 14). Overall, 16.1% of District respondents reported being limited because of physical, mental or emotional problems, compared nationally at 19% (Figure 2).

- Females were more likely than males (16.6% versus 15% respectively), and adults aged 65 and older were more likely than all other age groups to be limited by health problems, at 30%.
- African Americans were more likely than all other race/ethnic groups to report being limited by health problems, at 20%.
- Adults with less than a high school education (35%) and households with an income of less than \$15,000 were more likely were more likely than all other subgroups to report they were limited by health problems, at 37%.
- Respondents who reside in Ward 8 were more likely to report than all other wards to report

being limited by health problems, at 21%.

Figure 3. Percentage of Adults Needing Special Equipment



Respondents were asked if they have any health problems that requires them to use special equipment, such as a cane, wheelchair, special bed or special telephone (Table 14). Overall, 8% of District respondents reported a health problem that required the use of special equipment related to a health problem compared nationally at 16% (Figure 3).

- Females were more likely than males to report using special equipment related to a health problem (9% females versus 7% males).
- As age increased respondents were more likely to report health problems that required the use of special equipment.
- African Americans were more likely than all other race/ethnic groups to report using special equipment related to a health problem than any other race group, at 13%.
- Adult respondents with less than a high school education were more likely than all other education subgroups to report using special equipment related to health problem, at 25%.
- Households with an income of less than \$15,000 were more likely than all other income subgroups to indicate using special equipment related to health problems, at 22%.
- Respondents who reside in Ward 7 were more likely than all other wards to report having to use special equipment as a result of health problems, at 14%.

¹ Health Care Access and People with Disabilities - <http://www.cdc.gov/Features/Disabilities> - Accessed June 6, 2011

² Disability and Health - Healthy Living - <http://www.cdc.gov/ncbddd/disabilityandhealth/healthyliving.html> - Accessed June 6, 2011

Table 14. Prevalence of Health Limitations and Use of Assistive Devices, by Demographics and Ward

“Are you limited in any way in any activities because of physical, mental, or emotional problems?” and “Do you now have any health problems that requires you to use special equipment, such as a cane, wheelchair, special bed, or special telephone?”

	N	Limited by Health	N	Use Special Equipment
TOTAL	3810	16.1	3828	8.1
GENDER				
Male	1475	15.4	1480	7.0
Female	2335	16.6	2348	9.0
AGE				
18-24	91	12.5	91	1.5
25-34	449	8.0	450	2.5
35-44	616	8.4	618	2.5
45-54	712	22.1	716	8.3
55-64	884	23.0	886	13.1
65+	1058	30.2	1067	24.2
RACE				
Caucasian	1785	13.1	1792	4.5
African American	1589	20.4	1595	12.9
Asian	85	14.4	86	0.7
Other	116	16.1	117	7.4
Hispanic	151	9.8	151	6.1
EDUCATION				
Less than High School	250	35.0	255	25.0
High School Graduate	613	22.2	614	12.5
Some College	570	20.4	576	12.3
College Graduate	2366	11.7	2372	4.3
INCOME				
Less than \$15,000	346	37.1	351	22.1
\$15,000-\$24,999	349	24.9	350	15.5
\$25,000-\$34,999	284	24.0	283	9.9
\$35,000-\$49,999	354	15.4	353	8.5
\$50,000-\$74,999	445	15.3	446	7.1
\$75,000 and over	1584	9.4	1586	3.6
WARD				
Ward 1	308	15.9	310	7.0
Ward 2	327	13.3	329	4.8
Ward 3	644	16.6	648	4.6
Ward 4	455	14.7	457	10.1
Ward 5	357	15.0	359	10.8
Ward 6	383	18.1	383	7.9
Ward 7	337	19.3	340	14.3
Ward 8	301	21.4	303	10.5

EMOTIONAL SUPPORT AND LIFE SATISFACTION

It's possible to be alone but not lonely. Conversely, you can be in the company of others and still feel isolated. Social support buffers the adverse effects of stress on cardiovascular and immune responses, which can provide numerous health benefits. Studies have shown that when persons are subjected to stress, emotional support reduces the usual sharp rise in blood pressure and increased secretion of damaging stress related hormones. Additionally, having strong emotional support reduces the immune system abnormalities that contribute to numerous disorders due to the stress and increase life expectancy. ¹

Respondents were asked how often had they get the social and emotional support you need (Table 15). Overall, 43% of respondents reported that they get all the support they need, 35% usually get the report they need and 3% indicated never getting the support they need.

- Females were more likely than males to report they always get the emotional support they need (45% versus, 41% respectively).
- Adult respondents aged 25-34 were more likely than all other age groups to report they always get the emotional support they need, at 50%.
- Asians were more likely than all other race/ethnic groups to report they always get the emotional support they need, at 48%.
- Adult respondents with a high school diploma were more likely to report they always get the emotional support they need, at 44%.
- Adult households with an income of \$75,000 or more were more likely than all income subgroups to report they always get the emotional support they need, at 45%.
- Respondents who reside in Ward 8 were more likely to report they always get the emotional support they need, at 52%.

Respondents were asked in general how satisfied they are with their life (Table 16). Overall, 45% of District respondents reported being very satisfied with their lives.

- Males were slightly more likely than females to be dissatisfied with their lives – 5% versus 4% respectively.
- Adults aged 18-24 were less likely than all other age groups to be very satisfied with their life, at 22%.
- Caucasians were more likely than all other race/ethnic groups to be very satisfied with their life, at 52%.

- As education and income increased, so did the likelihood that adults were very satisfied with their life.
- Adults who reside in Ward 3 were more likely than all other wards to be very satisfied with their life at 56%.

¹ The American Institute of Stress - Emotional Support and Social Support - <http://www.stress.org/topic-emotional.htm>. June 7, 2011

Table 15. Receiving Needed Social and Emotional Support by Demographics and Ward
 “How often do you get the social and emotional support you need?”

	N	Always	Usually	Sometimes	Rarely	Never
TOTAL	3543	42.7	35.1	15.6	3.1	3.4
GENDER						
Male	1367	40.5	36.5	16.0	2.9	4.1
Female	2176	44.7	34.0	15.3	3.4	2.7
AGE						
18-24	81	41.6	31.4	18.2	5.5	3.3
25-34	416	49.5	35.8	12.3	0.9	1.5
35-44	585	40.4	38.0	15.0	3.4	3.1
45-54	671	36.4	35.4	20.0	4.8	3.5
55-64	828	39.5	36.6	17.1	3.7	3.1
65+	962	42.8	30.5	15.5	3.7	7.5
RACE						
Caucasian	1712	40.7	46.3	10.4	1.6	1.0
African American	1434	45.4	20.9	22.0	5.3	6.4
Asian	81	48.1	36.3	10.5	1.5	3.6
Other	104	36.5	39.0	19.3	4.9	0.3
Hispanic	136	41.7	38.3	14.2	2.0	3.8
EDUCATION						
Less than High School	219	41.1	13.3	27.9	7.3	10.4
High School Graduate	541	44.3	16.1	26.8	4.7	8.1
Some College	523	40.5	32.7	16.4	5.5	4.9
College Graduate	2251	42.8	42.5	11.5	1.9	1.2
INCOME						
Less than \$15,000	318	36.1	16.9	26.5	8.3	12.2
\$15,000-\$24,999	321	39.2	21.1	24.2	7.9	7.7
\$25,000-\$34,999	253	40.1	25.9	25.8	4.2	4.1
\$35,000-\$49,999	330	41.2	32.0	21.9	2.4	2.4
\$50,000-\$74,999	419	40.9	36.5	16.5	3.8	2.4
\$75,000+	1512	45.1	44.4	8.7	0.9	1.0
WARD						
Ward 1	285	39.1	39.4	16.0	3.0	2.5
Ward 2	311	37.8	45.3	13.1	2.4	1.4
Ward 3	626	42.6	45.9	8.5	2.4	0.6
Ward 4	417	41.7	34.3	15.9	2.9	5.3
Ward 5	325	47.2	23.9	21.8	3.2	3.9
Ward 6	364	44.0	34.9	13.3	4.7	3.1
Ward 7	307	40.5	21.7	23.3	6.3	8.2
Ward 8	266	52.4	17.7	17.7	6.6	5.6

Table 16. Satisfaction with Life, by Demographics and Ward
 “In general, how satisfied are you with your life?”

	N	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
TOTAL	3574	44.7	50.2	4.4	0.8
GENDER					
Male	1381	44.4	49.9	5.0	0.7
Female	2193	44.9	50.4	3.9	0.8
AGE					
18-24	82	22.3	73.4	4.3	0
25-34	417	50.6	46.2	3.0	0.1
35-44	585	42.8	51.4	4.8	0.9
45-54	667	42.6	47.6	8.8	1.1
55-64	835	43.8	50.6	3.6	2.1
65+	988	50.4	46.3	2.6	0.8
RACE					
Caucasian	1719	52.4	44.4	2.7	0.5
African American	1457	36.3	56.3	6.4	1.1
Asian	81	50.5	47.1	1.8	0.6
Other	105	31.2	57.4	10.7	0.8
Hispanic	139	40.6	56.3	2.3	0.8
EDUCATION					
Less than High School	227	30.6	58.2	9.3	1.8
High School Graduate	550	33.5	60.8	4.9	0.9
Some College	530	34.7	57.1	7.1	1.1
College Graduate	2258	51.1	45.1	3.2	0.6
INCOME					
Less than \$15,000	325	29.5	52.9	14.5	3.1
\$15,000-\$24,999	322	30.3	57.6	10.2	1.8
\$25,000-\$34,999	255	31.3	63.9	4.1	0.7
\$35,000-\$49,999	333	34.7	58.1	6.5	0.6
\$50,000-\$74,999	421	42.2	52.5	4.3	1.0
\$75,000+	1521	54.4	43.9	1.4	0.2
WARD					
Ward 1	293	45.0	48.6	5.6	0.8
Ward 2	311	49.4	45.5	5.0	0.2
Ward 3	629	55.8	40.6	3.1	0.5
Ward 4	422	36.3	58.9	3.4	1.3
Ward 5	328	42.5	51.7	4.4	1.4
Ward 6	364	55.0	41.1	3.4	0.6
Ward 7	309	37.8	53.3	5.7	0.2
Ward 8	270	34.0	57.2	7.2	1.7

GENERAL HEALTH STATUS

The quality of care can be defined in relation to its effectiveness with regard to improving a person's health status. One key measure of general health and quality of life is perceived health; that is how healthy do people feel that they are. Perceived health, while subjective, has been shown to be a predictor of illness, mortality, and functional disability.¹

Respondents were asked to rate their health using a scale of excellent, very good, good, fair, or poor (Table 17). Thirty percent of District adults rated their health excellent.

- Males were more likely than females to rate their health as excellent, 31% versus 28% respectively.
- Adults aged 25-34 were more likely than all other age groups to rate their health as excellent, at 37%.
- Caucasians were more likely than all other race/ethnic groups to rate their health excellent, at 39%.
- College graduates were more likely than all other education subgroups to rate their health as excellent, at 37%.
- Adult households with an income of \$75,000 or more were more likely than all other income subgroups to rate their health as excellent, at 41%.
- District adults residing in Ward 3 were more likely than all other wards to rate their health as excellent, at 40%.

¹ McCallum J., B. Shadbolt, and D. Wang. 1994. Self-rated health and survival: A 7-year follow-up study of Australian elderly. *American Journal of Public Health* 84: 1100-1105.
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1614762/pdf/amjph00458-0046.pdf> - Accessed June 7, 2011

Table 17. Perceived Health Status by Selected Demographics and Ward
 “How would you rate your general health?”

	N	Excellent	Very Good	Good	Fair	Poor
TOTAL	3798	29.6	36.1	23.4	8.2	2.7
GENDER						
Male	1468	31.2	38.2	20.5	7.9	2.2
Female	2330	28.2	34.3	25.9	8.5	3.2
AGE						
18-24	91	28.2	41.9	26.4	3.1	0.4
25-34	454	36.9	40.6	19.2	3.1	0.2
35-44	612	35.7	36.4	20.0	5.8	2.1
45-54	716	26.0	34.0	23.4	12.8	3.8
55-64	879	22.7	33.4	28.6	12.0	3.4
65 or older	1046	18.4	28.2	29.6	15.8	7.9
RACE						
Caucasian	1787	39.2	40.9	15.0	4.0	0.9
African American	1571	19.4	29.2	32.8	13.8	4.7
Asian	85	36.0	38.7	22.6	1.8	0.9
Other	119	21.9	38.3	28.1	8.6	3.1
Hispanic	151	25.7	42.2	21.8	6.6	3.7
EDUCATION						
Less than High School	245	13.9	18.4	32.2	24.8	10.8
High School Graduate	611	17.7	27.8	35.0	14.3	5.2
Some College	565	18.5	38.2	28.2	12.1	3.1
College Graduate	2366	36.9	39.4	18.4	4.2	1.2
INCOME						
Less than \$15,000	335	12.9	19.3	34.7	21.0	12.0
\$15,000-\$24,999	334	11.0	30.4	34.5	17.5	6.5
\$25,000-\$34,999	281	22.5	30.9	28.7	14.7	3.2
\$35,000-\$49,999	347	16.4	38.7	33.9	9.0	2.0
\$50,000-\$74,999	446	27.8	43.2	20.5	7.3	1.3
\$75,000 and over	1584	40.6	40.6	15.5	2.7	0.6
WARD						
Ward 1	308	31.9	38.7	17.6	8.8	3.0
Ward 2	328	33.7	44.0	14.7	4.7	2.9
Ward 3	647	40.6	35.2	18.4	5.2	0.6
Ward 4	453	23.4	33.7	28.5	10.5	4.0
Ward 5	353	24.8	30.3	29.1	11.2	4.6
Ward 6	378	32.3	36.2	21.8	8.1	1.7
Ward 7	330	18.3	32.9	30.4	12.4	6.0
Ward 8	300	17.6	30.1	37.3	12.0	3.1

QUALITY OF LIFE

Health-related quality of life refers to a person or group's perceived physical and mental health over time. Public health professionals use health-related quality of life to measure the effects of numerous disorders, short and long-term disabilities, and diseases in different populations. Identifying other health disparities and tracking health-related quality of life in different populations can identify subgroups with poor physical or mental health and can help guide policies or interventions to improve their health.¹

Respondents were asked how many days during the past 30 days they felt their physical health was not good (Table 18). Overall, 6% indicated in the past 15-30 days they had poor physical health.

- Males and females responses were similar in indicating poor physical health within the past 15-30 days, at 6%.
- Adults aged 65 and older were more likely than all other age groups to indicate 15-30 days of poor physical health, at 13%.
- African Americans were more likely than all other race/ethnic groups to indicate 15-30 days of poor physical health, at 10%.
- Adults with less than high school education were more likely than all other education subgroups to indicate 15-30 days of poor physical health, at 20%.
- Adults with a household income of less than \$15,000 were more likely than all other income subgroups to indicate 15-30 days of poor physical health, at 18%.
- Adults residing in Wards 6 and 7 were more likely to indicate 15-30 days of poor physical health, at 8%.

District respondents were asked how many days during the past 30 days was their mental health not good (Table 18). Overall, 7% indicated in the past 15-30 days they had poor mental health.

- Females were slightly more likely than males to indicate 15-30 days of poor mental health, 7% versus 6% respectively.
- Adults aged 45-54 were more likely than all other age group to indicate 15-30 days of poor mental health, at 10%.
- African Americans and District respondents of race/ethnic group Other were more likely than all other race/ethnic groups to indicate 15-30 days of poor mental health, at 10%.
- Adults with less than high school were more likely than all other education subgroups to indicate 15-30 days of poor mental health, at 12%.
- Adults with a household income of less than \$15,000 were more likely than all other income

subgroup to indicate 15-30 days of poor mental health, at 20%.

- Adults residing in Wards 7 were more likely than all other wards to indicate 15-30 days of poor mental health, at 10%.

District respondents were asked during the past 30 days, for about how many days did poor physical or mental health keep them from doing their usual activities, such as self-care, work or recreation (Table 19). Overall, 9% indicated that their poor physical or mental health kept them from doing their usual activities, such as self-care, work or recreation for 15-30 days.

- Males were more likely than females to indicate 15-30 days of poor physical or mental health kept them from doing their usual activities, 9% versus 8%, respectively.
- Adults aged 65 and older were more likely than all other age groups to indicate 15-30 days of poor physical or mental health kept them from doing their usual activities, at 6%.
- African Americans were more likely than all other any other race/ethnic groups to indicate 15-30 days of poor physical or mental health kept them from doing their usual activities, at 14%.
- As education decreased, so did the likelihood that adults poor physical or mental health kept them from doing their usual activities.
- Adults with a household income less than \$15,000 were more likely than all income sub-groups to indicate 15-30 days of poor physical or mental health kept them from doing their usual activities, at 27%.
- Adults residing in Wards 7 and 8 were more likely than all other wards to indicate 15-30 days of poor physical or mental health kept them from doing their usual activities or recreation, at 13%.

¹ Health-Related Quality of Life - HRQOL Concepts - <http://www.cdc.gov/hrqol/concept.htm> - Accessed June 7, 2011

Table 18. Days of Poor Physical and Mental Health, by Selected Demographics

“Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?” and “ Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?”

	N	Days Poor Physical Health				N	Days Poor Mental Health			
		1-7 days	8-14 days	15-30 days	Zero days		1-7 days	8-14 days	15-30 days	Zero days
TOTAL	3837	26.0	3.0	6.3	64.6	3844	24.1	3.0	6.8	66.1
GENDER										
Male	1491	26.2	2.2	6.4	65.1	1484	23.3	1.9	6.2	68.6
Female	2346	25.8	3.7	6.3	64.2	2360	24.8	3.9	7.3	63.9
AGE										
18-24	90	26.4	2.2	3.7	67.7	90	36.3	2.1	9.0	52.6
25-34	457	28.2	1.4	2.2	68.2	454	29.5	2.7	5.2	62.6
35-44	627	30.5	3.5	2.8	63.2	624	26.6	2.9	7.3	63.2
45-54	723	24.9	3.1	11.1	60.9	725	20.7	3.9	9.8	65.6
55-64	889	23.8	5.0	8.9	62.2	888	19.0	3.2	6.6	71.2
65-74	1051	19.0	4.3	12.8	63.9	1063	12.2	3.0	4.9	79.9
RACE										
Caucasian	1800	30.1	2.9	3.7	63.3	1795	26.5	2.3	4.3	66.9
African American	1594	21.7	3.2	9.5	65.6	1606	20.5	4.0	9.7	65.8
Asian	86	24.3	2.1	4.3	69.2	85	37.1	0.4	1.3	61.3
Other	120	28.4	3.7	6.7	61.2	121	25.3	3.4	10.3	61.0
Hispanic	152	22.9	4.4	4.3	68.4	151	25.2	1.9	7.0	65.9
EDUCATION										
Less than High School	250	17.8	6.5	19.9	55.8	252	21.8	7.1	12.3	58.8
High School Graduate	615	20.6	2.3	10.4	66.6	619	18.5	3.3	10.4	67.8
Some College	573	24.5	6.7	8.2	60.6	582	26.9	4.9	10.4	57.9
College Graduate	2389	28.5	2.1	3.6	65.9	2381	25.0	2.1	4.5	68.4
INCOME										
Less than \$15,000	355	24.0	5.2	18.2	52.6	352	17.0	5.0	20.4	57.6
\$15,000-\$24,999	347	22.3	2.4	13.0	62.3	353	21.0	6.0	12.8	60.2
\$25,000-\$34,999	280	22.9	5.2	8.5	63.5	285	18.8	3.1	12.7	65.4
\$35,000-\$49,999	355	22.7	2.2	6.1	69.0	357	27.0	4.0	6.1	62.8
\$50,000-\$74,999	446	26.1	2.0	4.2	67.7	448	25.4	2.8	5.4	66.3
\$75,000 and over	1598	29.2	2.6	2.5	65.7	1592	26.0	2.2	3.2	68.6
WARD										
Ward 1	308	28.4	3.7	5.6	62.4	305	21.6	3.7	6.9	67.7
Ward 2	336	27.3	2.7	6.0	64.1	333	25.6	3.2	7.0	64.3
Ward 3	647	27.7	4.1	3.5	64.7	646	23.6	2.4	4.1	69.9
Ward 4	450	23.4	3.0	6.3	67.3	458	21.5	5.2	5.5	67.9
Ward 5	367	25.9	2.5	7.1	64.5	367	24.0	1.4	7.0	67.6
Ward 6	383	26.1	1.3	8.1	64.5	384	19.0	1.5	7.1	72.5
Ward 7	338	21.7	2.2	8.0	68.1	342	22.2	3.0	10.4	64.4
Ward 8	303	20.4	5.4	8.5	65.8	305	24.2	6.0	8.9	60.9

Table 19. Days of Poor Health Interfered with Activities, by Selected Demographics

“During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work or recreation?”

	N	Days of Limited Activity			
		1-7 days	8-14 days	15-30 days	Zero days
TOTAL	1999	31.7	3.6	8.6	56.0
GENDER					
Male	726	31.7	3.2	8.9	56.2
Female	1273	31.7	4.0	8.4	55.9
AGE					
18-24	53	31.0	5.8	6.1	57.1
25-34	247	35.5	1.3	4.0	59.1
35-44	348	37.4	3.1	4.5	55.0
45-54	398	28.1	6.2	14.6	51.0
55-64	463	27.0	3.5	11.8	57.7
65+	490	24.2	5.0	16.4	54.4
RACE					
Caucasian	922	38.6	2.9	4.3	54.2
African American	846	24.5	3.6	14.1	57.7
Asian	41	38.7	1.0	2.1	58.2
Other	69	20.4	11.4	10.7	57.5
Hispanic	84	29.4	5.9	5.1	59.6
EDUCATION					
Less than High School	155	17.7	4.3	23.8	54.2
High School Graduate	337	23.3	4.9	15.3	56.5
Some College	312	25.0	5.9	11.1	58.0
College Graduate	1189	37.1	2.6	4.6	55.7
INCOME					
Less than \$15,000	222	21.8	8.5	26.6	43.1
\$15,000-\$24,999	214	23.8	4.0	17.7	54.4
\$25,000-\$34,999	159	19.4	4.9	10.1	65.6
\$35,000-\$49,999	185	30.0	2.4	5.7	61.8
\$50,000-\$74,999	225	32.9	5.2	5.9	56.0
\$75,000+	771	37.7	1.8	2.8	57.7
WARD					
Ward 1	174	40.1	6.4	9.8	43.6
Ward 2	174	30.7	2.1	7.0	60.2
Ward 3	321	31.1	4.1	3.8	61.1
Ward 4	235	25.8	3.2	9.7	61.3
Ward 5	186	32.7	2.6	11.5	53.2
Ward 6	196	35.6	1.8	12.2	50.4
Ward 7	174	23.6	3.3	13.4	59.8
Ward 8	158	27.1	5.0	13.0	54.8

SLEEP

More than one-quarter of the U.S. population reported occasionally not getting enough sleep, while nearly 10% experience chronic insomnia. We often consider sleep to be a “passive” activity. Sufficient sleep is increasingly being recognized as an essential aspect of health promotion and chronic disease prevention in the public health community.¹

Insufficient sleep is associated with a number of chronic diseases and conditions such as diabetes, cardiovascular disease, obesity, and depression which threaten our nation’s health and poses important implications for their management and outcome. In addition, insufficient sleep is responsible for motor vehicle and machinery-related accidents, causing substantial injury and disability each year. In short, drowsy driving can be as dangerous and preventable as driving while intoxicated.¹

District respondents were asked during the past 30 days, for about how many days they felt they did not get enough rest or sleep (Table 20). Overall, 7% indicated during the past 30 days they felt they did not get enough rest or sleep.

- Females were more likely than males to indicate that in the past 30 days they felt they did not get enough rest or sleep, (8% versus 6% respectively).
- Adults aged 35-44 were more likely than all other age groups to indicate during the past 30 days they felt they did not get enough rest or sleep, at 9%.
- African Americans were more likely than all other race/ethnic groups to indicate during the past 30 days they felt like they did not get enough rest or sleep, at 9%.
- As education decreased, so did the likelihood that adults felt they did not get enough rest or sleep within the past 30 days, at 10%.
- Adult households with an income of less than \$15,000 were more likely than all other income subgroups to indicate during the past 30 days they felt they did not get enough rest or sleep, at 13%.
- Adults residing in Wards 5 and 7 were more likely than all other wards to indicate during the past 30 days they felt they did not get enough rest or sleep, at 10%.

¹Sleep and Sleep Disorders: A Public Health Challenge <http://www.cdc.gov/sleep/>. Accessed July 7, 2010

Table 20. Sleep, by Demographics and Ward
 “During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?”

	N	1-6 days	7-13 Days	14-20 Days	21-29 Days	30 Days	Zero
TOTAL	3860	33.3	13.3	14.9	3.9	6.8	27.8
GENDER							
Male	1493	33.9	14.2	15.6	3.7	5.9	26.7
Female	2367	32.8	12.5	14.3	4.0	7.6	28.8
AGE							
18-24	91	26.0	17.0	22.3	2.3	5.3	27.0
25-34	458	34.9	16.4	18.2	4.6	6.0	20.0
35-44	626	36.0	15.8	18.6	5.7	9.0	15.0
45-54	724	35.1	12.0	13.5	5.1	7.6	26.8
55-64	889	35.6	10.2	9.7	2.8	6.9	34.7
65+	1072	26.8	6.3	6.2	0.9	5.6	54.2
RACE							
Caucasian	1799	36.7	16.3	16.0	4.1	4.8	22.1
African American	1616	30.2	9.9	11.6	3.5	9.0	35.7
Asian	86	27.2	22.2	15.5	5.6	7.3	19.2
Other	121	26.0	8.1	27.2	1.3	7.2	30.2
Hispanic	150	36.0	12.2	23.3	1.5	4.0	22.9
EDUCATION							
Less than High School	258	26.7	7.7	7.9	1.9	10.0	45.8
High School Graduate	621	29.5	9.2	11.5	1.8	9.4	38.7
Some College	581	30.5	12.2	13.9	3.5	9.3	30.5
College Graduate	2388	35.5	15.3	16.8	4.7	5.2	22.5
INCOME							
Less than \$15,000	354	29.6	9.2	9.2	3.9	12.9	35.3
\$15,000-\$24,999	355	25.0	14.0	14.8	0.6	7.9	37.7
\$25,000-\$34,999	283	34.7	7.2	10.2	2.2	9.5	36.2
\$35,000-\$49,999	357	31.8	13.8	14.0	3.4	7.4	39.7
\$50,000-\$74,999	448	38.7	11.6	14.6	5.3	6.4	23.4
\$75,000+	1598	35.6	15.9	18.2	4.5	5.2	20.5
WARD							
Ward 1	311	33.3	14.0	16.6	5.2	6.7	24.3
Ward 2	335	34.1	18.1	12.8	5.1	5.7	24.2
Ward 3	649	35.9	17.0	14.4	3.1	4.5	25.1
Ward 4	460	31.2	10.4	15.1	4.0	6.7	28.1
Ward 5	366	28.8	8.6	13.2	4.7	9.9	32.5
Ward 6	384	30.8	15.9	14.2	4.4	5.6	31.1
Ward 7	344	35.8	8.4	16.4	2.0	10.3	32.1
Ward 8	306	33.4	7.8	10.8	3.9	6.0	35.6



Risk Factors



ALCOHOL CONSUMPTION

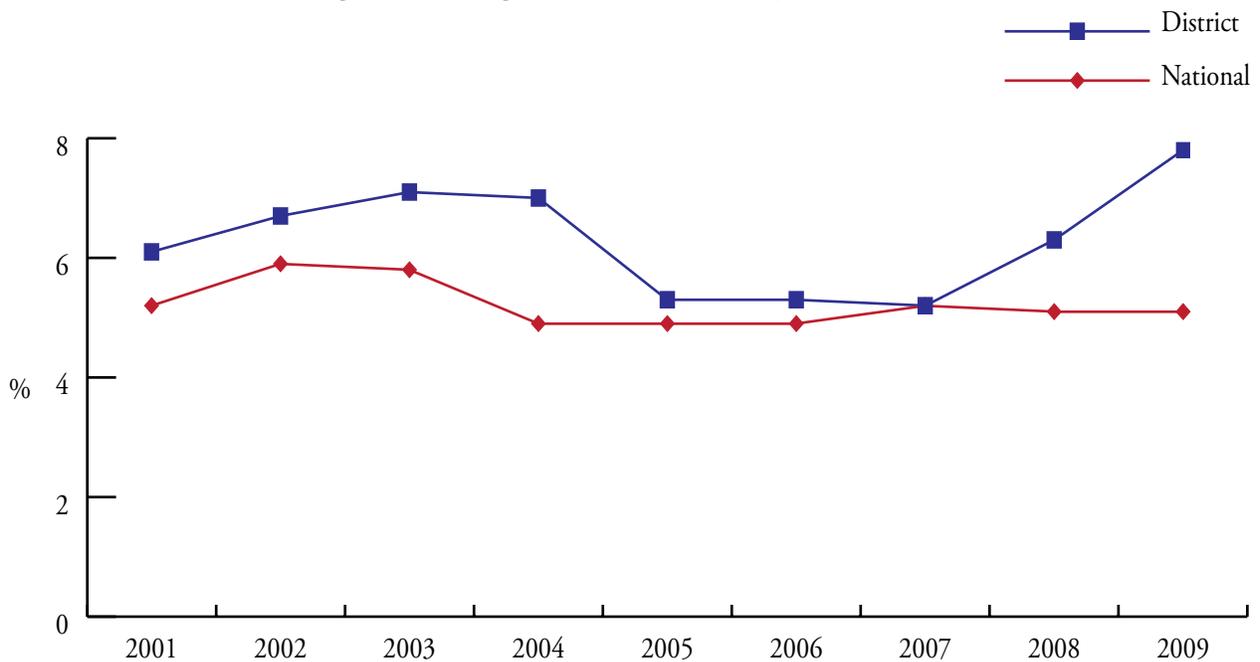
Healthy People 2010 Objective

- **Goal Not Met:** Reduce the proportion of adults engaging in binge drinking of alcoholic beverages to 6%; **the District's rate is 20.1%.**

Excessive alcohol use is the third leading lifestyle-related cause of death. In 2001, alcohol use was attributed to over 75,000 deaths. In 2003, over two million hospitalizations and over four million emergency room visits were attributed to alcohol-related conditions.¹

Alcohol use has immediate and long-term health effects for society. Excessive alcohol use (heavy and binge drinking) has been shown to cause liver disease, myocardial infarction, stroke, dementia, cancer, unintentional injuries, intimate partner violence and child maltreatment, risky sexual behaviors, miscarriage, stillbirth and alcohol poisoning.¹

Figure 4. Percentage of Adults Who are Heavy Drinkers



Heavy drinking is defined as drinking two or more drinks per day for men and one or more drinks per day for women (Table 21). The prevalence of heavy drinking for District adults is 8% compared to 5% nationally (Figure 4).

- Females were more likely than males to be considered heavy drinkers, 9% versus 7% respectively.
- Adults aged 25-34 were more likely than all other age groups to be considered heavy drinkers (9.5%).

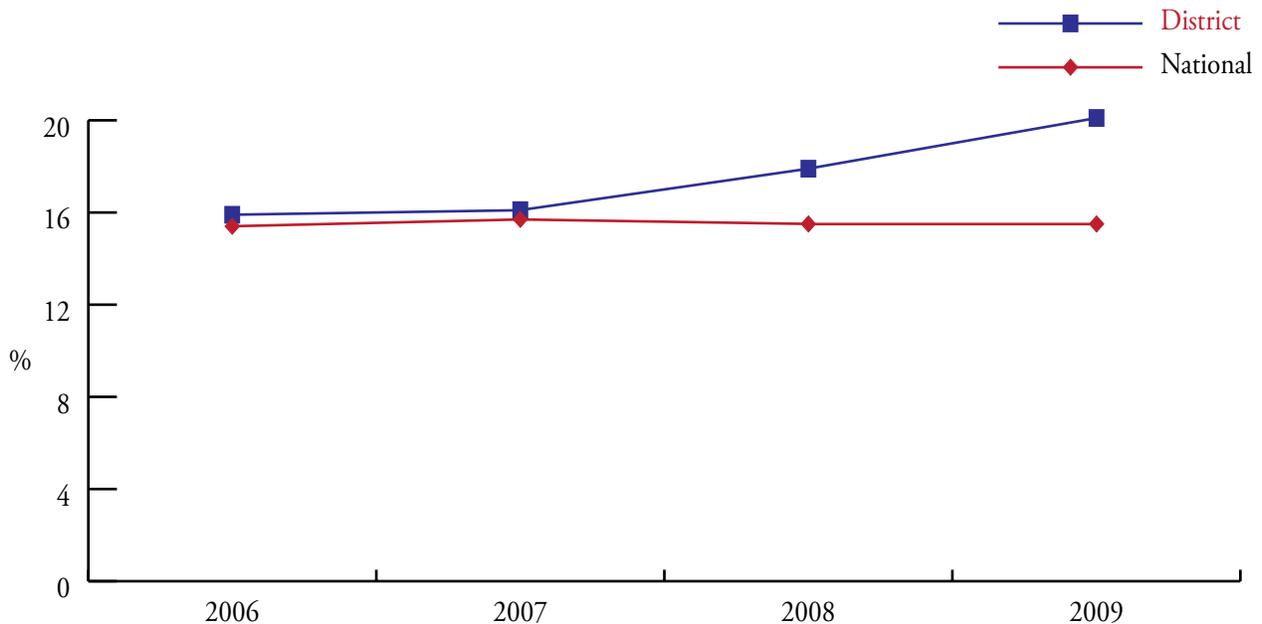
- Caucasians were more likely than all other race/ethnic groups to be heavy drinkers, at 13%.
- As education increased, so did the percentage of heavy drinkers
- Adult households with an income of \$75,000 or more were more likely than all other income subgroups to be heavy drinkers, at 11%.
- Adults residing in Ward 3 were more likely than all other wards to be heavy drinkers, at 12%.

Binge Drinking

Binge drinking is defined as when men drink five or more, and women drink four or more alcoholic drinks within a two-hour time period. While often thought of as a behavior of college students, 70% of binge drinking episodes are among adults age 25 years and older. Binge drinkers are also much more likely to report driving under the influence of alcohol than non-binge drinkers.

District respondents were asked a variety of questions about their alcohol intake during the past 30 days. This included whether or not they had at least one drink of any alcoholic beverage, how many days per week or per month they drank, how many alcoholic drinks they drank in a day on average, how many times they binge drank, and finally, the highest number of alcoholic drinks they consumed on any occasion (Table 21). Overall, 20% of District respondents were considered to be binge drinkers compared to 15% nationally (Figure 5).

Figure 5. Percentage of Adults Who Are Binge Drinkers

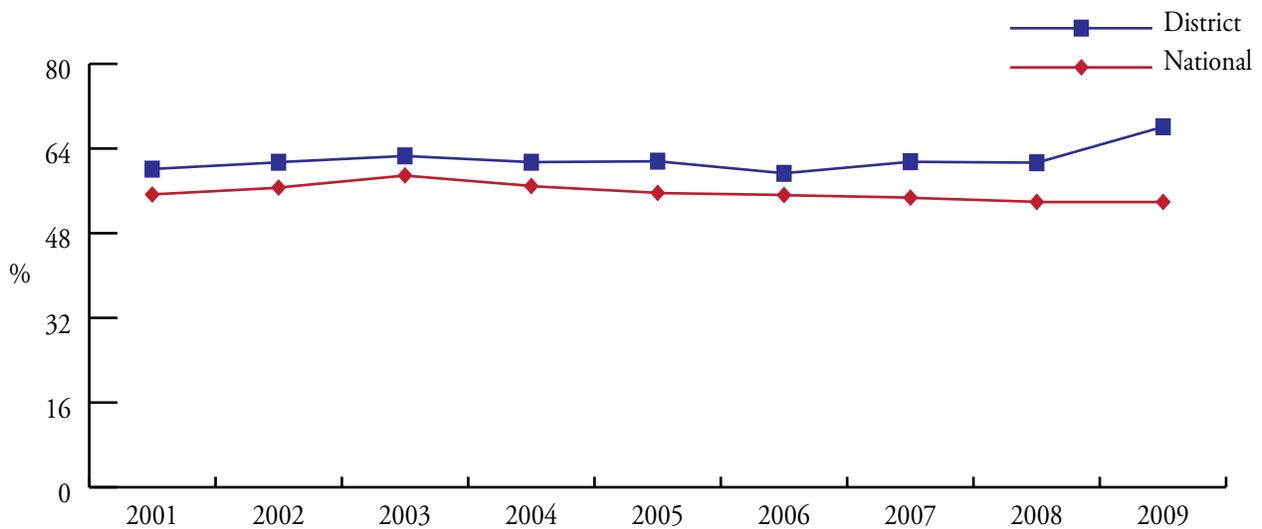


- Males were more likely than females to be binge drinkers; 27% versus 15%, respectively.
- Adults aged 25-34 were more likely than all other age groups to be binge drinkers, at 33%.

- Caucasians were more likely than all other race/ethnic groups to be binge drinkers, at 29%.
- Adults with less than a high school education were more likely than all other education subgroups to be binge drinkers, at 8.5%.
- Adults with a household income of \$75,000 or more were more likely than all other income subgroups to be binge drinkers, at 28%.
- Adults residing in Ward 1 were more likely than all other wards to be binge drinkers, at 31%.

District respondents were asked if they had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor within the past 30 days (Table 22). Overall, 68% of District respondents had at least one drink of an alcoholic beverage compared to 54% nationally (Figure 6).

Figure 6. Percentage of Adults Who Have Drank Alcohol in the Past 30 Days



- Males were more likely than females to consume at least one drink of alcohol within the past 30 days; 77% versus 60%, respectively.
- Adults aged 25-34 were more likely than all other age groups to consume at least one alcohol beverage within the past 30 days, at 80 %.
- Caucasians were more likely than all other race/ethnic groups to consumed at least one alcoholic beverage within the past 30 days, at 86.5%.
- College graduates were more likely than all other education subgroups to consume at least one alcoholic beverage within the past 30 days, at 82%.

- Adult households with income of \$75,000 and more were more likely than all other income subgroups to consume at least one alcoholic beverage within the past 30 days, at 85%.
- Residents who reside in Ward 3 were more likely than all other wards to consume at least one alcoholic beverage within the past 30 days, at 85%.

District respondents were asked, considering all types of alcoholic beverages, how many times during the past 30 days have they had five or more drinks (for men) or four or more drinks (for women) on an occasion (Table 23). Overall, 11.6% respondents indicated they had 5 or 4 more drinks on one occasion, 8.6% had 5 or 4 on two or three occasions, 9.7% had 5 or 4 drinks on 4 or more occasions and 70% had 5 or 4 drinks on zero occasions.

- Males were more likely than females to have 5 or 4 drinks on four or more occasions within the past 30 days, 13% versus 6% respectively.
- Adults aged 18-24 were more likely than all other age groups to drink 5 or 4 drinks on four more occasions within the past 30 days, at 17.5%.
- Caucasians were more likely than all other race/ethnic groups to drink 5 or 4 drinks on four or more occasions within the past 30 days, at 11%.
- High school graduates and adults with some college education were more likely than all other education subgroups to drink 5 or 4 drinks on four or more occasions within the past 30 days, at 13%.
- Adult households with an income of \$15,000-\$24,999 were more likely than all other income subgroups to drink 5 or 4 drinks on four or more occasions within the past 30 days, at 15%.
- Adults who reside in Ward 1 were more likely than all other wards to drink 5 or 4 drinks on four or more occasions within the past 30 days, at 14%.

District respondents were asked during the past 30 days, on the days when they drank about how many drinks did they drink on the average (Table 24). Overall, 41.5% of respondents drank one drink on an average within the past 30 days, 48% drank two to three drinks on an average and 10% drank four or more drinks on an average.

- Males were more likely than females to drink four or more drinks on an average (16% versus 3.5% respectively).
- Adults aged 18-24 were more likely than all other age groups to drink four or more drinks on an average within the past 30 days, at 32%.
- Hispanics were more likely than all other race/ethnic groups to drink four or more drinks on an average within the past 30 days, at 17%.
- High school graduates were more likely than all other education subgroups to drink four or more drinks on an average within the past 30 days, at 20.5%.

- Adult households with an income of \$25,000-\$34,999 were more likely than all other income subgroups to drink four or more drinks on an average within the past 30 days, at 30%.
- Adults who reside in Ward 1 were more likely than all other wards to drink four or more drinks on an average within the past 30 days, at 13%.

Table 21. Binge Drinking and Heavy Drinking, by Demographics and Ward

Heavy Drinking results are from responses to: "One drink is equivalent to a 12 ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on average?" Binge drinking results are from responses to: "Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on one occasion?"

	N	Heavy Drinker	N	Binge Drinker
		Yes		Yes
TOTAL	3737	7.8	3766	20.1
GENDER				
Male	1442	6.6	1452	26.6
Female	2295	8.9	2314	14.5
AGE				
18-24	89	8.9	90	30.2
25-34	446	9.5	444	32.6
35-44	612	6.2	612	19.2
45-54	698	8.4	704	15.7
55-64	858	8.4	869	10.2
65+	1034	4.7	1047	5.1
RACE				
Caucasian	1758	12.6	1770	29.1
African American	1559	3.1	1567	10.3
Asian	84	7.1	85	23.6
Other	113	7.0	116	17.6
Hispanic	147	4.2	150	17.5
EDUCATION				
Less than High School	244	1.6	251	8.5
High School Graduate	597	5.5	599	10.6
Some College	561	6.8	565	18.4
College Graduate	2324	9.3	2340	24.0
INCOME				
Less than \$15,000	340	6.2	342	11.4
\$15,000-\$24,999	344	6.2	343	10.4
\$25,000-\$34,999	278	7.9	281	11.2
\$35,000-\$49,999	345	3.8	348	18.6
\$50,000-\$74,999	441	5.0	444	17.6
\$75,000 and over	1561	11.1	1572	27.9
WARD				
Ward 1	301	6.4	307	30.5
Ward 2	323	9.1	325	21.1
Ward 3	635	12.3	639	22.8
Ward 4	448	4.9	449	14.3
Ward 5	348	5.3	350	13.1
Ward 6	373	6.8	376	16.6
Ward 7	335	2.6	335	8.9
Ward 8	296	1.8	298	6.7

Table 22. Consumption of Alcohol in the Past 30 Days by, Demographics and Ward

“During the past 30 days have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?”

	N	Yes	No
TOTAL	3812	68.1	31.9
GENDER			
Male	1475	77.0	23.0
Female	2337	60.4	39.6
AGE			
18-24	91	68.4	31.6
25-34	449	80.0	20.0
35-44	616	72.9	27.1
45-54	712	63.0	37.0
55-64	883	62.2	37.8
65+	1061	49.9	50.1
RACE			
Caucasian	1786	86.5	13.5
African American	1589	46.0	54.0
Asian	86	75.0	25.0
Other	117	72.0	28.0
Hispanic	151	68.7	31.3
EDUCATION			
Less than High School	254	29.5	70.5
High School Graduate	611	41.7	58.3
Some College	573	57.0	43.0
College Graduate	2363	81.6	18.4
INCOME			
Less than \$15,000	349	42.3	57.7
\$15,000-\$24,999	348	37.6	62.4
\$25,000-\$34,999	282	46.5	53.5
\$35,000-\$49,999	353	62.3	37.7
\$50,000-\$74,999	446	73.7	26.3
\$75,000 and over	1587	85.1	14.9
WARD			
Ward 1	307	79.8	20.2
Ward 2	328	81.0	19.0
Ward 3	647	84.9	15.1
Ward 4	454	59.2	40.8
Ward 5	357	52.5	47.5
Ward 6	381	72.8	27.2
Ward 7	339	44.4	55.6
Ward 8	303	40.7	59.3

Table 23. More Alcoholic Drinks Consumed, by Demographics and Ward

“Considering all types of alcoholic beverages, how many times during the past 30 days did you have five or more drinks for men or four or more drinks for women on an occasion?”

	N	Once	Two or Three Times	4 or More	None
TOTAL	2339	11.6	8.6	9.7	70.1
GENDER					
Male	1029	11.8	10.6	12.6	65.0
Female	1310	11.5	6.4	6.4	75.7
AGE					
18-24	57	15.1	11.9	17.5	55.4
25-34	354	16.2	11.5	13.3	59.0
35-44	450	11.1	8.0	7.3	73.6
45-54	430	9.5	7.0	8.7	74.8
55-64	529	5.8	6.0	5.1	83.1
65+	519	4.5	3.1	2.9	89.4
RACE					
Caucasian	1443	13.3	9.1	11.4	66.2
African American	627	8.8	7.1	7.2	76.9
Asian	57	10.8	13.6	7.5	68.1
Other	68	10.7	9.8	4.4	75.1
Other	101	8.9	6.9	10.1	74.2
EDUCATION					
Less than High School	66	6.5	14.4	9.1	70.0
High School Graduate	194	7.1	7.0	12.7	73.2
Some College	278	9.1	10.8	12.7	67.4
College Graduate	1797	12.5	8.3	8.8	70.3
INCOME					
Less than \$15,000	119	11.3	8.2	8.7	71.8
\$15,000-\$24,999	109	5.0	8.4	15.3	71.2
\$25,000-\$34,999	113	7.2	6.5	10.9	75.4
\$35,000-\$49,999	195	17.3	6.3	6.7	69.7
\$50,000-\$74,999	305	6.6	12.2	5.3	75.9
\$75,000 and over	1295	13.2	9.1	10.7	67.0
WARD					
Ward 1	225	13.1	11.2	14.1	61.5
Ward 2	244	12.2	7.9	6.4	73.5
Ward 3	514	10.9	6.9	9.1	73.1
Ward 4	247	12.4	7.3	4.7	75.7
Ward 5	160	12.8	7.5	5.8	73.9
Ward 6	250	12.6	7.0	3.3	77.1
Ward 7	128	4.3	4.4	12.0	79.2
Ward 8	107	5.1	4.6	7.7	82.6

Table 24. Largest Number of Alcoholic Drinks Consumed, by Demographics and Ward
 “During the past 30 days, on the days when you drank about how many drinks did you drink on the average?”

	N	One Drink	Two to Three Drinks	Four or More Drinks
TOTAL	2329	41.5	48.2	10.3
GENDER				
Male	1026	32.4	51.3	16.3
Female	1303	51.6	44.8	3.5
AGE				
18-24	56	16.0	52.1	31.9
25-34	356	33.6	54.8	11.6
35-44	451	46.0	46.7	7.3
45-54	428	47.6	44.0	8.5
55-64	526	48.7	46.3	5.0
65+	512	61.9	34.9	3.2
RACE				
Caucasian	1438	41.4	50.7	7.8
African American	626	41.1	44.9	14.0
Asian	56	51.1	34.5	14.4
Other	66	31.6	57.0	11.4
Hispanic	99	44.1	38.8	17.1
EDUCATION				
Less than High School	61	39.2	44.9	16.0
High School Graduate	195	32.5	47.0	20.5
Some College	279	40.6	46.5	12.9
College Graduate	1790	43.0	48.7	8.3
INCOME				
Less than \$15,000	117	37.1	52.3	10.6
\$15,000-\$24,999	110	30.5	53.6	15.9
\$25,000-\$34,999	110	33.3	36.9	29.9
\$35,000-\$49,999	195	36.2	57.9	5.9
\$50,000-\$74,999	305	47.3	42.3	10.3
\$75,000 and over	1290	41.6	49.3	9.1
WARD				
Ward 1	222	42.2	44.8	13.0
Ward 2	242	39.2	55.4	5.5
Ward 3	513	46.6	45.7	7.7
Ward 4	249	55.0	34.8	10.1
Ward 5	160	38.4	55.7	5.9
Ward 6	248	47.0	43.4	9.5
Ward 7	129	41.6	49.5	9.0
Ward 8	107	38.3	54.9	6.8

TOBACCO USE

Healthy People 2010 Objectives

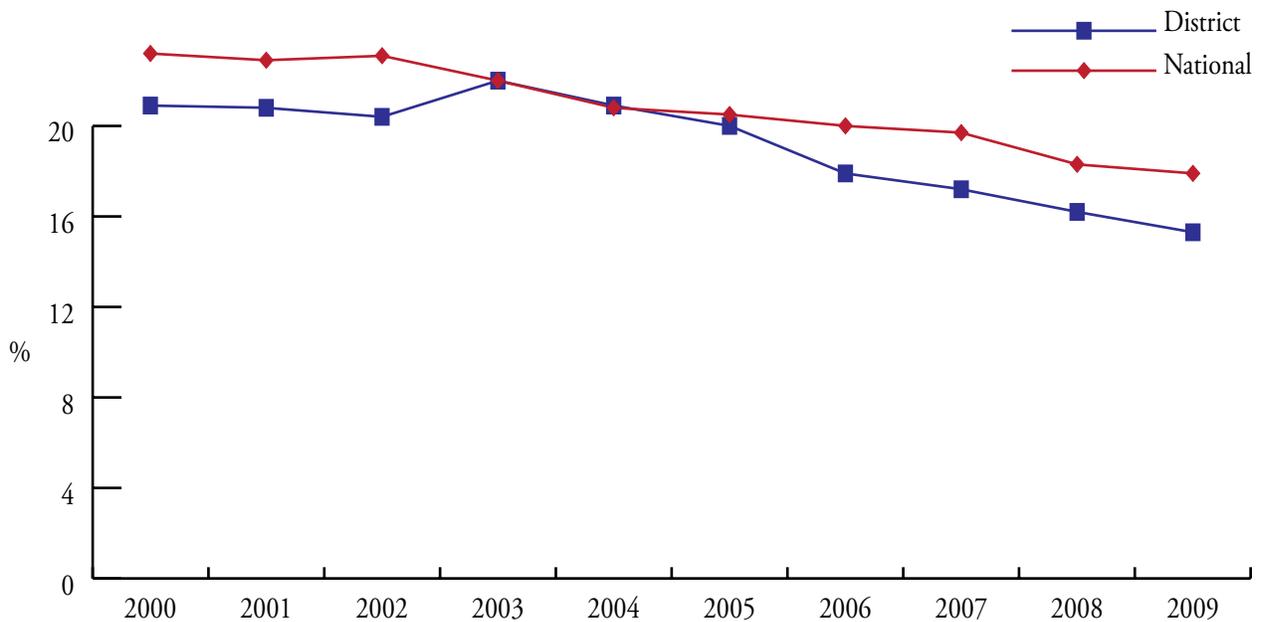
- **Goal Not Met:** Reduce cigarette smoking by adults to 12%; **the District rate is 15%.**
- **Goal Not Met:** Increase smoking cessation attempts by adult smoker to 75% (who stopped smoking for one day or longer in the past year because they were trying to quit); **the District rate is 64.6%.**

In the United States, tobacco use is responsible for about one in five deaths annually (i.e., about 443,000 deaths per year, and an estimated 49,000 of these tobacco-related deaths are the result of secondhand smoke exposure).¹

On average, smokers die 13 to 14 years earlier than nonsmokers. Tobacco use harms nearly every organ of the body, causing many diseases and affecting the health of smokers in general. For nonsmokers, breathing secondhand smoke has immediate harmful effects on the cardiovascular system that can increase the risk for a heart attack.²

On June 22, 2009, President Obama signed legislation granting the Food and Drug Administration (FDA) the authority to regulate the content, marketing and sales of tobacco products,” this change was to prevent young people from starting to smoke, eliminate exposure to secondhand smoke, promote quitting among young people and adults and identifying and eliminating tobacco-related health disparities.³

Figure 7. Percentage of Adults who are Current Smokers



District respondents were asked if they currently smoke (smoked at least 100 cigarettes in their entire life and now smoke every or some days (Table 25). Overall, 15% of District adults were current smokers compared to 18% nationally (Figure 7).

- Males were more likely than females to be current smokers; 16% versus 15%, respectively.
- Adults aged 65 and older were less likely than all other age groups to be current smokers, at 9%
- African Americans were more likely than all other race/ethnic groups to be current smokers, at 22%.
- College graduates were less likely than all other education subgroups to be current smokers, at 9%.
- As household income decreased, the percentage of cigarette smokers increased
- Adults residing in Wards 7 and 8 were more likely than all other wards to be current smokers, at 24%.

District respondents were asked if during the past 12 months, if they have stopped smoking for one day or longer because they were trying to quit smoking (Table 25). Overall, 65% of current smokers tried to quit smoking during the past year.

- Females were more likely than males to try to quit smoking in the past 12 months; 66% versus 63% respectively.
- As age increased, the percentage of adults that tried to quit smoking decreased.
- African Americans were more likely than Caucasians to try to quit smoking; 73% versus 49%, respectively.
- Adult smokers with less than a high school diploma were more likely than all other education subgroups to try to quit smoking, at 80%.
- Adult households with an income of less than \$15,000 were more likely than all other income subgroups to try to quit smoking, at 76%.
- Adult smokers residing in Ward 6 were more likely to try to quit smoking than adults residing in all other wards, at 78%.

District respondents were asked if they currently use chewing tobacco, snuff every day, some days or not at all (Table 26). Overall, 1% indicated that they currently use chewing tobacco, snuff or snus every day.

- Females were slightly more than males to currently use chewing tobacco, snuff or snus every day. (1% versus less than 1%) respectively.



- Adults aged 25- 65 and older were slightly similar to currently use chewing tobacco, snuff or snus every day, at less than 1%.
- District respondents of race/ethnic group Other were more likely than all other race/ethnic groups to currently use chewing tobacco, snuff or snus every day, at 2%.
- Adults with less than a high school education and high school graduates were more likely to currently use chewing tobacco, snuff or snus every day than any other education subgroup, at 1%.
- Adults with a household income of less than \$15,000 were more likely than all other income subgroups to currently use chewing tobacco, snuff or snus every day, at 2%.
- Adults residing in Wards 1 and 7 were more likely than all other wards to currently use chewing tobacco, snuff or snus every day, at 1%.

District respondents were asked if they now smoke cigarettes every day, some days, or not at all (Table 27). Overall, 23% indicated that they smoke cigarettes every day.

- Females were slightly more likely than males to indicate that they smoke every day, (24% versus 23%) respectively.
- Adults aged 25-34 were more likely than all other age groups to indicate that they smoke every day, at 33%.
- African Americans were more likely than all race/ethnic groups to indicate that they smoke every day, at 36%.
- Adults with less than a high school education were more likely than all other education subgroups to indicate that they smoke every day, at 46%.
- Adults with a household income of less than \$15,000 were more likely than all other income subgroups to indicate that they smoke every day, at 43%.
- Adults residing in Ward 7 were more likely than all other wards to indicate that they smoke every day, at 45%.

District respondents were asked their smoking status (Table 28). Overall, 9% indicated that they smoke every day, while 24% indicated that they are former smokers.

- Males were more likely than females to be former smokers (26.7% versus 22%) respectively.
- Adults aged 65 and older were more likely than all other age groups to be former smokers (41%).
- Caucasians were more likely than any other race/ethnic groups to be former smokers, at 29%.

- College graduates were more likely than all other education subgroups to be former smokers, at 26%.
- Adult households with an income of \$75,000 or more were more likely than all other income subgroups to be former smokers, at 29%.
- Adults residing in Ward 3 were more likely than all other wards to be former smokers, at 34%.

¹ CDC- Adult Cigarettes Smoking in the United States - http://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm. Accessed June 7, 2011

² CDC - Smoking and Tobacco Use - Basic Information - http://www.cdc.gov/tobacco/basic_information/index.htm. Accessed June 7, 2011

³ FDA US Food and Drug Administration - Does FDA have the Authority to Regulate Tobacco Produce? - <http://www.fda.gov/AboutFDA/Transparency/Basics/ucm194423.htm>

Table 25. Current Smokers and Quit Attempts, by Demographics and Ward

“Currently Smoke” is a calculated variable equal to respondents who smoked at least 100 cigarettes in their life and now smoke every day or some days. “Tried to Quit” equals respondents answering yes to: “During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?”

	N	Current Smoker		Tried to Quit Smoking in Past Year	
		Yes	N	Yes	
TOTAL	3875	15.3	554	64.6	
GENDER					
Male	1496	15.8	210	63.1	
Female	2379	14.8	344	66.0	
AGE					
18-24	91	18.1	18	*	
25-34	456	15.8	67	69.5	
35-44	624	15.2	92	62.2	
45-54	723	19.1	142	64.0	
55-64	894	15.0	139	58.7	
65+	1087	8.9	96	56.7	
RACE					
Caucasian	1805	10.0	154	48.8	
African American	1622	22.1	337	73.0	
Asian	88	7.8	7	*	
Other	122	16.3	22	*	
Hispanic	152	12.8	18	*	
EDUCATION					
Less than High School	259	31.5	76	80.1	
High School Graduate	629	27.6	161	63.9	
Some College	585	22.7	121	61.2	
College Graduate	2390	8.6	196	62.4	
INCOME					
Less than \$15,000	356	35.8	118	73.9	
\$15,000-\$24,999	359	28.0	92	56.4	
\$25,000-\$34,999	287	19.0	54	75.9	
\$35,000-\$49,999	355	19.2	70	63.5	
\$50,000-\$74,999	451	16.8	62	63.0	
\$75,000 and over	1596	7.7	111	59.9	
WARD					
Ward 1	313	13.8	43	*	
Ward 2	336	10.4	36	*	
Ward 3	653	8.0	40	*	
Ward 4	463	11.8	57	59.8	
Ward 5	369	17.1	63	70.6	
Ward 6	383	16.2	56	78.2	
Ward 7	343	24.4	69	67.2	
Ward 8	309	23.9	89	71.8	

*Data not presented if the unweighted cell size was < 50.

Table 26. Smokeless Tobacco Products by, Demographics and Ward
 “Do you currently use chewing tobacco, snuff or snus every day, some days or not at all?”

	N	Every Day	Some Days	Not At all
TOTAL	3901	0.5	1.1	98.5
GENDER				
Male	1503	0.7	1.2	98.0
Female	2398	0.2	1.0	98.8
AGE				
18-24	91	0	2.6	97.4
25-34	458	0.5	1.5	98.0
35-44	627	0.5	0.6	98.9
45-54	731	0.4	1.0	98.6
55-64	901	0.4	1.0	98.6
65+	1093	0.5	0.4	99.2
RACE				
Caucasian	1816	0.3	0.9	98.8
African American	1633	0.6	1.3	98.1
Asian	88	0	2.9	97.1
Other	122	1.5	0.9	97.6
Hispanic	154	0	0.8	99.2
EDUCATION				
Less than High School	263	1.2	1.8	97.1
High School Graduate	633	0.9	0.8	98.4
Some College	587	0.2	1.5	98.3
College Graduate	2406	0.3	1.0	98.7
INCOME				
Less than \$15,000	359	2.0	0.3	97.8
\$15,000-\$24,999	360	0.3	0.5	99.3
\$25,000-\$34,999	289	0.1	0.8	99.1
\$35,000-\$49,999	359	0.4	3.5	96.1
\$50,000-\$74,999	452	0	1.0	99.0
\$75,000 and over	1606	0.5	1.0	98.6
WARD				
Ward 1	315	0.9	2.3	96.8
Ward 2	337	0.4	0	99.6
Ward 3	656	0	2.3	97.7
Ward 4	464	0	0.4	99.6
Ward 5	371	0.2	4.2	95.6
Ward 6	387	0	0.7	99.3
Ward 7	345	0.9	0.1	99.0
Ward 8	312	0.4	0.3	99.4

Table 27. Current Smoking Status by, Demographics and Ward
 “Do you now smoke cigarettes every day, some days, or not at all?”

	N	Every Day	Some Days	Not at All
TOTAL	1728	23.0	15.7	61.3
GENDER				
Male	707	22.5	14.7	62.8
Female	1021	23.5	16.7	59.8
AGE				
18-24	26	*	*	*
25-34	142	32.5	17.2	50.3
35-44	203	22.9	23.0	54.1
45-54	350	24.0	15.0	61.0
55-64	462	20.2	10.0	69.8
65+	545	10.5	7.3	82.2
RACE				
Caucasian	792	13.2	12.1	74.6
African American	754	35.6	18.2	46.2
Asian	24	*	*	*
Other	57	18.1	22.4	59.5
Hispanic	52	22.9	19.8	57.3
EDUCATION				
Less than High School	147	46.4	12.9	40.7
High School Graduate	313	34.3	27.7	37.9
Some College	302	33.5	14.6	52.0
College Graduate	964	12.5	12.2	75.4
INCOME				
Less than \$15,000	199	43.1	25.4	31.5
\$15,000-\$24,999	187	35.7	22.9	41.3
\$25,000-\$34,999	137	31.6	18.7	49.8
\$35,000-\$49,999	153	28.3	25.7	46.0
\$50,000-\$74,999	220	25.1	13.1	61.7
\$75,000 and over	666	10.3	10.5	79.1
WARD				
Ward 1	135	17.8	17.5	64.7
Ward 2	147	14.5	11.8	73.7
Ward 3	299	12.6	6.4	81.0
Ward 4	193	20.6	12.5	66.9
Ward 5	167	24.6	18.9	56.5
Ward 6	184	22.8	16.8	60.4
Ward 7	153	44.8	12.8	42.5
Ward 8	161	35.6	23.7	40.6

*Data not presented if the unweighted cell size was < 50.

Table 28. Smoking Status by, Demographics and Ward
 “Smoking Status?”

	N	Now Smoke Every Day	Some Days	Former Smoker	Never Smoked
TOTAL	3875	9.1	6.2	24.2	60.6
GENDER					
Male	1496	9.6	6.2	26.7	57.5
Female	2379	8.6	6.1	22.0	63.2
AGE					
18-24	91	8.0	10.1	7.2	74.7
25-34	456	10.4	5.5	16.0	68.1
35-44	624	7.6	7.6	17.9	67.0
45-54	723	11.7	7.3	29.8	51.1
55-64	894	10.0	5.0	34.7	50.3
65+	1087	5.2	3.6	40.9	50.2
RACE					
Caucasian	1805	5.2	4.8	29.3	60.7
African American	1622	14.6	7.5	19.0	58.9
Asian	88	1.2	6.6	18.4	73.8
Other	122	7.3	9.0	24.1	59.6
Hispanic	152	6.9	6.0	17.2	69.9
EDUCATION					
Less than High School	259	24.7	6.8	21.6	46.9
High School Graduate	629	15.3	12.3	16.9	55.5
Some College	585	15.8	6.9	24.6	52.7
College Graduate	2390	4.4	4.3	26.4	65.0
INCOME					
Less than \$15,000	356	22.5	13.3	16.4	47.8
\$15,000-\$24,999	359	17.1	11.0	19.7	52.2
\$25,000-\$34,999	287	12.5	7.4	19.7	60.5
\$35,000-\$49,999	355	10.1	9.1	16.4	64.4
\$50,000-\$74,999	451	11.0	5.8	27.1	56.2
\$75,000 and over	1596	3.8	3.9	29.0	63.3
WARD					
Ward 1	313	7.0	6.9	25.3	60.9
Ward 2	336	5.7	4.7	29.3	60.3
Ward 3	653	5.3	2.7	34.3	57.6
Ward 4	463	7.3	4.4	23.8	64.4
Ward 5	369	9.7	7.4	22.2	60.8
Ward 6	383	9.3	6.9	24.6	59.2
Ward 7	343	19.0	5.4	18.0	57.6
Ward 8	309	14.4	9.6	16.4	59.7



Preventive Behaviors



CHOLESTEROL AWARENESS

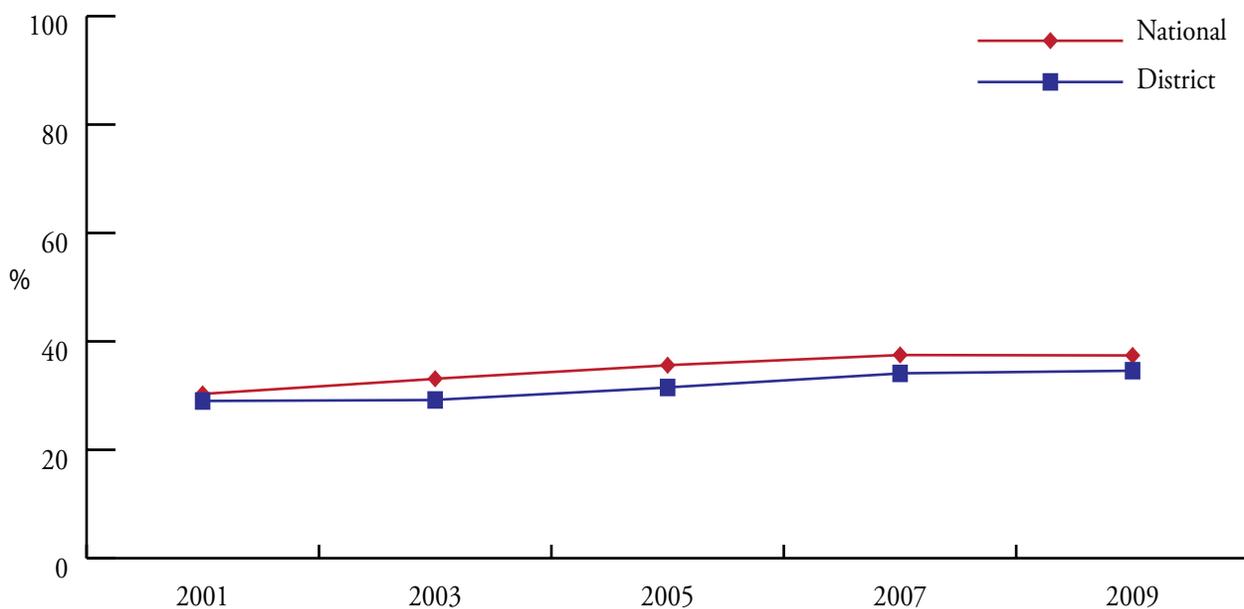
Healthy People 2010 Objective

- **Goal Attained:** Increase the proportion of adults who have had their blood cholesterol checked within the preceding five years to 80%; **the District's rate is 97%.**

Having high blood cholesterol puts you at risk for heart disease, the leading cause of death in the United States. About 1 of every 6 adult Americans has high blood cholesterol.¹

Cholesterol is a waxy, fat-like substance that your body needs. However, when you have too much in your blood, it can build up on the walls of your arteries and lead to heart disease and stroke. There are no symptoms for high cholesterol. Many people have never had their cholesterol checked, so they don't know they're at risk. A simple blood test can tell you your level. The good news is that there are steps you can take to prevent high cholesterol or to reduce your levels if they are high.¹

Figure 8. Percentage of Adults who have been told their blood cholesterol was high



District respondents were asked if they had ever been diagnosed with high blood cholesterol (Table 29). Overall, 35% of District residents were diagnosed with high blood cholesterol, compared to 37% nationally (Figure 8).

- Males were slightly more likely than females to have high blood cholesterol; 36% versus 33%, respectively.
- Adults aged 18-24 were less likely than all other age groups to have high blood cholesterol, at 9%.

- Asians were more likely than all other race/ethnic groups to have high cholesterol, at 39%.
- Adults with less than a high school education were more likely than all education subgroups to have high cholesterol, at 46.5%.
- Adult households with an income of less than \$15,000 were more likely than all income subgroups to have high cholesterol, at 49%.
- Adults who reside in Ward 4 were more likely than all other wards to have high cholesterol, at 40%.

Blood Cholesterol is a fatty substance found in the blood, District resident respondents were asked if they had ever had their blood cholesterol checked (Table 30). Overall, 88% responded that they have had their blood cholesterol checked.

- Females were more likely than males to have had their blood cholesterol checked; 89% versus 87% respectively.
- As age increased, so did the likelihood that adults had their blood cholesterol checked.
- African Americans were less likely than adults of all other race/ethnic groups to have their blood cholesterol checked, at 84%.
- College graduates were more likely than all other education subgroups to have their blood cholesterol checked, at 92%.
- Adult respondents who reside in Ward 8 were less likely than all other wards to have their blood cholesterol checked, at 82%.

District respondents were asked about how long has it been since they last had their blood cholesterol checked (Table 31). Overall, 74% indicated they had their cholesterol checked within the past year, 15% had their cholesterol checked within the past two years, 8% had their cholesterol checked within the past three years and 3% had their cholesterol checked five or more years ago.

- Females were more likely than males to have had their cholesterol checked within the past year, 75% versus 73% respectively.
- Adults aged 65 and older were more likely than all other age groups to have had their cholesterol checked within the past year, at 90%.
- African Americans were more likely than all other race/ethnic groups to have had their cholesterol checked within the past year, at 85%.
- Adults with less than a high school education were more likely than all other education subgroups to have had their cholesterol checked within the past year, at 91%.
- Adult households with an income of less than \$15,000 and \$25,000-\$34,999 were more likely

than all other income subgroups to have had their cholesterol checked within the past year, at 84%.

- Adults residing in Wards 7 and 8 were both more likely than all other wards to have had their cholesterol checked within the past year 84% and 85% respectively.

¹ CDC - Cholesterol <http://www.cdc.gov/cholesterol/> . Accessed February 28, 2011

Table 29. High Blood Cholesterol, by Demographics and Ward

“Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?”

	N	Yes	No
TOTAL	3495	34.6	65.4
GENDER			
Male	1335	36.0	64.0
Female	2160	33.3	66.7
AGE			
18-24	50	9.1	90.9
25-34	359	23.2	76.8
35-44	571	26.3	73.7
45-54	663	37.0	63.0
55-64	839	51.9	48.1
65+	1013	52.5	47.5
RACE			
Caucasian	1684	33.8	66.2
African American	1409	36.1	63.9
Asian	77	38.8	61.2
Other	108	28.7	71.3
Hispanic	136	32.0	68.0
EDUCATION			
Less than High School	209	46.5	53.5
High School Graduate	529	36.4	63.6
Some College	517	32.1	67.9
College Graduate	2230	33.7	66.3
INCOME			
Less than \$15,000	296	48.9	51.1
\$15,000-\$24,999	308	37.2	62.8
\$25,000-\$34,999	244	33.4	66.6
\$35,000-\$49,999	324	29.0	71.0
\$50,000-\$74,999	409	35.8	64.2
\$75,000 and over	1511	33.5	66.5
WARD			
Ward 1	284	29.0	71.0
Ward 2	319	35.7	64.3
Ward 3	616	38.8	61.2
Ward 4	415	40.0	60.0
Ward 5	334	35.9	64.1
Ward 6	360	35.1	64.9
Ward 7	296	33.5	66.5
Ward 8	266	32.1	67.9

Table 30. Blood Cholesterol Test, by Demographics and Ward

“Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked?”

	N	Yes	No
TOTAL	3819	88.1	11.9
GENDER			
Male	1474	87.0	13.0
Female	2345	89.0	11.0
AGE			
18-24	77	67.2	32.8
25-34	437	80.6	19.4
35-44	618	92.7	7.3
45-54	722	92.3	7.7
55-64	892	95.0	5.0
65+	1073	95.2	4.8
RACE			
Caucasian	1783	91.6	8.4
African American	1594	84.2	15.8
Asian	87	89.3	10.7
Other	120	86.5	13.5
Hispanic	151	85.3	14.7
EDUCATION			
Less than High School	256	78.2	21.8
High School Graduate	614	82.0	18.0
Some College	570	86.6	13.4
College Graduate	2368	90.9	9.1
INCOME			
Less than \$15,000	350	80.8	19.2
\$15,000-\$24,999	351	81.6	18.4
\$25,000-\$34,999	282	80.1	19.9
\$35,000-\$49,999	351	90.7	9.3
\$50,000-\$74,999	444	89.6	10.4
\$75,000 and over	1586	91.7	8.3
WARD			
Ward 1	311	89.3	10.7
Ward 2	333	94.0	6.0
Ward 3	644	93.6	6.4
Ward 4	451	89.2	10.8
Ward 5	366	89.6	10.4
Ward 6	384	89.6	10.4
Ward 7	334	86.8	13.2
Ward 8	305	81.6	18.4

Table 31. Time Since Last Cholesterol Test, by Demographics and Ward
 “About how long has it been since you last had your blood cholesterol checked?”

	N	Within the past year	Within the past 2 years	Within the past 3 years	5 or more years ago
TOTAL	3472	73.8	15.2	8.0	3.0
GENDER					
Male	1326	73.0	15.0	8.5	3.5
Female	2146	74.5	15.3	7.7	2.6
AGE					
18-24	48	*	*	*	*
25-34	357	62.5	20.7	11.9	4.9
35-44	570	64.0	20.2	11.8	4.0
45-54	658	75.0	16.4	6.7	1.8
55-64	841	83.2	10.0	4.9	1.9
65+	998	90.2	6.4	2.2	1.2
RACE					
Caucasian	1678	65.6	20.0	10.0	4.5
African American	1395	84.8	9.0	5.0	1.2
Asian	77	67.8	18.0	10.7	3.5
Other	107	68.5	22.2	7.9	1.4
Hispanic	135	75.1	11.7	9.4	3.8
EDUCATION					
Less than High School	208	91.0	7.9	0.3	0.9
High School Graduate	524	83.8	10.9	2.9	2.4
Some College	507	78.5	12.1	5.9	3.5
College Graduate	2225	69.0	17.4	10.4	3.2
INCOME					
Less than \$15,000	292	83.8	8.5	4.1	3.6
\$15,000-\$24,999	307	81.8	10.7	4.4	3.0
\$25,000-\$34,999	240	84.1	11.0	3.4	1.4
\$35,000-\$49,999	321	81.5	10.2	5.1	3.3
\$50,000-\$74,999	408	68.5	17.3	10.8	3.4
\$75,000 and over	1507	68.2	18.4	10.1	3.3
WARD					
Ward 1	282	72.8	16.1	6.6	4.6
Ward 2	317	69.5	15.2	11.4	3.9
Ward 3	614	71.1	16.5	9.2	3.2
Ward 4	413	71.0	14.3	11.2	3.4
Ward 5	331	81.4	11.3	5.0	2.3
Ward 6	356	74.5	14.6	9.4	1.5
Ward 7	293	84.3	11.8	3.8	0
Ward 8	264	84.6	11.7	2.2	1.6

*Data not presented if the unweighted cell size was < 50.

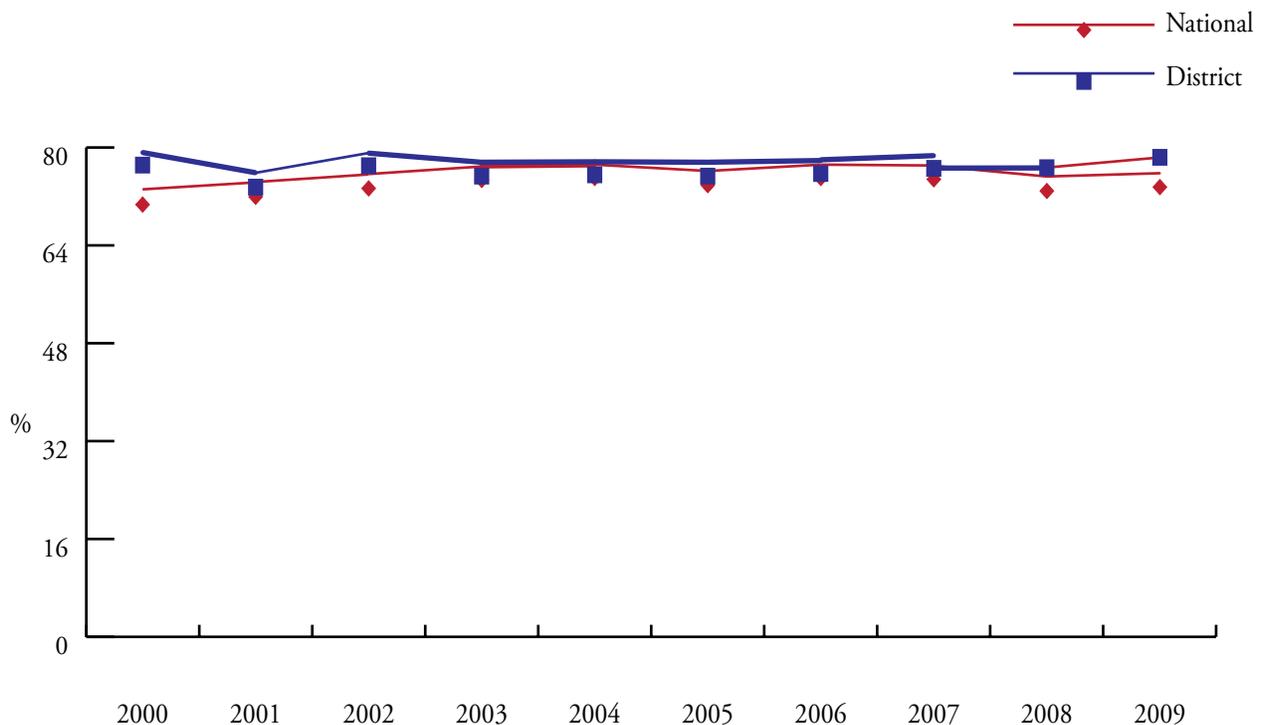
EXERCISE AND PHYSICAL ACTIVITY

Healthy People Objectives:

- **Goal Attained:** Reduce the proportion of adults who engage in no leisure-time physical activity to 20%; **the District's rate is 19.6%.**

Regular physical activity helps improve ones overall health and fitness. Fitting regular exercise into ones daily schedule may seem difficult; however, with exercise and a well balanced diet one can decrease their risk for many chronic diseases including heart disease, colon cancer, diabetes and high blood pressure.¹

Figure 9. Percentage of Adults Exercising in Past Month



District respondents were asked if during the past month, other than their regular job, did they participate in any physical activities or exercise such as running, calisthenics, golf, gardening, or walking for exercise (Table 32). Overall, 80% responded that during the past month, other than their regular job, they participated in physical activities or exercise such as running, calisthenics, golf gardening, or walking for exercise, compared 76% nationally (Figure 9).

- Males were more likely than females to participate in some form of physical activity within the past month (85% versus 77% respectively).
- Adults aged 25-34 were more likely than all other age groups to participate in some form of physical activity within the past month, at 84%.

- Caucasians were more likely than any other race/ethnic groups to participate in some form of physical activity during the past month, at 92%.
- College graduates were more likely than all other education subgroups to participate in some form of physical activity during the past month, at 89%.
- Adults with a household income of \$75,000 or more were more likely than all other education subgroups to participate in some form of physical activity, at 91%.
- Adults who reside in Ward 3 were more likely than all other wards to participate in some form of physical activity during the past month, at 92%.

District respondents were asked about their participation in moderate physical activity. Overall, 87% indicated that they participated in moderate physical activities (Table 33).

- Males were more than females to participate in moderate physical activity, 89% versus 86% respectively.
- Adults aged 35-44 were more likely than all other age groups to participate in moderate physical activity, at 92%.
- Caucasians were more likely than all other race/ethnic groups to participate in moderate physical activity, at 94%.
- College graduates were more likely than all other education subgroups to participate in moderate physical activity, at 92%.
- Adults with a household income of \$75,000 or more were more likely than all other income subgroups to participate in moderate physical activity, at 92%.
- Adults residing in Wards 2 and 3 were more likely than all other wards to participate in moderate physical activity, 94%-93% respectively.

District respondents were asked about their participation in vigorous physical activity (Table 33). Overall, 57% indicated that they participated in vigorous physical activities.

- Males were more likely than females to participate in vigorous physical activities; 67% versus 48% respectively.
- Adults age 25-34 were more likely than all other age groups to participate in vigorous physical activities, at 69%.
- Caucasians were more likely than all other race/ethnic groups to participate in vigorous physical activities, at 69%
- College graduates were more likely than all other education subgroups to participate in vigorous physical activities, at 67%.

- Adults with a household income of \$75,000 or more were more likely than all other income subgroups to participate in vigorous physical activities, at 70%.
- Adults residing in Wards 2 and 3 were more likely than all other wards to participate in vigorous physical activities, 64%-65% respectively.

District respondents were asked how many days per week did they engage in moderate activities for at least 10 minutes at a time at recommended levels. Overall, 39% of District respondents indicated that they meet requirements for moderate physical activity (Table 34).

- Males were more likely than females to meet requirements for moderate physical activity, 40% versus 38% respectively.
- Adults aged 45-54 were more likely than all other age groups to meet requirements for moderate physical activity, at 42%.
- Caucasians were more likely than all other race/ethnic groups to meet requirements for moderate physical activity, at 50%.
- College graduates were more likely than all other education subgroups to meet requirements for moderate physical activity, at 44%.
- Adults with a household income of \$75,000 or more were more likely than all income subgroups to meet requirements for moderate physical activity, at 44%.
- Adults residing in Ward 2 were more likely than all other wards to meet requirements for moderate physical activity, at 52%.

District respondents were asked how many days per week they participated in vigorous activities for at least 10 minutes at a time, combined with days they participated in vigorous activities for at least 10 minutes at a time, how much total time per day did they spend doing these activities (Table 35). Overall, 34% indicated that they met recommendations for vigorous physical activity.

- Male were more likely than females to meet recommendations for vigorous physical activities, 41% versus 28% respectively.
- Adults aged 25-44 were more likely than all other age groups to meet recommendations for vigorous physical activities, at 42%.
- Caucasians were more likely than all other race/ethnic groups to meet recommendations for vigorous physical activities, at 44%.
- As education increased so did the likelihood of respondents meeting recommendations for vigorous physical activities.
- Adults with a household income of \$75,000 or more were more likely than all other income subgroups to meet recommendations for vigorous physical activities, at 44%.

- Adults residing in Wards 1, 2 and 3 were more likely than all other wards to meet recommendations for vigorous physical activities, prevalence of 40%-41%.

District respondents were asked when they are at work, which of the following best describes what they do (Table 36). Overall, 83% indicated when at work they do mostly sitting or standing.

- Females were more likely than males to indicate that when at work they do mostly sitting or standing, 85% versus 81% respectively.
- Adults aged 65 and older were more likely than all other age groups to indicate that when at work they do mostly sitting or standing, at 93%.
- Caucasians were more likely than any other race/ethnic groups to indicate that when at work they do mostly sitting or standing, at 92%.
- College graduates were more likely than all other education subgroups to indicate that when at work they do mostly sitting or standing, at 90%.
- As household income increased, so did the likelihood of adults to have indicated that when at work they do mostly sitting or standing.
- Adults residing in Ward 2 were more likely than all other wards to indicate that when at work they do mostly sitting or standing, at 91%.

¹ CDC - Physical Activity for Everyone <http://www.cdc.gov/physicalactivity/everyone/guidelines/index.html> . Accessed March 9, 2011

Table 32. Exercise, by Demographics and Ward

“During the past month, other than your regular job, did you participate in any physical activities or exercise such as running, calisthenics, golf, gardening, or walking for exercise?”

	N	Yes	No
TOTAL	3898	80.4	19.6
GENDER			
Male	1501	84.5	15.5
Female	2397	76.8	23.2
AGE			
18-24	91	77.1	22.9
25-34	457	84.0	16.0
35-44	628	82.2	17.8
45-54	731	81.3	18.7
55-64	900	80.1	19.9
65+	1091	72.2	27.8
RACE			
Caucasian	1816	91.9	8.1
African American	1631	67.3	32.7
Asian	88	86.2	13.8
Other	121	82.6	17.4
Hispanic	154	72.8	27.2
EDUCATION			
Less than High School	261	62.4	37.6
High School Graduate	634	60.9	39.1
Some College	585	73.0	27.0
College Graduate	2406	89.2	10.8
INCOME			
Less than \$15,000	357	58.8	41.2
\$15,000-\$24,999	358	66.6	33.4
\$25,000-\$34,999	288	64.7	35.3
\$35,000-\$49,999	359	75.1	24.9
\$50,000-\$74,999	452	84.6	15.4
\$75,000 and over	1605	90.8	9.2
WARD			
Ward 1	315	84.5	15.5
Ward 2	334	85.7	14.3
Ward 3	655	92.3	7.7
Ward 4	465	76.1	23.9
Ward 5	371	73.9	26.1
Ward 6	387	83.8	16.2
Ward 7	346	69.6	30.4
Ward 8	311	63.6	36.4

Table 33. Participation in Moderate and Vigorous Physical Activity, by Demographics and Ward

“Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate. Now, thinking about the moderate activities you do when you are not working, if employed or self employed in a usual week do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?” and “Now, thinking about the vigorous activities you do, when not working if employed or self-employed in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?”

	N	Moderate Physical Activity	N	Vigorous Physical Activity
		Yes		Yes
TOTAL	3696	87.3	3673	56.8
GENDER				
Male	1435	89.3	1428	67.2
Female	2261	85.5	2245	47.6
AGE				
18-24	85	84.2	84	62.7
25-34	434	89.7	430	68.9
35-44	602	91.9	599	65.2
45-54	693	87.4	691	54.7
55-64	859	88.6	851	48.8
65+	1023	77.3	1018	29.6
RACE				
Caucasian	1760	94.0	1757	68.6
African American	1516	79.4	1501	43.0
Asian	85	89.4	85	68.2
Other	109	91.1	107	59.2
Hispanic	143	80.6	140	45.6
EDUCATION				
Less than High School	239	63.9	238	26.2
High School Graduate	576	79.1	568	39.4
Some College	548	83.0	541	45.8
College Graduate	2323	92.4	2316	66.5
INCOME				
Less than \$15,000	332	74.9	328	27.1
\$15,000-\$24,999	337	75.7	332	38.3
\$25,000-\$34,999	266	83.5	266	38.5
\$35,000-\$49,999	344	86.1	340	51.0
\$50,000-\$74,999	432	89.9	430	60.3
\$75,000 and over	1555	92.3	1549	70.1
WARD				
Ward 1	303	92.2	303	61.8
Ward 2	321	93.6	320	64.0
Ward 3	638	93.4	637	64.9
Ward 4	441	81.7	434	51.3
Ward 5	344	81.4	343	48.0
Ward 6	375	91.4	375	62.5
Ward 7	322	82.0	319	43.6
Ward 8	282	76.6	278	36.1

Table 34. Participation at Recommended Levels for Moderate Activities, by Demographics and Ward

“How many days per week do you do these moderate activities for at least 10 minutes at a time?” combines with “On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?”

	N	Meets Requirements for Moderate Physical Activity	Insufficient Activity to Meet Moderate Recommendation	No Moderate Physical Activity
TOTAL	3580	38.9	47.9	13.1
GENDER				
Male	1403	39.9	49.2	10.9
Female	2177	38.0	46.8	15.1
AGE				
18-24	85	37.9	46.4	15.8
25-34	430	39.8	49.6	10.6
35-44	590	40.1	51.7	8.2
45-54	670	41.7	45.0	13.3
55-64	838	38.3	49.7	11.9
65+	967	33.7	42.2	24.1
RACE				
Caucasian	1725	49.7	44.1	6.2
African American	1453	26.8	51.8	21.4
Asian	80	32.7	55.7	11.6
Other	104	38.4	52.4	9.2
Hispanic	140	32.2	48.1	19.6
EDUCATION				
Less than High School	218	29.7	31.4	38.9
High School Graduate	547	28.9	49.5	21.6
Some College	528	32.1	50.2	17.7
College Graduate	2277	43.8	48.4	7.9
INCOME				
Less than \$15,000	314	30.3	43.5	26.1
\$15,000-\$24,999	325	30.7	44.0	25.3
\$25,000-\$34,999	254	28.8	54.3	16.9
\$35,000-\$49,999	340	34.3	51.7	14.0
\$50,000-\$74,999	422	39.5	49.9	10.6
\$75,000 and over	1530	44.3	47.7	7.9
WARD				
Ward 1	293	45.3	46.7	8.0
Ward 2	318	51.5	42.0	6.4
Ward 3	621	44.7	48.4	6.9
Ward 4	430	29.9	51.2	18.9
Ward 5	333	31.4	48.6	20.0
Ward 6	364	46.0	45.2	8.8
Ward 7	309	25.2	56.4	18.5
Ward 8	268	29.9	45.8	24.3

Table 35. Participation at Recommended Levels for Vigorous Activities, by Demographics and Ward

“How many days per week do you do these vigorous activities for at least 10 minutes at a time?” combines with “On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?”

	N	Meets Recommendations for Vigorous Physical Activity	Insufficient Activity to Meet Vigorous Recommendations	No Vigorous Physical Activity
TOTAL	3646	34.1	22.4	43.6
GENDER				
Male	1422	41.0	25.8	33.2
Female	2224	27.8	19.3	52.8
AGE				
18-24	84	37.0	25.7	37.3
25-34	429	41.6	27.1	31.2
35-44	599	41.7	23.0	35.3
45-54	686	33.6	20.6	45.8
55-64	843	24.6	23.5	51.9
65+	1005	17.1	11.3	71.6
RACE				
Caucasian	1752	43.6	24.7	31.7
African American	1481	21.8	20.5	57.7
Asian	85	42.8	25.4	31.8
Other	107	40.6	18.7	40.8
Hispanic	139	27.1	18.3	54.6
EDUCATION				
Less than High School	237	16.6	9.0	74.3
High School Graduate	559	19.4	19.3	61.3
Some College	531	25.7	19.1	55.2
College Graduate	2309	41.3	24.9	33.8
INCOME				
Less than \$15,000	323	15.3	10.7	74.0
\$15,000-\$24,999	327	23.2	14.5	62.3
\$25,000-\$34,999	264	17.5	20.8	61.7
\$35,000-\$49,999	337	26.8	23.9	49.3
\$50,000-\$74,999	427	35.7	24.1	40.3
\$75,000 and over	1546	44.0	25.8	30.2
WARD				
Ward 1	299	41.3	20.3	38.4
Ward 2	320	40.3	23.7	36.0
Ward 3	634	40.2	24.7	35.2
Ward 4	432	22.6	28.1	49.4
Ward 5	338	26.1	21.0	52.9
Ward 6	374	38.8	23.2	37.9
Ward 7	314	19.9	22.5	57.6
Ward 8	275	24.0	11.7	64.3

Table 36. Usual Activities at Work, by Demographics and Ward

“When you are at work, which of their following best describes what you do? Would you say mostly sitting or standing, mostly walking, or mostly heavy labor or physically demanding work?”

	N	Sitting or Standing	Walking	Heavy Labor
TOTAL	2087	83.2	12.0	4.7
GENDER				
Male	897	81.4	11.2	7.5
Female	1190	85.2	13.0	1.8
AGE				
18-24	38	66.8	21.9	11.3
25-34	358	85.2	10.2	4.6
35-44	492	86.1	10.8	3.1
45-54	496	78.8	14.5	6.7
55-64	501	83.4	13.1	3.5
65+	202	92.9	7.1	0
RACE				
Caucasian	1188	92.1	6.2	1.7
African American	639	68.8	20.8	10.4
Asian	57	83.3	12.4	4.3
Other	64	83.5	16.5	0
Hispanic	96	71.7	21.0	7.4
EDUCATION				
Less than High School	35	*	*	*
High School Graduate	204	55.2	27.5	17.3
Some College	238	70.3	19.9	9.7
College Graduate	1608	90.3	7.8	1.9
INCOME				
Less than \$15,000	46	*	*	*
\$15,000-\$24,999	81	53.3	27.0	19.7
\$25,000-\$34,999	116	56.9	29.1	14.0
\$35,000-\$49,999	192	74.1	19.5	6.4
\$50,000-\$74,999	292	79.6	14.9	5.5
\$75,000 and over	1218	91.8	6.9	1.4
WARD				
Ward 1	188	86.0	13.1	0.8
Ward 2	205	91.4	7.4	1.2
Ward 3	411	88.6	9.5	2.0
Ward 4	238	76.8	17.0	6.2
Ward 5	162	76.6	15.7	7.7
Ward 6	220	89.9	8.2	2.0
Ward 7	133	65.1	19.3	15.6
Ward 8	104	69.5	22.9	7.5

*Data not presented if the unweighted cell size was < 50.

HIV / AIDS SCREENING

In 2008, CDC estimated that approximately 56,300 people were newly infected with HIV in 2006.¹ Over half (53%) of these new infections occurred in gay and bisexual men. Black/African American men and women were also strongly affected and were estimated to have an incidence rate that was 7 times as high as the incidence rate among Caucasians.¹

Respondents under the age of 65 were asked if they had ever been tested for HIV, how long it had been since they were last tested, and if the test was done via a rapid HIV test (Table 37). Seventy percent of District adults had been tested for HIV.

- There were only small differences by gender as to whether or not adults had an HIV test (females 74.6% and males 74.4%).
- Adults aged 25-34 and 35-44 were more likely than all other age subgroups to have a HIV test, at 81%.
- African Americans were more likely than all other race/ethnic groups to have a HIV test, at 81%.
- Adults with less than a high school education were more likely than all other education subgroups to have a HIV test, at 82%.
- Adults who reside in Ward 8 were more likely than residents of all other wards to have a HIV test, at 84%.

Adults who had an HIV test were asked when they had their last test (Table 38). Overall, 23.6% of adults were tested in 2009, very small differences from 2008 at 23.4%.

- There were small differences by gender as to when adults had their last HIV test.
- Adults aged 18-24 were more likely than all other age groups to have had their HIV test in 2009, at 47%.
- In 2009 African Americans were more likely than all other race/ethnic groups to have had their last HIV test in 2009, at 33%.
- Adults with some college education were more likely than all other education subgroups to have had their last HIV test in 2009, at 37%.
- Only 39% of adults with a household income of \$25,000-\$34,999 had an HIV test in 2009 .
- ** Ward levels are excluded due to small cell sizes in Ward 6, 7 and 8

Adults who had an HIV test were asked where they had their most recent test—at a private doctor or HMO, a counseling or testing site, a hospital, a clinic, at home, or somewhere else (Table 39). Over half, 50.8%, of adults had the HIV test at a private doctor's office or HMO. The next most common places to have the test were at a clinic, 22.1%, or at a hospital, at 13.8%.

- Females were more likely than males to have had their HIV test at a private doctor or HMO; 55% versus 46.5%, respectively.
- Adults aged 18-24 were less likely than all other age groups to have their HIV test at a private doctor or HMO, at 32%.
- Caucasians and adults of other race/ethnic groups were much more likely than African Americans and Hispanics to have their most recent HIV test at a private doctor's office or HMO, at 58.7%.
- As education increased, so did the likelihood that adults had their HIV test at a private doctor's office or HMO, at 30%.
- Adult households with an income of \$50,000-74,999 were more likely than all income subgroups to have had their HIV test at a private doctor's office or HMO, at 60.6%.
- Adults who reside in Ward 2 were more likely than all other wards to have their HIV test at their private doctor or HMO, at 62%.

District adults who had an HIV test were asked if the test was a rapid test (Table 40). Just over one-third, 40%, of District adults who had an HIV test had a rapid HIV test.

- Males were more likely than females to have a rapid HIV test; 41.3% versus 32.8%, respectively.
- Adults aged 18-24 were more likely than all age groups to have had a rapid test, at 49%.
- African Americans were more likely than all other race/ethnic groups to have a rapid HIV test, at 48.7%.
- Adults with less than a high school education were more likely than all other education subgroups to have rapid HIV test, at 66.3%.
- Adults with a household income of \$25,000-\$34,999 was more likely than all other income subgroups to have a rapid HIV test, at 14.2%.
- Adults who reside in Ward 8 were more likely than residents of all other wards to have a rapid HIV test, at 52.6%.

District respondents were asked to indicate if the following applied to them: have they participated in high risk activities such as using intravenous drugs in the past year, been treated for a sexually transmitted disease or given or received money or drugs in exchange for sex and anal sex without a

condom within the past year (Table 41). Overall, 8% of District respondents reported participating in high risk activities.

- Males were more likely than females to participate in high risk activities (9.9% males; 5.6% females).
- Adults aged 18-24 were more likely than all age groups to participate in high risk activities, at 12.2%.
- Hispanics were more likely than all other race/ethnic groups to participate in high risk activities, at 11.3%.
- Adults with some college education were more likely than all other education subgroups to participate high risk activities, at 12%.
- Adult households with an income of \$25,000-\$34,999 were more likely than all other income subgroups to participate in high risk activities, at 14%.
- Adults who reside in Ward 2 were more likely than all other wards to participate in high risk activities, at 12.4%.

District respondents were asked if they used a condom the last time they had sexual intercourse (Table 42). Thirty-seven percent of adults stated they used a condom the last time they had sexual intercourse.

- Males were more likely than females to use a condom the last time they had sexual intercourse; 41.7% versus 32.8%.
- Adults aged 18-24 were more likely than all other age groups to use a condom the last time they had sexual intercourse, at 72%.
- Asians were more likely than all race/ethnic groups to use a condom the last time they had sexual intercourse, at 46.9%.
- Adults with a high school education were more likely than all other education subgroups to use a condom the last time they had sexual intercourse, at 43.4%.
- Adult households with an income of less than \$15,000 were more likely than all other income subgroups to use a condom the last time they had sexual intercourse, at 47%.
- Adults who reside in Ward 8 were more likely than all other wards to use a condom the last time they had sexual intercourse at 51%.

District residents were asked if they know the HIV status of their primary partner (Table 43). Overall, 79.6% of adults know the status of their primary partner.

- Males were more likely than females to know the status of their primary partner; 81% versus 78.5% respectively.

- Adults aged 25-34 were more likely than all other age groups to know the status of their primary partner, at 88%.
- Caucasians were more likely than all other race/ethnic groups to know the status of their primary partner, at 86%.
- College graduates were more likely than all other education subgroups to know the status of their primary partner, at 86%.
- Adult households with an income of \$75,000 or more were more likely than all other income subgroups to know the status of their primary partner, at 91%.
- Residents who reside in Ward 3 were more likely than all other wards to know the status of their primary partner, at 86%.

District residents were asked if their primary partner had sex with other partners in the past 12 months (Table 44). Overall, 74% of District respondents indicated that their primary partner definitely has not had sex with other partners within the past 12 months, 4.5% reported definitely, 6% likely; 13% unlikely and 2% no partner in past 12 months.

- Females were more likely than males to indicate that their primary partner definitely had sex with other partners within the past 12 months; 4.9% versus 4.2% respectively.
- Adults aged 18-24 were more likely than all other age groups to indicate that their primary partner definitely had sex with other partners within the past 12 months, at 10%.
- Asians were more likely than all other race/ethnic groups to report that their primary partner definitely had sex with other partners within the past 12 months, at 7%.
- Adults with some college education were more likely than all other education subgroups to indicate that their primary partner definitely had sex other partners within the past 12 months, at 7%.
- Adult households with an income of less than \$15,000 were more likely than all other income subgroups to indicate that their primary partner definitely had sex with other partners within the past 12 months, at 9%.
- Adults who reside in Ward 7 were more likely than any other wards to report that their primary partner definitely had sex with other partners within the past 12 months, at 9%.

District residents were asked if they have had sex with partners other than their primary partner in the past 12 months (Table 45). Overall, 12% of District respondents reported having sex with partners other than their primary partner in the past 12 months.

- Males were more likely than females to indicate having sex with partners other than their primary partner in the past 12 months, (males 16.8% versus 8.0% females).

- Adults aged 18-24 were more likely than any other age groups to indicate they had sex with partners other than their primary partner in the past 12 months, at 40%.
- Hispanics were more likely than all other race/ethnic groups to indicate having sex with partners other than their primary partner in the past 12 months, at 16%.
- Adults with some college education were more likely than all other education subgroups to indicate they had sex with partners other than their primary partner in the past 12 months, at 19.5%.
- Adult households with an income of \$25,000-\$34,999 were more likely than all other income subgroups to indicate having sex with partners other than their primary partner in the past 12 months, at 21%.
- Adults who reside in Ward 6 were more likely than all other wards to indicate they had sex with partners other than their primary partner in the past 12 months, at 15%.

District residents were asked if they would keep the HIV positive status of a close friend or family member a secret (Table 46). Overall, 62% of District respondents reported that they would keep the status a secret.

- Males were more likely than females to keep the HIV positive status of a close friend or family member a secret; 62% versus 61% respectively.
- Adults aged 25-34 were more likely than all other age groups to keep the HIV positive status of a close friend or family member a secret, at 70%.
- Caucasians were more likely than all other race/ethnic groups to keep the HIV positive status of a close friend or family member a secret, at 68%.
- College graduates were more likely than all other education subgroups to indicate keeping the HIV positive status of a close friend or family member a secret, at 67%.
- Adult households with an income of \$75,000 or more were more likely than all other income subgroups to keep the HIV positive status of a close friend or family member a secret, at 67%.
- Adults who reside in Wards 2 and 3 were equally likely than all other wards to indicate keeping the HIV positive status of a close friend or family member a secret, at 64%.

District residents were asked whether they would tell their friends if they found out they were HIV positive (Table 47). Overall, 22% of adults reported they would not tell friends if they were HIV positive.

- Males and females were both likely to not tell friends if they were HIV positive, at 22%.
- Adults aged 65 and older were more likely than all age groups to not tell friends if they were

HIV positive, at 33%.

- African Americans were more likely than all other race/ethnic groups to not tell friends if they were HIV positive, at 23%.
- Adults with a high school education were more likely than all other education subgroups to not tell friends if they were HIV positive, at 26%.
- Adult households with an income of \$15,000-\$24,999 were more likely than all other income subgroups to indicate they would not tell friends if they were HIV positive, at 30%.
- Adults who reside in Wards 3 and 8 were more likely than all other wards to not tell friends if they were HIV positive, at 25%.

District residents were asked if someone in their immediate household was HIV positive would they be fearful of contracting HIV during regular household activities (Table 48). Overall, 12% would be fearful of contracting HIV in their immediate household.

- Males and females were equally likely to be fearful of contracting HIV in their immediate household, at 12%.
- Adults aged 65 and older were more likely than all other age groups to be fearful of contracting HIV in their immediate household, at 20%.
- Hispanics were more likely than all other race/ethnic groups to be fearful of contracting HIV in their immediate household, at 28%.
- High school graduates were more likely than all other education subgroups to be fearful of contracting HIV in their immediate household, at 24%.
- Adult households with an income of \$25,000-\$34,999 were more likely than all other income subgroups to be fearful of contracting HIV in their immediate household, at 28%.
- Adults who reside in Wards 5 and 8 were more likely than all other wards to be fearful of contracting HIV in their immediate household; 16% and 17% respectively.

District residents were asked if they have been treated for an STD in the past 12 months (Table 49). Overall, 4% of District adults have been treated for an STD within the past 12 months.

- Very small differences in males and females being treated for a STD within the past 12 months; 4.2% versus 4% respectively.
- Adults aged 18-24 were more likely than all other age groups to be treated for a STD within the past 12 months, at 8%.
- African Americans were more likely than all other race/ethnic groups to be treated for a

STD within the past 12 months, at 7.5%.

- Adults with less than a high school education were more likely than all other education subgroups to be treated for a STD within the past 12 months, at 9.4%.
- Adult households with an income of less than \$15,000 were more likely than all other income subgroups to be treated for a STD within the past 12 months, at 11%.
- Adults who reside in Wards 7 and 8 were more likely than all other wards to indicate being treated for a STD within the past 12 months, at 12% and 11% respectively .

District residents were asked if a pregnant women with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby (Table 50). Overall, 89.7% of District respondents believe that treatment will help to reduce the chances of a pregnant woman passing the virus on her baby.

- Females were more likely than males to believe that treatment will help to reduce the chances of a pregnant woman passing the virus on her baby; 88% and 91% respectively.
- Caucasians were more likely than all other race/ethnic groups to believe treatment would help reduce the chances of a pregnant woman passing the virus on her baby, at 93%.
- College graduates were more likely than all other education subgroups to believe treatment would help to reduce the chances of a pregnant woman passing the virus on her baby, at 92%.
- Adult households with an income of \$25,000-\$34,999 were more likely than all other income subgroups to believe treatment would help to reduce the chances of a pregnant woman passing the virus on her baby, at 94% .
- Adults who reside in Ward 3 were more likely than all other wards to believe treatment would help to reduce the chances of a pregnant woman passing the virus on her baby, at 92%.

¹ CDC – Basic Statistics - <http://www.cdc.gov/hiv/topics/surveillance/basic.htm#hivest> - Accessed February 28, 2011

Table 37. Prevalence of HIV Testing by, Demographics and Ward
 “Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include test using fluid from your mouth?”

	N	Yes	No
TOTAL	2589	74.5	25.5
GENDER			
Male	1032	74.4	25.6
Female	1557	74.6	25.4
AGE			
18-24	82	69.4	30.6
25-34	423	81.3	18.7
35-44	583	80.7	19.3
45-54	672	74.0	26.0
55-64	829	54.7	45.3
RACE			
Caucasian	1243	71.6	28.4
African American	1012	81.1	18.9
Asian	73	59.9	40.1
Other	87	78.8	21.2
Hispanic	122	66.6	33.4
EDUCATION			
Less than High School	121	81.7	18.3
High School Graduate	367	74.0	26.0
Some College	379	76.5	23.5
College Graduate	1714	73.9	26.1
INCOME			
Less than \$15,000	230	82.4	17.6
\$15,000-\$24,999	202	74.9	25.1
\$25,000-\$34,999	152	74.5	25.5
\$35,000-\$49,999	222	70.1	29.9
\$50,000-\$74,999	316	71.3	28.7
\$75,000 and over	1225	75.2	24.8
WARD			
Ward 1	227	77.1	22.9
Ward 2	225	72.8	27.2
Ward 3	415	67.4	32.6
Ward 4	283	77.0	23.0
Ward 5	224	73.8	26.2
Ward 6	275	70.2	29.8
Ward 7	215	84.0	16.0
Ward 8	208	82.1	17.9

Table 38. Time Since Last HIV Test by, Demographics and Ward
 “Not including blood donations, in what month and year was your last HIV test?”

	N	Before 2000	2000-2005	2003-2007	2008	2009	Don't Know/ Not Sure
TOTAL	1826	4.9	9.6	11.0	23.4	23.6	27.4
GENDER							
Male	759	5.1	8.6	11.9	25.6	22.7	26.1
Female	1067	4.7	10.4	10.2	21.4	24.4	28.8
AGE							
18-24	58	0	1.6	11.0	22.1	47.3	18.0
25-34	341	2.1	12.4	14.0	29.2	24.4	17.9
35-44	471	6.6	11.4	8.7	22.4	21.0	29.9
45-54	501	7.2	7.2	11.1	16.5	18.4	39.7
55-64	455	10.5	6.4	6.0	18.9	16.6	41.5
RACE							
Caucasian	826	7.0	13.5	13.9	18.6	17.1	29.9
African American	776	3.0	5.9	7.5	28.2	32.7	22.8
Asian	43	*	*	*	*	*	*
Other	69	5.4	7.3	8.2	28.5	16.4	34.3
Hispanic	77	2.5	9.1	10.7	21.7	17.6	38.4
EDUCATION							
Less than High School	97	2.9	3.7	5.6	25.0	34.3	28.6
High School Graduate	262	2.9	4.4	6.0	26.0	35.6	25.0
Some College	272	3.0	7.5	6.8	24.1	37.3	21.3
College Graduate	1192	6.0	11.7	13.6	22.6	16.7	29.3
INCOME							
Less than \$15,000	180	2.1	5.6	6.0	23.7	36.0	26.6
\$15,000-\$24,999	153	4.7	4.8	9.4	29.9	33.0	18.2
\$25,000-\$34,999	116	3.7	4.9	8.4	17.9	39.4	25.7
\$35,000-\$49,999	142	1.2	4.4	10.3	31.8	28.4	23.9
\$50,000-\$74,999	221	3.6	7.7	17.5	25.4	21.9	23.9
\$75,000 and over	855	6.9	14.0	10.9	21.8	16.6	29.8
WARD							
Ward 1	172	2.1	14.4	11.3	25.5	19.1	27.6
Ward 2	159	4.8	11.2	17.3	30.3	14.3	22.0
Ward 3	251	14.7	12.9	13.3	12.9	14.0	32.2
Ward 4	207	6.8	10.8	8.1	22.0	18.4	33.9
Ward 5	155	6.1	8.2	11.6	21.3	24.0	28.8
Ward 6	42	*	*	*	*	*	*
Ward 7	46	*	*	*	*	*	*
Ward 8	49	*	*	*	*	*	*

*Data not presented if the unweighted cell size was < 50.

Table 39. Place of Last HIV Test by, Demographics and Ward

“Where did you have your last HIV test, at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at home, at a drug treatment facility or somewhere else?”

	N	Private Doctor or HMO	Counseling and Testing Site	Hospital	Clinic	Somewhere Else (jail or prison, drug treatment facility, at home or other)
TOTAL	1815	50.8	4.7	13.8	22.1	8.6
GENDER						
Male	754	46.5	5.2	13.2	23.4	11.7
Female	1061	54.8	4.3	14.3	21.0	5.7
AGE						
18-24	58	38.7	2.4	11.7	32.3	15.0
25-34	342	52.5	4.9	12.4	22.3	8.0
35-44	471	54.6	3.6	11.9	22.0	8.0
45-54	497	48.6	6.9	17.2	18.6	8.7
55-64	447	50.5	4.9	17.8	19.8	7.0
RACE						
Caucasian	822	58.7	5.4	10.7	18.1	7.1
African American	771	41.4	3.7	17.1	26.4	11.4
Asian	43	*	*	*	*	*
Other	69	57.9	0.9	20.5	16.7	4.0
Hispanic	75	43.0	8.1	11.0	33.4	4.4
EDUCATION						
Less than High School	96	29.9	3.4	19.7	35.6	11.3
High School Graduate	260	38.5	3.0	17.5	31.2	9.9
Some College	272	41.8	2.9	16.0	30.9	8.5
College Graduate	1183	57.4	5.7	11.9	16.9	8.1
INCOME						
Less than \$15,000	179	28.8	5.4	19.2	38.8	7.8
\$15,000-\$24,999	151	26.8	3.0	20.9	38.2	11.1
\$25,000-\$34,999	116	50.2	3.9	19.0	23.1	3.8
\$35,000-\$49,999	143	47.0	5.9	16.6	20.5	10.0
\$50,000-\$74,999	223	60.6	5.6	10.5	16.7	6.6
\$75,000 and over	844	58.5	5.0	11.6	16.6	8.3
WARD						
Ward 1	172	57.3	4.0	13.5	17.2	8.1
Ward 2	160	61.5	8.0	6.0	19.7	4.8
Ward 3	248	54.3	6.3	12.3	16.7	10.5
Ward 4	204	46.8	3.4	13.9	20.8	15.1
Ward 5	155	45.1	7.4	15.3	20.5	11.6
Ward 6	178	56.7	3.0	13.5	24.7	2.1
Ward 7	170	48.2	0.7	10.9	28.2	11.9
Ward 8	162	34.7	4.4	16.2	36.0	8.7

*Data not presented if the unweighted cell size was < 50.

Table 40. Rapid HIV Test by, Demographics and Ward
 “Was it a rapid test where you could get your results within a couple of hours?”

	N	Yes	No
TOTAL	724	36.9	63.1
GENDER			
Male	317	41.3	58.7
Female	407	32.8	67.2
AGE			
18-24	41	49.1	50.9
25-34	169	27.8	72.2
35-44	185	37.8	62.2
45-54	175	44.4	55.6
55-64	154	44.5	55.5
RACE			
Caucasian	209	22.2	77.8
African American	433	48.7	51.3
Asian	11	*	*
Other	30	*	*
Hispanic	24	*	*
EDUCATION			
Less than High School	66	66.3	33.7
High School Graduate	160	48.7	51.3
Some College	142	47.2	52.8
College Graduate	355	23.9	76.1
INCOME			
Less than \$15,000	111	52.0	48.0
\$15,000-\$24,999	90	38.1	61.9
\$25,000-\$34,999	71	50.9	49.1
\$35,000-\$49,999	75	38.8	61.2
\$50,000-\$74,999	89	24.2	75.8
\$75,000 and over	220	27.8	72.2
WARD			
Ward 1	63	28.2	71.8
Ward 2	55	18.6	81.4
Ward 3	54	18.4	81.6
Ward 4	71	49.2	50.8
Ward 5	74	39.8	60.2
Ward 6	59	44.3	55.7
Ward 7	103	42.9	57.1
Ward 8	106	52.6	47.4

*Data not presented if the unweighted cell size was < 50.

Table 41. Rapid HIV Test by, Demographics and Ward

“Do Any High Risk Situations Apply To You?” You have used intravenous drugs in the past year. You have been treated for a sexually transmitted or venereal disease in the past year. You have given or received money or drugs in exchange for sex in the past year. You had anal sex without a condom in the past year.

	N	Yes	No
TOTAL	2617	7.7	92.3
GENDER			
Male	1036	9.9	90.1
Female	1581	5.6	94.4
AGE			
18-24	83	12.2	87.8
25-34	425	10.9	89.1
35-44	587	4.7	95.3
45-54	678	7.1	92.9
55-64	844	3.0	97.0
RACE			
Caucasian	1265	6.7	93.3
African American	1013	8.8	91.2
Asian	73	3.7	96.3
Other	87	10.3	89.7
Hispanic	124	11.3	88.7
EDUCATION			
Less than High School	119	7.6	92.4
High School Graduate	372	7.3	92.7
Some College	383	12.3	87.7
College Graduate	1735	6.8	93.2
INCOME			
Less than \$15,000	230	7.8	92.2
\$15,000-\$24,999	200	8.1	91.9
\$25,000-\$34,999	153	14.2	85.8
\$35,000-\$49,999	226	8.7	91.3
\$50,000-\$74,999	320	6.0	94.0
\$75,000 and over	1244	6.5	93.5
WARD			
Ward 1	232	9.1	90.9
Ward 2	223	12.4	87.6
Ward 3	425	3.4	96.6
Ward 4	291	8.2	91.8
Ward 5	224	5.7	94.3
Ward 6	277	8.4	91.6
Ward 7	215	11.0	89.0
Ward 8	208	6.0	94.0

Table 42. Condom Use, Demographics and Ward
 “Did you use a condom the last time you had sexual intercourse?”

	N	Yes	No	Not Sexually Active or Never Had Intercourse
TOTAL	3460	37.0	56.0	10.6
GENDER				
Male	1360	41.7	55.3	3.0
Female	2100	32.8	56.6	10.6
AGE				
18-24	82	72.2	22.1	5.6
25-34	412	44.3	54.5	1.2
35-44	577	39.9	59.3	0.9
45-54	655	36.6	58.6	4.8
55-64	806	23.1	65.8	11.1
65 and older	928	11.4	62.3	26.3
RACE				
Caucasian	1675	33.0	62.1	4.9
African American	1404	40.0	49.6	10.3
Asian	78	46.9	51.2	1.8
Other	102	39.9	55.9	4.2
Hispanic	136	42.8	52.3	4.9
EDUCATION				
Less than High School	218	35.9	47.5	16.6
High School Graduate	534	43.4	44.8	11.8
Some College	514	38.4	51.3	10.3
College Graduate	2184	35.0	60.9	4.1
INCOME				
Less than \$15,000	313	46.8	38.1	15.1
\$15,000-\$24,999	311	40.0	45.7	14.3
\$25,000-\$34,999	249	41.2	48.3	10.4
\$35,000-\$49,999	330	42.9	47.1	10.0
\$50,000-\$74,999	415	43.9	49.8	6.4
\$75,000 and over	1486	32.3	66.0	1.7
WARD				
Ward 1	290	37.9	56.4	5.6
Ward 2	306	41.3	55.1	3.6
Ward 3	601	27.8	67.1	5.0
Ward 4	403	32.7	58.7	8.6
Ward 5	312	34.8	54.4	10.9
Ward 6	357	34.2	61.3	4.5
Ward 7	293	33.5	51.7	14.9
Ward 8	263	50.9	40.9	8.2

Table 43. Partner Status Rapid HIV Test by, Demographics and Ward
 “Do you know the HIV status of your primary partner?”

	N	Yes	No	No Primary Partner
TOTAL	3146	79.6	9.1	11.3
GENDER				
Male	1309	80.9	9.9	9.3
Female	1837	78.5	8.3	13.2
AGE				
18-24	76	72.5	18.4	9.1
25-34	415	88.4	4.5	7.1
35-44	577	85.7	6.7	7.6
45-54	634	77.5	9.6	12.9
55-64	722	75.1	12.0	12.8
65 and older	722	59.9	14.6	25.5
RACE				
Caucasian	1576	85.7	5.2	9.0
African American	1209	72.3	14.2	13.5
Asian	78	80.8	5.8	13.4
Other	96	83.4	5.6	11.0
Hispanic	127	76.4	12.4	11.2
EDUCATION				
Less than High School	173	56.4	23.8	19.7
High School Graduate	447	64.1	22.0	13.9
Some College	444	75.8	9.1	15.0
College Graduate	2074	86.2	4.7	9.2
INCOME				
Less than \$15,000	248	62.0	18.1	19.9
\$15,000-\$24,999	254	59.6	21.3	19.1
\$25,000-\$34,999	210	70.5	14.5	15.0
\$35,000-\$49,999	281	73.9	15.0	11.0
\$50,000-\$74,999	373	77.9	4.7	17.5
\$75,000 and over	1464	91.0	3.8	5.2
WARD				
Ward 1	259	84.3	6.4	9.4
Ward 2	294	82.0	7.5	10.5
Ward 3	572	86.2	5.2	8.6
Ward 4	369	78.0	10.0	12.0
Ward 5	269	68.1	13.9	17.9
Ward 6	334	82.2	7.7	10.1
Ward 7	243	73.3	11.2	15.5
Ward 8	232	70.0	16.0	14.0

Table 44. Other Partners by, Demographics and Ward
 “Has your primary partner had sex with other partners in the past 12 months?”

	N	Definitely	Likely	Unlikely	Definitely Not	No Partner in Past 12 Months
TOTAL	2459	4.5	6.3	13.1	74.4	1.7
GENDER						
Male	1075	4.2	7.2	12.1	75.1	1.4
Female	1384	4.9	5.4	14.0	73.6	2.0
AGE						
18-24	67	9.9	22.8	15.8	51.6	0
25-34	375	5.7	7.0	10.6	76.3	0.4
35-44	501	4.3	4.5	11.5	78.7	1.0
45-54	507	2.5	4.3	15.3	75.5	2.4
55-64	552	4.1	3.1	17.5	71.2	4.2
65 and older	457	0.4	0.9	13.0	81.1	4.7
RACE						
Caucasian	1304	3.7	5.0	8.7	81.7	1.0
African American	875	5.8	8.6	19.8	63.0	2.8
Asian	60	7.1	4.4	6.9	79.2	2.4
Other	77	3.8	6.8	20.3	68.1	0.9
Hispanic	103	3.2	6.3	9.0	79.8	1.7
EDUCATION						
Less than High School	102	3.7	6.6	15.6	69.5	4.6
High School Graduate	316	4.7	8.6	14.9	69.0	2.8
Some College	321	6.8	14.6	19.7	56.1	2.8
College Graduate	1717	4.1	4.2	11.1	79.4	1.1
INCOME						
Less than \$15,000	154	9.4	5.3	16.0	64.1	5.2
\$15,000-\$24,999	165	7.0	14.5	19.9	53.4	5.1
\$25,000-\$34,999	142	5.0	9.4	11.3	72.5	1.9
\$35,000-\$49,999	213	4.4	9.7	15.7	67.5	2.7
\$50,000-\$74,999	275	4.6	7.7	18.1	68.0	1.6
\$75,000 and over	1297	3.4	4.5	10.1	81.5	0.5
WARD						
Ward 1	207	4.7	2.9	10.7	80.5	1.2
Ward 2	227	3.4	4.0	13.1	79.1	0.4
Ward 3	470	2.0	5.9	10.1	80.5	1.6
Ward 4	289	3.4	4.2	15.6	75.3	1.6
Ward 5	194	6.5	6.5	16.8	66.7	3.5
Ward 6	267	2.8	6.4	11.6	77.1	2.1
Ward 7	166	9.1	10.0	23.2	56.0	1.7
Ward 8	176	5.1	8.2	22.0	63.4	1.4

Table 45. Other Sexual Partners by, Demographics and Ward
 “Have you had sex with partners other than a primary partner in the past 12 months?”

	N	Yes
TOTAL	3135	12.3
GENDER		
Male	1300	16.8
Female	1835	8.0
AGE		
18-24	77	39.9
25-34	411	15.6
35-44	578	9.6
45-54	633	7.7
55-64	717	6.3
65 and older	719	1.9
RACE		
Caucasian	1559	11.0
African American	1217	13.7
Asian	78	13.5
Other	96	10.0
Hispanic	127	15.9
EDUCATION		
Less than High School	178	11.1
High School Graduate	451	14.6
Some College	446	19.5
College Graduate	2052	10.2
INCOME		
Less than \$15,000	253	9.3
\$15,000-\$24,999	256	18.8
\$25,000-\$34,999	213	21.4
\$35,000-\$49,999	279	11.2
\$50,000-\$74,999	371	13.7
\$75,000 and over	1453	9.6
WARD		
Ward 1	261	12.5
Ward 2	288	12.9
Ward 3	563	7.4
Ward 4	367	9.8
Ward 5	267	9.8
Ward 6	335	15.3
Ward 7	245	13.0
Ward 8	236	11.3

Table 46. Status HIV Positive by, Demographics and Ward
 “I would want to keep the HIV positive status of a close friend or family member a secret?”

	N	True	False
TOTAL	2890	61.7	38.3
GENDER			
Male	1141	62.4	37.6
Female	1749	61.0	39.0
AGE			
18-24	70	62.8	37.2
25-34	373	69.9	30.1
35-44	504	65.4	34.6
45-54	560	61.9	38.1
55-64	653	55.3	44.7
65 and older	730	42.6	57.4
RACE			
Caucasian	1353	68.3	31.7
African American	1215	55.2	44.8
Asian	67	66.0	34.0
Other	88	55.0	45.0
Hispanic	116	51.3	48.7
EDUCATION			
Less than High School	186	37.3	62.7
High School Graduate	462	52.5	47.5
Some College	435	59.2	40.8
College Graduate	1802	66.9	33.1
INCOME			
Less than \$15,000	282	45.2	54.8
\$15,000-\$24,999	270	53.7	46.3
\$25,000-\$34,999	221	56.2	43.8
\$35,000-\$49,999	281	56.0	44.0
\$50,000-\$74,999	353	66.6	33.4
\$75,000 and over	1204	67.4	32.6
WARD			
Ward 1	246	60.0	40.0
Ward 2	258	64.3	35.7
Ward 3	477	64.3	35.7
Ward 4	340	62.6	37.4
Ward 5	263	51.2	48.8
Ward 6	303	54.1	45.9
Ward 7	252	55.4	44.6
Ward 8	234	55.5	44.5

Table 47. Status HIV Positive by, Demographics and Ward
 “I would not tell my friends if I found out I was HIV positive?”

	N	True	False
TOTAL	3074	21.8	78.2
GENDER			
Male	1204	22.0	78.0
Female	1870	21.6	78.4
AGE			
18-24	75	18.7	81.3
25-34	387	15.7	84.3
35-44	530	21.0	79.0
45-54	582	23.0	77.0
55-64	709	26.3	73.7
65 and older	791	32.5	67.5
RACE			
Caucasian	1460	22.4	77.6
African American	1272	22.8	77.2
Asian	67	17.8	82.2
Other	95	13.8	86.2
Hispanic	124	16.6	83.4
EDUCATION			
Less than High School	195	24.1	75.9
High School Graduate	477	25.8	74.2
Some College	450	16.9	83.1
College Graduate	1945	21.7	78.3
INCOME			
Less than \$15,000	283	20.9	79.1
\$15,000-\$24,999	290	29.8	70.2
\$25,000-\$34,999	225	22.3	77.7
\$35,000-\$49,999	295	20.2	79.8
\$50,000-\$74,999	366	19.7	80.3
\$75,000 and over	1323	21.7	78.3
WARD			
Ward 1	258	17.5	82.5
Ward 2	275	24.5	75.5
Ward 3	517	25.1	74.9
Ward 4	359	21.1	78.9
Ward 5	280	22.0	78.0
Ward 6	318	16.8	83.2
Ward 7	265	20.6	79.4
Ward 8	250	25.4	74.6

Table 48. Status HIV Positive by, Demographics and Ward
 “If someone in your immediate household was HIV positive, would you be fearful of contracting HIV during regular household activities?”

	N	Yes
TOTAL	3450	11.8
GENDER		
Male	1348	12.1
Female	2102	11.5
AGE		
18-24	81	14.3
25-34	416	11.5
35-44	579	7.3
45-54	657	10.5
55-64	816	9.7
65 and older	901	20.3
RACE		
Caucasian	1667	6.4
African American	1404	17.0
Asian	78	8.7
Other	102	10.8
Hispanic	131	28.1
EDUCATION		
Less than High School	212	22.6
High School Graduate	517	24.4
Some College	511	9.4
College Graduate	2202	8.3
INCOME		
Less than \$15,000	313	19.6
\$15,000-\$24,999	303	17.6
\$25,000-\$34,999	245	27.7
\$35,000-\$49,999	326	14.0
\$50,000-\$74,999	411	12.4
\$75,000 and over	1488	5.8
WARD		
Ward 1	289	8.2
Ward 2	298	10.1
Ward 3	599	6.2
Ward 4	411	10.0
Ward 5	314	16.0
Ward 6	360	9.8
Ward 7	292	8.4
Ward 8	264	16.9

Table 49. STD's by, Demographics and Ward
 "Have you been treated for an STD in the past 12 months?"

	N	Yes
TOTAL	3571	4.1
GENDER		
Male	1382	4.2
Female	2189	4.0
AGE		
18-24	83	8.1
25-34	420	6.4
35-44	583	3.2
45-54	673	3.1
55-64	832	2.0
65 and older	980	1.4
RACE		
Caucasian	1716	1.5
African American	1456	7.5
Asian	82	2.1
Other	104	6.8
Hispanic	138	2.4
EDUCATION		
Less than High School	225	9.4
High School Graduate	549	8.5
Some College	530	4.4
College Graduate	2258	2.5
INCOME		
Less than \$15,000	323	11.0
\$15,000-\$24,999	325	4.0
\$25,000-\$34,999	260	6.2
\$35,000-\$49,999	332	5.5
\$50,000-\$74,999	421	2.5
\$75,000 and over	1513	2.4
WARD		
Ward 1	294	4.4
Ward 2	311	2.7
Ward 3	624	1.2
Ward 4	420	5.0
Ward 5	330	1.7
Ward 6	361	1.3
Ward 7	310	11.5
Ward 8	271	11.4

Table 50. HIV and Pregnancy by, Demographics and Ward

“A pregnant women with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby?”

	N	True	False
TOTAL	2981	89.7	10.3
GENDER			
Male	1134	88.3	11.7
Female	1847	91.0	9.0
AGE			
18-24	70	87.8	12.2
25-34	391	91.2	8.8
35-44	527	89.5	10.5
45-54	571	88.9	11.1
55-64	691	89.5	10.5
65 and older	731	89.0	11.0
RACE			
Caucasian	1446	92.9	7.1
African American	1216	87.6	12.4
Asian	65	81.4	18.6
Other	88	83.1	16.9
Hispanic	108	84.4	15.6
EDUCATION			
Less than High School	181	85.3	14.7
High School Graduate	438	84.0	16.0
Some College	414	87.7	12.3
College Graduate	1943	91.9	8.1
INCOME			
Less than \$15,000	272	85.4	14.6
\$15,000-\$24,999	270	86.0	14.0
\$25,000-\$34,999	207	93.9	6.1
\$35,000-\$49,999	281	89.4	10.6
\$50,000-\$74,999	363	90.7	9.3
\$75,000 and over	1305	91.2	8.8
WARD			
Ward 1	262	91.4	8.6
Ward 2	274	90.7	9.3
Ward 3	517	92.7	7.3
Ward 4	333	92.3	7.7
Ward 5	264	88.4	11.6
Ward 6	311	90.4	9.6
Ward 7	258	82.8	17.2
Ward 8	233	88.1	11.9

HYPERTENSION SCREENING

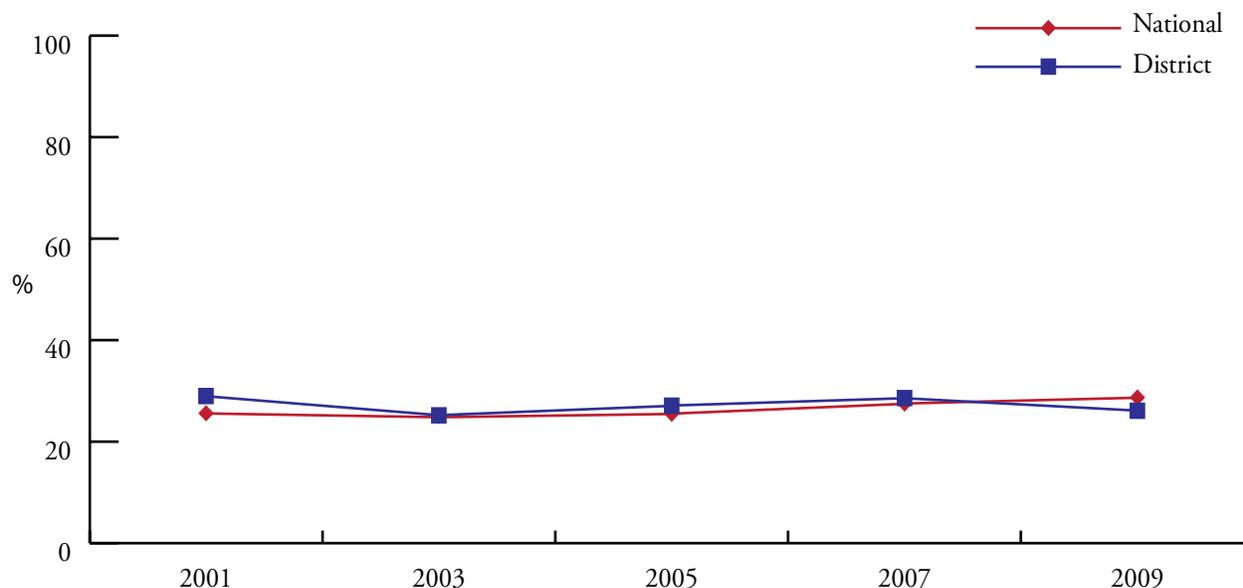
Healthy People 2010 Objectives:

- **Goal Not Met:** Reduce the proportion of adults aged 20 and older with high blood pressure to 16%; **the District's rate is 26%.**
- **Goal Attained:** Increase the proportion of adults with high blood pressure who are taking action (for example, losing weight, increasing physical activity, or reducing sodium intake) to help control their blood pressure to 95%; **the District's rate is 95%.**

High blood pressure is called the "silent killer" because it often has no warning signs or symptoms, and many people don't realize they have it. That's why it's important to get your blood pressure checked regularly. The good news is that you can take steps to prevent high blood pressure, or to treat it if it is already high.¹

Approximately 1 in 3 adults in the United States has high blood pressure, which increases the risk for heart disease and stroke, the first and third leading causes of death in the United States.¹

Figure 10. Percentage of Adults who have High Blood Pressure



District respondents were asked if they have ever been told by a doctor, nurse, or other health professional that they have high blood pressure (Table 51). Overall, 26% of District respondents reported that they were told by a doctor, nurse, or other health professional that they have high blood pressure, compared nationally, at 29%.

- Females were more likely than males to be told by a doctor, nurse, or other health professional they have high blood pressure, 27% versus 25% respectively.
- As age increased, so did the likelihood of adults being told by a doctor, nurse, or other health professional that they have high blood pressure.
- African Americans were more likely than all other race/ethnic groups to be told by a doctor, nurse, or other health professional they have high blood pressure, at 39%.
- Adults with less than a high school education were more likely than all other income subgroups to be told by a doctor, nurse, or other health professional they have high blood pressure, at 52%.
- Adults with a household income of less than \$15,000 were more likely than all other income subgroups to have been told by a doctor, nurse, or other health professional they have high blood pressure, at 45%.
- Adults residing in Wards 5 and 7 were more likely than any other wards to have been told by a doctor, nurse, or other health professional that they have high blood pressure, of 37% and 38% respectively.

District respondents were asked if they were told on two or more different visits to a doctor or other health professional that they had high blood pressure (Table 52). Overall, 80% indicated that they were told on two or more different visits to a doctor or other health professional that they had high blood pressure.

- Females were more likely than males to be told on two or more different visits to a doctor or other health professional that they had high blood pressure, 82% versus 79% respectively.
- Adults aged 18-24 and 55-65 and older were more likely than all other age groups to be told on two or more different visits to a doctor or other health professional that they had high blood pressure, at 85%.
- African Americans were more likely than Caucasians to be told on two or more different visits to a doctor or other health professional that they had high blood pressure, 82% versus 79% respectively.
- Adults with less than a high school education were more likely than all other education subgroups to be told on two or more different visits to a doctor or other health professional that they had high blood pressure, at 87%.
- Adults residing in Ward 7 were more likely than all other wards to be told on two or more

different visits to a doctor or other health professional that they had high blood pressure, at 84%.

District respondents were asked if they are currently taking blood pressure medication (Table 53). Overall, 77% indicated that they were currently taking blood pressure medication.

- Females were more likely than males to take blood pressure medication, 80% versus 72% respectively.
- Adults aged 65 and older were more likely than all other age groups to take blood pressure medication, at 93%.
- African Americans were more likely than Caucasians to take blood pressure medication, 81% versus 72% respectively.
- Adults with less than a high school education were more likely than all other education subgroups to take blood pressure medication, at 84%.
- Adults residing in Wards 1 and 7 were more likely than all other wards to take blood pressure medication, 86% and 87%.

District respondents were asked if they are changing their eating habits to help lower or control their high blood pressure (Table 54). Overall, 70% indicated that they are modifying their eating habits.

- Males were slightly more likely than females to indicate that they were modifying their eating habits to help lower or control their high blood pressure. 71% versus 69% respectively.
- Adults aged 35-44 were more likely than all other age groups to modify their eating habits to lower or control their blood pressure 79%, compared to adults aged 65 and older who were less likely to, at 60%.
- African Americans were more likely than Caucasians to modify their eating habits to lower or control their blood pressure, 76% versus 57% respectively.
- Adults with less than high school education were more likely than all other education subgroups to modify their eating habits to lower or control their blood pressure, at 78%.
- Adults with a household income of less than \$15,000-\$24,999 were more likely than all other income subgroups to modify their eating habits to lower or control their blood pressure, at 79%.
- Adults residing in Ward 8 were more likely than any other wards to modify their eating habits to lower or control their blood pressure, at 80%.

District respondents were asked if they were cutting down on salt to help lower or control their high blood pressure (Table 54). Overall, 74% indicated that they were cutting down on salt to lower or control their blood pressure.

- Females were slightly more likely than males to indicate that they were cutting down on salt to lower or control their blood pressure, 75% versus 74% respectively.
- Adults aged 45-54 were more likely than all other age groups to indicate that they were cutting down on salt to lower or control their blood pressure, at 82%.
- African Americans were more likely than all other race/ethnic groups to indicate that they were cutting down on salt to lower or control their blood pressure, at 82%.
- Adults with less than a high school education were more likely than all other education subgroups to indicate that they were cutting down on salt to lower or control their blood pressure, at 86%.
- Adults with a household income of less than \$ 15,000 were more likely than all other income subgroups to indicate that they were cutting down on salt to lower or control their blood pressure, at 84%.
- Adults residing in Ward 7 were more likely than all other wards to indicate that they were cutting down on salt to lower or control their blood pressure, at 84%.

District respondents were asked if they were reducing their alcohol intake to help lower or control their high blood pressure (Table 54). Overall, 37% indicated that they were asked to reduce alcohol use to help lower or control their high blood pressure.

- Males were more likely than females to reduce their alcohol intake to help lower or control their high blood pressure, 41% versus 33% respectively.
- Adults aged 45-54 were more likely than all other age groups to reduce their alcohol consumption to lower or control high blood pressure, at 82%.
- African Americans were more likely than Caucasians to reduce their alcohol consumption to help lower or control high blood pressure, at 42%.
- Adults with less than high school education were more likely than all other education subgroups to reduce their alcohol consumption to lower or control high blood pressure, at 43%.
- Adults with a household income of \$34,999 were more likely to reduce their alcohol consumption to lower or control high blood pressure, at 45%.
- Adults residing in Wards 5, 7 and 8 were more likely than all other wards to reduce their alcohol consumption to lower or control high blood pressure, at 42%.

District respondents were asked if they were exercising to help lower or control their high blood pressure (Table 54). Overall, 83% indicated that they were exercising to help lower or control their high blood pressure.

- Males and females were equally as likely to exercise to help lower or control their high blood

pressure, at 83%.

- Adults aged 35-44 were more likely than all other age groups to exercise to help lower or control their high blood pressure, at 88%.
- African Americans were more likely than Caucasians to exercise to help lower or control their high blood pressure, 86% versus 80% respectively.
- High school graduates were more likely than all other education subgroups to exercise to help lower or control their high blood pressure, at 89%.
- Adults with a household income of \$25,000-\$34,999 were more likely than all other income subgroups to exercise to help lower or control their high blood pressure, at 86%.
- Adults residing in Ward 4 were more likely than all other wards to exercise to help lower or control their high blood pressure, at 89%.

¹ CDC – High Blood Pressure <http://www.cdc.gov/bloodpressure/> . Accessed February 28, 2011

Table 51. High Blood Pressure, by Demographics and Ward

“Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?”

	N	Yes	Only While Pregnant	No	Borderline High
TOTAL	3896	26.1	0.6	71.5	1.7
GENDER					
Male	1502	24.9	0.0	72.4	2.7
Female	2394	27.2	1.2	70.8	0.9
AGE					
18-24	91	8.1	1.1	90.8	0.0
25-34	457	8.2	0.9	88.8	2.2
35-44	627	16.2	1.2	81.4	1.2
45-54	732	31.6	0.1	66.6	1.7
55-64	900	48.5	0.4	49.3	1.8
65+	1089	56.4	0.1	41.3	2.2
RACE					
Caucasian	1812	17.6	0.4	80.0	1.9
African American	1635	38.5	1.0	59.1	1.4
Asian	88	14.4	0.0	85.0	0.6
Other	122	23.1	1.4	74.1	1.3
Hispanic	153	14.9	0.0	83.0	2.2
EDUCATION					
Less than High School	262	51.6	0.3	47.7	0.5
High School Graduate	633	37.2	1.1	60.0	1.7
Some College	586	34.5	0.5	63.9	1.1
College Graduate	2403	18.6	0.6	78.8	2.0
INCOME					
Less than \$15,000	359	45.3	1.3	52.1	1.3
\$15,000-\$24,999	360	40.2	0.7	57.0	2.2
\$25,000-\$34,999	289	36.4	0.7	61.0	1.8
\$35,000-\$49,999	358	31.8	1.3	66.8	0.1
\$50,000-\$74,999	451	25.7	0.1	72.0	2.2
\$75,000 and over	1606	17.0	0.6	80.4	2.0
WARD					
Ward 1	315	21.4	0.4	77.4	0.8
Ward 2	337	24.7	0.0	74.4	1.0
Ward 3	655	20.9	0.0	78.0	1.1
Ward 4	465	33.1	1.0	64.4	1.5
Ward 5	370	38.5	1.3	58.7	1.5
Ward 6	386	24.2	0.2	73.0	2.6
Ward 7	346	37.2	0.5	61.7	0.6
Ward 8	311	34.5	1.8	62.2	1.5

Table 52. High Blood Pressure at Two or More Visits, by Demographics and Ward

“Were you told on two or more different visits to a doctor or other health professional that you had high blood pressure?”

	N	Yes	No
TOTAL	1259	80.4	19.6
GENDER			
Male	478	78.8	21.2
Female	781	81.7	18.3
AGE			
18-24	6	84.8	15.2
25-34	36	67.8	32.2
35-44	97	71.9	28.1
45-54	198	77.9	22.1
55-64	388	85.1	14.9
65+	534	84.6	15.4
RACE			
Caucasian	434	78.7	21.3
African American	720	82.0	18.0
Asian	17	*	*
Other	34	*	*
Hispanic	33	*	*
EDUCATION			
Less than High School	131	87.0	13.0
High School Graduate	270	84.5	15.5
Some College	241	71.9	28.1
College Graduate	611	80.2	19.8
INCOME			
Less than \$15,000	174	80.4	19.6
\$15,000-\$24,999	162	82.7	17.3
\$25,000-\$34,999	123	80.2	19.8
\$35,000-\$49,999	137	74.0	26.0
\$50,000-\$74,999	138	84.7	15.3
\$75,000 and over	366	80.8	19.2
WARD			
Ward 1	90	79.0	21.0
Ward 2	98	80.2	19.8
Ward 3	186	79.9	20.1
Ward 4	163	76.2	23.8
Ward 5	159	80.7	19.3
Ward 6	118	79.3	20.7
Ward 7	157	84.4	15.6
Ward 8	120	81.5	18.5

*Data not presented if the unweighted cell size was < 50.

Table 53. Medication Use for High Blood Pressure, by Demographics and Ward
 “Are you currently taking medicine for your high blood pressure?”

	N	Yes	No
TOTAL	1417	76.6	23.4
GENDER			
Male	531	72.4	27.6
Female	886	79.9	20.1
AGE			
18-24	7	*	*
25-34	40	*	*
35-44	104	59.0	41.0
45-54	224	73.4	26.6
55-64	432	89.4	10.6
65+	610	93.2	6.8
RACE			
Caucasian	464	71.7	28.3
African American	827	81.1	18.9
Asian	20	*	*
Other	40	*	*
Hispanic	39	*	*
EDUCATION			
Less than High School	160	84.1	15.9
High School Graduate	319	77.4	22.6
Some College	265	72.6	27.4
College Graduate	666	76.2	23.8
INCOME			
Less than \$15,000	199	79.6	20.4
\$15,000-\$24,999	181	78.4	21.6
\$25,000-\$34,999	147	74.0	26.0
\$35,000-\$49,999	150	77.3	22.7
\$50,000-\$74,999	157	76.4	23.6
\$75,000 and over	391	72.9	27.1
WARD			
Ward 1	97	86.2	13.8
Ward 2	112	73.9	26.1
Ward 3	195	81.0	19.0
Ward 4	188	81.1	18.9
Ward 5	182	77.6	22.4
Ward 6	129	82.2	17.8
Ward 7	178	86.6	13.4
Ward 8	143	69.6	30.4

*Data not presented if unweighted cell size was < 50.

Table 54. Doctor Advised Behavior Modifications to Control High Blood Pressure, by Demographics and Ward

“Are you changing your eating habits to help lower or control your high blood pressure?” Are you cutting down on salt to help lower or control your high blood pressure?” Are you reducing alcohol use to help lower or control your high blood pressure?” and “Are you exercising to help lower or control your high blood pressure?”

	N	Modifying Eating Habits	N	Cutting Down on Salt**	N	Reducing Alcohol Use**	N	Exercising
		Yes		Yes		Yes		
TOTAL	1273	69.6	1278	74.3	1275	36.7	1275	83.4
GENDER								
Male	481	70.8	482	74.0	481	40.8	479	83.4
Female	792	68.6	796	74.6	794	33.4	796	83.3
AGE								
18-24	6	*	6	*	6	*	6	*
25-34	36	*	37	*	37	*	37	*
35-44	98	79.4	99	75.9	97	37.5	98	88.3
45-54	198	75.8	198	82.1	196	43.8	197	84.5
55-64	388	71.0	390	76.5	390	36.6	390	85.5
65+	547	60.0	548	70.9	549	27.4	547	79.6
RACE								
Caucasian	435	56.6	437	62.8	433	29.0	436	80.4
African American	731	76.2	734	82.0	735	41.7	732	85.7
Asian	16	*	16	*	16	*	16	*
Other	34	*	34	*	34	*	34	*
Hispanic	35	*	35	*	35	*	35	*
EDUCATION								
Less than High School	136	78.3	137	86.1	137	43.0	136	78.3
High School Graduate	274	75.2	275	79.6	276	41.5	274	88.9
Some College	241	71.9	243	73.3	241	41.4	243	81.5
College Graduate	616	63.5	617	69.4	615	30.5	616	82.3
INCOME								
Less than \$15,000	177	78.6	178	84.1	177	45.4	177	83.0
\$15,000-\$24,999	162	78.7	162	80.8	162	41.4	162	85.9
\$25,000-\$34,999	126	68.7	128	79.8	127	45.0	127	86.6
\$35,000-\$49,999	137	74.8	138	76.7	138	39.1	138	85.8
\$50,000-\$74,999	140	69.5	141	70.2	140	39.0	141	76.9
\$75,000 and over	370	65.2	369	69.9	368	32.6	368	85.3
WARD								
Ward 1	91	76.1	91	71.6	91	34.2	91	83.6
Ward 2	98	58.7	98	68.6	98	24.4	97	81.0
Ward 3	185	56.4	187	62.5	184	27.1	185	81.9
Ward 4	162	73.2	161	80.2	162	39.7	162	88.8
Ward 5	161	74.5	162	79.9	162	41.9	162	81.9
Ward 6	118	73.9	120	70.2	120	34.1	120	82.7
Ward 7	162	74.5	162	84.1	162	42.0	161	86.3
Ward 8	125	80.0	126	76.0	126	42.4	125	82.8

*Data not presented if unweighted cell size was < 50.

IMMUNIZATION

Healthy People 2010 Objectives

- **Goal Not Met:** Increase the proportion of adults age 65 and older who are vaccinated annually against influenza to 90%; **the District's rate is 67%.**
- **Goal Not Met:** Increase the proportion of adults age 65 and older who are vaccinated against pneumonia to 90%; **the District's rate is 62%.**

Through the years, as a result of regulations, legislation, and media campaigns, many diseases have declined and even disappeared due to immunizations. Immunization protect individuals against preventable diseases such as flu, pneumonia, meningitis, and hepatitis. In addition to saving lives, immunizations curb outbreaks of sometimes fatal diseases, and can be cost- effective when you consider missed time from work and school.¹

Certain people are at greater risk for serious complications if they get the flu. This includes older people, young children, pregnant women and people with certain health conditions (such as asthma, diabetes, or heart disease). Flu seasons are unpredictable and can be severe. Over a period of 30 years, between 1976 and 2006, estimates of flu-associated deaths range from a low of about 3,000 to a high of about 49,000 people.¹

Pneumonia is an infection of the lungs that can cause mild to severe illness in people of all ages. Signs of pneumonia can include coughing, fever, fatigue, nausea, vomiting, rapid breathing or shortness of breath, chills, or chest pain. Certain people are more likely to become ill with pneumonia. This includes adults 65 years of age or older and children less than 5 years of age. People up through 64 years of age who have underlying medical conditions (like diabetes or HIV/AIDS) and people 19 through 64 who smoke cigarettes or have asthma are also at increased risk for getting pneumonia.²

Influenza and Pneumococcal Immunization Levels

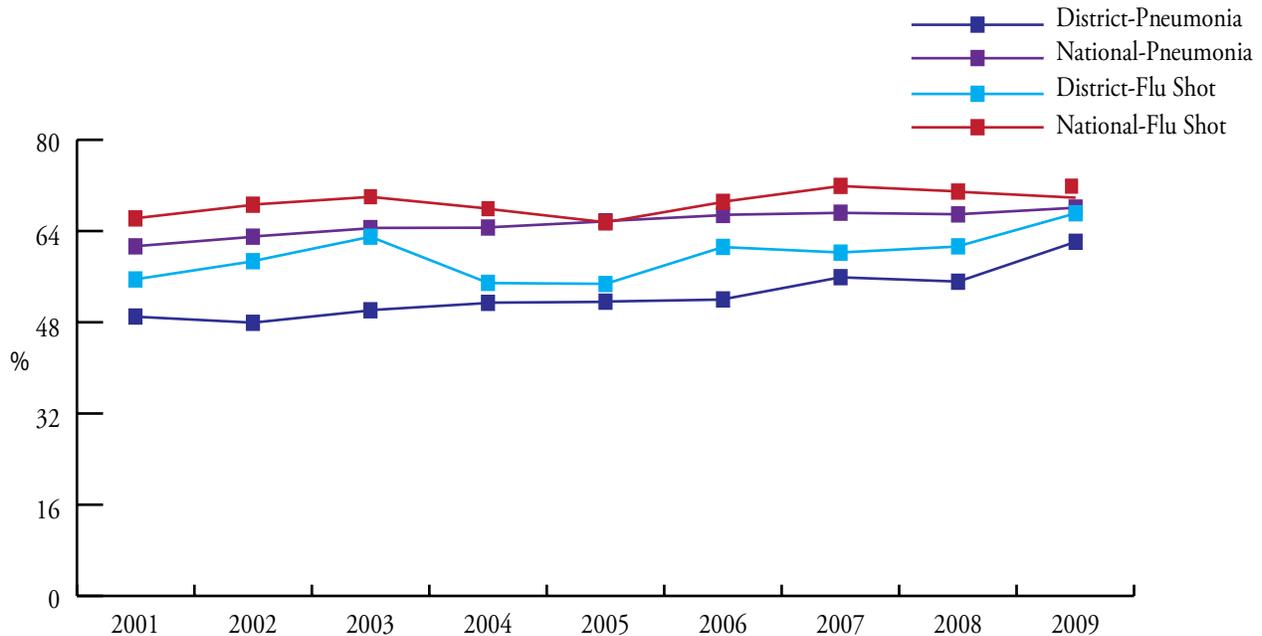
Forty-one percent of District adults had a flu vaccination in the past 12 months, and about 25% had a pneumonia vaccination (Table 55). Overall, 67% of District respondents 65 and older had a flu shot compared to 69% nationally (Figure 11).

Immunization

- Females and males had similar immunization rates for the flu shot; 41% and 42% respectively.
- Adults aged 65 and older were more likely than all other age groups to have had a flu shot within the past year, at 67%.
- Caucasians were more likely than all other race/ethnic groups to have had a flu shot within the past year, at 47%
- Adults with less than a high school education were more likely than all other education subgroups to have had a flu shot within the past year, at 47%.

- Adults with a household income of \$75,000 were more likely than all other income subgroups to have had a flu shot within the past year, at 44%.
- Adults residing in Wards 2 and 3 were more likely than all other wards to have had a flu shot within the past year, at 53%.

Figure 11. Percentage of Adults 65 Years and Older Receiving Immunizations



Pneumococcal

District respondents were asked if they have ever had a pneumonia shot (Table 55). Overall, 24.7% of respondents reported ever having a pneumonia vaccination.

- Females were more likely than males to have had a pneumonia vaccination 25% and 24% respectively.
- Adults aged 65 and older were more likely than all other age groups to have had a pneumonia vaccination, at 62%.
- District respondents of race/ethnic group Other and African Americans were more likely than all other race/ethnic groups to have had a pneumonia vaccination both, at 27%.
- Adults with less than a high school education were more likely than all other education subgroups to have had a pneumonia vaccination, at 33%.
- Adult households with an income of \$15,000-\$24,999 were more likely than all other income subgroups to have had a pneumonia vaccination, at 34.6%.
- Adults who reside in Ward 3 were more likely than all other wards to have had a pneumonia vaccination, at 29%.

H1N1

In April 2009 H1N1 was first detected in the United States. This virus was a unique combination of influenza virus genes never previously identified in either animals or people. The virus genes were a combination of genes most closely related to North American swine-lineage H1N1 and Eurasian lineage swine-origin H1N1 influenza viruses. Due to this, initial reports referred to the virus as a swine origin influenza virus. However, investigations of initial human cases did not identify exposures to pigs and quickly it became apparent that this new virus was circulating among humans and not among U.S. pig herds.³

District residents were asked if they were ill with a fever in the past month (Table 56). Overall, 9% of adults reported being ill with the flu within the past month.

- Males were more likely than females to report being ill with a fever within the past month (12% and 7% respectively).
- Adults aged 25-34 were more likely than all other age groups to report being ill with a fever within the past month, at 11%.
- Caucasians were more likely than all other race/ethnic groups to report being ill with a fever within the past month, at 11.5%.
- Adults with some college education were more likely than all other education subgroups to report being ill with a fever within the past month, at 13%.
- Adult households with an income of \$25,000-\$34,999 were more likely than all other income subgroups to report being ill with a fever within the past month, at 14%.
- Adults who reside in Ward 2 were more likely than all other wards to report being ill with a fever within the past month, at 19%.

District residents were asked if any other members of their household had a fever with a cough or sore throat during the past month (Table 56). Overall, 22% of District respondents reported experiencing a fever with a cough or sore throat within the past month.

- Females were more likely than males to report experiencing a fever with a cough or sore throat within the past month; 23% and 21% respectively.
- Adults aged 35-44 were more likely than all other age groups to report experiencing a fever with a cough or sore throat within the past month, at 35%.
- African Americans were more likely than all other race/ethnic groups to report experiencing a fever with a cough or sore throat within the past month, at 23%.
- Adults with some college education were more likely than all other education subgroups to report experiencing a fever with a cough or sore throat within the past month, at 31.5%.

District residents were asked if they had been vaccinated either way for the H1N1 flu since September 2009 (Table 57). Overall, 7% of District residents reported being vaccinated since September 2009 for the H1N1 virus.

- Males were more likely than females to report being vaccinated since September 2009 for the H1N1 flu (8% and 7% respectively).
- Adults age 35-44 were more likely than all age groups to report being vaccinated since September 2009 for the H1N1 virus, at 13%.
- Caucasians were more likely than all other race/ethnic groups to report being vaccinated since September 2009 for the H1N1 virus, at 9.5%.
- High school graduates were more likely than all other education subgroups to report being vaccinated since September 2009 for the H1N1 virus, at 8.5%.
- Adult households with an income of less than \$15,000 were more likely than all other income subgroups to report being vaccinated since September 2009 for the H1N1 virus, at 11%.
- Adults who reside in Ward 4 were more likely than all other wards to report being vaccinated since September 2009 for the H1N1 virus, at 14.5%.

Volunteer or work in a hospital, medical clinic, doctor's office or dentist office

District residents were asked if they currently volunteer or work in a hospital, medical clinic, doctors or dentist office (Table 57). Overall, 8% of respondents reported working in some type of health facility.

- Females were more likely than males to report working or volunteering at a health facility; 10% versus 5.5% respectively.
- African Americans were more likely than all other race/ethnic groups to report working or volunteering at a health facility, at 9%.
- Adults with some college education were more likely than all other education subgroups to report working or volunteering in a health facility, at 16%.
- Adults households with an income of less than \$15,000 were more likely than all other income subgroups to report working or volunteering at a health facility, at 19%.
- Residents of Ward 3 were more likely than all other wards to report working or volunteering at a health facility, at 10%.

Provide direct patient care as part of your routine work

District residents were asked if they provide direct patient care as part of their routine work (Table 57). Overall, 6% of District residents stated that they provide direct patient care as part of their routine work.

- Females were more likely than males to report providing direct patient care as a part of their routine work; 7% versus 4% respectively.
- Adults age 45-54 were more likely than all other age groups to report providing patient care as a part of their routine work, at 9%.
- African Americans were more likely than all other race/ethnic groups to report providing patient care as a part of their routine work, at 7%.
- Adults with some college education were more likely than any other education subgroups to report providing patient care as a part of their routine work, at 7%.
- Adult household income of \$25,000-\$34,999 were more likely to report providing patient care as part of their routine work, at 9.5%.
- Adults who reside in Ward 5 were more likely than all other wards to report providing patient care as a part of their routine work, at 10%.

District residents were asked if a doctor, nurse or other health professional ever said that they have a problem caused by a chronic illness or medicines, taken for a chronic illness (Table 57). Overall, 10.5% of District residents were told by a doctor, nurse or other health professional they have a problem caused by a chronic illness.

- Females were more likely than males to report being told by a health professional they have a chronic illness; 14% versus 6% respectively.
- Adults aged 55-64 were more likely than all other age groups to report being told by a health professional they have a problem caused by a chronic illness or medicines, taken for a chronic illness, at 16%.
- Caucasians were more likely than all other race/ethnic groups to report being told by a health professional they have a problem caused by a chronic illness or medicines, taken for a chronic illness, at 12%.
- Adults with some college were more likely than all other education subgroups to report being told by a health professional they have a problem caused by a chronic illness or medicines, taken for a chronic illness, at 12%.
- Adult households with an income less than \$15,000 were more likely than all other income subgroups to report being told by a health professional they have a problem caused by a chronic illness or medicines, taken for a chronic illness, at 14%.
- Adults who reside in Ward 7 were more likely than all other wards to report being told by a problem caused by a chronic illness or medicines, taken for a chronic illness, at 17%.

Pandemic Flu

A flu pandemic is an outbreak caused by a new flu virus that spreads around the world. The virus will spread easily from person to person, mostly through coughing and sneezing. Because the virus is new to people, everyone is at risk of getting it.

During a flu pandemic, you can use simple actions to help protect yourself and others from becoming sick with the flu. No single action will protect individuals completely; however, if used together, the steps below can help reduce the chances of becoming infected.⁴

- *Wash your hands often with soap and water. Use an alcohol-based hand cleaner if soap and water are not available.*
- *Cover your mouth and nose with a tissue or your arm when you cough and sneeze.*
- *Stay away from other people if you are ill.*
- *Avoid crowded places and large gatherings as much as possible.*

There may be times during a pandemic when you must be in a crowded setting or in close contact (within 6 feet) with people who might be ill. During such times, the use of a facemask or a respirator might help prevent the spread of pandemic flu.

Flu Prevention

Overall, 62% of District residents think the most effective thing to do to prevent spreading the flu is to stay home, 28% reported hand washing and 10% reported covering your mouth and nose when coughing or sneezing (Table 58).

- Males were more likely than females to think it is most effective to stay home to prevent spreading the flu; 63.5% versus 60% respectively.
- Adults aged 35-44 were more likely than all other age groups to think it is most effective to stay home to prevent spreading the flu, at 69%.
- Caucasians were more likely than all other race/ethnic groups to think it is most effective to stay home to prevent spreading the flu, at 68%.
- As level of education attainment increased so did the likelihood that respondents thought it is most effective to stay home to prevent spreading the flu.
- As level of household income increased so did the likelihood that respondents thought it is most effective to stay home to prevent spreading the flu.
- Residents who reside in Ward 2 were more likely than all other wards to think it is most effective to stay home to prevent spreading the flu, at 68%.

¹ <http://www.cdc.gov/flu/keyfacts.htm>

² <http://www.cdc.gov/Features/Pneumonia/>

³ Centers for Disease Control and Prevention (CDC) - The 2009 H1N1 Pandemic: Summary Highlights, April 2009-April 2010 <http://www.cdc.gov/h1n1flu/cdcresponse.htm> Accessed April 12, 2011 Centers for Disease Control and Prevention (CDC) -

⁴ Taking Protective Actions during a Flu Pandemic <http://www.cdc.gov/Features/MasksRespirators/> Accessed April 12, 2011

Table 55. Adult Influenza and Pneumococcal Immunization Rates, by Demographics and Ward

“A flu shot is an influenza vaccine injected in your arm. During the past 12 months, have you had a flu shot?” combined with “During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine that is sprayed in the nose is also called FluMist™.” and “ A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person’s lifetime and is different from the flu shot. “Have you ever had a pneumonia shot?”

	N	Had Flu Shot in Past Year	N	Ever Had Pneumonia Vaccination
		Yes		Yes
TOTAL	3790	41.3	3402	24.7
GENDER				
Male	1466	41.6	1266	23.9
Female	2324	41.0	2136	25.3
AGE				
18-24	88	33.2	66	27.5
25-34	445	30.1	361	11.4
35-44	613	35.7	519	12.8
45-54	714	38.8	649	19.0
55-64	879	51.8	814	27.1
65+	1051	67.1	993	62.1
RACE				
Caucasian	1778	46.8	1553	24.6
African American	1575	36.2	1471	26.9
Asian	86	39.7	73	10.2
Other	114	33.0	100	27.3
Hispanic	150	38.4	132	14.3
EDUCATION				
Less than High School	247	46.7	233	33.2
High School Graduate	608	35.4	572	28.0
Some College	568	36.3	521	30.6
College Graduate	2357	43.6	2068	21.3
INCOME				
Less than \$15,000	348	39.5	321	28.1
\$15,000-\$24,999	346	40.9	324	33.6
\$25,000-\$34,999	277	35.8	257	30.1
\$35,000-\$49,999	350	32.9	321	26.2
\$50,000-\$74,999	446	41.7	403	26.8
\$75,000 and over	1576	44.4	1389	19.7
WARD				
Ward 1	309	34.1	266	19.8
Ward 2	327	52.8	296	24.1
Ward 3	642	52.6	559	29.1
Ward 4	452	42.2	413	28.7
Ward 5	355	35.6	335	27.2
Ward 6	382	49.0	348	25.0
Ward 7	334	34.6	311	25.5
Ward 8	298	32.4	278	25.9

Table 56. H1N1 Adult, by Demographics and Ward
 “Were you ill with a fever in the past month” and “ Did any other members of your household have a fever with cough or sore throat during the past month?”

	N	Ill with Fever (within past month)	N	Fever with Cough or Sore Throat (within past month)
		Yes		Yes
TOTAL	1175	9.2	629	21.8
GENDER				
Male	443	11.8	265	20.9
Female	732	7.1	364	22.6
AGE				
18-24	28	*	23	*
25-34	106	10.6	68	20.3
35-44	192	9.2	134	34.6
45-54	229	9.7	135	19.7
55-64	270	8.4	137	14.3
65+	350	3.5	132	6.2
RACE				
Caucasian	566	11.5	320	19.8
African American	482	7.7	247	23.1
Asian	25	*	11	*
Other	33	*	14	*
Hispanic	41	*	26	*
EDUCATION				
Less than High School	75	8.4	39	*
High School Graduate	188	7.4	89	23.6
Some College	171	13.4	84	31.5
College Graduate	741	8.9	417	19.5
INCOME				
Less than \$15,000	86	9.8	32	*
\$15,000-\$24,999	113	10.5	49	*
\$25,000-\$34,999	95	13.7	37	*
\$35,000-\$49,999	101	6.1	45	*
\$50,000-\$74,999	138	8.3	53	21.2
\$75,000 and over	500	9.8	349	20.4
WARD				
Ward 1	112	10.4	54	13.0
Ward 2	78	19.1	39	*
Ward 3	221	7.2	120	28.9
Ward 4	141	3.3	89	18.9
Ward 5	97	4.6	47	*
Ward 6	121	6.9	77	28.3
Ward 7	94	11.3	47	*
Ward 8	98	5.4	61	17.0

*Data not presented if the unweighted cell size was < 50.

Table 57. H1N1 and High Risk/Health Care Worker, by Demographics and Ward

“Since September 2009, have you been vaccinated either way for the H1N1 flu.” and “Do you currently volunteer or work in a hospital, medical clinic, doctor’s office or dentist’s office?” and “Do you provide direct patient care as part of your routine work?” Has a doctor, nurse or other health professional ever said that you have a problem caused by a chronic illness or by medicines taken for a chronic illness.

	N	Since September 2009 been Vaccinated Either Way for The H1N1 Flu	N	Volunteer or Work in a Hospital, Medical Clinic, Doctor's Office or Dentist's Office	N	Provide Direct Patient Care as Part of Your Routine Work	N	Doctor , Nurse or Other Health Professional said That You Have Problem Caused by a Chronic Illness
		Yes		Yes		Yes		Yes
TOTAL	903	7.3	859	7.7	857	5.8	852	10.5
GENDER								
Male	358	7.9	337	5.5	338	3.9	332	6.4
Female	545	6.9	522	9.7	519	7.4	520	14.1
AGE								
18-24	19	2.7	15	*	15	*	15	*
25-34	87	8.8	84	4.5	84	4.0	84	9.1
35-44	147	13.0	140	2.9	140	3.3	139	7.7
45-54	176	8.1	162	11.0	162	8.9	162	10.4
55-64	223	3.6	213	9.3	212	5.6	210	16.3
65+	251	2.2	245	9.3	244	5.1	242	11.6
RACE								
Caucasian	419	9.5	409	5.9	410	4.1	405	12.4
African American	375	3.8	355	8.8	352	6.8	352	9.9
Asian	20	*	20	*	20	*	20	*
Other	30	*	24	*	24	*	24	*
Hispanic	31	*	28	*	28	*	28	*
EDUCATION								
Less than High School	51	0	49	*	48	*	48	*
High School Graduate	151	8.5	140	8.0	140	5.8	139	4.4
Some College	135	7.3	125	15.9	125	7.1	124	11.8
College Graduate	566	7.7	545	6.5	544	5.5	541	10.0
INCOME								
Less than \$15,000	69	10.9	62	18.8	62	6.5	61	13.6
\$15,000-\$24,999	85	6.0	81	7.3	80	7.2	81	10.5
\$25,000-\$34,999	71	0	69	9.8	69	9.5	68	13.0
\$35,000-\$49,999	82	5.6	75	7.8	75	1.7	75	11.6
\$50,000-\$74,999	113	9.0	109	7.4	109	6.7	108	4.2
\$75,000 and over	373	8.6	360	7.1	360	5.7	357	9.4
WARD								
Ward 1	88	4.3	81	4.7	81	2.6	80	11.0
Ward 2	62	13.0	57	4.8	57	4.8	56	11.7
Ward 3	169	11.5	164	10.1	165	7.9	164	12.3
Ward 4	102	14.5	97	9.6	96	6.6	96	8.4
Ward 5	73	5.5	70	9.8	70	10.0	70	8.0
Ward 6	92	6.7	88	9.1	88	6.0	87	10.9
Ward 7	79	2.5	74	6.0	72	1.8	72	17.0
Ward 8	71	3.4	67	4.0	67	3.0	67	6.4

*Data not presented if the unweighted cell size was < 50.

Table 58. Flu Prevention, by Demographics and Ward

“What do you think is the most effective thing to do to prevent spreading the flu to people when you are sick?”

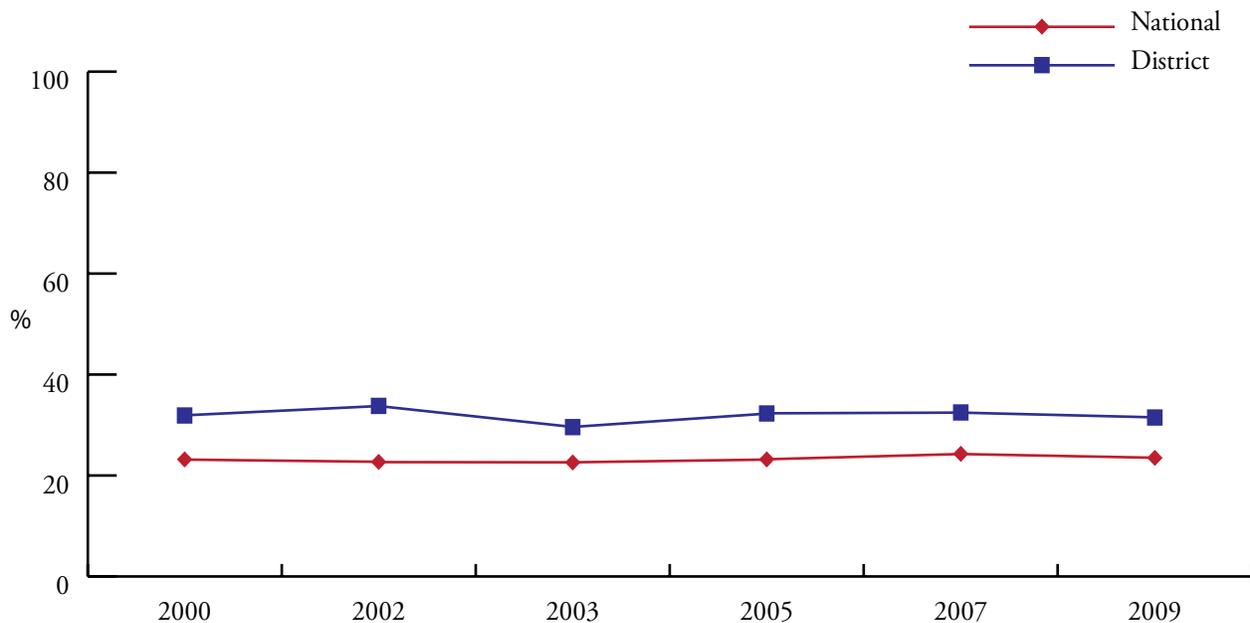
	N	Frequent Hand Washing	Covering Your Mouth and Nose When Coughing or Sneezing	Staying Home when You are Sick with the Flu
TOTAL	562	28.3	9.9	61.8
GENDER				
Male	228	26.2	10.3	63.5
Female	334	30.1	9.5	60.4
AGE				
18-24	8	*	*	*
25-34	74	33.8	6.2	60.0
35-44	102	23.4	7.5	69.1
45-54	100	19.1	19.2	61.8
55-64	135	24.8	8.3	66.9
65+	143	31.3	15.4	53.3
RACE				
Caucasian	283	23.4	8.3	68.3
African American	228	34.1	9.3	56.6
Asian	8	*	*	*
Other	12	*	*	*
Hispanic	19	*	*	*
EDUCATION				
Less than High School	30	*	*	*
High School Graduate	89	33.6	13.6	52.8
Some College	67	35.4	6.2	58.5
College Graduate	374	26.0	8.6	65.4
INCOME				
Less than \$15,000	46	*	*	*
\$15,000-\$24,999	44	*	*	*
\$25,000-\$34,999	38	*	*	*
\$35,000-\$49,999	52	37.9	6.0	56.1
\$50,000-\$74,999	66	30.4	11.5	58.1
\$75,000 and over	246	25.2	6.6	68.1
WARD				
Ward 1	44	*	*	*
Ward 2	54	24.5	7.1	68.3
Ward 3	108	30.0	7.0	63.0
Ward 4	69	23.6	10.2	66.1
Ward 5	54	34.0	8.7	57.4
Ward 6	52	23.0	10.3	66.7
Ward 7	58	28.3	4.8	66.9
Ward 8	36	*	*	*

*Data not presented if the unweighted cell size was < 50.

FRUITS AND VEGETABLES

Good nutrition is vital to good health, disease prevention, and essential for healthy growth and development of children and adolescents. In addition to assisting to maintain a healthy weight, eating the recommended servings of fruits and vegetables, and a variety of them, have shown to prevent many diseases. These include: heart disease, stroke, high blood pressure, cholesterol, certain types of cancer, cataract and macular degeneration, and diverticulitis (an intestinal illness).^{1,2}

Figure 12. Percentage of Adults who have consumed five or more fruits and vegetables per day



Overall, one-third (31.5%) of District adults ate the recommended five or more servings of fruits and vegetables, compared to 23.5% nationally (Figure 12) - (Table 59).

- Females were more likely than males to consume the recommended five servings of fruit and vegetables per day; 34% versus 28%, respectively.
- Adults aged 18-24 were less likely than all other age groups to consume five or more servings per day, at 78%.
- African Americans were less likely than all other race/ethnic groups to consume five or more servings of fruits and vegetables per day, at 26%.
- As education increased, so did the percentage of adults who consume the recommended five servings of fruits and vegetables per day.

- Adults with a household income of \$35,000-\$49,999 were more likely than all other income subgroups to consume five servings of fruits and vegetables per day, at 36.5%.
- Residents who reside in Ward 3 were more likely than all other wards to consume five servings of fruits and vegetables per day, at 41%.

¹ CDC – Nutrition for Everyone – Introduction - <http://www.cdc.gov/nutrition/everyone/index.html> . Accessed February 23, 2011

² Harvard School of Public Health Nutrition Source, Fruits & Vegetables. [Http://www.hsph.harvard.edu/nutritionsource/fruits.html](http://www.hsph.harvard.edu/nutritionsource/fruits.html). [Accessed: March 14, 2011]

Table 59. Servings of Fruits and Vegetables, by Demographics and Ward

“Created variable from “How often do you drink fruit juices such as orange, grapefruit, or tomato?” “Not counting juice, how often do you eat fruit?” “ How often do you eat green salad?”, “How often do you eat potatoes not including French fries, fried potatoes, or potato chips?”, “How often do you eat carrots?” and “Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? Example: A serving of vegetables at both lunch and dinner would be two servings.

	N	Less than 5 Per Day*	5 or More Per Day
TOTAL	3728	68.5	31.5
GENDER			
Male	1444	71.6	28.4
Female	2284	65.8	34.2
AGE			
18-24	87	77.5	22.5
25-34	435	66.1	33.9
35-44	605	70.3	29.7
45-54	701	70.1	29.9
55-64	865	68.8	31.2
65+	1035	64.4	35.6
RACE			
Caucasian	1765	64.1	35.9
African American	1539	74.0	26.0
Asian	85	71.2	28.8
Other	111	59.8	40.2
Hispanic	145	73.3	26.7
EDUCATION			
Less than High School	244	77.6	22.4
High School Graduate	586	77.2	22.8
Some College	554	71.1	28.9
College Graduate	2334	65.0	35.0
INCOME			
Less than \$15,000	339	74.7	25.3
\$15,000-\$24,999	339	73.9	26.1
\$25,000-\$34,999	270	77.0	23.0
\$35,000-\$49,999	345	63.5	36.5
\$50,000-\$74,999	433	72.5	27.5
\$75,000 and over	1561	65.4	34.6
WARD			
Ward 1	304	70.1	29.9
Ward 2	321	63.5	36.5
Ward 3	640	59.3	40.7
Ward 4	444	73.8	26.2
Ward 5	349	67.5	32.5
Ward 6	378	69.9	30.1
Ward 7	328	72.2	27.8
Ward 8	287	73.9	26.1

ORAL HEALTH

Healthy People 2010 Objectives

- **Goal Attained:** Increase the proportion of person who have never had permanent teeth extracted because of dental caries or periodontal disease to 42%; **the District rate 63%.**

One in seven adults aged 35 to 44 has gum disease; this increases to one in every four adults aged 65 years and older.¹ Oral health is an important part of maintaining good hygiene and a healthy life style. Left untreated, oral health can affect the ability to drink, eat, smile and even communicate.³

Many minorities have limited access to proper dental health care, which includes lack of dental/health coverage. The baby boomer generation will be the first where the majority will maintain their natural teeth over their entire lifetime, having benefited from water fluoridation and fluoride toothpastes.²

To help maintain a good oral health avoid tobacco and limit alcohol, decrease sugar intake increase fruits and vegetables, visit the dentist regularly, use dental aides with fluoride to help prevent dental cavities.³

District respondents were asked how long has it been since they last visited a dentist or a dental clinic for any reason (Table 60). Overall, 76.1% of District respondents visited a dentist within the past year and 5.9% visited a dental clinic within the past 5 years.

- Females were more likely than males to have visited a dentist in the past year; 78.7% versus 73.1% respectively.
- Adults aged 55-64 were more likely than all other age groups to visit a dentist in the past year, at 78.9%.
- Caucasians were more likely than all other race/ethnic groups to visit a dentist within the past year, at 85%.
- College graduates were more likely than all other education subgroups to visit a dentist within the past year, at 83%.
- Adult households with an income of \$75,000 or more were more likely than all other income subgroups to visit a dentist within the past year, at 84.5%.
- Residents who reside in Ward 3 were more likely than all other wards to visit a dentist within the past year, at 88.5%.

District residents were asked how many of their permanent adult teeth have been removed because of tooth decay or gum disease (Table 61). Overall, 62.7% of District residents reported that none of their teeth have been removed as a result of tooth decay or gum disease; 2.5% had all teeth removed; 8% had 6 or more but not all and 26.8% had 1 to 5 teeth removed as a result of tooth decay or gum disease.

- Females were slightly more likely than males to report having all their teeth removed as a result of tooth decay or gum disease; 3% versus 2% respectively.
- Adults aged 55-64 were more likely than all other age groups to report having 1 to 5 teeth removed as a result of tooth decay or gum disease, at 39%.
- African Americans were more likely than all other race/ethnic groups to report having 1 to 5 teeth removed as a result of tooth decay or gum disease, at 36%.
- As level of education attainment decreased, so did the likelihood that adults would have all of their teeth removed as a result of tooth decay or gum disease.
- Adult households with an income of \$15,000-\$25,999 were more likely than all other income subgroups to report 1 to 5 teeth removed as a result of tooth decay and gum disease, at 41%.
- Residents who reside in Ward 7 were more likely than all other wards to report having all of their teeth removed as a result of tooth decay and gum disease, at 40%.

District residents were asked, what is the main reason they have not visited a dentist in the past year (Table 62). Overall, 20% of District respondents stated that cost was the reason for not seeing a dentist within the past year; 4% stated that not having a dentist was the main reason they did not see a dentist within the past year.

- Males were more likely than females to indicate cost as the main reason for not seeing a dentist; 23% versus 16% respectively.
- Adults aged 45-54 were more likely than all other age groups to indicate cost as the main reason for not seeing a dentist within the past year, at 29%.
- African Americans were more likely than all other race/ethnic groups to indicate cost as the main reason for not seeing a dentist within the past year, at 21%.
- Adults with some college education were more likely than all other education subgroups to indicate cost was the main reason they did not see a dentist within the past year, at 32%.
- Adult households with an income of less than \$15,000 were more likely than all other income subgroups to indicate cost was their main reason they did not see a dentist within the past year, at 33%.
- Adults who reside in Ward 8 were more likely than all other ward to indicate cost as the main reason they have not seen a dentist within the past year, at 32%.

District residents were asked if they have any kind of insurance coverage that pays for some or all of their routine dental care, including dental insurance, prepaid plans such as Health Maintenance Organization (HMO)s, or governmental plans such as Medicaid (Table 63). Overall, 77% of District

respondents are covered by some kind of dental insurance that pays all of some of their dental care.

- Males and females were equally as likely to have dental coverage; 77% versus 77.2% respectively.
- Adults aged 25-34 were more likely than all other age groups to have dental coverage, at 86%.
- Asians were more likely than all other race/ethnic groups to have dental coverage, at 90%.
- College graduates were more likely than any other education subgroup to have dental coverage, at 79%.
- Adult households with an income of \$75,000 or more were more likely than all other income subgroups to have dental coverage, at 84%.
- Residents who reside in Ward 8 were more likely than all other wards to have dental coverage at, 85%.

¹ CDC - Division of Oral Health - Adult Oral Health - <http://www.cdc.gov/OralHealth/topics/adult.htm>. Accessed June 7, 2011

² ADC American Dental Association - Oral Health Topic - <http://www.ada.org>. Accessed June 8, 2011

³ CDC - Division of Oral Health - Oral Health for Adults - <http://www.cdc.gov/OralHealth/publications/factsheets/adult.htm>

Table 60. Oral Health, by Demographics and Ward
 “How long has it been since you last visited a dentist or a dental clinic for any reason?”

	N	Within Past Year	Within Past Two Years	Within Past Five Years	5 or More Years Ago	Never
TOTAL	3490	76.1	10.9	6.9	5.9	0.2
GENDER						
Male	1351	73.1	12.3	8.1	6.3	0.2
Female	2139	78.7	9.6	5.9	5.5	0.3
AGE						
18-24	77	67.2	19.6	4.5	8.7	0
25-34	410	76.5	11.8	8.1	3.5	0.2
35-44	573	78.1	9.7	7.7	4.2	0.3
45-54	649	76.2	11.2	6.7	5.8	0.2
55-64	812	78.9	9.0	6.6	5.3	0.2
65+	969	74.8	7.4	5.6	11.8	0.4
RACE						
Caucasian	1705	85.1	7.7	5.0	2.0	0.1
African American	1399	64.4	14.8	8.8	11.5	0.5
Asian	78	76.3	11.0	9.4	3.4	0
Other	102	78.2	6.2	9.2	6.4	0
Hispanic	134	74.2	13.7	8.4	3.3	0.4
EDUCATION						
Less than High School	213	47.8	17.8	14.3	19.6	0.4
High School Graduate	530	62.0	14.5	10.3	12.9	0.3
Some College	509	69.2	14.2	8.1	7.8	0.7
College Graduate	2230	83.4	8.7	5.3	2.5	0.1
INCOME						
Less than \$15,000	309	52.7	17.6	12.4	16.3	1.1
\$15,000-\$24,999	309	65.8	12.1	10.9	11.1	0.2
\$25,000-\$34,999	243	61.3	12.7	11.4	14.5	0.2
\$35,000-\$49,999	328	74.9	13.8	6.9	4.4	0
\$50,000-\$74,999	413	78.4	11.5	7.1	2.6	0.4
\$75,000 and over	1500	84.5	8.4	4.8	2.2	0.1
WARD						
Ward 1	291	78.4	9.3	4.6	7.7	0
Ward 2	308	79.3	9.0	8.7	2.9	0.1
Ward 3	623	88.5	5.4	4.3	1.5	0.3
Ward 4	404	69.5	11.7	9.1	9.6	0.1
Ward 5	319	68.3	16.0	7.8	7.8	0.1
Ward 6	353	78.4	7.8	6.6	6.7	0.5
Ward 7	298	67.9	16.5	6.2	9.4	0
Ward 8	253	67.7	13.1	7.8	10.8	0.5

Table 61. Oral Health, by Demographics and Ward

“How many of your permanent adult teeth have been removed because of tooth decay or gum disease?”

	N	1 to 5	6 or more but not all	All	None
TOTAL	3420	26.8	8.0	2.5	62.7
GENDER					
Male	1330	25.7	6.4	1.6	66.4
Female	2090	27.9	9.4	3.4	59.4
AGE					
18-24	79	12.2	3.0	0	84.8
25-34	408	15.9	0	0	84.1
35-44	571	28.3	2.1	1.0	68.7
45-54	644	35.7	11.3	1.3	51.7
55-64	801	38.9	14.0	2.8	44.2
65+	917	34.4	25.2	12.1	28.3
RACE					
Caucasian	1678	19.2	3.0	0.4	77.4
African American	1364	36.1	15.2	5.8	42.9
Asian	77	24.7	0.6	0.3	74.4
Other	99	28.3	13.0	1.8	57.0
Hispanic	132	31.6	2.9	0	65.5
EDUCATION					
Less than High School	205	36.6	25.5	12.5	25.4
High School Graduate	523	36.1	16.0	6.3	41.6
Some College	487	33.6	12.9	3.5	49.9
College Graduate	2197	22.2	3.5	0.6	73.7
INCOME					
Less than \$15,000	296	39.0	22.6	6.0	32.5
\$15,000-\$24,999	301	40.9	15.4	6.5	27.2
\$25,000-\$34,999	242	30.5	16.0	4.1	49.3
\$35,000-\$49,999	325	31.2	10.5	3.6	54.7
\$50,000-\$74,999	405	30.5	8.8	2.3	58.4
\$75,000 and over	1486	20.6	2.2	0.5	76.7
WARD					
Ward 1	260	23.0	7.0	1.7	68.4
Ward 2	304	20.1	4.9	1.2	73.7
Ward 3	611	22.5	4.1	0.6	72.9
Ward 4	392	31.2	8.8	3.4	56.7
Ward 5	316	32.8	14.0	6.4	46.8
Ward 6	352	25.0	6.5	3.5	65.0
Ward 7	292	39.7	16.1	5.1	39.0
Ward 8	243	37.6	16.4	4.2	41.8

Table 62. Oral Health, by Demographics and Ward
 “What is the main reason you have not visited a dentist in the past year?”

	N	Dislike	Cost	No Dentist	No Priority	Not Thought Of	Other
TOTAL	780	4.1	19.7	3.8	13.6	7.5	51.3
GENDER							
Male	334	3.7	23.3	3.8	11.9	8.4	48.8
Female	446	4.6	15.7	3.8	15.5	6.4	54.0
AGE							
18-24	30	*	*	*	*	*	*
25-34	90	3.4	13.4	4.7	11.4	6.6	60.5
35-44	120	3.6	15.2	5.4	15.8	8.7	51.2
45-54	151	9.4	29.3	4.4	10.5	6.3	40.1
55-64	155	5.8	26.5	2.2	13.3	5.3	46.9
65+	234	2.6	12.8	1.1	15.3	9.7	58.4
RACE							
Caucasian	215	6.7	16.1	4.4	17.9	3.6	51.3
African American	476	3.1	20.9	3.3	10.3	10.7	51.7
Asian	22	*	*	*	*	*	*
Other	22	*	*	*	*	*	*
Hispanic	32	*	*	*	*	*	*
EDUCATION							
Less than High School	107	2.1	22.9	7.6	8.4	11.9	47.0
High School Graduate	200	2.5	18.4	1.6	14.1	10.8	52.6
Some College	144	2.4	31.8	3.4	12.6	4.0	45.7
College Graduate	325	6.4	14.6	4.3	15.2	5.9	53.7
INCOME							
Less than \$15,000	139	3.8	33.1	4.4	3.5	9.1	46.0
\$15,000-\$24,999	119	2.9	24.0	3.9	15.3	10.4	43.7
\$25,000-\$34,999	87	0.7	26.7	0.4	6.3	7.5	58.4
\$35,000-\$49,999	76	3.8	13.0	2.4	21.8	11.1	47.9
\$50,000-\$74,999	76	3.3	17.6	1.5	22.7	7.9	47.0
\$75,000 and over	179	7.5	11.3	5.0	13.5	5.2	57.5
WARD							
Ward 1	68	4.5	26.6	8.5	11.5	8.6	40.2
Ward 2	53	5.8	16.5	5.7	15.1	3.6	53.3
Ward 3	74	6.5	15.2	2.0	21.0	1.0	54.3
Ward 4	100	4.8	17.5	2.8	12.5	5.3	57.1
Ward 5	92	3.5	24.3	2.6	12.5	23.8	33.4
Ward 6	63	1.2	14.2	1.3	14.6	3.4	65.2
Ward 7	94	3.9	12.5	3.5	18.5	10.4	51.2
Ward 8	87	2.0	31.8	5.3	7.4	2.7	50.8

*Data not presented if the unweighted cell size was < 50.

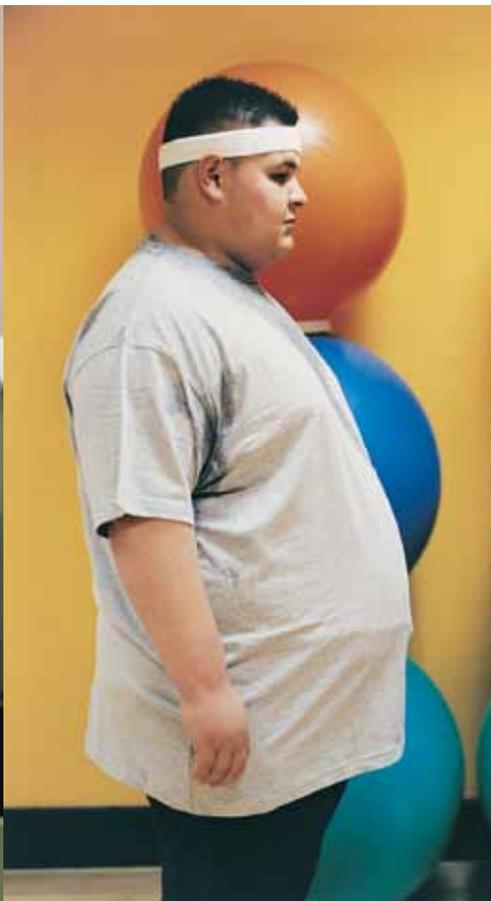
Table 63. Oral Health, by Demographics and Ward

“Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid?”

	N	Yes	No
TOTAL	3455	77.1	22.9
GENDER			
Male	1338	77.0	23.0
Female	2117	77.2	22.8
AGE			
18-24	74	84.3	15.7
25-34	402	86.4	13.6
35-44	570	83.8	16.2
45-54	644	75.3	24.7
55-64	812	74.7	25.3
65+	953	51.3	48.7
RACE			
Caucasian	1686	77.1	22.9
African American	1383	76.8	23.2
Asian	77	90.0	10.0
Other	102	81.8	18.2
Hispanic	135	75.0	25.0
EDUCATION			
Less than High School	211	72.1	27.9
High School Graduate	519	74.4	25.6
Some College	505	73.7	26.3
College Graduate	2211	78.9	21.1
INCOME			
Less than \$15,000	297	58.5	41.5
\$15,000-\$24,999	309	67.3	32.7
\$25,000-\$34,999	242	63.7	36.3
\$35,000-\$49,999	327	73.6	26.4
\$50,000-\$74,999	410	82.1	17.9
\$75,000 and over	1491	84.0	16.0
WARD			
Ward 1	291	80.6	19.4
Ward 2	305	75.5	24.5
Ward 3	620	73.0	27.0
Ward 4	401	75.8	24.2
Ward 5	313	70.2	29.8
Ward 6	351	80.3	19.7
Ward 7	299	77.9	22.1
Ward 8	254	85.0	15.0



Chronic Disease



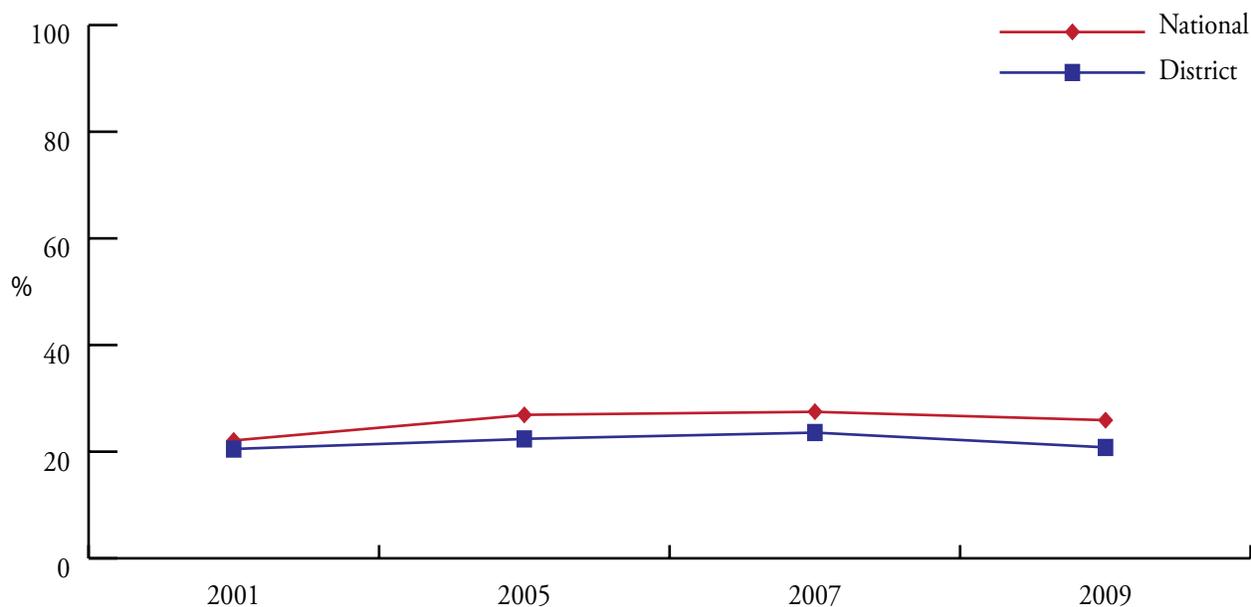
ARTHRITIS

Healthy People 2010 Objectives

- **Goal Attained:** Decrease the proportion of adults aged 18 years and older with chronic joint symptoms who experienced a limitation in activity due to arthritis to 21%; **the District rate is 21%.**

Arthritis comprises more than 100 different rheumatic diseases and conditions. Arthritis is also the most common cause of disability in the United States, limiting the activities of nearly 21 million adults.^{1,2} According to the Centers for Disease Control and Prevention (CDC) an estimated 50 million U.S. adults (about 1 in 5) report doctor-diagnosed arthritis. As the U.S. population ages, these numbers are expected to increase sharply. The number of adults with doctor-diagnosed arthritis is projected to increase to 67 million by 2030. For people with arthritis, physical activities such as walking, bicycling, and swimming have been shown to have significant benefits, including reducing pain and improving physical function, mental health, and quality of life.³

Figure 13. Percentage of Adults who have been told they have Arthritis



District respondents were asked if they had ever been told by a doctor or other health professional that they had some form of arthritis, rheumatoid arthritis, gout lupus, or fibromyalgia (Table 64). Overall, 21% indicated that they were diagnosed with arthritis compared nationally, at 26%.

- Females were more likely than males to be diagnosed with arthritis, 25% versus 16% respectively.
- Adults aged 65 and older were more likely than all other age groups to diagnosed with arthritis, at 52%.

- African Americans and other race/ethnic groups were more likely to be diagnosed with arthritis, at 25%-26%.
- Adults with less than high school were more likely than all other education subgroups to be diagnosed with arthritis, at 38%.
- Adults with a household income of less than \$15,000-\$24,999 were more likely than all other income subgroups to be diagnosed with arthritis, at 31%.
- Adults residing in Ward 7 were more likely than all other wards to be told by a doctor or health professional that they are diagnosed with arthritis, at 31%.

District respondents were asked if they were limited in any way in any of their usual activities because of arthritis or joint symptoms (Table 64). Overall, 44% of District respondents were limited in their usual activities because of arthritis or joint symptoms.

- Females were slightly more likely than males to be limited in their unusual activities because of arthritis or joint symptoms, 46% versus 42% respectively.
- Adults aged 44-54 were more likely than all other age groups to be limited in their usual activities because of arthritis or joint symptoms, at 52%.
- African Americans were more likely to be limited in their usual activities because of arthritis or joint symptoms, at 50%.
- Adults with less a than high school were more likely than all other education subgroups to be limited in their usual activities because of arthritis or joint symptoms, at 60%.
- Adults with a household income of less than \$15,000 were more likely to be limited in their usual activities because of arthritis or joint symptoms, at 68%.
- Adults residing in Wards 7 and 8 were more likely than all other wards to be limited in their usual activities because of arthritis or joint symptoms, at 52%.

District respondents were asked if their arthritis or joint symptoms affect their work, the type of work they do or the amount of work they do (Table 64). Overall, 26% of respondents indicated that arthritis or joint symptoms affect whether they work and the type or amount of work they do.

- Females were slightly more likely than males to indicate that arthritis or joint symptoms affect whether they work, the type or amount of work they do; 26% and 25% respectively.
- Adults aged 45-54 were more likely to indicate that arthritis or joint symptoms affect whether their work, the type or amount of work they do, at 42%.
- African Americans were likely to indicate that arthritis or joint symptoms affect their work, the type or amount of work they do, at 35%.

- High school graduates were more likely than all education subgroups to likely to indicate that arthritis or joint symptoms affect whether they work, the type or amount of work they do, at 45%.
- Adult households with an income less than \$15,000 were more likely to indicate that arthritis or joint symptoms affect whether they work, the type or amount of work they do, at 56%.
- Adults who reside in Ward 8 were more likely than all other wards to indicate that arthritis or joint symptoms affect whether they work, the type or amount of work they do, at 41%.

District respondents were asked to what extent their arthritis or joint symptoms interfered with their normal social activities, such as going shopping, to the movies or to religious or social gatherings within the past 30 days (Table 65). Overall, 15% responded that a lot of their social activities were limited due to joint symptoms.

- Males and females were similar in that a lot of their social activities limited due to joint symptoms, at 15%.
- Adults aged 45-54 were more likely than all other age groups to indicate a lot of their social activities were limited due to joint symptoms, at 25%.
- African Americans were more likely than all other race/ethnic groups to indicate a lot of their social activities were limited due to joint symptoms, at 22%.
- Adults with less a than high school education were more likely than all other education subgroups to indicate a lot of their social activities were limited due to joint symptoms, at 38%.
- As household incomes decrease, so did the likelihood of adults to have social activities limited due to joint symptoms.
- Respondents who reside in Ward 7 were more likely than all wards to indicate a lot of their social activities were limited due to joint symptoms, at 23.5%.

District residents were asked to think about the past 30 days, keeping in mind all of their joint pain or aching and whether or not they had taken medication. Residents were also asked within the past 30 days how bad was their joint pain on average (Table 66). Overall, 27% of respondents indicated that their joint pain average between 7 to 10 on the scale of 0 to 10.

- Females were more likely than males to indicate that their joint pain averaged between 7 to 10 on the scale of 0 to 10; 30% versus 23% respectively.
- Adults aged 45-54 were more likely than all other age groups to indicate that their joint pain average between 7 to 10 on the scale of 0 to 10, at 36.2%.
- African Americans were more likely than all other race/ethnic groups to indicate that their joint pain average between 7 to 10 on the scale of 0 to 10, at 42%.

- Adults with less than a high school education were more likely than all other education subgroups to indicate that their joint pain averaged between 7 to 10 on the scale of 0 to 10, at 59%.
- Adult households with an income less than \$15,000 were more likely than all other income subgroups to indicate that their joint pain averaged between 7 to 10 on the scale of 0 to 10, at 66%.
- Adults who reside in Ward 8 were more likely than all other wards to indicate that their joint pain averaged between 7 to 10 on the scale of 0 to 10, at 41%.

¹ CDC – Arthritis <http://www.cdc.gov/arthritis/> . Accessed March 11, 2011

² CDC - Arthritis Basics - <http://www.cdc.gov/arthritis/basics.htm>. Accessed June 7, 2011

³ CDC - Chronic Disease Prevention and Health Promotion - The Nations Most Common Cause of Disability - What is Arthritis? - <http://www.cdc.gov/chronicdisease/resources/publications/aag/arthritis.htm>. Accessed June 7, 2011

Table 64. Arthritis Burden, by Demographics and Ward

“Are you now limited in any way in any of your usual activities because of arthritis or joint symptom?” and “Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?” and “Does arthritis or joint symptoms now affect whether you work, the type of work you do or the amount of work you do?”

	N	Limited because of Joint Symptoms	N	Diagnosed With Arthritis	N	Arthritis Affects Work
TOTAL	1163	44.3	3747	20.8	1146	25.8
GENDER						
Male	363	42.0	1454	16.4	358	24.5
Female	800	45.6	2293	24.8	788	26.5
AGE						
18-24	4	*	88	4.0	4	*
25-34	15	*	439	2.9	15	*
35-44	62	36.7	607	11.3	61	30.4
45-54	188	53.2	705	27.1	190	42.4
55-64	361	43.9	867	40.3	358	24.0
65+	533	42.0	1041	52.0	518	17.3
RACE						
Caucasian	480	36.6	1762	17.8	476	12.5
African American	576	50.2	1554	26.3	565	35.3
Asian	13	*	85	10.6	13	*
Other	40	*	112	24.6	40	*
Hispanic	27	*	149	10.2	25	*
EDUCATION						
Less than High School	120	60.4	245	38.0	119	40.5
High School Graduate	217	55.8	595	24.9	209	44.7
Some College	201	51.1	559	23.6	198	36.3
College Graduate	622	34.9	2338	17.7	617	12.9
INCOME						
Less than \$15,000	137	68.4	343	28.5	136	55.7
\$15,000-\$24,999	143	57.4	342	30.5	143	40.4
\$25,000-\$34,999	96	50.0	273	22.3	93	33.5
\$35,000-\$49,999	123	45.0	346	24.1	124	29.3
\$50,000-\$74,999	137	46.6	436	21.6	137	21.5
\$75,000 and over	376	31.9	1567	16.6	371	10.3
WARD						
Ward 1	85	49.7	306	18.5	85	28.1
Ward 2	97	35.4	326	20.2	93	19.2
Ward 3	201	38.4	639	23.1	198	14.2
Ward 4	160	42.2	452	25.8	158	19.0
Ward 5	130	48.8	349	26.8	128	31.1
Ward 6	115	41.0	380	20.7	114	17.3
Ward 7	131	52.2	329	30.8	128	38.0
Ward 8	96	51.5	291	23.3	95	40.8

*Data not presented if the unweighted cell size was < 50.

Table 65. Social Activities Limited Because of Joint Symptoms, by Demographics and Ward
 “During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings?”

	N	A Lot	A Little	Not at All
TOTAL	1160	14.9	23.7	61.5
GENDER				
Male	358	14.8	19.7	65.5
Female	802	14.9	25.9	59.2
AGE				
18-24	4	*	*	*
25-34	15	*	*	*
35-44	60	8.4	27.6	64.0
45-54	190	25.0	29.4	45.6
55-64	360	14.3	19.3	66.4
65+	531	13.4	20.8	65.9
RACE				
Caucasian	483	5.8	17.5	76.7
African American	570	21.8	29.3	48.9
Asian	13	*	*	*
Other	40	*	*	*
Hispanic	26	*	*	*
EDUCATION				
Less than High School	118	37.5	34.6	27.9
High School Graduate	214	22.3	32.4	45.3
Some College	200	21.1	26.3	52.6
College Graduate	625	6.0	17.7	76.3
INCOME				
Less than \$15,000	137	43.0	23.9	33.2
\$15,000-\$24,999	143	22.8	34.2	43.0
\$25,000-\$34,999	94	22.0	32.9	45.0
\$35,000-\$49,999	124	8.5	36.5	55.0
\$50,000-\$74,999	138	7.6	26.5	65.9
\$75,000 and over	376	4.6	14.5	80.8
WARD				
Ward 1	83	15.1	16.0	68.9
Ward 2	97	8.2	24.1	67.7
Ward 3	203	7.3	20.0	72.8
Ward 4	159	16.7	19.3	64.0
Ward 5	130	13.9	31.4	54.6
Ward 6	115	12.3	15.9	71.9
Ward 7	130	23.5	33.8	42.7
Ward 8	95	22.8	32.9	44.3

*Data not presented if the unweighted cell size was < 50.

Table 66. How Bad Was Joint Pain, by Demographics and Ward

“Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication.

DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE?”

[Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be]

	N	0 on the Scale of 0 to 10	1 to 2 on the Scale of 0 to 10	3 to 6 on the Scale of 0 to 10	7 to 10 on the Scale of 0 to 10
TOTAL	1134	13.0	23.8	36.0	27.2
GENDER					
Male	351	13.9	31.7	31.3	23.2
Female	783	12.5	19.3	38.7	29.5
AGE					
18-24	4	*	*	*	*
25-34	14	*	*	*	*
35-44	60	27.8	23.0	29.4	19.8
45-54	188	8.2	16.7	38.8	36.2
55-64	362	10.9	25.5	38.7	24.9
65+	506	14.5	24.8	34.8	26.0
RACE					
Caucasian	474	12.3	37.3	39.8	10.6
African American	556	13.5	12.8	32.2	41.5
Asian	12	*	*	*	*
Other	39	*	*	*	*
Hispanic	26	*	*	*	*
EDUCATION					
Less than High School	115	9.9	3.8	27.5	58.7
High School Graduate	210	13.0	12.6	28.6	45.8
Some College	192	9.2	15.2	38.3	37.4
College Graduate	614	14.6	34.3	39.6	11.6
INCOME					
Less than \$15,000	136	9.3	2.7	22.4	65.6
\$15,000-\$24,999	139	8.2	15.2	35.2	41.4
\$25,000-\$34,999	94	11.7	14.0	39.1	35.2
\$35,000-\$49,999	121	9.2	16.3	38.8	35.8
\$50,000-\$74,999	132	7.3	22.7	49.4	20.6
\$75,000 and over	369	17.3	39.5	34.5	8.7
WARD					
Ward 1	82	10.9	33.3	29.8	26.0
Ward 2	97	11.9	34.4	40.9	12.8
Ward 3	200	14.1	33.8	38.0	14.2
Ward 4	154	19.7	21.6	30.3	28.5
Ward 5	126	15.1	10.4	39.9	34.7
Ward 6	109	6.8	39.2	33.5	20.5
Ward 7	128	8.6	10.4	42.7	38.3
Ward 8	95	9.9	13.0	35.8	41.3

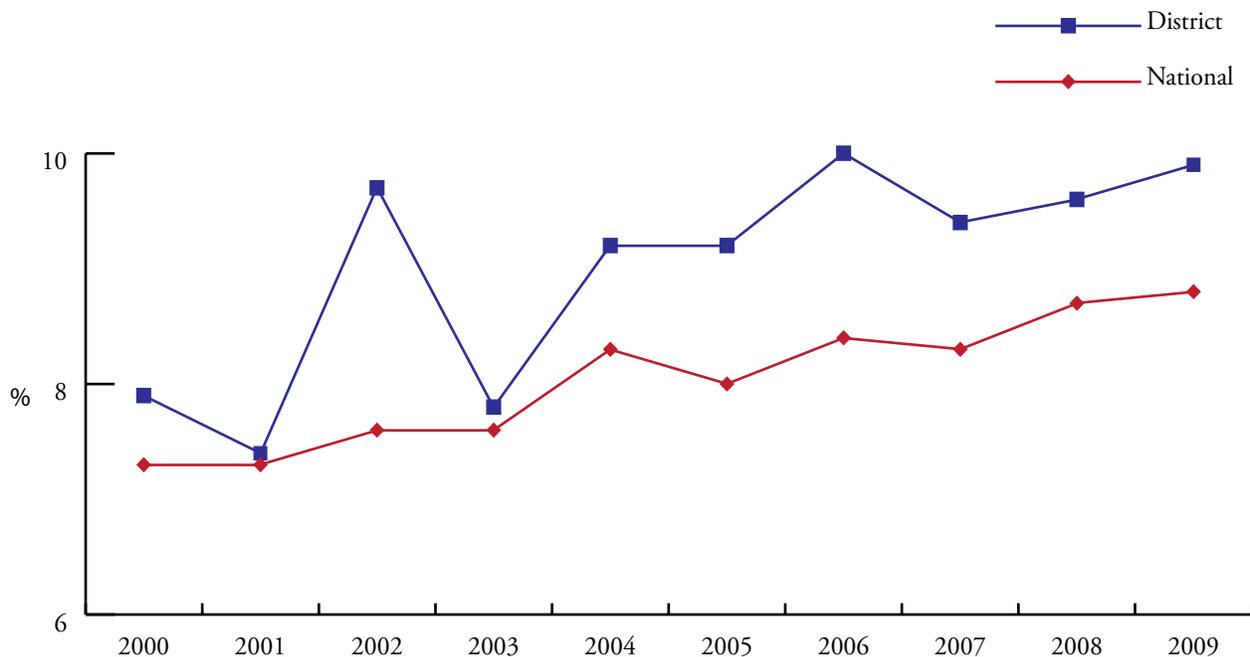
*Data not presented if the unweighted cell size was < 50.

ASTHMA

Asthma is a chronic disease of the airway that makes breathing difficult for children, adults and the elderly; it affects an estimated 22 million Americans. With Asthma, there is inflammation of the air passages that result in a temporary narrowing, which causes attacks of wheezing, shortness of breath, chest tightness, and coughing. Although there is no known cure for asthma, asthma can be controlled by routine visits with your health care provider, taking medication and avoiding factors that cause an attack.¹

Millions of people suffer from allergies caused by everyday exposures to agents such as dust mites, cat dander, and pollens. Agents encountered by workers can also cause allergic problems such as asthma, nasal and sinus allergies, hives, and even severe anaphylactic reactions. Asthma is one of the more serious problems that can be caused by work-related allergy. In severe cases, these symptoms can be disabling.²

Figure 14. Percentage of Adults Currently with Asthma



District residents were asked if they ever been told by a doctor, nurse or other health professional that they have asthma (Table 67). Overall, 10% of District respondents indicated they have been diagnosed by a doctor or other health professional and that they currently have asthma, compared to 9% nationally (Figure 14).

- Females were more likely than males to have asthma; 12% versus 7%, respectively.
- Adults aged 18-24 were more likely than all age groups to be diagnosed by a health professional that they currently have asthma, at 17%.

- District respondents of race/ethnic group Other were more likely than all other race/ethnic groups to be diagnosed by a health professional that they currently have asthma, at 20%.
- Adults with less than a high school education were more likely than all other education subgroups to be diagnosed by a health professional that they currently have asthma, at 27%.
- Adults with a household income of less than \$15,000 were more likely than all other income subgroups to be diagnosed by a health professional that they currently have asthma, at 17.5%.
- Adults residing in Ward 8 were more likely than all other wards to be diagnosed by a health professional that they currently have asthma, at 16%.

District adult respondents were asked how old they were when they were first told by a doctor, nurse or other health professional that you had asthma (Table 68). Forty-three percent of District asthmatics were diagnosed before they were 10 years of age; 20% were diagnosed between the ages of 11-17; 24% were diagnosed between the ages of 18-39, and 12% were diagnosed at aged 40 and older.

- Males were much more likely than females to be diagnosed with asthma before they turned 10 years old (59% versus 32%, respectively).
- Adults aged 25-34 were more likely than all other age groups to be diagnosed with asthma before they turned 10 years old, at 46%.
- African Americans were more likely than Caucasians to be diagnosed with asthma before they turned 10 years old (48% versus 40% respectively).
- Sixty-three percent of adults with less than a high school education were more likely than all other education subgroups to be diagnosed with asthma before they turned 10 years old.
- Forty-two percent of adults with a household income of \$75,000 or more were likely than all other income subgroups to be diagnosed with asthma before they turned 10 years old.

¹ WebMD - What is Asthma? <http://www.webmd.com/asthma/guide/what-is-asthma>. Accessed June 7, 2011

² CDC Workplace Safety and Health Topics - Asthma and Allergies <http://www.cdc.gov/niosh/topics/asthma/>. Accessed June, 7 2011

Table 67. Prevalence of Adult Asthma, by Demographics and Ward
 “Have you ever been told by a doctor or other health professional that you had asthma?”

	N	Current (Yes)	Former (Yes)	Never (Yes)
TOTAL	3870	9.9	5.7	84.5
GENDER				
Male	1490	7.1	6.2	86.7
Female	2380	12.3	5.2	82.5
AGE				
18-24	90	16.9	8.6	74.5
25-34	454	10.5	6.1	83.4
35-44	622	7.9	5.8	86.4
45-54	723	9.4	5.0	85.6
55-64	894	9.7	4.9	85.4
65+	1087	8.0	4.6	87.4
RACE				
Caucasian	1806	7.8	6.2	86.0
African American	1622	11.8	4.9	83.3
Asian	87	8.0	1.2	90.8
Other	119	20.0	1.4	78.7
Hispanic	151	8.0	9.5	82.5
EDUCATION				
Less than High School	261	26.8	5.6	67.6
High School Graduate	630	9.2	5.2	85.6
Some College	580	12.1	6.3	81.6
College Graduate	2387	8.0	5.6	86.3
INCOME				
Less than \$15,000	353	17.5	3.5	79.0
\$15,000-\$24,999	358	14.0	5.5	80.4
\$25,000-\$34,999	286	9.6	2.7	87.7
\$35,000-\$49,999	355	11.1	3.7	85.1
\$50,000-\$74,999	450	8.5	6.7	84.8
\$75,000 and over	1595	7.9	6.6	85.6
WARD				
Ward 1	311	8.2	7.5	84.3
Ward 2	335	10.6	6.3	83.1
Ward 3	653	9.4	5.6	85.0
Ward 4	460	7.5	5.0	87.5
Ward 5	367	6.4	4.6	89.0
Ward 6	385	12.0	5.9	82.1
Ward 7	344	10.3	4.5	85.2
Ward 8	309	15.8	6.3	77.8

Table 68. Prevalence of Adult Asthma, by Demographics and Ward

“How old were you when you were first told by a doctor, nurse or other health professional that you had asthma?”

	N	11-17 Years Old	18-39 Years Old	40 and Older	Age 10 or Younger
TOTAL	501	20.4	24.1	12.1	43.3
GENDER					
Male	168	16.5	15.9	8.7	58.8
Female	333	23.1	30.0	14.5	32.4
AGE					
18-24	21	*	*	*	*
25-34	74	33.5	20.5	0	46.0
35-44	83	16.5	44.0	0.6	38.9
45-54	95	12.7	31.4	16.4	39.6
55-64	119	9.1	22.4	37.2	31.2
65+	109	5.8	18.1	44.1	32.0
RACE					
Caucasian	214	25.5	22.1	12.8	39.6
African American	224	18.0	22.4	12.0	47.6
Asian	8	*	*	*	*
Other	23	*	*	*	*
Hispanic	19	*	*	*	*
EDUCATION					
Less than High School	55	7.1	17.4	12.1	63.4
High School Graduate	74	22.1	27.9	16.9	33.1
Some College	78	28.8	25.6	6.9	38.7
College Graduate	293	20.2	24.3	12.4	43.1
INCOME					
Less than \$15,000	60	12.5	36.4	13.8	37.3
\$15,000-\$24,999	61	35.4	17.5	14.0	33.1
\$25,000-\$34,999	34	*	*	*	*
\$35,000-\$49,999	43	*	*	*	*
\$50,000-\$74,999	54	11.3	38.5	8.7	41.4
\$75,000 and over	200	24.1	23.3	10.5	42.2

Numbers too small to present by Ward

CANCER

Every year, cancer kills more than half a million Americans. Cancer is the second leading cause of death in the United States, exceeded only by heart disease. Cancer is a group of diseases that cause cells in the body to change and grow out of control. Most types of cancer cells eventually form a lump or mass called a tumor, and are named after the part of the body where the tumor originates. Studies have shown the following are known causes of cancer including genetic factors; lifestyle factors such as tobacco use, diet, and physical activity; certain types of infections; and environmental exposures to different types of chemicals and radiation.¹

Excluding cancers of the skin, breast cancer is the most common cancer among women, accounting for nearly 1 in 4 cancers diagnosed in US women. Men are generally at low risk for developing breast cancer; however, they should report any change in their breast to a physician.¹

In January 2007, about 11.7 million people with a previous diagnosis of cancer were living in the United States.² Approximately 66% of people diagnosed with cancer are expected to live at least five years after diagnosis,¹ however, disparities in health care impact survival. Low-income men and women who have inadequate or no health insurance coverage are more likely to be diagnosed with cancer at later stages, when survival times are shorter.³

District respondents were asked, if they have ever been told by a doctor, nurse or health professional that they had cancer (Table 69). Overall, 8% were told by a doctor, nurse or health professional that they had cancer.

- There were no differences in females and males being diagnosed with cancer, at 8%.
- Adults aged 65 and older were twice as likely than all other age groups to be diagnosed with cancer, at 27%.
- Caucasians were more likely than all race/ethnic groups to be diagnosed with cancer, at 11%.
- Adults with less than a high school education were more likely than all other education subgroups to be diagnosed with cancer, at 11%.
- Adult households with an income of \$35,000-\$49,000 were more likely than all other income subgroups to be diagnosed with cancer, at 10%.
- Adults residing in Ward 3 were more likely than all other wards to be diagnosed with cancer, at 13%.

District respondents who were previously been diagnosed with cancer, were asked how many different types of cancer have they had (Table 70). Overall, 87% responded that they had only one type of cancer, 13% responded that they have had two or more types of cancer.

- Females were more likely than males to have only one type of cancer; (92% versus 81% respectively).

- Adults aged 45-54 were more than likely than all other age groups to have only one type of cancer, at 95%.
- African Americans were more likely than all other race/ethnic groups to have had only one type of cancer, at 91%.
- High school graduates were more likely than all other education subgroups to be diagnosed with only one type of cancer, at 94%.

¹ CDC – Cancer – Addressing The Cancer Burden: At A Glance 2010 <http://www.cdc.gov/chronicdisease/resources/publications/AAG/dpc.htm>1. Accessed February 23, 2011
American Cancer Society, www.cancer.org2 Accessed February 23, 2011

² CDC - Basic Information About Cancer Survivorship - The Burden of Cancer Survivorship - http://www.cdc.gov/cancer/survivorship/basic_info/index.htm. Accessed June 7, 2011

³ Disabled World - Nearly 12 Million US Cancer Survivors - <http://www.disabled-world.com/health/cancer/us-cancer-survivors.php>. Accessed June 7, 2011

Table 69. Cancer Diagnoses, by Demographics and Ward
 “Have you ever been told by a doctor, nurse or health professional that you had cancer?”

	N	Yes	No
TOTAL	3589	8.2	91.8
GENDER			
Male	1391	8.1	91.9
Female	2198	8.2	91.8
AGE			
18-24	82	0	100.0
25-34	419	1.9	98.1
35-44	581	3.8	96.2
45-54	671	6.9	93.1
55-64	839	13.0	87.0
65+	997	26.9	73.1
RACE			
Caucasian	1722	10.8	89.2
African American	1465	6.3	93.7
Asian	81	2.0	98.0
Other	105	5.7	94.3
Hispanic	139	3.1	96.9
EDUCATION			
Less than High School	230	10.6	89.4
High School Graduate	552	5.5	94.5
Some College	530	7.2	92.8
College Graduate	2268	8.9	91.1
INCOME			
Less than \$15,000	324	7.3	92.7
\$15,000-\$24,999	325	7.8	92.2
\$25,000-\$34,999	257	7.4	92.6
\$35,000-\$49,999	332	10.0	90.0
\$50,000-\$74,999	420	7.2	92.8
\$75,000 and over	1522	8.4	91.6
WARD			
Ward 1	293	8.6	91.4
Ward 2	310	10.0	90.0
Ward 3	630	13.0	87.0
Ward 4	424	8.0	92.0
Ward 5	331	8.7	91.3
Ward 6	369	10.4	89.6
Ward 7	313	6.4	93.6
Ward 8	269	4.1	95.9

Table 70. Cancer Diagnoses, by Demographics and Ward
 “How many different types of cancer have you had?”

	N	Only One	Two or More
TOTAL	457	86.9	13.1
GENDER			
Male	193	81.1	18.9
Female	264	91.9	8.1
AGE			
25-34	12	*	*
35-44	22	*	*
45-54	53	95.3	4.7
55-64	106	81.4	18.6
65+	264	84.4	15.6
RACE			
Caucasian	288	85.0	15.0
African American	138	91.4	8.6
Asian	4	*	*
Other	10	*	*
Hispanic	8	*	*
EDUCATION			
Less than High School	37	*	*
High School Graduate	51	93.8	6.2
Some College	61	83.1	16.9
College Graduate	308	85.9	14.1
INCOME			
Less than \$15,000	37	*	*
\$15,000-\$24,999	35	*	*
\$25,000-\$34,999	33	*	*
\$35,000-\$49,999	55	88.6	11.4
\$50,000-\$74,999	44	*	*
\$75,000 and over	200	86.7	13.3

*Data not presented if the unweighted cell size was < 50.

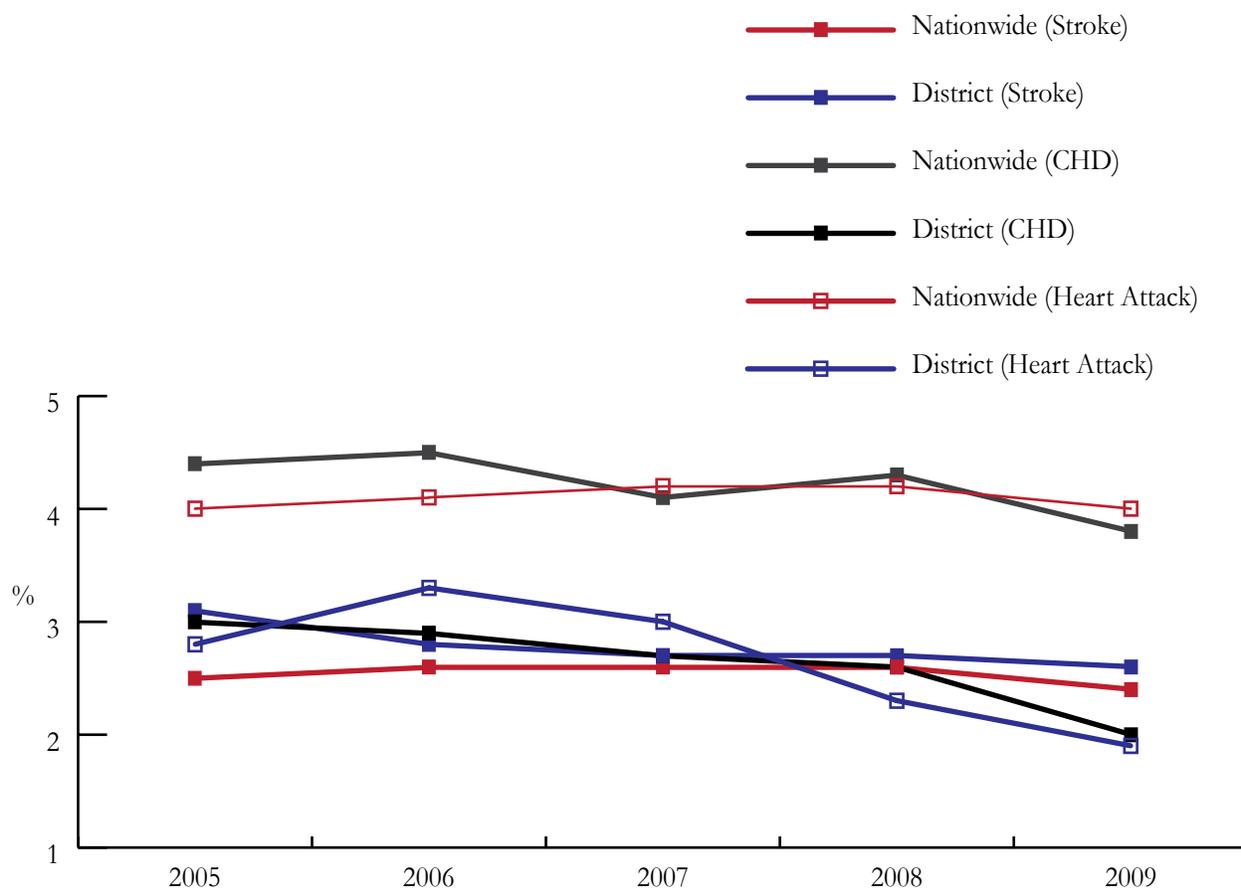
CARDIOVASCULAR HEALTH

Heart Disease and Stroke are the first and third leading causes of death for all adults in the U.S.^{1,2} Heart Disease is also the leading cause of early and permanent disability in the U.S. workforce. High blood pressure and high blood cholesterol are the two major independent risk factors, both of which are largely preventable.²

About 137,000 Americans die from a stroke every year. A person can greatly reduce their risk for stroke through lifestyle changes and, in some cases, medication. Stroke can cause death or significant disability, such as paralysis, speech difficulties, and emotional problems. When a stroke happens, it is important to recognize the symptoms, call 9-1-1 right away, and get to a hospital quickly.¹

In the United States, the most common type of heart disease is coronary artery disease (CAD); it is a condition in which plaque buildup in the walls of the coronary arteries (the vessels that supply blood to the heart muscle). Plaque can gradually obstruct the artery, or they can suddenly rupture, causing a more acute obstruction which can lead to heart attack. You can greatly reduce your risk for CAD through lifestyle changes and, in some cases, medication.²

Figure 15. Percentage of Adults Who have Been Told They have/had Heart Attack, Coronary Heart Disease or Stroke



District respondents were asked if a health professional had ever told them that they had a heart attack, angina or coronary heart disease, or a stroke (Table 71). Overall, 2% of adults were told they had a heart attack, 2% heart disease, and 3% a stroke. This compares nationwide to the BRFSS with 4% for heart attack, 4% heart disease, and 2% a stroke (Figure 15).

- Male and Female prevalence rates for all three diseases were very similar.
- Adults aged 65 and over were twice as likely to have had a heart attack (7%), heart disease (7%), or a stroke (9%).
- District respondents of race/ethnic group Other were more likely than all other race/ethnic groups to have had a heart attack (4%). African Americans were more likely to have had heart disease (3%) and a stroke, than all other race/ethnic groups, at 5%.
- As education decrease having a heart attack increased.
- Adults with higher household incomes had lower rates for all three diseases.
- By Ward, rates for a heart attack were very similar. Respondents who reside in Ward 4 were more likely to have heart disease and adults who reside in Wards 4, 6, 7 and 8 were more likely to have had a stroke.

District respondents were asked if they take aspirin daily or every other day (Table 72). Overall, 19.4% of District respondents take aspirin daily or every other day.

- Males were more likely than females to take aspirin daily or every other day, 21% versus 18% respectively.
- Adults aged 65 and older were more likely than all other age groups to take aspirin daily or every other day, at 52%.
- African Americans were more likely than all other race/ethnic groups to take aspirin daily or every other day, at 24%.
- Adults with less than a high school education were more likely than all other education subgroups to take aspirin daily or every other day, at 33%.
- Adult households with an income of less than \$15,000 were more likely than all other income subgroups to take aspirin daily or every other day, at 28%.
- Adults who reside in Ward 4 were more likely than all other wards to take aspirin daily or every other day, at 26%.

District respondents were asked if they have a health problem or condition that makes taking aspirin unsafe for them (Table 72). Overall, 4% stated yes, but non stomach related and 3.6% stated yes, stomach related.

- Females were more likely than males to have stomach problems that makes taking aspirin

unsafe for them, 4.5% versus 3% respectively.

- Adults aged 65 and older were more likely than all other age groups to have stomach problems that makes taking aspirin unsafe for them, at 11%.
- District respondents of race/ethnic group Other and Hispanics were more likely than all other race/ethnic groups to have stomach problems that makes taking aspirin unsafe for them, at 7%.
- Adults with less than a high school education and adults with some college education were more likely to have stomach problems that make taking aspirin unsafe for them, at 6%.
- By income there were slight differences in respondents who had stomach problems that make taking aspirin unsafe for them.
- Adults residing in Wards 2 and 4 were more likely than all other wards to have stomach problems that makes taking aspirin unsafe for them, at 7%.

District respondents were asked which of the following do they think is a symptom of a heart attack (Table 73). Overall, 53% indicated that jaw, neck or back pain is a symptom of a heart attack.

- Females were more likely than males to indicate that jaw, neck or back pain is a symptom of a heart attack, 53% versus 45% respectively.
- Adults aged 65 and over were more likely than all other age groups to indicate that jaw, neck or back pain is a symptom of a heart attack, at 63%.
- District respondents of race/ethnic group Other were more likely than all other race/ethnic groups to indicate that jaw, neck or back pain is a symptom of a heart attack, at 60%.
- Adults with some college education and college graduates were more likely than all other education subgroups to indicate that jaw, neck or back pain is a symptom of a heart attack, at 55 and 55%.
- Adult households with an income of \$75,000 or more, were more likely than all income subgroups to indicate that jaw, neck or back pain is a symptom of a heart attack, at 56%.
- Adults residing in Ward 3 were more likely than all other wards to indicate that jaw, neck or back pain is a symptom of a heart attack, at 60%.

District respondents were asked which of the following do they think is a symptom of heart attack (Table 73). Overall, 72% indicated that feeling weak or faint is a symptom of a heart attack.

- Males were more likely than females to indicate that feeling weak or faint is a symptom of a heart attack, 74% versus 71% respectively.
- Adults aged 18-24 were more likely than all other age groups to indicate that feeling weak or

faint is a symptom of a heart attack, at 86%.

- Asians were more likely than all other race/ethnic groups to indicate that feeling weak or faint is a symptom of a heart attack, at 85%.
- College graduates were more likely than all other education subgroups to indicate that feeling weak or faint is a symptom of a heart attack, at 77%.
- Adult households with an income of \$75,000 or more were more likely than all other income subgroups to indicate that feeling weak or faint is a symptom of a heart attack, at 78%.
- Adults residing in Ward 2 were more likely than all other wards to indicate that feeling weak or faint is a symptom of a heart attack, at 83%.

District respondents were asked which of the following do they think is a symptom of heart attack (Table 73). Overall, 97% indicated that chest pain is a symptom of a heart attack.

- Males and females were equally as likely to indicate that chest pain is a symptom of a heart attack, at 97%.
- Adults aged 25-34 were more likely than all other age groups to indicate that chest pain is a symptom of a heart attack, at 99%.
- Asians and respondents of race/ethnic group Other were more likely than all other race/ethnic groups to indicate that chest pain is a symptom of a heart attack, at 99%.
- College graduates were more likely than all other education subgroups to indicate that chest pain is a symptom of a heart attack, at 99%.
- Adult households with an income of \$50,000 or more were more likely than all other income subgroups to indicate that chest pain is a symptom of a heart attack, at 99%.
- Adults residing in Ward 6 were more likely than all other wards to indicate that chest pain is a symptom of a heart attack, at 99%.

District respondents were asked which of the following do they think is a symptom of heart attack (Table 73). Overall, 48% indicated that vision problems are symptoms of a heart attack.

- Males were slightly more likely than females to indicate vision problems are symptoms of a heart attack, 49% versus 47% respectively.
- Adults aged 18-24 were more likely than all other age groups to indicate vision problems are symptoms of a heart attack, at 57%.
- Asians were more likely than all other race/ethnic groups to indicate vision problems are symptoms of a heart attack, at 66%.

- Adults with some college education were more likely than all other education subgroups to indicate vision problems are symptoms of a heart attack, at 58%.
- Adults with a household income of \$35,000-\$49,999 were more likely than all other income subgroups to indicate vision problems are symptoms of a heart attack at 55%.
- Adults residing in Ward 7 were more likely than all other wards to indicate vision problems are symptoms of a heart attack, at 55%.

District respondents were asked which of the following do they think is a symptom of a heart attack (Table 73). Overall, 90% indicated that pain in shoulder is a symptom of a heart attack.

- Females were more likely than males to indicate pain in shoulder is a symptom of a heart attack, 91% versus 88%, respectively.
- Adults aged 35-54 were more likely than all other age groups to indicate pain in shoulder is a symptom of a heart attack, at 91%.
- Respondents of race/ethnic group Other were more likely than all other race/ethnic groups to indicate pain in shoulder is a symptom of a heart attack, at 95%.
- College graduates were more likely than all other education subgroups to indicate pain in shoulder is a symptom of a heart attack, at 94%.
- Adult households with an income of \$75,000 or more were more likely than all other income subgroups to indicate pain in shoulder is a symptom of a heart attack, at 96%.
- Adults residing in Ward 3 were more likely than all other wards to indicate pain in shoulder is a symptom of a heart attack, at 95%.

District respondents were asked which of the following do they think is a symptom of a heart attack (Table 73). Overall, 91% indicated that shortness of breath is a symptom of a heart attack.

- Females were slightly more likely than males to indicate shortness of breath is a symptom of a heart attack, 91% versus 92% respectively.
- Adults aged 55-64 were more likely than all other age groups to indicate shortness of breath is a symptom of a heart attack, at 93%.
- Asians were more likely than all other race/ethnic group to indicate shortness of breath is a symptom of a heart attack, at 96%.
- College graduates were more likely than all other education subgroups to indicate shortness of breath is a symptom of a heart attack, at 94%.
- Households with an income of \$75,000 or more were more likely than all income subgroups to indicate that shortness of breath is a symptom of a heart attack, at 96%.

- Adults residing in Wards 2 and 3 were more likely than all other wards to indicate shortness of breath is a symptom of a heart attack, at 95% and 96%.

District respondents were asked which of the following do you think is a symptom of stroke (Table 74). Overall, 96% indicates that trouble speaking is a symptom of a stroke.

- Males and females were equally as likely to indicate that trouble speaking is a symptom of a stroke, at 96%.
- Adults aged 25-34 were more likely than all other age groups to indicate trouble speaking is a symptom of a stroke, at 98%.
- Caucasians and District respondents of race/ethnic group Other were more likely than all other race/ethnic groups to indicated trouble speaking is a symptom of a stroke, at 99%.
- College graduates were more likely than all other education subgroups to indicate trouble speaking is a symptom of a stroke, at 98%.
- Households with an income of \$75,000 or more were more likely than all other income subgroups to indicate trouble speaking is a symptom of a stroke, at 99%.
- Adults residing in Wards 2, 3, 4 and 6 were more likely than all other wards to indicate trouble speaking is a symptom of a stroke, at 98%.

District respondents were asked which of the following do you think is a symptom of stroke (Table 74). Overall, 98% indicated that numbness of face, arm or leg is a symptom of a stroke.

- Males and females were equally as likely to indicate numbness of face, arm or leg is a symptom of a stroke, at 98%.
- Adults aged 25-34 were more likely than all other age groups to indicate numbness of face arm or leg is a symptom of a stroke, at 99%.
- Caucasians, Asians and District respondents of race/ethnic group Other were more likely than all other race/ethnic groups to indicate numbness of face, arm or leg is a symptom of a stroke, at 99%-100% .
- College graduates were more likely than all other education subgroups to indicate numbness of face, arm or leg is a symptom of a stroke, at 99%.
- Households with an income of \$25,000-\$34,999 and \$75,000 or more, were more likely than all other income subgroups to indicate numbness of face, arm or leg is a symptom of a stroke, 98%.
- Adults residing in Wards 3, 4 and 6 were more likely than all other ward to indicate numbness of face, arm or leg is a symptom of a stroke, at 99%.

District respondents were asked which of the following do you think is a symptom of stroke (Table 74). Overall, 89% of respondents indicated that a vision problem is a symptom of a stroke.

- Males were slightly more than females to indicate responded that vision problems are symptoms of a stroke, 89% versus 88% respectively.
- Adults aged 25-34 were more likely than all other age groups to indicate that a vision problem is a symptom of a stroke, at 93%.
- Caucasians were more likely than all other race/ethnic groups to indicate that a vision problem is a symptom of a stroke, at 95%.
- College graduates were more likely than all other education subgroups to indicate that a vision problem is a symptom of a stroke, at 94%.
- Households with an income of \$75,000 or more, were more likely than all other income subgroups to indicate that a vision problem is a symptom of a stroke, at 96%.
- Adults residing in Ward 2 were more likely than all other wards to indicate that a vision problem is a symptom of a stroke, at 95%.

District respondents were asked which of the following do you think is a symptom of stroke (Table 74). Overall, 47% indicates that chest pain is a symptom of a stroke.

- Females were slightly more likely than males to have indicated chest pain is a symptom of a stroke, 48% versus 47% respectively.
- Adults aged 18-24 were more likely than all other age groups to indicate chest pain is a symptom of a stroke, at 59%.
- African Americans were more likely than all race/ethnic groups to indicate chest pain is a symptom of a stroke, at 68%.
- Adults with less than a high school were more likely than all other education subgroups to indicate chest pain is a symptom of a stroke, at 73%.
- Households with an income of less than \$15,000 were more likely than all other income subgroups to indicate chest pain is a symptom of a stroke, at 75%.
- Adults residing in Ward 7 were more likely than all other wards to indicate chest pain is a symptom of a stroke, at 72%.

District respondents were asked which of the following do you think is a symptom of stroke (Table 74). Overall, 94% indicates that trouble walking is a symptom of a stroke.

- Males and females were similar on indicating trouble walking is a symptom of a stroke, at 94%.

- Adults aged 25-34 were more likely than all other age groups to indicate trouble walking is a symptom of a stroke, at 96%.
- Caucasians were more likely than all other race/ethnic groups to indicate trouble walking is a symptom of a stroke, at 97%.
- College graduates were more likely than all other education subgroups to indicate trouble walking is a symptom of a stroke, at 97%.
- Households with an income of \$75,000 or more were more likely than all other income subgroups to indicate trouble walking is a symptom of a stroke, at 98%.
- Adults residing in Ward 2 were more likely than all other wards to indicate trouble walking is a symptom of a stroke, at 98%.

District respondents were asked which of the following do you think is a symptom of stroke (Table 74). Overall, 76% indicated that a severe headache is a symptom of a stroke.

- Females were more likely than males to indicate a severe headache is a symptom of a stroke, 78% versus 74% respectively.
- Adults aged 45-64 were more likely than all other age groups to indicate a severe headache is a symptom of a stroke, at 80%.
- Caucasians were more likely than all other race/ethnic groups to indicate a severe headache is a symptom of a stroke, at 81%.
- College graduates were more likely than all other education subgroups to indicate a severe headache is a symptom of a stroke, at 79%.
- Households with an income of \$75,000 or more were more likely than all other income subgroups to indicated that a severe headache is a symptom of a stroke, at 80%.
- Adults residing in Ward 6 were more likely than all other wards to indicate a severe headache is a symptom of a stroke, at 85%.

District respondents were asked if they thought someone was having a heart attack or stroke, what is the first thing that they would do to help (Table 75). Overall, 89% indicated that they would call 911 if they thought someone was having a heart attack or stroke.

- Females were slightly more likely than males to indicate they would call 911 if they thought someone was having a heart attack or stroke; 90% versus 87% respectively.
- Adults aged 18-24 were more likely than all other age groups to indicate they would call 911 if they thought someone was having a heart attack or stroke, at 91%.



- High school and college graduates were more likely than all other subgroups to indicate they would call 911 if they thought someone was having a heart attack or stroke, at 89%.
- Adult households with an income of \$25,000-34,999 were more likely than all other income subgroup to indicate they would call 911 if they thought someone was having a heart attack or stroke, at 92%.
- Adults residing in Ward 8 were more likely than any other wards to indicate they would call 911 if they thought someone was having a heart attack or stroke, at 92%.

¹ CDC – Stroke <http://www.cdc.gov/Stroke/index.htm> . Accessed February 28, 2011

² CDC Heart Disease <http://www.cdc.gov/HeartDisease/index.htm> Accessed February 28, 2011
www.americanheart.org Accessed March 7, 2011

Table 71. Prevalence of Cardiovascular Disease, by Demographics and Ward
 “Has a doctor, nurse, or other health professional ever told you that you had a heart attack, also called a myocardial infarction, angina or coronary heart disease, or stroke?”

	N	Told Had Heart Attack	N	Told Had Heart Disease	N	Told Had Stroke
		Yes		Yes		Yes
TOTAL	3874	1.9	3870	2.0	3896	2.6
GENDER						
Male	1493	2.2	1491	2.6	1500	2.3
Female	2381	1.7	2379	1.6	2396	2.8
AGE						
18-24	91	0	91	0	91	0
25-34	457	0	458	0	458	0.3
35-44	625	0.4	627	0.6	628	0.8
45-54	727	2.5	728	1.9	730	3.0
55-64	893	3.6	892	4.0	898	4.5
65+	1081	6.5	1074	7.3	1091	8.5
RACE						
Caucasian	1812	1.0	1807	1.6	1812	1.3
African American	1615	3.1	1613	2.9	1633	4.5
Asian	87	0.7	87	0	88	2.1
Other	122	3.7	122	1.7	122	2.6
Hispanic	153	0.3	154	0.6	154	0
EDUCATION						
Less than High School	258	7.8	258	5.0	263	7.2
High School Graduate	625	2.3	622	2.4	631	4.0
Some College	580	3.4	581	3.1	586	4.4
College Graduate	2400	1.0	2397	1.4	2404	1.3
INCOME						
Less than \$15,000	351	5.4	355	4.7	358	7.9
\$15,000-\$24,999	357	5.8	356	3.9	359	5.2
\$25,000-\$34,999	287	2.9	281	3.6	288	4.5
\$35,000-\$49,999	356	1.5	356	1.8	359	2.5
\$50,000-\$74,999	451	0.9	451	2.0	451	2.6
\$75,000 and over	1604	0.7	1601	1.1	1605	0.8
WARD						
Ward 1	312	1.9	312	1.8	315	1.5
Ward 2	335	2.1	335	2.4	337	2.1
Ward 3	654	1.5	651	1.7	653	1.5
Ward 4	461	1.4	458	3.5	465	4.1
Ward 5	368	2.9	367	3.2	370	2.7
Ward 6	387	2.0	383	2.2	387	3.8
Ward 7	341	3.2	343	2.0	346	4.0
Ward 8	305	1.7	310	1.7	310	4.4

Table 72. Prevalence of Cardiovascular Disease, by Demographics and Ward

“Do you take aspirin daily or every other day?” and “Do you have a health problem or condition that makes taking aspirin unsafe for you?”

	N	Take Aspirin Regularly	N	Health Makes Aspirin Unsafe		
		Yes		Yes, Non Stomach Related	Yes, Stomach Problems	No
Total	3566	19.4	2510	4.0	3.6	92.4
GENDER						
Male	1376	20.8	932	3.7	2.6	93.7
Female	2190	18.2	1578	4.3	4.5	91.2
AGE						
18-24	82	1.6	81	5.5	3.0	91.6
25-34	417	3.6	398	1.9	1.7	96.5
35-44	579	7.3	537	2.2	2.6	95.2
45-54	663	19.9	536	4.9	4.1	91.1
55-64	832	43.7	473	6.9	6.5	86.6
65+	993	51.6	485	10.7	11.0	78.3
RACE						
Caucasian	1721	17.7	1228	3.9	3.4	92.7
African American	1446	23.9	981	4.8	3.7	91.6
Asian	79	6.7	68	2.1	0.3	97.5
Other	104	10.8	77	1.5	6.6	91.8
Hispanic	138	13.0	107	2.7	6.7	90.6
EDUCATION						
Less than High School	223	33.0	131	5.3	5.5	89.1
High School Graduate	549	25.9	357	5.2	1.9	92.8
Some College	527	20.6	357	3.8	5.8	90.4
College Graduate	2258	16.3	1661	3.7	3.5	92.9
INCOME						
Less than \$15,000	318	27.8	207	7.0	5.1	87.9
\$15,000-\$24,999	321	25.8	201	3.9	4.8	91.4
\$25,000-\$34,999	255	22.4	171	3.3	4.2	92.5
\$35,000-\$49,999	330	22.0	222	4.1	5.1	90.8
\$50,000-\$74,999	419	18.2	298	4.1	3.3	92.6
\$75,000 and over	1514	15.9	1137	3.3	2.8	93.8
WARD						
Ward 1	294	15.9	218	3.6	3.0	93.4
Ward 2	310	18.1	209	4.4	6.5	89.1
Ward 3	631	24.6	421	5.9	3.5	90.6
Ward 4	420	25.9	283	2.2	6.6	91.3
Ward 5	326	24.8	221	3.7	1.9	94.3
Ward 6	363	22.1	247	5.1	2.8	92.1
Ward 7	309	22.3	210	4.7	4.6	90.6
Ward 8	263	18.8	180	6.9	6.2	86.9

Table 73. Knowledge of Heart Attack Symptoms, by Demographics and Ward

“Which of the following do you think is a symptom of a heart attack; Pain or discomfort in the jaw, neck, or back; feeling weak, light-headed, or faint; chest pain or discomfort; sudden trouble seeing in one or both eyes; pain or discomfort in the arms or shoulder; and shortness of breath?”

	N	Jaw, Neck, or Back Pain	N	Feeling Weak or Faint	N	Chest Pain	N	Vision Problems	N	Pain in Shoulder	N	Shortness of Breath
		Yes		Yes		Yes		Yes		Yes		Yes
TOTAL	2779	52.6	2855	72.4	3384	96.7	2580	47.8	3243	89.7	3219	91.3
GENDER												
Male	1087	45.3	1127	73.8	1320	96.5	1038	49.0	1251	88.0	1260	91.0
Female	1692	59.1	1728	71.1	2064	96.9	1542	46.7	1992	91.2	1959	91.5
AGE												
18-24	65	43.1	71	85.8	81	96.7	64	56.8	72	70.9	75	90.4
25-34	323	49.7	366	79.6	406	98.9	314	52.6	390	93.1	383	92.3
35-44	453	46.0	492	70.7	564	96.8	427	48.1	532	90.7	532	91.8
45-54	546	54.5	543	69.4	640	96.4	500	45.8	620	91.1	615	91.5
55-64	687	60.1	674	67.2	805	96.4	597	43.3	772	93.5	762	93.2
65+	705	63.0	709	57.7	888	92.6	678	38.7	857	86.5	852	87.0
RACE												
Caucasian	1399	54.8	1432	76.9	1678	98.5	1253	42.9	1620	93.8	1590	94.8
African American	1066	49.8	1109	65.9	1325	94.6	1036	51.4	1261	84.4	1266	87.6
Asian	63	47.5	60	85.2	78	99.0	61	65.5	72	88.9	74	95.8
Other	84	60.0	86	69.2	101	99.4	78	50.6	93	95.3	93	88.3
Hispanic	110	49.3	114	69.8	130	93.9	99	51.4	129	86.4	128	82.6
EDUCATION												
Less than High School	133	39.1	145	56.6	188	84.7	137	38.7	184	70.4	183	82.9
High School Graduate	389	45.6	400	57.9	497	92.0	396	48.1	475	78.2	482	82.7
Some College	409	54.4	426	72.0	499	96.6	387	57.5	473	89.4	463	91.3
College Graduate	1843	54.8	1879	76.8	2191	98.7	1656	46.3	2104	94.2	2082	94.1
INCOME												
Less than \$15,000	225	48.5	236	66.7	292	90.5	232	54.4	283	82.8	276	85.0
\$15,000-\$24,999	226	46.3	237	64.7	297	92.6	232	51.9	276	83.2	283	86.7
\$25,000-\$34,999	197	47.6	193	68.2	238	97.0	190	46.1	234	76.4	230	85.2
\$35,000-\$49,999	262	53.9	283	69.6	312	96.3	250	55.1	300	90.5	296	88.5
\$50,000-\$74,999	336	51.4	346	70.3	403	98.8	305	47.3	391	92.3	380	87.7
\$75,000 and over	1253	56.4	1271	77.5	1484	98.8	1107	45.9	1423	95.6	1407	95.5
WARD												
Ward 1	222	54.4	244	75.0	280	97.8	211	51.8	265	91.8	270	91.3
Ward 2	251	50.0	257	82.6	299	98.0	238	51.0	294	93.8	285	94.8
Ward 3	509	59.5	513	71.0	617	98.4	467	40.3	592	94.8	582	95.5
Ward 4	337	52.8	337	70.2	396	96.0	305	47.6	379	91.1	377	90.5
Ward 5	244	51.5	253	65.5	308	93.8	239	48.8	290	83.3	278	84.7
Ward 6	287	50.4	288	76.1	348	99.1	252	47.5	336	88.9	337	93.9
Ward 7	218	55.0	228	69.8	284	95.3	220	54.5	267	92.7	277	92.4
Ward 8	201	48.7	202	63.1	238	93.5	194	51.4	232	85.1	229	91.7

Table 74. Knowledge of Stroke Symptoms, by Demographics and Ward

“Which of the following do you think is a symptom of a stroke: sudden confusion or trouble speaking; sudden numbness or weakness of face, arm, leg, especially on one side; sudden trouble seeing in one or both eyes; sudden chest pain or discomfort; sudden trouble walking, dizziness, or loss of balance; and severe headache with no known cause?”

	N	Trouble Speaking	N	Numbness of Face, Arm or Leg	N	Vision Problems	N	Chest Pain	N	Trouble Walking	N	Severe Headache
		Yes		Yes		Yes		Yes		Yes		
TOTAL	3267	96.0	3342	98.0	2781	88.8	2673	47.4	3198	93.9	2672	76.2
GENDER												
Male	1257	95.8	1289	97.8	1087	89.4	1097	46.6	1250	93.5	1028	74.4
Female	2010	96.1	2053	98.1	1694	88.3	1576	48.1	1948	94.2	1644	77.8
AGE												
18-24	79	90.1	79	95.2	70	82.9	69	59.2	77	87.1	70	75.0
25-34	387	97.5	400	99.4	339	93.1	314	44.5	384	95.9	299	73.8
35-44	558	95.5	558	97.8	479	89.4	446	42.4	537	95.2	441	75.3
45-54	624	96.9	632	98.3	523	87.4	514	45.9	610	94.6	520	80.2
55-64	785	95.8	795	97.5	655	91.3	642	44.3	760	95.3	639	79.8
65+	834	96.1	878	97.0	715	81.7	688	57.6	830	89.6	703	74.4
RACE												
Caucasian	1649	98.7	1656	99.2	1400	95.0	1322	30.1	1593	97.3	1321	80.5
African American	1256	93.3	1321	97.0	1073	81.3	1049	68.2	1249	90.0	1056	71.5
Asian	74	95.4	74	99.4	61	89.1	63	60.8	69	95.1	54	76.8
Other	94	99.3	101	100.0	87	91.4	74	51.8	97	96.4	78	59.8
Hispanic	127	87.6	127	92.4	103	80.8	112	46.2	123	86.9	110	80.3
EDUCATION												
Less than High School	162	89.1	187	93.9	147	73.5	155	72.6	174	84.0	153	70.2
High School Graduate	467	88.0	493	93.5	392	70.7	385	62.2	465	83.3	389	67.0
Some College	478	95.7	489	98.8	396	86.9	378	60.3	467	93.9	390	73.0
College Graduate	2152	98.4	2165	99.1	1838	94.4	1747	38.9	2085	97.1	1732	79.3
INCOME												
Less than \$15,000	262	92.0	284	96.8	235	77.9	237	74.6	270	87.7	230	69.2
\$15,000-\$24,999	275	90.3	294	93.0	239	72.4	234	63.4	269	89.3	238	72.1
\$25,000-\$34,999	225	92.4	234	99.6	191	75.7	189	59.5	226	90.6	187	75.3
\$35,000-\$49,999	310	96.3	315	97.3	265	89.8	246	56.0	298	91.8	254	73.2
\$50,000-\$74,999	395	95.4	403	98.1	322	88.0	317	48.0	375	91.9	310	73.5
\$75,000 and over	1461	98.8	1464	99.7	1243	96.4	1180	34.4	1418	98.0	1174	80.1
WARD												
Ward 1	277	94.0	283	97.8	238	89.7	228	42.4	270	93.5	217	78.7
Ward 2	299	98.4	300	98.2	256	95.1	236	38.5	285	97.8	226	79.0
Ward 3	600	98.3	602	99.0	511	93.5	478	33.3	580	97.1	491	83.1
Ward 4	386	98.1	395	99.4	333	91.9	312	50.0	373	94.8	333	78.1
Ward 5	284	95.8	301	97.5	243	81.7	239	61.8	281	90.5	231	67.2
Ward 6	342	98.3	345	99.3	281	93.7	272	42.5	327	97.4	280	84.8
Ward 7	266	97.4	282	98.4	223	86.4	225	71.5	267	93.8	220	80.8
Ward 8	224	88.9	238	93.9	204	76.1	185	66.3	232	89.0	191	63.5

Table 75. Knowledge of Emergency Procedure for a Heart Attack or Stroke, by Demographics and Ward
 “If you thought someone was having a heart attack or stroke, what is the first thing you would do?”

	N	Take Them to the Hospital	Call 911	Something Else **
TOTAL	3510	6.8	88.6	4.6
GENDER				
Male	1356	7.8	87.3	4.9
Female	2154	6.0	89.8	4.2
AGE				
18-24	82	3.4	90.9	5.8
25-34	412	7.0	90.0	3.0
35-44	577	7.1	90.2	2.7
45-54	654	6.0	88.8	5.2
55-64	816	7.5	86.6	5.9
65+	969	8.4	84.2	7.4
RACE				
Caucasian	1698	7.4	89.4	3.2
African American	1421	5.7	88.5	5.8
Asian	79	8.1	88.8	3.1
Other	103	6.2	88.0	5.8
Hispanic	134	9.8	85.0	5.2
EDUCATION				
Less than High School	218	8.4	85.4	6.2
High School Graduate	538	6.0	88.9	5.1
Some College	519	6.6	87.6	5.8
College Graduate	2226	7.0	89.0	4.0
INCOME				
Less than \$15,000	314	9.5	86.5	4.0
\$15,000-\$24,999	315	4.1	90.1	5.8
\$25,000-\$34,999	251	4.4	92.1	3.6
\$35,000-\$49,999	325	9.9	82.6	7.5
\$50,000-\$74,999	413	5.1	89.9	4.9
\$75,000 and over	1496	6.9	89.8	3.3
WARD				
Ward 1	290	5.5	90.3	4.2
Ward 2	308	7.4	88.6	4.0
Ward 3	623	8.6	87.5	3.9
Ward 4	411	4.2	89.2	6.7
Ward 5	320	6.7	87.7	5.6
Ward 6	358	5.2	90.4	4.3
Ward 7	303	7.4	89.4	3.2
Ward 8	259	3.4	92.0	4.7

** Something else includes - Tell them to call their doctor, call their spouse or family member and something else

DIABETES

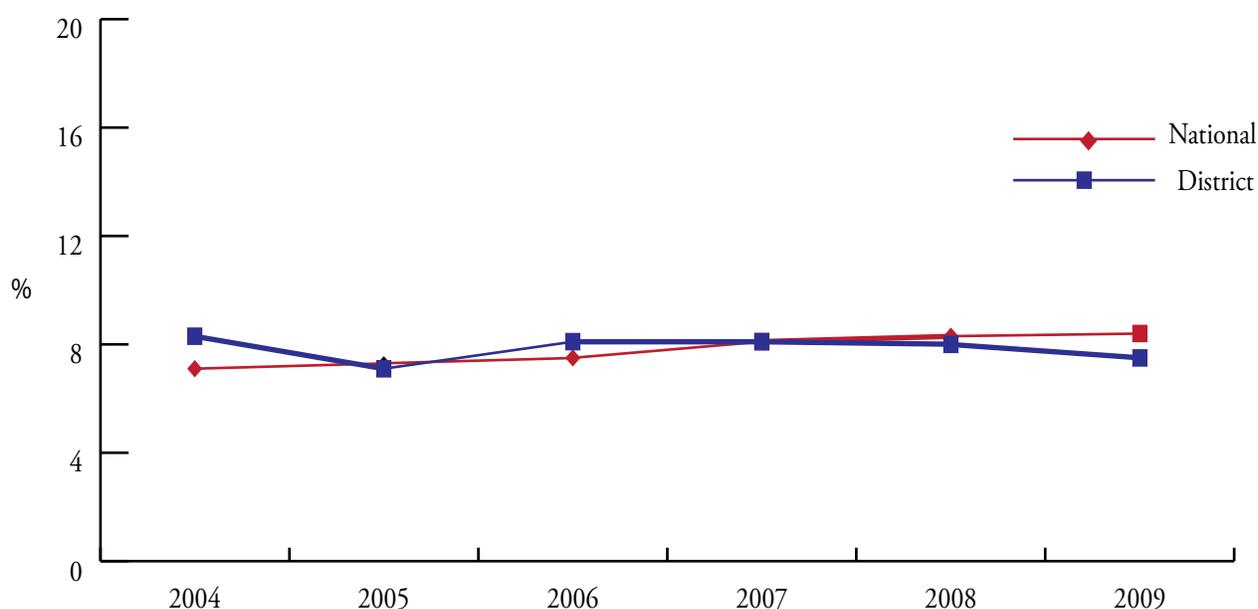
Healthy People 2010 Objectives

- **Goal Attained:** Increase the proportion of person with diabetes who receive formal diabetes education to 60%; **the District rate is 63.5%.**
- **Goal Attained:** Increase the proportion of adults with diabetes who have a glycosylated hemoglobin measurement (A one C) at least once a year to 50%; **the District's rate is 86.7%.**
- **Goal Attained:** Increase the proportion of persons with diabetes who have an annual dilated eye examination to 75%; **the District's rate is 82.8%.**
- **Goal Attained:** Increase the proportion of adults with diabetes who have at least an annual foot examination to 75%; **the District's rate is 83.1%.**

Approximately 25.6 million Americans age 20 years or older have diabetes.¹ Diabetes is the seventh leading cause of death and can potentially lead to permanent disability and poor health.² Diabetes is a chronic (lifelong) disease in which the pancreas does not produce sufficient amounts of insulin; the main types include type 1 diabetes, type 2 diabetes, and gestational diabetes. Most of the food we eat is turned into glucose (sugar), for our bodies to use for energy. When you have diabetes, your body either doesn't make enough insulin or can't use its own insulin as well as it should. This causes sugar to build up in your blood.³

Diabetes can cause serious health complications including heart disease, blindness, kidney failure, and lower-extremity amputations.¹

Figure 16. Percentage of Adults who have been Told they Have Diabetes



District respondents were asked if they have ever been told by a doctor that they have diabetes (Table 76). Overall, 7.5% of District respondents were told by a doctor that they have diabetes compared to 8.4% nationally (Figure 16).

- Females were slightly more likely than males to be told by a doctor that they have diabetes, 8% versus 7%, respectively.
- Adults aged 65 and older were more likely than all other age groups to be told by a doctor they had diabetes, at 21%.
- African Americans were more likely than all other race/ethnic groups to be told by a doctor they have diabetes, at 15%.
- Adults with less than a high school diploma were more likely than all other education subgroups to be told they have diabetes, at 21%.
- Adult households with an income of less than \$15,000 were more likely than income subgroups to be told by a doctor they have diabetes, at 18%.
- Adults who reside in Ward 5 were more likely than all other wards to be told by a doctor they have diabetes, at 16%.

District respondents were asked if they have ever been told by a doctor, nurse or other health professional that they have pre-diabetes (Table 77). Overall, 6% of District adult's respondent that they were told that they have pre-diabetes.

- Females and males were equally as likely to be diagnosed with pre-diabetes, at 6%.
- Adults aged 55-64 and 65 and older were both more likely than all other age groups to be diagnosed with pre-diabetes, at 10%.
- African Americans and Asians were more likely than all other race/ethnic groups to be diagnosed with pre-diabetes, at 8%.
- Adults with less than a high school diploma were more likely than all other education subgroups to diagnosed with pre-diabetes, at 11%.
- Adults residing in Ward 5 were more likely than all other wards to be diagnosed with pre-diabetes, at 9%.

District respondents were asked how old were they when they were told that they had diabetes (Table 78). Overall, 29% were under age 39 and 34% were between the age 40-54 years of age when they were told that they have diabetes.

- Females were more likely than males to be under 39 years of age when they were told they have diabetes, 32% versus 25%, respectively.
- Adults aged 45-54 were more likely than all other age groups to be diagnosed with diabetes

under 39 years, at 37%.

- African Americans were more likely than all other race/ethnic groups to be diagnosed with diabetes under 39 years of age, 30.6%.
- Adults with a household income of \$15,000-\$24,999 were more likely than all other income subgroups to be diagnosed with diabetes under 39 years of age, at 26.2%.

District respondents were asked if they were currently taking insulin (Table 79). Overall, 37% responded currently take insulin.

- Males were slightly more likely than females to take insulin, 40% versus 35%, respectively.
- Adults aged 35-65 were equally as likely to indicate they are taking insulin, at 37%-38%.
- Caucasians were more likely than all other race/ethnic groups to be taking insulin 39%.
- Adults with less than a high school education were more likely than all other income subgroups to have been currently taking insulin, prevalence at 47%.
- Adults with a household income of \$15,000-24,999 were slightly more likely than a household of less than \$15,000 whom is currently taking insulin, 40% versus 39%, respectively.

District respondents were asked, have they ever been told diabetes has affected the eyes (Table 80). Overall, 22% responded having been told diabetes affected eyes.

- Males were more likely than females to be told that diabetes has affected eyes; 25% versus 19% respectively.
- Adults aged 45-65 and older had a similar response, at 21%- 23%.
- African American was more likely than Caucasians to have been told diabetes has affected eyes; 25% versus 7% respectively.
- Thirty – percent of high school graduates were more likely than any other education subgroups to have been told diabetes has affected their eyes.
- Adults with a household income of \$15,000-\$24,999 were more likely than any other income subgroup to have been told diabetes has affected the eyes, at 35.1%

District respondents were asked if they had a test for high blood sugar in the past three years (Table 81). Overall, 59% of respondents had a test for high blood sugar in the past three years.

- Females were more likely than males to have had a test for high blood sugar in the past three years, (62% versus 57% respectively).
- As aged increased, so did the likelihood of adults to have had a test for high blood sugar

in the past three years.

- African Americans were more likely to have had a test for high blood sugar in the past three years, at 66%.
- Adults with some college were more likely than any other education subgroup to have had a test for high blood sugar in the past three years, at 65%.
- Adults with a household income of \$25,000-\$34,999 were more likely than any other income subgroups to have had a test for high blood sugar in the past three years, at 66%.
- Adults residing in Wards 2, 3,4,5,7 and 8 were more likely to have had a test for high blood sugar in the past three years, prevalence rate of 60%-70%.

District respondents were asked about how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes (Table 82). Overall, 9% responded that in the past 12 months have not seen a doctor, nurse, or other health professional for their diabetes.

- Males and females were similar to have not in the past 12 months seen a doctor, nurse, or other health professional for their diabetes, at 9%.
- Adults aged 45-54 and aged 65 and older were more likely than any other aged subgroups to have not in the past 12 months seen a doctor, nurse, or other health professional for their diabetes, at 9%.
- Caucasians were more likely than African Americans to have not in the past 12 months seen a doctor, nurse, or other health professional for their diabetes, 14% versus 8%, respectively.
- Adults with some college and a college degree were more likely than any other education subgroups to have not in the past 12 months seen a doctor, nurse, or other health professional for their diabetes, at 10%.
- Adults with a household income of \$15,000-\$24,999 were more likely than any other income subgroups to have not in the past 12 months seen a doctor, nurse, or other health professional for their diabetes, at 8%.

District respondents were asked how many times in the past 12 months has a doctor, nurse, or other health professional checked them for A1C (Table 83). Overall, 7% responded that they don't know/ never heard of the test.

- Males and females were very similar in not knowing or having heard of the A1C test, at 7%.
- Adults aged 65 and older were more likely than all other age groups to not know or having heard of the A1C test, at 8% .
- African Americans were more likely than Caucasians to respond to not know or having heard of the A1C test, at 8%.

- Adults with less than a high school education were more likely than all other education subgroups to not know or having heard of the A1C test, at 21%.
- Adults with a household income of less than \$15,000 were more likely than any other income subgroup to not know or having heard of the A1C, at 16% .

District respondents were asked if they have taken a course or class in how to manage your diabetes yourself (Table 84). Overall, 64% of responded that they have taken a course or class in how to manage your diabetes yourself.

- Females were slightly more likely than males to have taken a course or class in how to manage your diabetes yourself, 65% versus 61%, respectively.
- Adults aged 45-54 were more likely than any other age groups to have taken a course or class in how to manage their diabetes, at 78%.
- African American were more likely than Caucasians to have taken a course or class in how to manage their diabetes, 66% versus 52%, respectively.
- Adults with some college education were more likely to have taken a course or class in how to manage their diabetes, at 79%.
- Adults with a household income of \$15,000-24,999 were more likely than all other income subgroups to have taken a course or class in how to manage their diabetes, at 72%.

¹ CDC- Diabetes Public Health Resource - How are Different Age Groups Affected by Diabetes - <http://www.cdc.gov/diabetes/consumer/research.htm>. Accessed June 7, 2011

² CDC – Diabetes Public Health Resource -Basics About Diabetes - <http://www.cdc.gov/diabetes/consumer/learn.htm> . Accessed March 9, 2011

³ CDC - Prevent and Control Diabetes - What is Diabetes? - <http://www.cdc.gov/diabetes/pubs/pdf/prevent.pdf>. Accessed June 7, 2011

Table 76. Prevalence of Diabetes, by Demographics and Ward
 “Have you ever told by a doctor that you have diabetes?”

	N	Yes	Only While Pregnant	No	No Pre-diabetes
TOTAL	3903	7.5	0.5	90.4	1.6
GENDER					
Male	1505	6.9	0.0	91.7	1.5
Female	2398	8.1	0.9	89.3	1.7
AGE					
18-24	91	0.0	0.0	98.9	1.1
25-34	458	2.5	0.8	95.4	1.3
35-44	628	2.3	0.6	96.3	0.8
45-54	732	8.5	0.3	89.0	2.2
55-64	900	14.0	0.3	83.5	2.2
65+	1094	20.6	0.5	76.8	2.2
RACE					
Caucasian	1816	2.6	0.4	95.7	1.4
African American	1635	14.6	0.7	82.7	2.0
Asian	88	3.0	0.0	94.4	2.6
Other	122	1.9	0.0	97.3	0.8
Hispanic	154	2.4	0.5	96.2	0.8
EDUCATION					
Less than High School	263	21.0	0.7	76.0	2.2
High School Graduate	634	13.1	0.6	84.9	1.3
Some College	587	9.4	1.0	87.3	2.3
College Graduate	2407	4.3	0.3	93.9	1.5
INCOME					
Less than \$15,000	359	17.9	0.7	79.9	1.5
\$15,000-\$24,999	359	14.4	0.9	82.4	2.3
\$25,000-\$34,999	289	10.9	1.9	85.6	1.7
\$35,000-\$49,999	359	12.2	0.1	85.8	2.0
\$50,000-\$74,999	452	6.2	0.1	90.8	2.9
\$75,000 and over	1606	2.8	0.5	95.7	1.1
WARD					
Ward 1	315	7.4	0.3	90.4	1.8
Ward 2	337	3.8	0.2	95.0	1.0
Ward 3	656	3.6	0.3	94.8	1.3
Ward 4	465	9.8	1.4	87.6	1.3
Ward 5	371	15.8	0.1	82.4	1.8
Ward 6	387	8.7	0.0	89.5	1.8
Ward 7	345	11.0	0.6	86.3	2.1
Ward 8	312	10.0	1.3	87.2	1.5

Table 77. Prevalence of Pre-Diabetes, by Demographics and Ward
 “Ever told you have pre-diabetes?”

	N	Yes	Only While Pregnant	No
TOTAL	3488	5.8	0.9	93.3
GENDER				
Male	1346	5.8	0.7	93.5
Female	2142	5.9	1.1	93.1
AGE				
18-24	91	3.0	1.5	95.5
25-34	449	3.3	0.3	96.4
35-44	612	3.8	1.2	95.0
45-54	668	8.0	1.4	90.6
55-64	781	10.2	1.1	88.6
65+	887	9.8	0.6	89.6
RACE				
Caucasian	1738	4.0	1.2	94.8
African American	1328	8.0	0.7	91.3
Asian	82	7.7	0.9	91.3
Other	117	7.0	0	93.0
Hispanic	148	6.3	0.7	93.0
EDUCATION				
Less than High School	193	10.6	0	89.4
High School Graduate	522	8.0	0.3	91.8
Some College	501	6.5	1.7	91.8
College Graduate	2263	4.8	1.0	94.3
INCOME				
Less than \$15,000	277	8.0	0.2	91.8
\$15,000-\$24,999	290	8.3	1.2	90.5
\$25,000-\$34,999	246	7.1	0.1	92.8
\$35,000-\$49,999	309	6.7	1.0	92.3
\$50,000-\$74,999	416	7.7	0.8	91.5
\$75,000 and over	1536	4.5	1.2	94.3
WARD				
Ward 1	283	5.1	1.0	94.0
Ward 2	318	5.2	1.6	93.2
Ward 3	624	5.1	0.8	94.1
Ward 4	404	8.0	3.0	89.0
Ward 5	302	9.4	0.1	90.5
Ward 6	341	4.9	0.3	94.9
Ward 7	290	7.2	0.9	92.0
Ward 8	264	6.9	0.2	92.9

Table 78. Age When Diagnosed with Diabetes, by Demographics and Ward
 “How old were you when you were told you have diabetes?”

	N	Under 39	40-54	55-64	65+
TOTAL	372	28.7	33.9	23.7	13.7
GENDER					
Male	143	24.5	41.7	24.3	9.5
Female	229	31.8	28.2	23.3	16.8
AGE					
25-34	9	*	*	*	*
35-44	15	*	*	*	*
45-54	58	36.9	63.1	-	-
55-64	110	12.3	51.1	35.7	0.9
65+	180	7.7	20.9	37.0	34.4
RACE					
Caucasian	70	23.5	21.7	36.3	18.4
African American	276	30.6	35.4	21.3	12.7
Asian	6	*	*	*	*
Other	5	*	*	*	*
Hispanic	5	*	*	*	*
EDUCATION					
Less than High School	64	15.4	34.3	23.4	26.9
High School Graduate	99	33.1	33.0	18.9	15.0
Some College	80	23.4	46.5	23.8	6.3
College Graduate	128	33.8	28.2	27.3	10.7
INCOME					
Less than \$15,000	75	24.9	43.9	19.2	11.9
\$15,000-\$24,999	65	26.2	38.7	21.5	13.5
\$25,000-\$34,999	41	*	*	*	*
\$35,000-\$49,999	45	*	*	*	*
\$50,000-\$74,999	35	*	*	*	*
\$75,000 and over	65	23.9	32.8	28.4	14.9

*Data not presented if unweighted cell size was < 50.

Table 79. Insulin Use, by Demographics and Ward
 “Are you now taking insulin?”

	N	Yes	No
TOTAL	406	37.0	63.0
GENDER			
Male	156	39.9	60.1
Female	250	34.9	65.1
AGE			
18-24	9	*	*
25-34	15	*	*
35-44	64	36.6	63.4
45-54	119	37.9	62.1
55-64	199	36.5	63.5
65+			
RACE			
Caucasian	72	38.8	61.2
African American	305	38.2	61.8
Asian	6	*	*
Other	5	*	*
Hispanic	6	*	*
EDUCATION			
Less than High School	70	48.6	51.4
High School Graduate	112	29.1	70.9
Some College	86	38.7	61.3
College Graduate	136	37.7	62.3
INCOME			
Less than \$15,000	82	38.7	61.3
\$15,000-\$24,999	70	40.1	59.9
\$25,000-\$34,999	43	*	*
\$35,000-\$49,999	49	*	*
\$50,000-\$74,999	35	*	*
\$75,000 and over	67	31.6	68.4

*Data not presented if the unweighted cell size was < 50.

Table 80. Affected Eyes, by Demographics and Ward
 “Ever told diabetes has affected eyes?”

	N	Yes	No
TOTAL	403	21.9	78.1
GENDER			
Male	155	25.2	74.8
Female	248	19.4	80.6
AGE			
25-34	9	*	*
35-44	15	*	*
45-54	63	21.3	78.7
55-64	118	21.6	78.4
65+	198	22.8	77.2
RACE			
Caucasian	70	6.9	93.1
African American	304	24.6	75.4
Asian	6	*	*
Other	5	*	*
Hispanic	6	*	*
EDUCATION			
Less than High School	70	23.9	76.1
High School Graduate	111	30.1	69.9
Some College	85	18.7	81.3
College Graduate	135	15.7	84.3
INCOME			
Less than \$15,000	82	27.7	72.3
\$15,000-\$24,999	70	35.1	64.9
\$25,000-\$34,999	43	*	*
\$35,000-\$49,999	48	*	*
\$50,000-\$74,999	35	*	*
\$75,000 and over	67	8.3	91.7

*Data not presented if the unweighted cell size was < 50.

Table 81. Test High Blood Sugar, by Demographics and Ward
 “Had a test for high blood sugar in past three years?”

	N	Yes	No
TOTAL	3343	59.4	40.6
GENDER			
Male	1280	56.8	43.2
Female	2063	61.6	38.4
AGE			
18-24	84	44.8	55.2
25-34	427	46.3	53.7
35-44	586	57.6	42.4
45-54	643	72.4	27.6
55-64	747	72.6	27.4
65+	856	73.2	26.8
RACE			
Caucasian	1635	55.2	44.8
African American	1306	66.3	33.7
Asian	76	54.5	45.5
Other	109	52.6	47.4
Hispanic	146	55.4	44.6
EDUCATION			
Less than High School	191	57.4	42.6
High School Graduate	512	62.3	37.7
Some College	482	65.0	35.0
College Graduate	2150	57.6	42.4
INCOME			
Less than \$15,000	272	59.6	40.4
\$15,000-\$24,999	285	60.6	39.4
\$25,000-\$34,999	239	65.6	34.4
\$35,000-\$49,999	299	61.6	38.4
\$50,000-\$74,999	397	59.5	40.5
\$75,000 and over	1455	59.1	40.9
WARD			
Ward 1	267	54.8	45.2
Ward 2	309	63.7	36.3
Ward 3	586	60.0	40.0
Ward 4	392	64.4	35.6
Ward 5	297	68.8	31.2
Ward 6	321	57.4	42.6
Ward 7	285	70.2	29.8
Ward 8	262	67.5	32.5

Table 82. Number of Visits to a Health Professional for Diabetes, by Demographics and Ward

“About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?”

	N	None	1-3	4+
TOTAL	394	8.6	39.7	51.8
GENDER				
Male	149	8.5	45.2	46.3
Female	245	8.6	35.6	55.7
AGE				
25-34	9	*	*	*
35-44	15	*	*	*
45-54	62	9.2	41.3	49.5
55-64	117	3.7	47.2	49.2
65+	191	8.6	37.8	53.6
RACE				
Caucasian	71	14.4	52.9	32.6
African American	295	7.5	35.8	56.7
Asian	6	*	*	*
Other	5	*	*	*
Hispanic	6	*	*	*
EDUCATION				
Less than High School	66	7.1	45.4	47.5
High School Graduate	109	7.6	38.5	53.9
Some College	84	9.8	37.7	52.5
College Graduate	133	9.5	38.6	51.8
INCOME				
Less than \$15,000	79	7.1	39.3	53.6
\$15,000-\$24,999	67	7.7	53.8	38.5
\$25,000-\$34,999	43	*	*	*
\$35,000-\$49,999	49	*	*	*
\$50,000-\$74,999	35	*	*	*
\$75,000 and over	66	6.9	47.3	45.8

*Data not presented if unweighted cell size was < 50.

Table 83. Number of A1C Test, by Demographics and Ward

“A test for ‘A1C’ measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for ‘A1C?’”

	N	Don't Know/Never Heard of A1C	None	1-3 Times	4+ Times
TOTAL	356	7.1	6.1	55.5	31.2
GENDER					
Male	142	7.2	8.4	62.5	21.9
Female	214	7.0	4.4	50.0	38.6
AGE					
25-34	8	*	*	*	*
35-44	14	*	*	*	*
45-54	62	5.5	8.6	56.1	29.8
55-64	106	3.5	5.9	56.8	33.7
65+	166	8.3	6.9	49.2	35.5
RACE					
Caucasian	70	3.9	4.3	62.5	29.3
African American	260	7.6	6.5	53.6	32.3
Asian	6	*	*	*	*
Other	5	*	*	*	*
Hispanic	6	*	*	*	*
EDUCATION					
Less than High School	55	21.4	10.2	43.7	24.7
High School Graduate	94	8.8	8.0	53.5	29.8
Some College	77	1.7	8.3	59.3	30.6
College Graduate	129	4.1	2.5	58.4	35.0
INCOME					
Less than \$15,000	71	15.9	9.9	44.7	29.6
\$15,000-\$24,999	58	2.8	14.5	58.0	24.7
\$25,000-\$34,999	40	*	*	*	*
\$35,000-\$49,999	46	*	*	*	*
\$50,000-\$74,999	33	*	*	*	*
\$75,000 and over	63	2.4	1.6	60.5	35.5

*Data not presented if the unweighted cell size was < 50.

Table 84. Participation in a Diabetes Management Course, by Demographics and Ward
 “Have you EVER taken a course or class in how to manage your diabetes yourself?”

	N	Yes	No
TOTAL	405	63.5	36.5
GENDER			
Male	156	61.4	38.6
Female	249	65.1	34.9
AGE			
25-34	6	*	*
35-44	15	*	*
45-54	64	78.1	21.9
55-64	119	60.9	39.1
65+	198	56.6	43.4
RACE			
Caucasian	72	51.7	48.3
African American	304	66.2	33.8
Asian	6	*	*
Other	5	*	*
Hispanic	6	*	*
EDUCATION			
Less than High School	70	52.8	47.2
High School Graduate	112	61.8	38.2
Some College	86	78.7	21.3
College Graduate	135	62.7	37.3
INCOME			
Less than \$15,000	82	55.1	44.9
\$15,000-\$24,999	70	71.5	28.5
\$25,000-\$34,999	43	*	*
\$35,000-\$49,999	49	*	*
\$50,000-\$74,999	35	*	*
\$75,000 and over	67	63.2	36.8

*Data not presented if unweighted cell size was < 50.

OVERWEIGHT/OBESITY

Healthy People 2010 Objectives

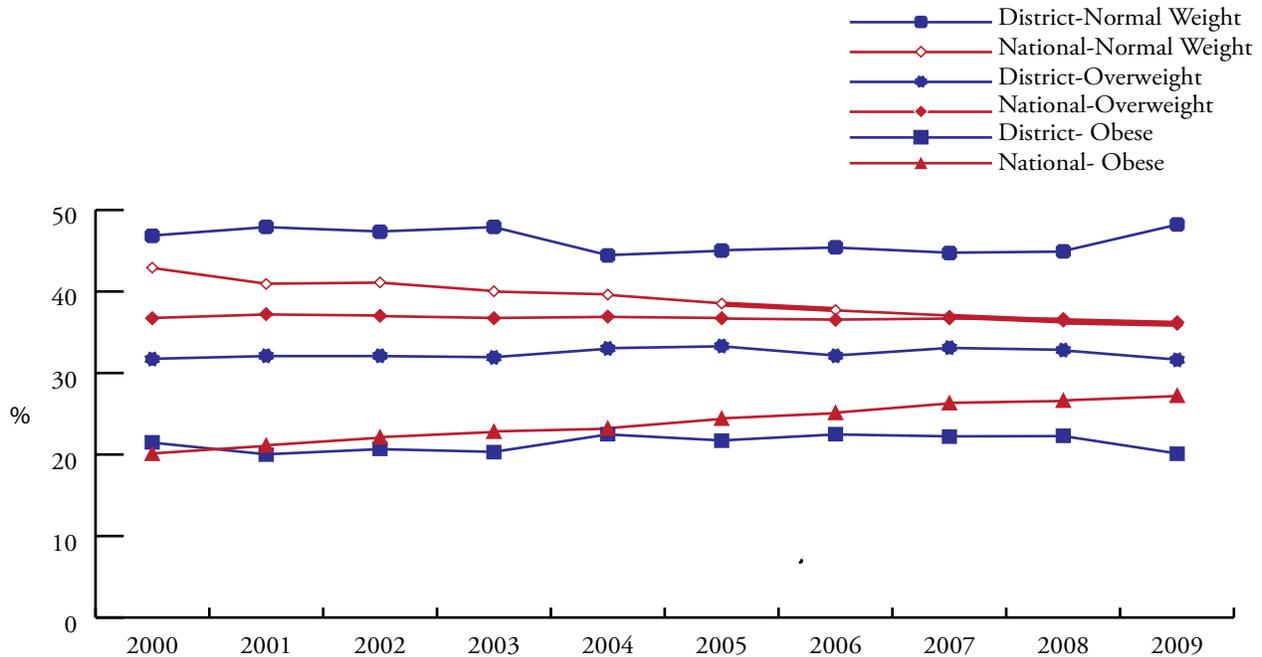
- **Goal Not Met:** Reduce the proportion of adults who are obese to 15%; **the District's rate is 20%.**
- **Goal Not Met:** Increase the proportion of adults who are at a healthy weight to 60%; **the District's rate is 48%.**

In the U.S., obesity and overweight populations have increased due to poor nutrition and physical inactivity. More than one-third of U.S. adults (over 72 million people) and 17% of U.S. children are obese.¹ In 2009, an estimated 2.4 million more adults were obese than in 2007.²

BMI for adults is calculated based on a persons reported height and weight. Those with a BMI of 25 to 29 are considered overweight, and those with a BMI of 30 or higher are considered obese.³

Obesity is a costly condition that can reduce quality of life and is related to numerous of health problems, some of which include: high blood pressure, heart disease, diabetes, stroke, and premature death. Policy and environmental change initiatives that make healthy choices in nutrition and physical activity available, affordable, and easy will likely prove most effective in combating obesity.¹

Figure 17. Percentage of Adults who are Overweight or Obese



Overall, 20% of District respondents were considered to obese compared to 27% nationally (Figure 17) - (Table 85).

- Females were more likely than males to be obese, at 24.1% versus 15.8%, respectively).
- Adults aged 45-54 were more likely than all other age groups to be obese, at 28.1%.
- African Americans were more likely than all other race/ethnic groups to be obese, at 35%.
- Adults with less than a high school education were more likely than all other education subgroups to be obese, at 39.8%.
- Adults with a household income of less than \$15,000 were more likely than all other income subgroups to be obese, at 37.3%.
- District respondents who reside in Ward 8 were more likely than all other wards to be obese, at 38.5%.

¹ CDC - Chronic Disease Prevention and Promotion - Obesity - The Obesity Epidemic - <http://www.cdc.gov/chronicdisease/resources/publications/AAG/obesity.htm>. Accessed June 7, 2011

² CDC - Vital Signs - <http://www.cdc.gov/vitalsigns/AdultObesity/>. Accessed June 7, 2011

³ CDC - Overweight and Obesity - Definition for Adults - <http://www.cdc.gov/obesity/defining.html>. Accessed June 7, 2011

Table 85. BMI, by Demographics and Ward

Calculated variable based on Body Mass Index (BMI). BMI is a function of respondent's reported height and weight. "Overweight" is equal to a BMI of 25 to 29, and "Obese" is equal to a BMI of 30 or higher.

	N	Healthy Weight	Overweight	Obese
TOTAL	3728	48.2	31.6	20.1
GENDER				
Male	1480	44.6	39.6	15.8
Female	2248	51.5	24.5	24.1
AGE				
18-24	90	58.5	19.3	22.2
25-34	439	55.9	29.2	14.9
35-44	610	51.0	32.5	16.6
45-54	696	37.2	34.7	28.1
55-64	852	40.2	36.7	23.2
65+	1041	43.4	34.4	22.2
RACE				
Caucasian	1745	61.3	30.5	8.2
African American	1562	31.5	33.4	35.0
Asian	82	68.8	22.6	8.5
Other	116	49.6	27.1	23.3
Hispanic	147	44.4	37.1	18.1
EDUCATION				
Less than High School	252	29.3	30.8	39.8
High School Graduate	594	35.3	32.8	31.9
Some College	560	40.6	30.8	28.5
College Graduate	2316	55.1	31.6	13.2
INCOME				
Less than \$15,000	337	32.4	30.3	37.3
\$15,000-\$24,999	345	39.2	29.9	30.9
\$25,000-\$34,999	282	44.7	26.1	29.2
\$35,000-\$49,999	343	37.0	35.1	27.9
\$50,000-\$74,999	435	43.1	38.1	18.8
\$75,000 and over	1573	55.7	31.3	13.1
WARD				
Ward 1	296	53.8	29.3	16.9
Ward 2	326	62.2	26.4	11.4
Ward 3	633	62.8	29.3	7.9
Ward 4	448	42.4	31.3	26.3
Ward 5	347	30.9	38.1	31.1
Ward 6	373	49.4	29.7	20.9
Ward 7	329	30.3	36.7	33.0
Ward 8	299	36.2	25.3	38.5



Additional Health Indicators



CAREGIVER

A caregiver is defined as a person that provides care to a disable, sick or infant person with or without compensation; in an effort to help maintain health and stability in the person's life.¹ More than 34 million unpaid caregivers provide care to someone age 18 and older who is ill or has a disability. An estimated 21% of households in the United States are impacted by care giving responsibilities².

Unpaid caregivers provide an estimated 90% of the long-term care³, the majority (83%) are family caregivers—unpaid persons such as family members, friends, and neighbors of all ages who are providing care for a relative.²

District respondents were asked if they provided regular care for family or friend (Table 86). Overall, 19% responded to have provided regular care for family or friend.

- Females were more likely than males to provide regular care for family or friend, 22% versus 17% respectively.
- Adults aged 44-54 were more likely than all other age groups to provide regular care for family or friend, at 28%.
- District respondents of race/ethnic group Other were more likely than all other race/ethnic groups to provide regular care for family or friend, at 30%.
- Adults with some college were more likely than all other education subgroups to provide regular care for family or friend, at 29%.
- Adults with a household income of \$15,000-\$24,000 and \$35,000-\$49,000 were more likely than all other income subgroup to provide regular care for family or friend, at 28%.
- Adults residing in Ward 7 were more likely than all other wards to provide regular care for family or friend, at 27%.

District respondents were asked about the caregiver relationship – what is his/her relationship to you (Table 87). Overall, 43% responded that they were caregivers for a parent, parent in –law or spouse.

- Males were more likely than females to be caregivers for a parent, parent in –law or spouse, (45% versus 41%) respectively.
- Adults aged 55-64 were more likely than all other age groups to be caregivers for a parent, parent in–law or spouse, at 56%.
- Caucasians were more likely than African Americans to be caregivers for a parent, parent in –law or spouse, (55% versus 36%) respectively.
- College degree were more likely than all other education subgroup to be caregivers for a

parent, parent in –law or spouse, at 47%.

- Adults with a household income of \$50,000-\$75,000 and over were more likely than all other income subgroup to be caregivers for a parent, parent in –law or spouse,
- Adults residing in Ward 3 were more likely than any other wards to have been caregivers for a parent, parent in –law or spouse, at 59%.

District respondents were asked in which of the following area does the person you care for most need your help (Table 88). Overall 15% of respondents were taking care for someone who needed assistance with taking care of him/herself, 40% needed care with his/her residence or personal living space, 10% needed assistance relieving anxiety and depression and 35% needed other assistance.

- Males were more likely than females to care for someone who needs assistance with taking care of their residence or personal living space, 42% and 38% respectively.
- Adults aged 35-44 were more likely than all other age groups to care for someone who needed assistance with taking care of their residence or personal living space, at 47%,
- Caucasians were more likely than African Americans to care for someone who needed assistance with taking care of their residence or personal living space, 43% versus 40% respectively.
- Adults with some college were more likely than all other education subgroups to care for someone who needed assistance with taking care of their residence or personal living space, at 47%.
- Adult households with an income of \$75,000 or more were more likely than all other income subgroups to care for someone who needed assistance with taking care of their residence or personal living space, at 43%.
- Adults who reside in Ward 7 were more likely than all other wards to care for someone who needed assistance with taking care of their residence or personal living space, at 49%.

¹ FCA, 2005: Family Caregiver Alliance, Fact Sheet: Selected Caregiver Statistics, 2005. Available: http://www.caregiver.org/caregiver/jsp/content_node.jsp?nodeid=439

² CDC - Healthy Aging - Family Caregiving - The Facts - <http://www.cdc.gov/aging/caregiving/facts.htm>. Accessed June 7, 2011

Table 86. Caregiver, by Demographics and Ward
 “Provide regular care for family or friend?”

	N	Yes	No
TOTAL	3841	19.3	80.7
GENDER			
Male	1486	16.6	83.4
Female	2355	21.6	78.4
AGE			
18-24	91	17.1	82.9
25-34	453	13.0	87.0
35-44	619	18.6	81.4
45-54	719	27.6	72.4
55-64	891	25.3	74.7
65+	1068	19.0	81.0
RACE			
Caucasian	1794	13.9	86.1
African American	1608	24.8	75.2
Asian	87	16.9	83.1
Other	118	30.3	69.7
Hispanic	152	17.1	82.9
EDUCATION			
Less than High School	260	22.2	77.8
High School Graduate	615	19.6	80.4
Some College	580	28.8	71.2
College Graduate	2376	16.7	83.3
INCOME			
Less than \$15,000	355	17.7	82.3
\$15,000-\$24,999	350	28.0	72.0
\$25,000-\$34,999	285	21.1	78.9
\$35,000-\$49,999	354	28.0	72.0
\$50,000-\$74,999	446	16.6	83.4
\$75,000 and over	1593	15.6	84.4
WARD			
Ward 1	313	13.5	86.5
Ward 2	332	15.4	84.6
Ward 3	645	18.6	81.4
Ward 4	457	22.9	77.1
Ward 5	363	21.0	79.0
Ward 6	382	21.8	78.2
Ward 7	341	27.0	73.0
Ward 8	305	25.8	74.2

Table 87. Caregiver, by Demographics and Ward
 “Caregiver relationship - What is his/her relationship to you?”

	N	Parent, Parent in-law or Spouse	Other Relative	Non-Relative
TOTAL	655	42.6	34.5	22.9
GENDER				
Male	219	44.8	27.5	27.8
Female	466	41.0	39.3	19.6
AGE				
18-24	12	20.3	52.6	27.1
25-34	48	33.6	39.5	27.0
35-44	94	43.6	39.7	16.7
45-54	164	54.4	30.8	14.8
55-64	194	55.5	24.2	20.4
65+	173	31.0	31.3	37.7
RACE				
Caucasian	293	54.9	18.5	26.6
African American	307	35.7	45.8	18.5
Asian	10	*	*	*
Other	26	*	*	*
Hispanic	31	*	*	*
EDUCATION				
Less than High School	39	*	*	*
High School Graduate	100	32.7	48.9	18.5
Some College	120	39.8	38.7	21.5
College Graduate	424	46.6	28.4	25.0
INCOME				
Less than \$15,000	57	22.9	47.4	29.7
\$15,000-\$24,999	66	43.7	36.1	20.2
\$25,000-\$34,999	51	30.2	39.5	30.3
\$35,000-\$49,999	90	33.4	36.0	30.6
\$50,000-\$74,999	70	50.9	28.6	20.5
\$75,000 and over	272	52.3	27.1	20.6
WARD				
Ward 1	45	*	*	*
Ward 2	52	39.4	19.9	40.7
Ward 3	128	59.0	13.2	27.8
Ward 4	94	42.5	37.8	19.7
Ward 5	65	38.1	51.4	10.5
Ward 6	80	33.2	32.2	34.6
Ward 7	70	31.8	50.5	17.7
Ward 8	59	35.1	46.8	18.1

*Data not presented if the unweighted cell size was < 50.

Table 88. Caregiver, by Demographics and Ward
 “In which of the following areas does the person you care for most need your help?”

	N	Taking care of himself/herself	Taking care of his/her residence or Personal Living Space	Other	Relieving/Decreasing Anxiety or Depression
TOTAL	612	15.3	39.8	34.9	10.1
GENDER					
Male	195	10.1	42.4	34.6	12.8
Female	417	18.9	37.9	35.0	8.1
AGE					
18-24	12	*	*	*	*
25-34	42	*	*	*	*
35-44	82	19.4	46.5	30.9	3.2
45-54	153	19.4	36.3	33.5	10.8
55-64	175	22.0	31.5	36.1	10.4
65+	148	9.3	34.8	35.9	20.0
RACE					
Caucasian	295	14.6	42.5	29.6	13.3
African American	281	16.7	38.5	36.0	8.8
Asian	9	*	*	*	*
Other	21	*	*	*	*
Hispanic	24	*	*	*	*
EDUCATION					
Less than High School	31	*	*	*	*
High School Graduate	92	19.4	38.5	32.9	9.2
Some College	109	10.9	47.3	38.7	3.1
College Graduate	378	15.6	37.5	34.7	12.2
INCOME					
Less than \$15,000	47	*	*	*	*
\$15,000-\$24,999	58	18.1	34.0	42.2	5.8
\$25,000-\$34,999	48	*	*	*	*
\$35,000-\$49,999	83	14.5	35.3	42.8	7.4
\$50,000-\$74,999	66	23.9	29.5	41.2	5.5
\$75,000 and over	243	15.2	42.9	30.3	11.6
WARD					
Ward 1	42	*	*	*	*
Ward 2	45	*	*	*	*
Ward 3	114	13.7	35.0	28.8	22.5
Ward 4	85	15.1	40.1	38.5	6.3
Ward 5	59	26.9	28.3	42.1	2.6
Ward 6	73	10.1	34.2	30.3	25.5
Ward 7	62	16.0	48.7	29.3	6.0
Ward 8	54	14.6	33.6	46.5	5.3

*Data not presented if the unweighted cell size < 50.

EPILEPSY

Epilepsy, sometimes referred to as seizure disorder, is a general term that refers to a tendency to have recurrent seizures. A seizure is a temporary disturbance in brain function in which groups of nerve cells in the brain signal abnormally and excessively. There are many types of seizures. These can be classified into two broad groups: Primary generalized seizures are usually widespread and involves both sides of the brain, Partial seizures involves smaller localized areas of the brain. During a seizure, disturbances of nerve cell activity produce symptoms that vary depending on which part (and how much) of the brain is affected. Although there is no known cure for epilepsy the good news is that treatments are available that can successfully prevent seizures for most people with epilepsy. ¹

The CDC estimates that about 2.0 million people in the United States have epilepsy and nearly 140,000 Americans develop the condition each year, with new cases most common among children and older adults. ²

District respondents were asked if they had ever been told by a doctor that they have a seizure disorder or epilepsy (Table 89). Overall, 1.5% of district adults reported being told by a doctor they have a seizure disorder or epilepsy.

- Females were more likely than males to indicate they were told by a doctor they have a seizure disorder or epilepsy (males 1.4% versus females 1.6%)
- Adults aged 55-64 were more likely than all other age subgroups to indicate they were told by a doctor they have a seizure disorder or epilepsy, at 2.8%.
- Asians were more likely than all other race/ethnic groups to indicate they were told by a doctor they have a seizure disorder or epilepsy, at 3.8%.
- Adults with less than a high school education were more likely than all other education subgroups to indicate they were told by a doctor they have a seizure disorder or epilepsy, at 4.4%.
- Adult households with an income of \$25,000-\$34,999 were more likely than all other income subgroups to indicate they were told by a doctor they have a seizure disorder or epilepsy, at 2.9%.
- Adults who reside in Wards 7 were more likely than all other wards to indicate being told by a doctor they have a seizure disorder or epilepsy; at 3.6%.

¹ CDC - Epilepsy - Frequently Asked Questions - <http://www.cdc.gov/epilepsy/basics/faqs.htm> - Accessed June 7, 2011

² CDC - Epilepsy Fast Facts - http://www.cdc.gov/epilepsy/basics/fast_facts.htm. Accessed June 7, 2011

Table 89. Epilepsy by, Demographics and Ward
 “Have you ever been told by a doctor that you have a seizure disorder or epilepsy?”

	N	Epilepsy
TOTAL	3489	1.5
GENDER		
Male	1348	1.4
Female	2141	1.6
AGE		
18-24	79	1.9
25-34	408	0.5
35-44	573	1.5
45-54	646	2.1
55-64	812	2.8
65+	971	1.4
RACE		
Caucasian	1700	0.9
African American	1403	2.2
Asian	79	3.8
Other	101	0.9
Hispanic	135	0.9
EDUCATION		
Less than High School	217	4.4
High School Graduate	531	2.8
Some College	510	1.9
College Graduate	2223	0.9
INCOME		
Less than \$15,000	309	2.4
\$15,000-\$24,999	312	2.7
\$25,000-\$34,999	245	2.9
\$35,000-\$49,999	328	1.6
\$50,000-\$74,999	413	1.8
\$75,000 and over	1496	0.9
WARD		
Ward 1	293	0.8
Ward 2	306	0.7
Ward 3	624	1.9
Ward 4	403	1.0
Ward 5	318	1.6
Ward 6	351	0.6
Ward 7	302	3.6
Ward 8	254	3.0

INTIMATE PARTNER VIOLENCE

Intimate partner violence (IPV) is a serious, preventable public health problem that affects millions of Americans. It occurs when a person abuses someone else with whom they are in a close relationship. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy. The term "intimate partner violence" IPV describes physical, sexual, or psychological harm by a current or former partner or spouse. There are four main types of intimate partner violence, Physical violence, Sexual violence, Threats of physical or sexual violence, Psychological/emotional violence. ¹

District respondents were asked if they had ever been a victim of intimate partner physical violence (Table 90). Overall 10% of respondents were threatened by physical violence.

- Females were more likely than males to indicate they were threatened by physical violence (11.7% versus 8% respectively).
- Adults aged 45-54 were more likely than all other age groups to indicate they were threatened by physical violence, at 12.8%
- Respondents of race/ethnic group Other were more likely than all other race/ethnic groups to indicate they were threatened by physical violence, at 24%.
- Adults with some college were more likely than all other education subgroups to indicate they were threatened by physical violence, at 18.8%.
- Adults households with an income of less than \$15,000 were more likely than all other income subgroups to indicate they were threatened by physical violence, at 15.5%.
- Adults who reside in Ward 8 were more likely than all other wards to indicate they were threatened by physical violence, at 21.4%.

District respondents were asked if they ever been hit, slapped, pushed, kicked or hurt by an intimate partner (Table 90). Overall, 11.8% district adults were victims of physical abuse.

- Females were more likely to be victims of physical abuse than males (13% versus 10% respectively).
- Adults aged 45-54 were more likely than all other age groups to indicate they were victims of physical violence, at 16%.
- District respondents of race/ethnic group Other were more likely than all other race/ethnic groups to be a victims of threatened by physical violence, at 21% .
- Adults with less than a high school education were more likely than all other education subgroups to be victims of physical violence, at 22%.

- Adults with a household income of less than \$15,000 were more likely than all other income subgroups to be victims of by physical violence, at 17.6%.
- Adults who reside in Ward 8 were more likely than all other wards to be threatened by physical violence, at 21%.

District respondents were asked if they ever experienced any unwanted sex by a current or former intimate partner (Table 91). Overall 6% of adults have experienced unwanted sex by a current or former intimate partner.

- Females were more likely than males to experience unwanted sex by a current or former intimate partner (9% versus 3% respectively).
- Adults aged 55-64 were more likely than all other age groups to experience unwanted sex by a current or former intimate partner, at 7%.
- African Americans were more likely than all other race/ethnic groups to experience unwanted sex by a current or former intimate partner, at 9%.
- Adults with less than a high school education were more likely than all of the education subgroups to experience unwanted sex by a current or former intimate partner, at 10.5%.
- Adults with a household income of less than \$15,000 were more likely than all other income subgroups to experience unwanted sex by a current or former intimate partner, at 11%.
- District resident who reside in Ward 4 were more likely than all other wards to experience unwanted sex by a current or former intimate partner.

¹ CDC - Injury Prevention and Control - Violence Prevention - Intimate Partner Violence - Definitions - <http://www.cdc.gov/ViolencePrevention/intimatepartnerviolence/definitions.html>- Accessed March 9, 2011

Table 90. Intimate Partner Physical Violence by, Demographics and Ward
 “Has an intimate partner EVER threatened you with physical violence?” and
 “Has an intimate partner EVER hit, slapped, pushed, kicked, or hurt you in any way?”

	N	Threatened Physical Violence	N	Hit, Slapped, Pushed, Kicked or Hurt
		Yes		Yes
TOTAL	2438	10.0	2437	11.8
GENDER				
Male	939	8.2	936	10.2
Female	1499	11.7	1501	13.1
AGE				
18-24	61	11.9	61	13.1
25-34	282	10.0	282	11.4
35-44	412	10.9	411	12.4
45-54	459	12.8	459	15.7
55-64	582	10.7	581	12.3
65+	642	4.1	643	5.9
RACE				
Caucasian	1221	7.0	1221	8.5
African American	949	14.1	947	16.6
Asian	59	7.2	60	2.2
Other	64	24.1	65	20.9
Hispanic	94	3.1	94	8.2
EDUCATION				
Less than High School	143	17.8	143	21.9
High School Graduate	336	9.5	336	11.8
Some College	375	18.8	375	19.5
College Graduate	1579	7.5	1578	9.2
INCOME				
Less than \$15,000	200	15.5	202	17.6
\$15,000-\$24,999	215	11.8	214	13.3
\$25,000-\$34,999	168	13.9	168	16.0
\$35,000-\$49,999	230	10.6	230	14.5
\$50,000-\$74,999	293	13.2	294	15.6
\$75,000 and over	1084	7.0	1082	7.7
WARD				
Ward 1	208	8.8	207	11.6
Ward 2	196	7.4	196	6.0
Ward 3	430	6.7	432	8.9
Ward 4	285	10.0	284	11.0
Ward 5	217	7.6	218	13.5
Ward 6	258	11.8	258	13.1
Ward 7	208	13.2	208	15.8
Ward 8	175	21.4	175	21.4

Table 91. Intimate Partner Sexual Violence by, Demographics and Ward
 “Have you EVER experienced any unwanted sex by a current or former intimate partner?”

	N	Yes	No
TOTAL	2429	5.8	94.2
GENDER			
Male	933	2.6	97.4
Female	1496	8.6	91.4
AGE			
18-24	60	5.1	94.9
25-34	282	6.2	93.8
35-44	410	5.4	94.6
45-54	457	6.9	93.1
55-64	581	7.3	92.7
65+	639	3.2	96.8
RACE			
Caucasian	1215	3.5	96.5
African American	944	9.1	90.9
Asian	60	3.1	96.9
Other	65	7.8	92.2
Hispanic	94	4.2	95.8
EDUCATION			
Less than High School	141	10.5	89.5
High School Graduate	333	5.3	94.7
Some College	374	6.4	93.6
College Graduate	1576	5.4	94.6
INCOME			
Less than \$15,000	199	10.9	89.1
\$15,000-\$24,999	214	5.5	94.5
\$25,000-\$34,999	168	10.0	90.0
\$35,000-\$49,999	230	5.2	94.8
\$50,000-\$74,999	292	5.7	94.3
\$75,000 and over	1078	4.8	95.2
WARD			
Ward 1	207	2.2	97.8
Ward 2	196	2.8	97.2
Ward 3	426	5.5	94.5
Ward 4	284	11.1	88.9
Ward 5	218	9.2	90.8
Ward 6	259	8.5	91.5
Ward 7	206	5.6	94.4
Ward 8	174	6.0	94.0

SEXUAL ASSAULT

Each year, millions of people in the United States are victims of sexual violence. Sexual violence is any sexual act that is perpetrated against someone's will. Sexual Violence (SV) encompasses a range of offenses, including a completed non-consensual sex act (i.e., rape), an attempted non-consensual sex act, abusive sexual contact (i.e., unwanted touching), and non-contact sexual abuse (i.e., threatened sexual violence, exhibitionism, verbal sexual harassment). Sometimes sexual violence can occur from a relative, friend, stranger and intimate partner. This behavior can have short and long term effects from sexual assault which may include depression, pregnancy, stress, anxiety, chronic pain, sexually transmitted disease, substance abuse and risky sexual behavior.¹

District respondents were asked if anyone touched sexual parts of their body after they said or showed that they didn't want them to, or without your consent within the past 12 months (Table 92). Overall, 2% of district respondents indicated they were of victim of non-consensual sexual touching.

- Males were more likely than females to indicate they were a victim of non-consensual sexual touching (2.7%; 1.5% respectively).
- Adults aged 18-24 were more likely than all other age groups to indicate they were a victim of non-consensual sexual touching, at 4%.
- Respondents of race/ethnic group Other were more likely than all other race/ethnic groups to be were victims of non-consensual sexual touching; at 3%.
- Adults with some college education were more likely than all other education subgroups to indicate they were a victim of non-consensual sexual touching than all other education subgroups, at 3.1%.
- Adult households with an income of \$25,000-\$34,999 were more likely than all other income subgroups to indicate they were a victim of non-consensual sexual touching, at 4%.
- Adults who reside in Ward 7 were more likely than all other wards to indicate they were a victim of non-consensual sexual touching, at 4%.

District respondents were asked if anyone has ever had sex with them after they said or showed that they didn't want them to or without their (Table 92). Overall, 6.5% of respondents were victims of non-consensual sex.

- Females were more likely than males to indicate they were a victim of non-consensual sex (9% versus 3% respectively).
- Adults aged 45-54 were more likely than all other age groups to indicate they were a victim of non-consensual sex, at 8%.
- District respondents of race/ethnic group Other were more likely than all other race/ethnic

groups to indicate they were a victim of non-consensual sex at 10% .

- Adults with less than a high school education were more likely than all other education subgroups to indicate they were a victim of non-consensual sex, at 11%.
- Adult households with an income of \$25,000-\$34,999 were more likely than all other education subgroups to indicate they were a victim of non-consensual sex, at 11%.
- Adults who reside in Ward 4 were more likely than all other wards to indicate they were a victim of non-consensual sex, at 9%.

¹ CDC- Injury Prevention and Control - Violence Prevention -Sexual Violence - Definitions - <http://www.cdc.gov/ViolencePrevention/sexualviolence/definitions.html>. June 7, 2011

Table 92. Prevalence of Sexual Touching and Non-consensual Sex, by Demographics and Ward
 “In the past 12 months, has anyone touched sexual parts of your body after you said or showed that you didn’t want them to, or without your consent (for example being groped or fondled)?” and “Has anyone EVER had sex with you after you said or showed that you didn’t want them to or without your consent?”

	N	Non-consensual Sexual Touching	N	Non-consensual Sex
		Yes		Yes
TOTAL	2474	2.0	2449	6.5
GENDER				
Male	949	2.7	940	3.3
Female	1525	1.5	1509	9.3
AGE				
18-24	59	4.4	59	5.1
25-34	290	3.6	290	7.5
35-44	416	1.1	412	5.8
45-54	464	1.1	460	8.4
55-64	589	1.2	583	6.6
65+	656	0.4	645	3.6
RACE				
Caucasian	1231	2.0	1220	6.2
African American	968	2.1	956	7.1
Asian	60	1.3	60	2.1
Other	70	2.9	69	10.1
Hispanic	94	2.0	94	6.5
EDUCATION				
Less than High School	147	1.1	147	11.4
High School Graduate	348	1.2	342	2.1
Some College	372	3.1	371	9.0
College Graduate	1602	2.1	1584	6.4
INCOME				
Less than \$15,000	206	3.4	203	10.3
\$15,000-\$24,999	215	2.0	212	7.7
\$25,000-\$34,999	170	4.4	169	10.9
\$35,000-\$49,999	231	2.3	229	4.7
\$50,000-\$74,999	301	3.4	296	7.2
\$75,000 and over	1091	1.3	1082	5.7
WARD				
Ward 1	210	2.1	209	5.1
Ward 2	197	2.4	195	5.6
Ward 3	435	0.8	431	7.2
Ward 4	290	2.0	286	8.7
Ward 5	219	0.7	218	5.2
Ward 6	261	3.6	260	6.1
Ward 7	210	4.4	207	4.1
Ward 8	178	0	176	7.5

SEXUAL ORIENTATION

Sexual orientation is defined as one's natural preference in sexual partners. Lesbian, gay, bisexual and transgender adults are at increased risk for suicide, eating disorders, substance abuse, sexual violence, sexual assault, sexually transmitted diseases and breast and anal cancer. About 10% of the population is lesbian, gay, bisexual, or transgender. These people face health care risks that are often not addressed because of lack of knowledge of the patient's sexual orientation, ignorance of specific health care issues, or because the patient feels that the health care professional is homophobic.¹

District respondents were asked about their sexual orientation and whether they identify themselves as heterosexual, homosexual, bisexual or other (Table 93). Overall, 91% of respondents identify themselves as heterosexual, 7% homosexual, 2% bisexual and 0.7% as other.

- Females were more likely than males to describe themselves as heterosexual (96% versus 85%, respectively).
- Respondents age 65 and older were more likely than all other age groups to describe themselves as heterosexual, at 96%.
- Asians were more likely than all other race/ethnic groups to identify themselves as heterosexual, at 96%.
- High school graduates were more likely than all education subgroups to identify themselves as heterosexual, at 96%.
- Adult households with an income of \$25,000-\$34,999 were more likely than all other income subgroups to identify themselves as heterosexual, at 93%.
- Adults who reside in Ward 8 were more likely than all other wards to identify themselves as heterosexual, at 96%.

1. Kinsey AC, Pomeroy W, Martin C. *Sexual Behavior in the Human Male*. Philadelphia: WB Saunders; 1948.

2. Kinsey AC, Pomeroy W, Martin CE, et al. *Sexual Behavior in the Human Female*. Philadelphia: WB Saunders; 1953.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1070935/>

Table 93. Sexual Orientation by, Demographics and Ward

“Now I’ll read a list of terms people sometimes use to describe themselves: heterosexual or straight; homosexual (gay or lesbian); and bisexual. As I read the list again, please stop me when I get to the term that best describes how you think of yourself?”

	N	Heterosexual	Homosexual	Bisexual	Other
TOTAL	3712	90.5	7.0	1.8	0.7
GENDER					
Male	1432	84.7	12.8	1.7	0.8
Female	2280	95.6	2.0	1.9	0.6
AGE					
18-24	88	91.9	2.8	5.2	0
25-34	449	90.8	7.4	1.5	0.3
35-44	612	88.6	9.6	1.7	0.2
45-54	700	86.3	11.4	2.0	0.3
55-64	839	91.0	5.3	1.5	2.3
65+	1024	95.9	2.2	0.6	1.3
RACE					
Caucasian	1758	86.9	10.9	1.9	0.3
African American	1545	94.0	3.0	2.0	1.0
Asian	81	95.5	4.5	0	0
Other	116	90.7	3.3	3.2	2.8
Hispanic	148	91.9	8.1	0	0
EDUCATION					
Less than High School	244	92.4	1.7	2.7	3.2
High School Graduate	587	95.6	3.6	0.2	0.6
Some College	558	89.2	6.4	4.0	0.3
College Graduate	2315	89.2	8.6	1.6	0.5
INCOME					
Less than \$15,000	339	89.5	4.7	3.6	2.2
\$15,000-\$24,999	334	92.4	5.6	1.1	0.9
\$25,000-\$34,999	275	93.2	3.5	2.0	1.3
\$35,000-\$49,999	354	92.0	3.4	3.5	1.2
\$50,000-\$74,999	443	90.2	6.6	2.9	0.3
\$75,000 and over	1573	88.6	10.1	1.2	0.1
WARD					
Ward 1	304	82.3	13.1	3.0	1.6
Ward 2	319	77.9	20.5	0.8	0.9
Ward 3	627	95.0	3.2	1.4	0.4
Ward 4	439	91.5	6.2	1.6	0.7
Ward 5	347	92.9	4.6	1.6	0.8
Ward 6	372	89.9	8.3	1.6	0.2
Ward 7	331	94.4	3.6	1.2	0.8
Ward 8	298	95.6	1.8	2.1	0.5

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