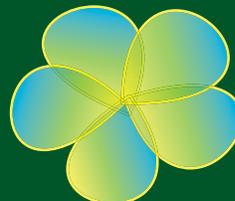
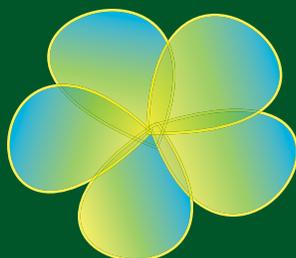
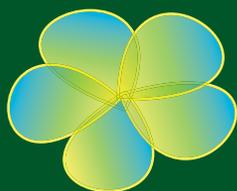
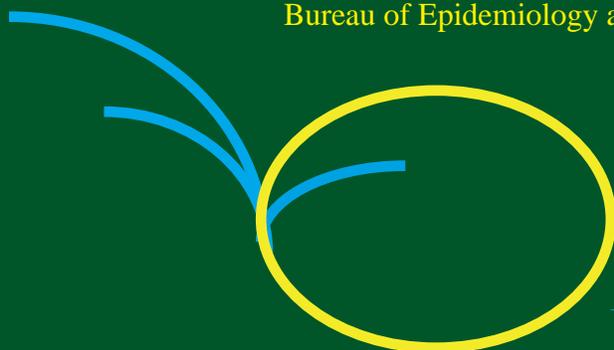


District of Columbia
2004
Annual Report



District of Columbia
Department of Health
Bureau of Epidemiology and Health Risk Assessment



BRFSS

Behavioral Risk Factor Surveillance System

NOTICE OF NON-DISCRIMINATION

In accordance with the D.C. Human Rights Act of 1977, as amended, D. C. Code section 2.1401.01 et seq., (“the Act”) the District of Columbia does not discriminate on the basis of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, familial status, family responsibilities, matriculation, political affiliation, disability, source of income, or place of residence or business. Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action.

Printed September 2006



Gregg A. Pane, MD, MPA,
Director

Dear Colleague:

I am pleased to present the District of Columbia Behavioral Risk Factor Surveillance System 2004 Annual Report. This annual report is just one of the many ways the Department of Health demonstrates its commitment to the health and well-being of the residents of the District of Columbia. The Bureau of Epidemiology and Health Risk Assessment's, Behavioral Risk Factor Surveillance System (BRFSS) Program conducts an annual telephone survey of District residents 18 and older. This survey measures health risk behaviors and the prevalence of chronic and infectious diseases and is particularly useful in evaluating the District's progress toward the year 2010 health objectives. I would like to congratulate the Program on another successful year.

This Annual Report is a valuable tool in ensuring that the Department of Health and its community partners meet the health needs of our citizens.

If you would like to request additional copies of this report, please contact Tracy Garner, Health Survey Technician, Bureau of Epidemiology and Health Risk Assessment, District of Columbia Department of Health, 825 N. Capitol Street, NE, 3rd Floor, Washington, DC 20002, or call 202-442-5857.

Sincerely,

Gregg A. Pane, MD, MPA
Director

ACKNOWLEDGEMENTS

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

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

Primary Care and Prevention Administration
David C. Rose, MD, FAAP, Senior Deputy

Bureau of Epidemiology and Health Risk Assessment
John Davies-Cole, PhD, MPH, Bureau Chief

EDITORS

Kerda DeHaan, MS
Gebreyesus Kidane, PhD, MPH
George F. Siaway, MSEH
Tracy Garner

LAYOUT/GRAPHICS

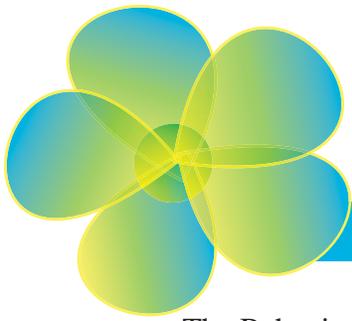
Tracy Garner

SPECIAL THANKS

Beth Reed
ORC Macro International, BRFSS Contractor, for their
assistance with the analysis of data and writing of this report

TABLE OF CONTENTS

Introduction	6
Survey Methodology.....	7
Data Limitations.....	11
Data Results	
Health Status.....	14
Quality of Life.....	17
Disability.....	21
Health Care Access.....	24
Immunization.....	27
Exercise.....	30
Overweight and Obesity.....	33
Environmental Factors.....	36
Asthma.....	39
Diabetes.....	41
Oral Health.....	43
Tobacco Use.....	46
Alcohol Use.....	49
Family Planning.....	52
Women’s Health.....	55
Prostate Cancer Screening.....	59
Colorectal Cancer Screening.....	62
HIV/AIDS.....	65
Firearms.....	68
Sexual Assault.....	70
Traumatic Brain Injury.....	72
Reaction to Race.....	74
Tables 1-26.....	78



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. This ongoing telephone survey, sponsored by the U.S. Centers for Disease Control and prevention (CDC), is carried out independently by all 50 U.S. states, the District of Columbia, and three territories.

The BRFSS began in 1984 with four primary goals:

- To identify emerging health issues
- To document health trends
- To compare health behaviors across states
- To measure progress toward health goals

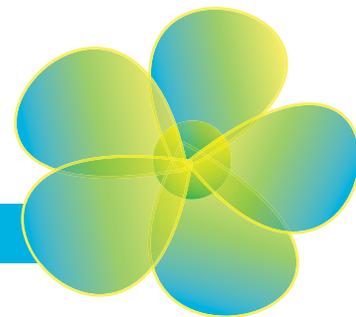
In the past, the District of Columbia has used the BRFSS system to:

- Provide data for legislative advocacy and education supporting the successful passage of tobacco control legislation.
- Provide data to support Project “WISH” (Women Into Staying Healthy), a breast and cervical cancer prevention program in the District.
- Provide information for the District of Columbia State Health Plan.
- Assess the impact of screening programs and serve as the basis for evaluating the effectiveness of those programs for the District of Columbia Cancer Registry.
- Provide baseline data to the Diabetes Program that was used to produce diabetes fact sheets, write a comprehensive surveillance report, apply for various grants, and write reports for policymakers.

In 2004, the District of Columbia Department of Health has added two topical areas of focus to the CDC-designed core and optional BRFSS questionnaire modules. These include questions to estimate the prevalence of traumatic brain injury (TBI), and to estimate the prevalence of sexual assault. The District also added questions asking respondents their Zip code and their ward of residence to allow for additional geographic analyses.

BRFSS is conducted for the District of Columbia Department of Health with funding and guidance provided by the Centers for disease Control and Prevention (CDC) of the U.S. Public Health Service.

SURVEY METHODOLOGY



The District of Columbia BRFSS is a telephone survey conducted with randomly selected adults within households randomly selected from among all telephone-equipped households in the District. The methodology for conducting BRFSS surveys has been standardized by the CDC in the BRFSS User's Guide and related policy memos. ORC Macro, an independent survey research company, collected survey data for the 2004 District of Columbia BRFSS following the methodology summarized below.

Survey Sample

BRFSS protocol calls for a probability sample of all households with telephones within each participating state or territory. In such a sample, each household with a telephone in the survey area has a equal chance of being selected for the study.

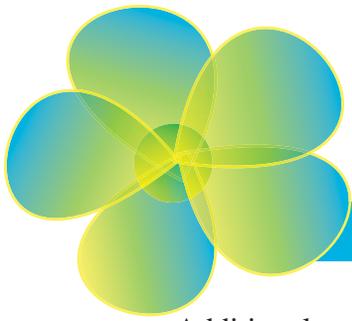
This was accomplished for the 2004 District of Columbia BRFSS with a disproportionate stratified random digit-dial (RDD) sample based on a list-assisted frame. This sample was generated for the District of Columbia BRFSS, as for all states participating in the BRFSS, by Marketing Systems Group (MSG) using their proprietary Genesys sampling software.

The Genesys sample was drawn quarterly from all working banks of District of Columbia telephone numbers, and provided to ORC Macro each month. The sample included both listed and unlisted numbers. The sample was pre-screened for non-working and business numbers and configured in replicates of 50 to be released for interviewing attempts.

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 2004 District of Columbia BRFSS were:
 - Health Status
 - Health Care Access
 - Environmental Factors
 - Tobacco Use
 - Asthma
 - Oral Health
 - Demographics
 - Women's Health
 - Colorectal Cancer Screening
 - Disability
 - Firearms
 - Health-related Quality of Life
 - Exercise
 - Excess Sun Exposure
 - Alcohol Consumption
 - Diabetes
 - Immunization
 - Veteran's Status
 - Prostate Cancer Screening
 - Family Planning
 - HIV/AIDS



SURVEY METHODOLOGY

Additional questions about flu vaccines for respondents and their children were asked during November and December, 2004, and through February 2005.

- The CDC also designs “Optional” modules. These modules are sets of questions organized by topic; states can choose which modules they want to include each year. Optional modules included in the 2002 District of Columbia BRFSS were:
 - Reaction to Race
- “State-added” questions are designed by states to address topics that may not be covered in the CDC modules, or to gather more detailed information about certain topics. Questions were added by the District of Columbia Department of Health to the 2002 BRFSS on the following topics:
 - Traumatic Brain Injury
 - Ward Information
 - Family Planning
 - Zip Code

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

The survey consisted of a total of 113 questions (including flu vaccine questions added in November). Not all questions were administered to all respondents, however, as 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 2004 was 15.8 minutes.

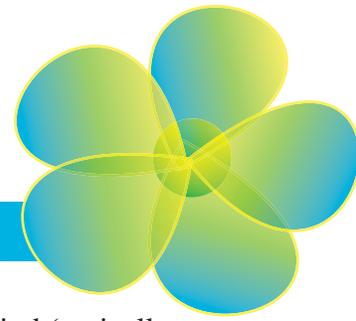
Interviewing Protocol

Experienced, supervised personnel conducted the interviews using CfMC’s Survent software. A total of 3,024 completed interviews were obtained during the year. Approximately 250 interviews were completed during each of twelve monthly calling periods beginning January 1, 2004 and ending on December 31, 2004.

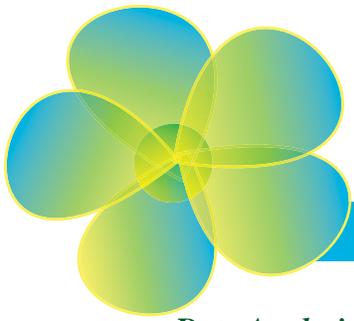
Interviewers observed the following procedures when contacting households for interviews:

- ***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, or was unable or unwilling to participate, or did not speak English well enough to be interviewed, no interview was conducted.

SURVEY METHODOLOGY



- **Contact Attempts-** Up to 15 attempts, over a minimum five-day period (typically 15 days), were made, as necessary, 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 a minimum number of calls.
- **Non-English Households-** The 2002 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. However when a Spanish-speaking individual was contacted in a household, a bilingual interviewer attempted to determine if the selected person was capable of completing the survey in English.
- **Converting Initial Refusals-** Households where interviews were initially refused were contacted again, where possible, at least three days later by specially trained conversion interviewers in an effort to persuade respondents to participate in the survey.
- **Quality Control Measures-** Ten percent of interviews were monitored by supervisors 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 being entered by the interviewer into the CATI system, and scored the interviewer on a variety of performance measures. Neither interviewers nor respondents were aware when calls were being monitored.



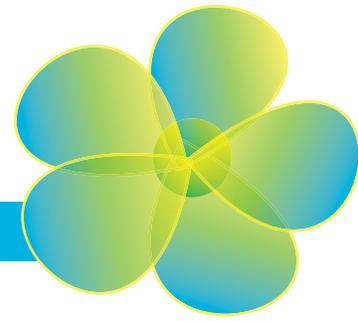
SURVEY METHODOLOGY

Data Analysis

Data for the 2004 District of Columbia BRFSS were delivered to the CDC each month, who then aggregated and weighted the data after interviewing was complete for the year. Data were weighted to adjust for differences in the probabilities of selection of each respondent. The data were directly weighted for the probability of selection of a telephone number, the number of adults in a household, and the number of telephones in a household.

An additional, post-stratification adjustment was also made to ensure that the sample proportions of selected demographic characteristics (gender, age, and race) in each project equal the estimated sample proportions in the population, and to make the sum of the weights for each project equal the population of the District. In this report, all data reported are weighed data unless otherwise noted.

LIMITATION OF DATA



Confidence Limits

As with any sample survey, sampling error - chance variations - can cause the results of the District of Columbia BRFSS to vary from those that would have been obtained with a census of all adults living in telephone-equipped households in District of Columbia. The results of this sample survey could differ from the “true” figures for the District because some households cannot be reached at all, and others refuse to participate, and these non-responding households may differ from respondents 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 result 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 households with telephones.

Small Numbers

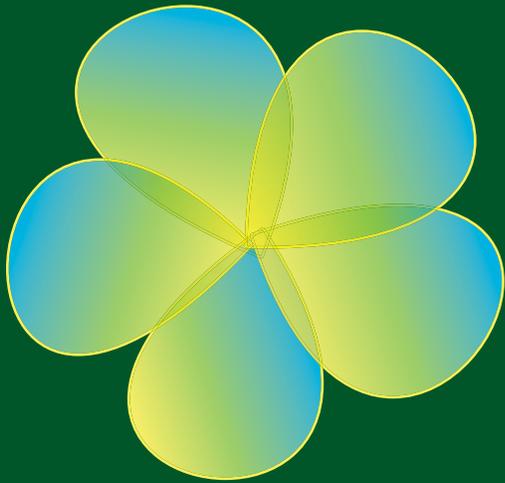
Small numbers of respondents are also an issue when analyzing data due to concerns about the variability of the data. This is, a difference in the responses of only a few individuals can result in a large difference in percentage of the total for that group.

Small numbers of respondents in a group generally occur in one of two ways: 1) There are very few respondents in the total sample who have a particular characteristic under analysis, or 2) The logic of the survey limits the number of respondents receiving a particular question, thereby reducing the number of respondents in each analytical unit for that item. Where counts are less than 50 respondents per subgroup, caution should be used in drawing conclusions from the data.

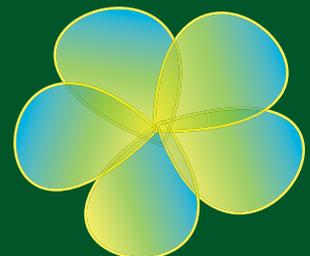
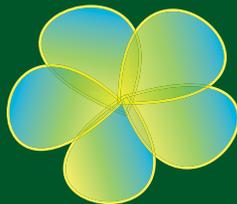
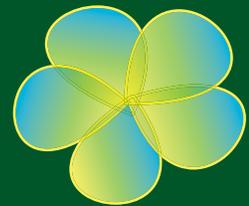
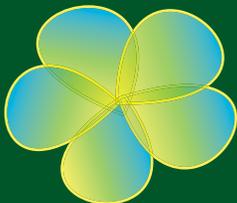
Survey Population

The surveyed population excludes:

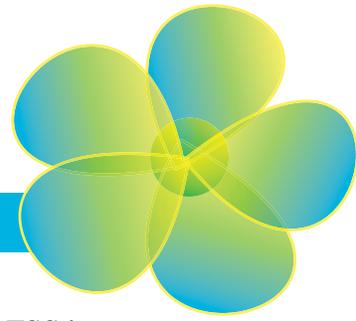
- Adults in penal, mental, or other institutions;
- Adults living in group quarters such as dormitories, barracks, convents, or boarding houses;
- Adults contacted at their second home during a stay of less than 30 days;
- Adults who do not speak English well



DATA RESULTS



DATA RESULTS



Tables 1 shows the distribution of respondents to the 2004 District of Columbia BRFSS by gender, age, race, level of educational attainment, and annual household income. Key questions from each survey module are analyzed in this report by these demographic characteristics. The table compares the unweighted and weighted data to the 2000 Census profile of the District of Columbia so that the representativeness of the sample can be assessed. The Census figures show a total adult population of 457,067 for the District of Columbia in 2000. The 2004 District of Columbia BRFSS data are based on a total of 3,024 completed interviews.

As Table 1 indicates, the unweighted sample shows an underrepresentation of men, people between the ages of 18 and 24, African Americans, and those with the lowest levels of education and income; and corresponding overrepresentations of women, other age groups, Caucasians, and those with the highest levels of education and income.

This chapter presents the results of the 2004 District of Columbia BRFSS by topic. Topics generally correspond to modules of the questionnaire.

Where applicable, relevant measurable objectives of the Healthy People 2010 initiative have been included in the presentation of the data. Key questions are also analyzed at the Ward level. These data are presented in charts with the text.

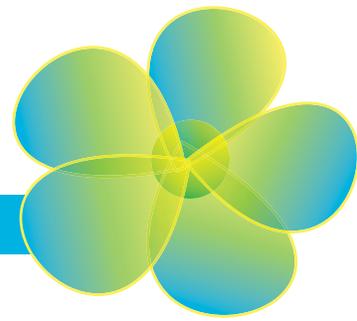
Data tables are titled by topic, and a definition of the variable or variables analyzed (either question text, or by brief definition of calculated variables) are included underneath the title.

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.



GENERAL HEALTH STATUS

GENERAL 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 BRFSS respondents were asked to rate their own health using a scale of excellent, very good, good, fair or poor. Table 4 shows the responses to this question overall and by gender, age, race, income and education.

General Findings

District residents rate their own health relatively high, compared to national figures. Only 11.1% of District residents rated their health “fair” or “poor”, compared to the national median of 15.1%. The District had the third lowest proportion of respondents rating their health “fair” or “poor” of all states participating in the BRFSS, after Minnesota and New Hampshire.²

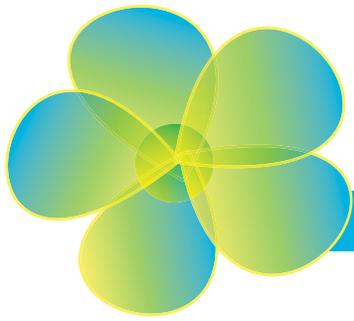
Demographic Differences

In general, younger respondents rated their health better than older respondents, Caucasian respondents rated their health better than African-Americans and those of other races, and individuals with higher levels of education and income rated their health better than those with less education or income.

- Differences among age groups are most marked. Over thirty percent of respondents in all age groups up to age 44, and 27.6% of those age 45-54, rated their health as “excellent”, while only 21.3% of those 55-64, and 12.8% of those 65 and older responded this way.
- The difference between Caucasian African-American respondents was striking. Only 3.6% of Caucasians rated their health as “fair” or “poor”, and 41.9% rated their health as “excellent”. Among African-Americans, 15.3% rated their health as “fair” or “poor”, and only 20.1% said their health was “excellent”.
- Respondents in the lowest groups for income and educational attainment ranked highest for poor health. Over one-third (36.8%) of respondents with less than a high school education rated their health as “fair or poor”, more than twice the proportion of any other group. Similarly, 31.7% of those with incomes under \$15,000 reported “fair” or “poor” health.

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.

² National Center for Chronic Disease Prevention and Health Promotion. 2003. Behavioral Risk Factor Surveillance System Prevalence Data, Health Status – 2004. <http://apps.nccd.cdc.gov/brfss/list.asp?cat=HS&yr=2004&qkey=4414&state=All>

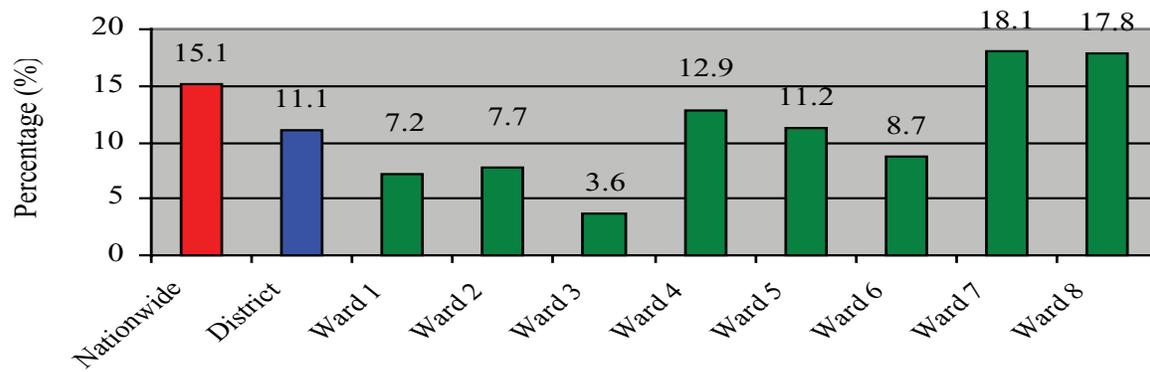


GENERAL HEALTH STATUS

Ward Analysis

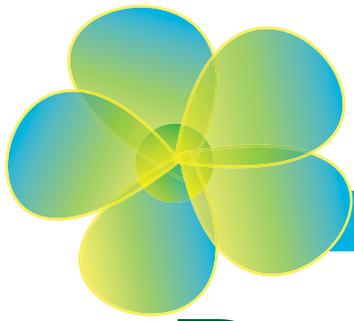
Self-perceived health status showed wide variation by Ward. Only 3.6% of respondents in Ward 3, and less than 9% of respondents in Wards 1, 2 and 6, reported “fair” or “poor” health. At the same time, nearly one in five respondents in Wards 7 and 8 (18.1% and 17.8%, respectively) responded this way.

Figure 1. "Fair" or Poor" Health, by Ward





QUALITY
OF LIFE



QUALITY OF LIFE

Respondents were asked a series of questions designed to assess the impact of physical or mental health problems on their day-to-day lives. Table 5 presents, by demographic categories, those who reported poor physical or mental health in the past 30 days. Table 6 shows respondents reporting one or more days in the past 30 when health problems interfered with normal activities.

Physical Health

Respondents were asked how many days out of the last 30 they had experienced poor physical health. One-in-Ten (10.4%) responded that they felt their physical health was not good 10 or more days out of the last 30. However, two-thirds of respondents (66.4%) indicated that they experienced no days at all of poor physical health.

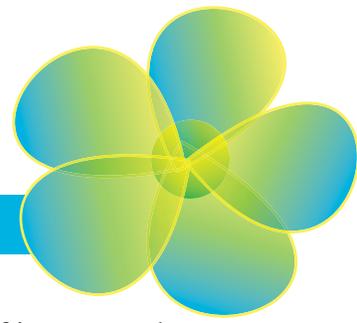
While men and women reported poor health at a similar rate, differences were seen among age, race, education, and income demographic groups.

- While older respondents were more likely to report 10 or more days of poor physical health, with the prevalence increasing gradually from the age of 35 up—10.3% of respondents age 35-44 reported 10 or more days of poor physical health, as did 13.5% of those age 45-54, 14% of those age 55-64, and 17.4% of those 65 and older. Interestingly, however, approximately equal percentages of all age groups reported no days of poor physical health, from 63.9% of those age 18-24 to 63.2% of those age 65 and older.
- African Americans were more likely than Caucasians to report 10 or more days of poor physical health (11.9% compared to 7%). However, African Americans were also more likely than Caucasians to report no days of poor physical health (68.7% compared to 63.2%).
- The most striking differences occur with education and income at the highest and lowest levels. More than one-fourth of respondents with less than a high school education (26.5%) report 10 or more days of poor physical health, compared to just 5.7% of college graduates. Similarly, 27.9% of those with an income of less than \$15,000 report 10 or more days of poor physical health, compared to 4.8% of those with incomes of \$75,000 and above.

Mental Health

Respondents were asked a second question about their mental health—how many days out of the last 30 did they feel their mental health was not good. As with the previous question about physical health, about one in ten (10.8%) reported 10 or more days of poor mental health, and about two-thirds (66.1%) reported no days of poor mental health.

QUALITY OF LIFE



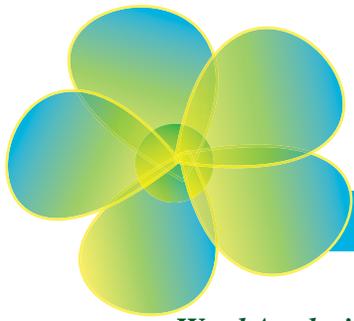
As with physical health, there were differences by race and age, and lower levels of income and education generally correlated with more reported days of poor health. However, there were some differences:

- There was a difference by gender in how respondents answered this question that was not evident when asking about physical health. Women were more likely, at 13.3%, to report 10 or more days of poor mental health, compared to 7.9% of men. Women (62.1%) were also less likely than men (70.6%) to report no days of poor mental health.
- Older respondents reported fewer days of poor mental health than younger respondents. Just 8.8% of those age 55-64 and 8.4% of those 65 and older reported 10 or more days of poor mental health. Four in five (80.4%) of respondents 65 and older, and 73.5% of those age 55-64 reported no days of poor mental health.
- As with physical health, differences among education and income groups were most striking at the highest and lowest levels.

Poor Health Interfering with Normal Activities

Respondents who indicated they had experienced one or more days of poor physical or mental health were asked how many days out of the last 30 they were kept from normal activity because of poor health. When taken together with the previous questions, 78.8% of the population reported no days of impaired activity, 14.8% reported one to nine days of impairment, and 6.4% reported ten or more days when poor health kept them from their usual activities.

- Older respondents were more likely than younger respondents to report ten or more days of impaired activity, ranging from 4.2% among those age 25-34 to 8.8% among those age 65 or older.
- Caucasians (3.8%) were less likely than African Americans (7.7%) and those of other races (7.3%) to report ten or more days of impaired activity.
- Those with the lowest levels of education and income were more likely than those of other groups to report ten or more days of impaired activity: 15.9% of those with less than a high school education, and 17.9% of those with incomes of under \$15,000 reported ten or more days when poor health kept them from normal activity.

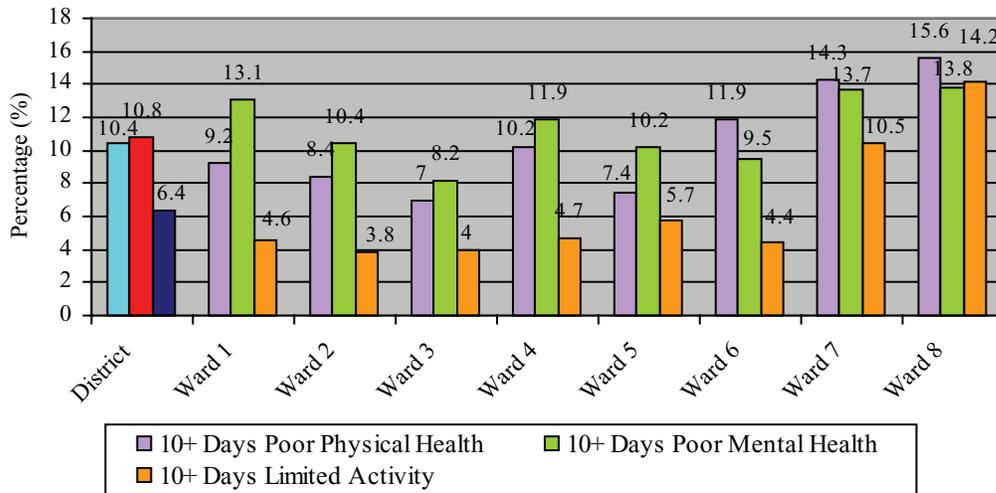


QUALITY OF LIFE

Ward Analysis

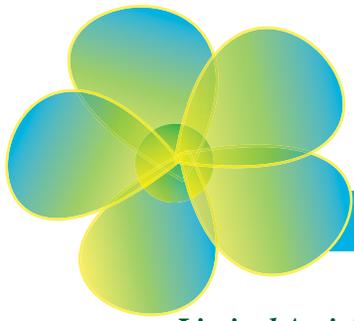
Reported days of poor mental health were highest in Wards 7 and 8, with 13.7% and 13.8% reporting poor mental health. Both Ward 7 and 8 also reported the highest rates of poor physical health, at 14.3% and 15.6%. Ward 8 reported the highest rate of days with limited activity due to poor health, at 14.2%. In Wards 1 through through 5, reports of poor mental health were higher than reports of poor physical health.

Figure 2. Days of Poor Health, by Ward



DISABILITY





DISABILITY

Limited Activity

Respondents were asked whether they were limited in any way by physical, mental or emotional problems, regardless of how they responded to the questions about physical and mental health discussed in the previous section. Overall, 12.5% of District residents reported some kind of limitation.

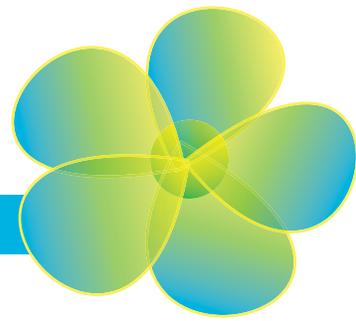
- Only minor gender and race differences were seen among respondents. A slightly higher percentage of women (14.2%) than men (10.5%) reported having a limitation. African Americans were slightly more likely than Caucasians to report a limitation—14.1% compared to 11.4%.
- Older respondents, particularly those age 65 and older (21.8%), were more likely than younger respondents to say they were limited in some way. Just 2.5% of those age 18-24 and 6.9% of those age 25-34 responded this way.
- Those with the lowest levels of education and income reported disability at a much higher rate than those in other groups. One in five (20.6%) of respondents with less than a high school education, and almost one-third (29.7%) of those with incomes of less than \$15,000 reported a limitation. Outside of these groups, education and income groups did not show large differences in the percentage of respondents reporting a disability.

Use of Assistive Devices

Respondents were also asked if they had a health problem that required the use of special equipment, like a cane, wheelchair, or a special bed or telephone. Overall, 7.3% of District respondents said they had a condition for which they used such equipment.

- As with other health problems, age was related to the need for special equipment. The percentage of respondents needing special equipment was fairly low (under ten percent) for all age groups, except those age 65 and older. One in five respondents in this age group, 20.6%, reported needing special equipment.
- Again, the lowest education and income groups were associated with a higher percentage of health problems—17.9% of those with less than a high school education, and 17.9% of those with incomes under \$15,000, reported needing special equipment because of a health problem.

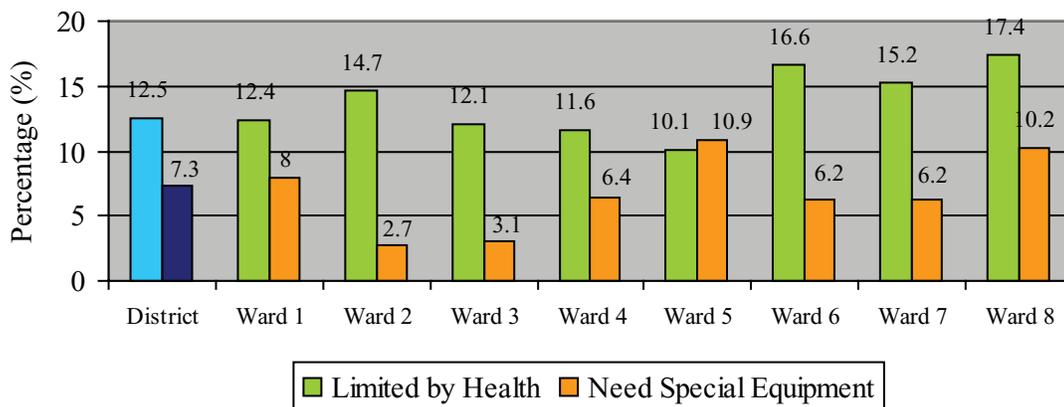
DISABILITY



Ward Analysis

The percentage of respondents reporting a health limitation does not vary widely by ward, ranging from 10.1% in Ward 5 to 17.4% in Ward 8. The range of variation is greater for the percentage reporting the use of special equipment—ranging from just 2.7% in Ward 2 to 12.9% in Ward 7.

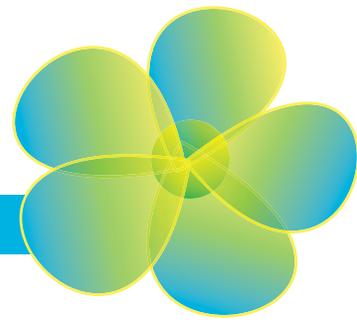
Figure 3. Health Limitations and Special Equipment Needs, by Ward



HEALTH CARE ACCESS



HEALTH CARE



Healthy People 2010 Objectives

- **Increase the proportion of persons with health insurance to 100% of adults under 54.**
- **Increase the proportion of adults who have a specific source of ongoing care to 96%.**

Respondents were asked a series of questions to assess whether certain obstacles — such as lack of insurance or money to pay for care, or lack of a regular source of health care — may prevent them from getting needed care. Findings are shown in Table 8.

Health Care Coverage

Respondents were asked if they had any sort of health care coverage, public or private. Overall, 89% reported having health care coverage, a higher rate of coverage than nationally (85.1%). Men and women reported health care coverage at about the same rate—88.1% and 89.8% respectively.

Younger respondents were somewhat less likely to have coverage than older respondents. Among those age 18 to 24, 87.8% were covered, compared to 96% of those age 65 and older. Caucasians were more likely to have coverage (95.2%) than African-Americans (85.6%).

At 77.9%, those with less than a high school education were less likely to have health care coverage than other educational groups, and those with income under \$15,000 (76.5%) and in the \$15,000 to \$24,000 (77.3%) were least likely to have coverage among income groups.

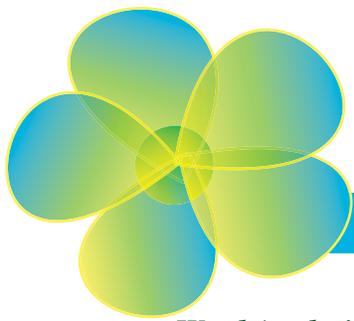
Usual Source of Care

Just over one in five respondents (22%) said that they did not have a personal doctor or health care provider. Women (84.6%) were more likely than men (70.3%) to have a primary care provider, and older respondents were more likely to have a primary provider than younger respondents. Only 64.2% of those between the ages of 18 and 24 indicated having such a relationship, compared with 90.2% of those age 55-64 and 89.8% of those 65 and older.

Those with incomes under \$15,000, at 65.9%, were less likely than those in other income groups to have one or more primary care providers. No major differences were seen by level of education.

Did Not Get Needed Care

Despite of high rates of health care coverage, 13.3% of District residents reported that they were unable to see a doctor because of cost at some point in the past 12 months. Of these respondents, about two-thirds (65.6%) had some type of health care coverage.

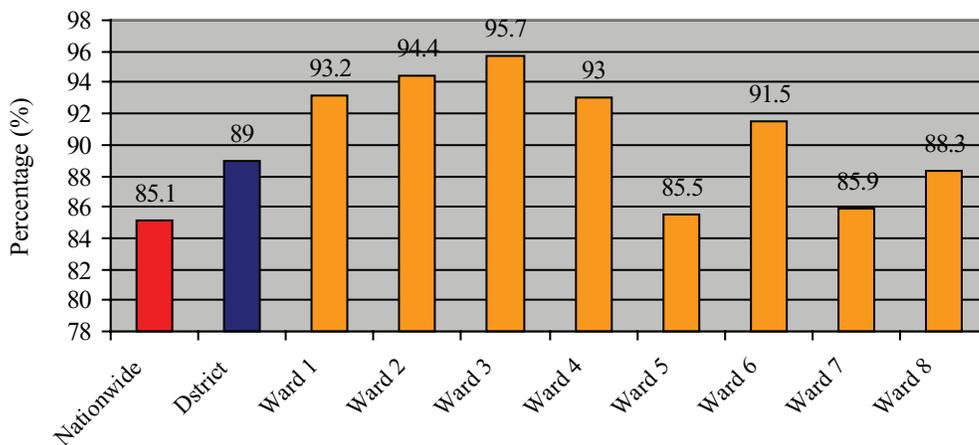


HEALTH CARE ACCESS

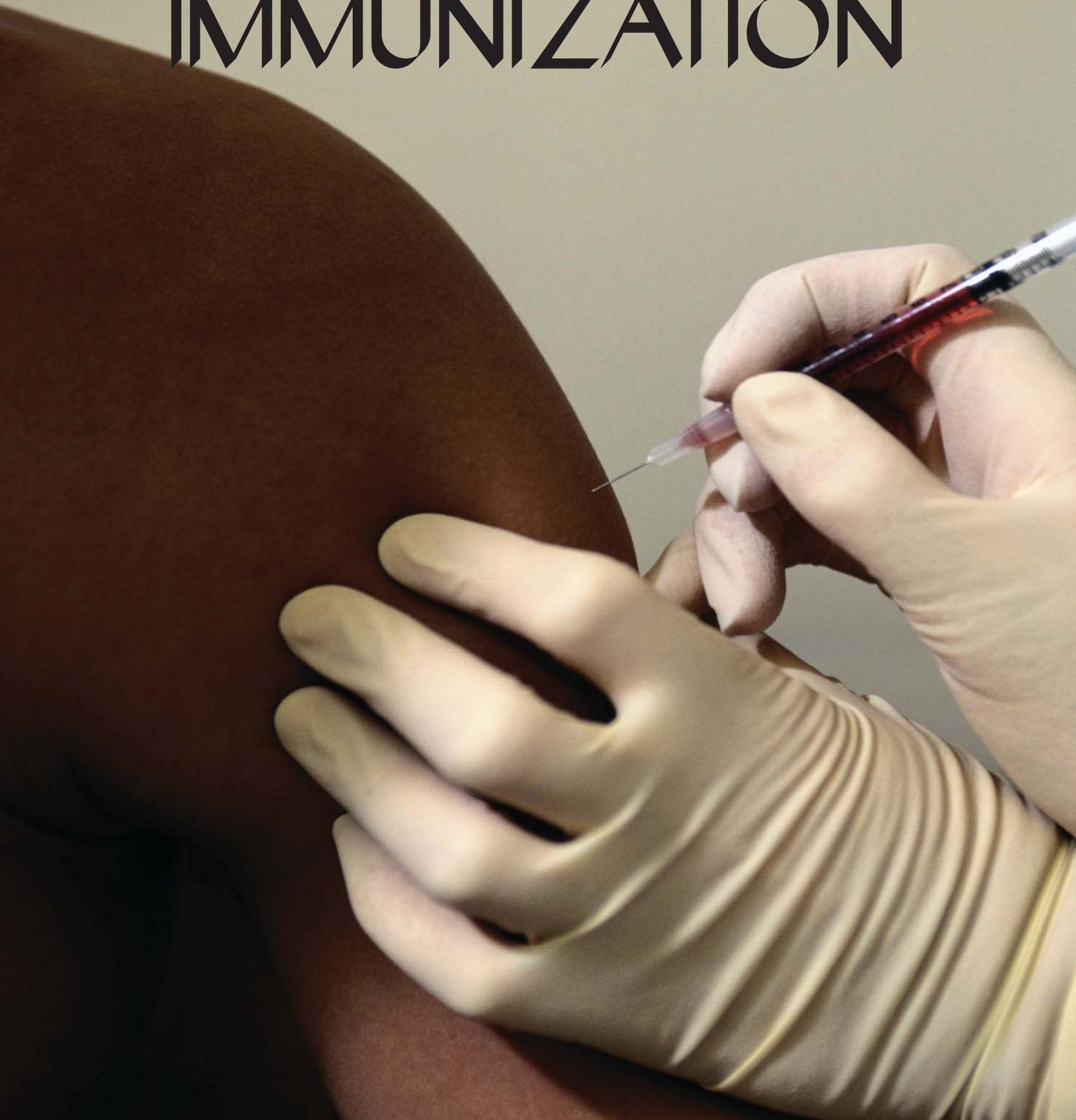
Ward Analysis

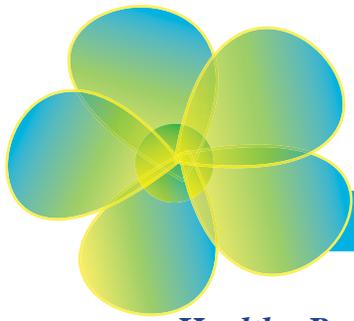
Health insurance coverage for the District (89%) is higher than for the nation as a whole (85.1%), and all District Wards also have higher rates of health care coverage than the national median. Those in Ward 5 (85.5%) and Ward 7 (85.9%) were least likely to report having health care coverage.

Figure 4. Have Health Care Coverage, by Ward



IMMUNIZATION





IMMUNIZATION

Healthy People 2010 Objectives

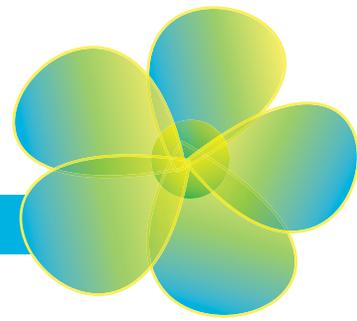
- *Increase the proportion of adults over age 65 who are vaccinated annually against influenza to 90%*
- *Increase the proportion of adults over age 65 who are ever vaccinated against pneumonia to 90%.*

While for most healthy adults, influenza and pneumonia are no longer the serious health risks they once were, these diseases can be dangerous for older Americans and those with compromised immune systems. Annual vaccinations against influenza and a onetime vaccination against pneumonia are recommended for all adults over age 65, and others with certain health conditions.³

Table 9 shows the percentage of District residents who have received a flu shot in the past 12 months, and who have ever been vaccinated against pneumonia. In all, 32.8% percent of respondents reported having had a flu vaccination in the past 12 months, and 21.5% reported having had a pneumonia vaccination.

- As would be expected, older respondents are far more likely to have received either vaccine than younger respondents. Nearly 55% of respondents age 65 and older report having had a flu shot, a lower percentage than the national mean of 67.8%. The pneumonia vaccination rate of seniors age 65 and older was 49.3%, again lower than the 64.5% reported nationwide.
- Pneumonia vaccination seems to be an area of uncertainty for many respondents. Overall, 9.3% of the population answered “I don’t know” when asked if they had had a pneumonia shot. This figure is higher among younger respondents, presumably because many of them have not been educated by health care providers in the same way that older residents may be, as they are not in the demographic group for whom this vaccination is recommended. Further, respondents between the ages of 18 and 24 are the age group with the second highest percentage of reported pneumonia vaccination, with 28.8% saying they have received this shot. It seems likely that some people assume, in error, that the pneumonia vaccination is a part of the regular series of childhood immunizations.
- Generally, respondents with lower levels of education and income are less likely to have had a flu shot than other groups. Just 27.5% of those with less than a high school education reported having a flu shot, compared to 35.7% of college graduates. Less than one-quarter (24.8%) of respondents with incomes of \$15,000 or less reported receiving a flu shot in the past year, compared with 41.2% of those with incomes of \$75,000 or more.

IMMUNIZATION



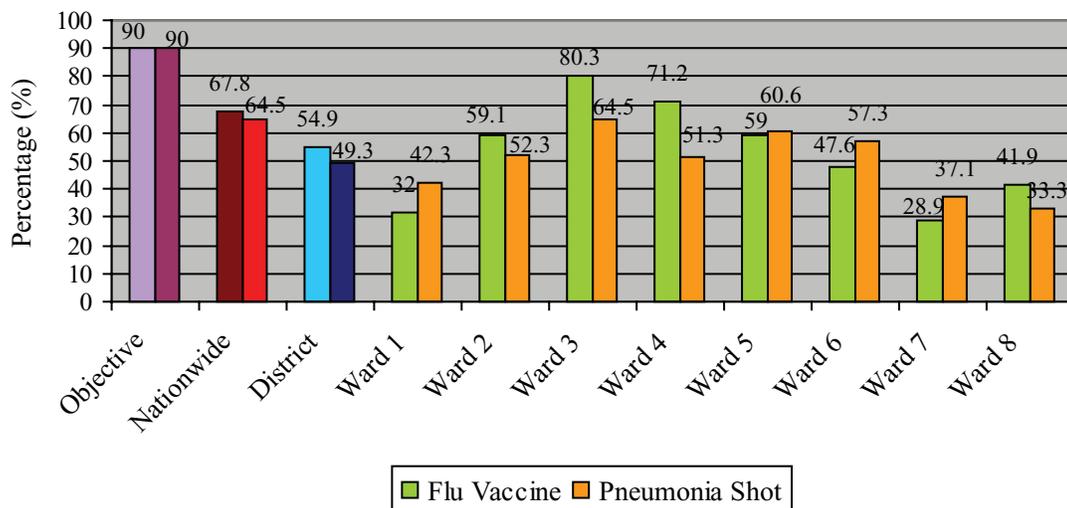
- Because of the confusion some respondents have over whether they have received a pneumonia shot, it is difficult to find a clear pattern related to education and income with this vaccination. Those with higher levels of education and income are less likely to report having had a pneumonia shot than those with less education and income, but they are also more likely to say that they “don’t know” whether they have had the shot than other groups.

Ward Analysis

Looking at vaccination rates by ward (Fig. 5), Ward 3 has relatively high rates for both vaccinations, and Ward 7 shows relatively low rates for both. Even though Ward 3 has the highest rate of flu and pneumonia vaccinations in the District, it is still below the objective of 90% vaccination for each. Ward 3 is also the only ward that meets or exceeds the nationwide average for pneumonia vaccination.

³ U.S. Department Health and Human Services. Healthy People 2010: Understanding and Improving Health. 2nd ed. Washington, DC: U.S. Government Printing Office, 2002.

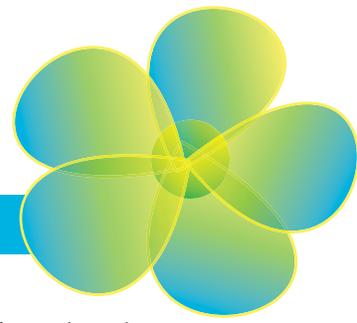
Figure 5. Flu and Pneumonia Vaccination Rates, Age 65 and Older, by Ward



EXERCISE



EXERCISE

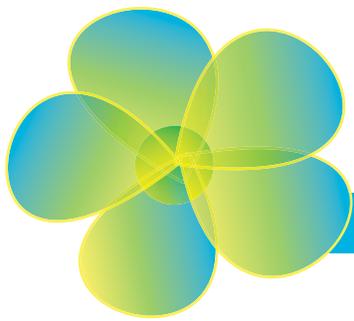


Respondents were asked whether they had participated in any physical exercise other than their regular job in the past month. Overall, 77.7% of respondents engaged in some form of physical exercise outside of work in the previous month, leaving 22.3% who had engaged in no physical exercise outside of work. Table 10 presents these results.

- Men were more likely to have exercised outside of work than women: 83.0% of men reported physical activity compared to 73.2% of women.
- Respondents over the age of 65 were less likely to report having exercised in the previous month than respondents in other age groups. Only 63.1% of those 65 and older reported physical activity, compared with more than 74% of those in all groups under age 65.
- Caucasians were much more likely to report engaging in physical activity outside of work (92.2%) than African Americans (68.6%).
- Those with higher levels of education were increasingly likely to have engaged in physical activity: only 53.5% of those with less than a high school education exercised outside of work, compared with 64% of high school graduates, 79.5% of those with some college education, and 88.4% of college graduates.
- Higher income levels generally also correlate with higher percentages of reported exercise. Less than 70% of those in each income group under \$34,999 per year reported physical activity outside of work, compared with 75.3% of those with incomes between \$35,000 and \$49,999, 86.8% of those in the \$50,000 to \$74,999 income range, and 91.1% of those with incomes of \$75,000 or more.

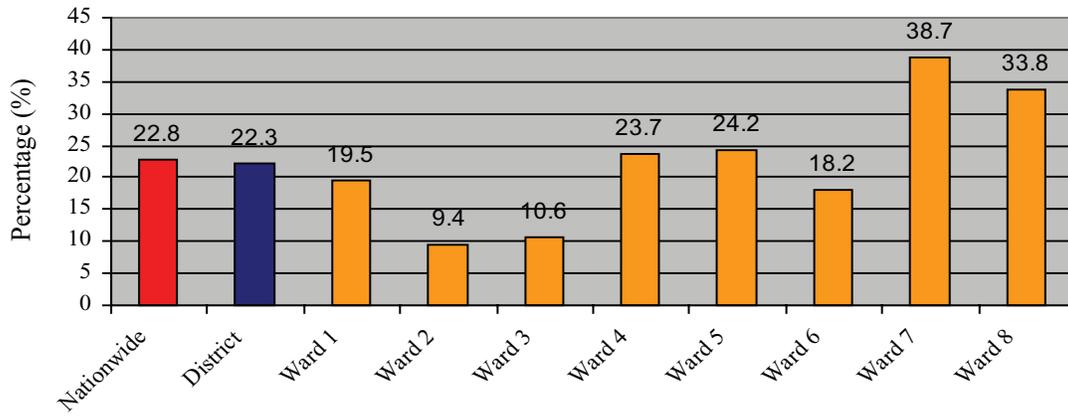
Ward Analysis

In 2004 District of Columbia BRFSS respondents reported engaging in no exercise outside of work at approximately the same rate as the national median of 22.8%. The proportion of adults who engaged in no recreational exercise varied widely by Ward, however Wards 2 and 3 had the lowest percentage of those who engaged in no exercise outside work (9.4% and 10.6%, respectively). At the other end of the spectrum were Wards 7 and 8, which reported rates of 38.7% and 33.8%, respectively.



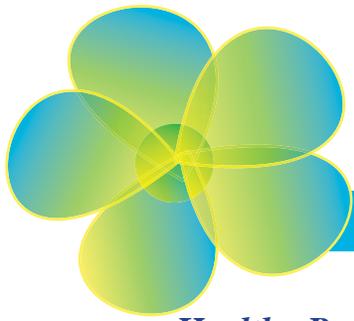
EXERCISE

Figure 6. No Physical Exercise, by Ward





**OVERWEIGHT
AND OBESITY**



OVERWEIGHT & OBESITY

Healthy People 2010 Objectives

- *Reduce the proportion of adults who are obese to 15%.*
- *Increase the proportion of adults who are at a healthy weight to 60%.*

Obesity and being overweight have been steadily growing in the United States. A healthy weight range is determined by the Body Mass Index (BMI), which is equal to weight in kilograms divided by height in meters squared.

Based on their reported height and weight, the CDC has calculated the BMI for respondents. Those with a BMI of 25 to 29 are considered overweight, and those with a BMI of 30 or higher are considered obese.

Overall 22.5% of District respondents were obese, an additional 33% were overweight, and 44.4% were of a healthy weight.

- Middle-aged respondents (those between the ages of 35 and 64) were more likely to be obese, and less likely to be of a healthy weight, than younger respondents as well as those age 65 or older.
- African Americans were markedly more likely to be obese (33.6%) than either Caucasians (7.6%) or those in other racial groups (12.8%).
- College graduates, at 54%, were more likely than other educational groups to report a healthy weight.
- Respondents with incomes under \$15,000 were more likely (35.8%), and those with incomes of \$75,000 or more were less likely (11.8%) to report obesity than those in other income groups.

Ward Analysis

Wards 2 and 3 near or exceed the Healthy People 2010 goal of 60% of adults at a healthy weight, while only 29.1% of those in Ward 7 and 27.4% of those in Ward 8 reported a BMI under 25.

Only Ward 3 met the target of 15% or fewer adults who are obese, with 8.2%. Wards 1 and 2 also report obesity rates near the target, less than 18%. Wards 7 and 8 report the highest prevalence of obesity, at 38.6% in each ward.

OVERWEIGHT & OBESITY

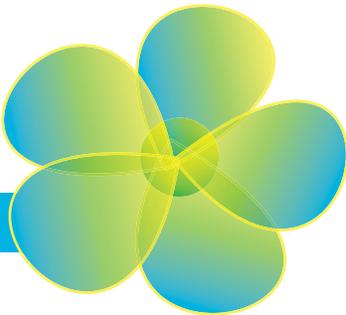
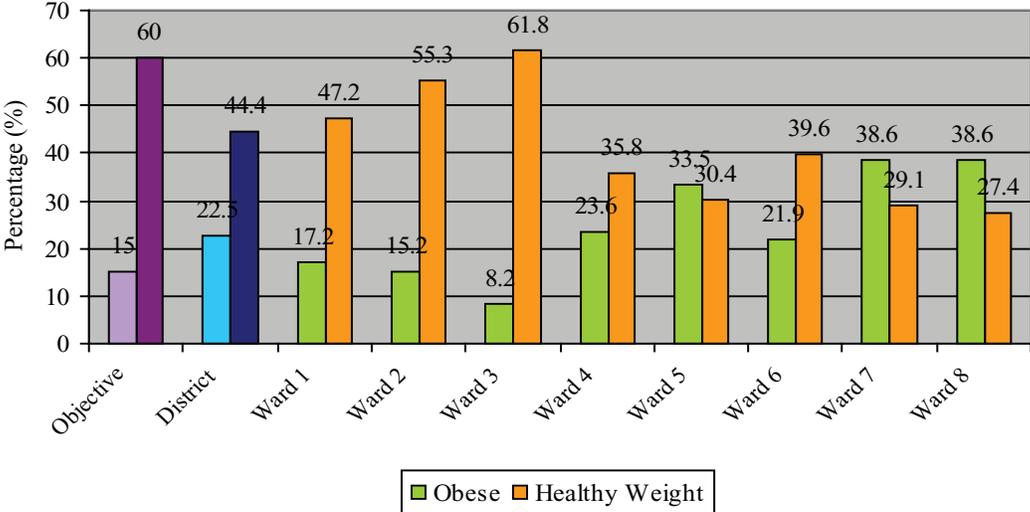
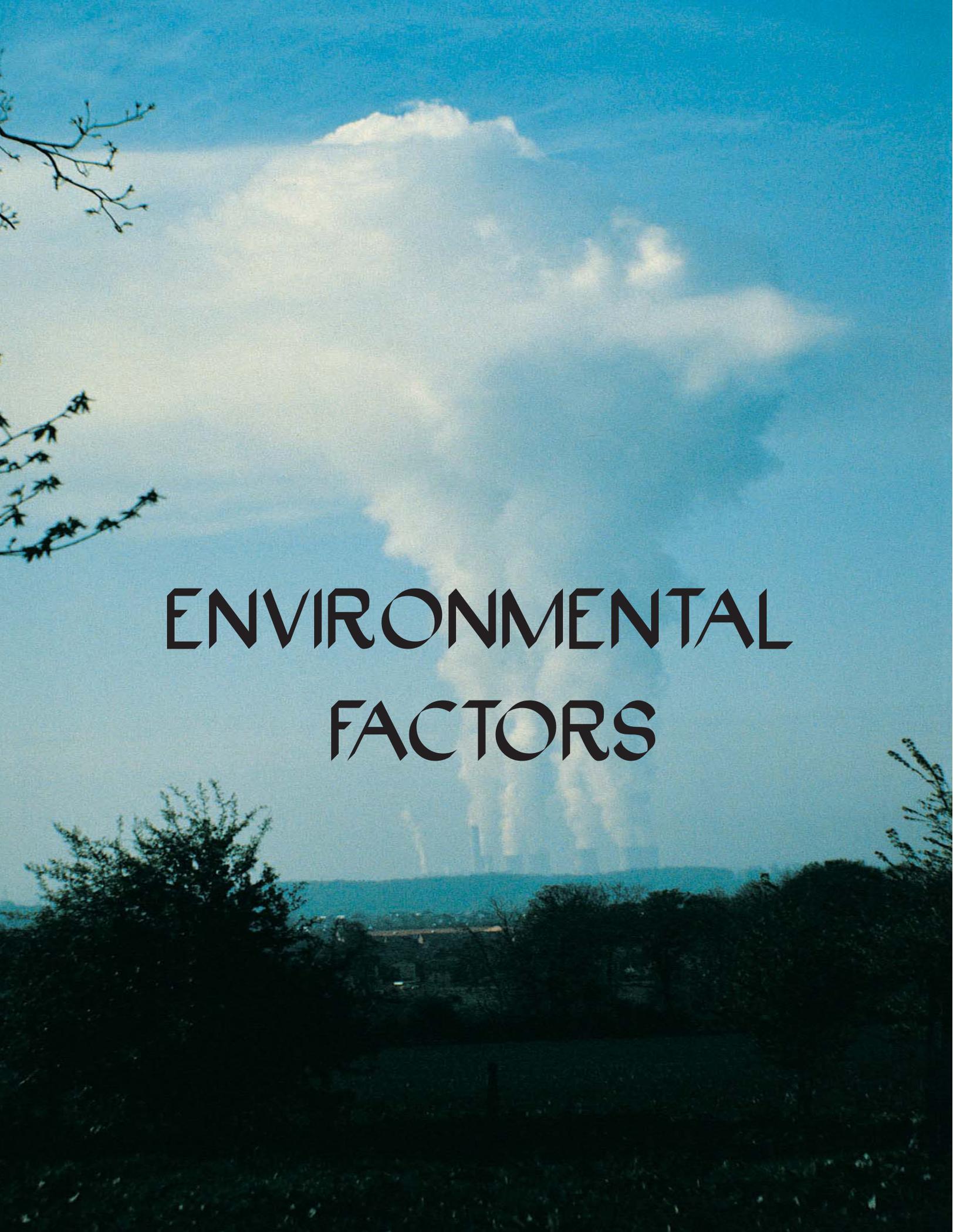


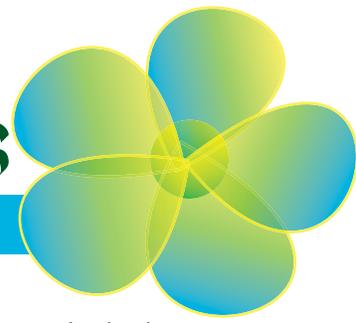
Figure 7. Obesity and Healty Weight, by Ward





ENVIRONMENTAL FACTORS

ENVIRONMENTAL FACTORS



Respondents were asked two questions about indoor and outdoor air pollution, and whether they thought they had experienced an illness or symptoms of poor health because of poor air quality.

Outdoor Air Pollution

When asked if they had been made ill in the last 12 months by outdoor air pollution such as smog or automobile exhaust, 15.8% of respondents felt that they had. There were few differences among demographic groups. Notable exceptions are:

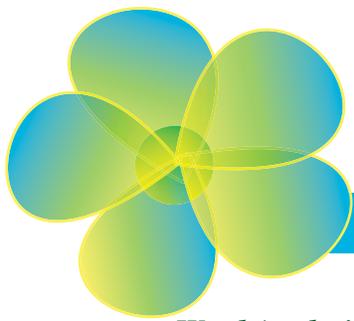
- Respondents age 65 and older were the least likely of any age group, at 10%, to report illness or symptoms due to outdoor air pollution.
- Respondents with incomes of less than \$15,000 were more likely than any other income group to report illness from outdoor air pollution—22.3% of these respondents reported such illness or symptoms.

Indoor Air Pollution

More respondents reported experiencing illness or symptoms from indoor air pollution like dust, mold, or chemicals than reported illness from outdoor air pollution. One quarter (25.3%) of respondents overall felt they had experienced some type of health problem because of indoor air pollution.

As with outdoor air pollution, few differences in reporting illness due to indoor pollution were apparent among demographic groups. However, there was a slight difference by gender, and as with outdoor air pollution, age and income variables were also exceptions.

- A higher percentage of women (28.7%) than men (21.5%) reported illness or symptoms due to indoor air pollution.
- Older respondents were again less likely than younger respondents to identify pollution as health problem for them. One-third (33.5%) of respondents age 18-24 reported experiencing illness or symptoms, compared to just 11.6% of respondents age 65 and older.
- While there were no major differences among income groups earning \$15,000 or more, respondents with income of less than \$15,000 were again more likely to report a problem. One-third (33.5%) of these respondents said they had had an illness or symptoms due to indoor air pollution, compared to between 23.6% and 27.7% in other groups.

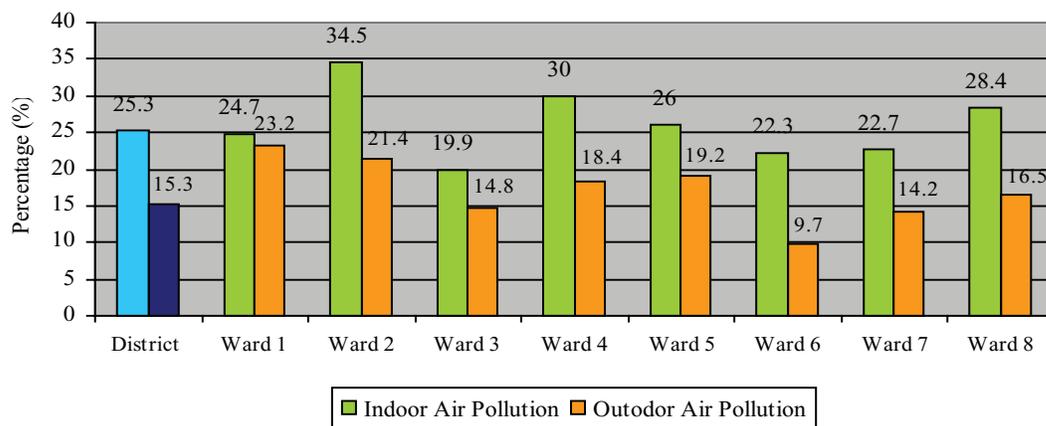


ENVIRONMENTAL FACTORS

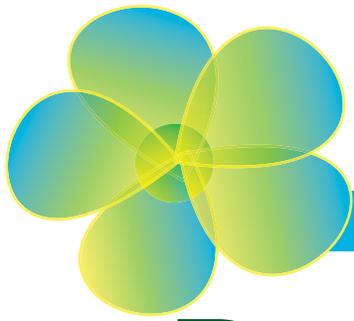
Ward Analysis

All wards reported a health problems due to indoor air pollution at rate of at least 20%, with the exception of Ward 3, at 19.9%. The highest percentage reporting illness due to indoor air pollution was in Ward 2, at 34.5%. Reported health problems due to outdoor air pollution ranged from a low of 9.7% in Ward 6 to a high of 23.2% in Ward 1.

Figure 8. Illness Caused by Air Pollution, by Ward







ASTHMA

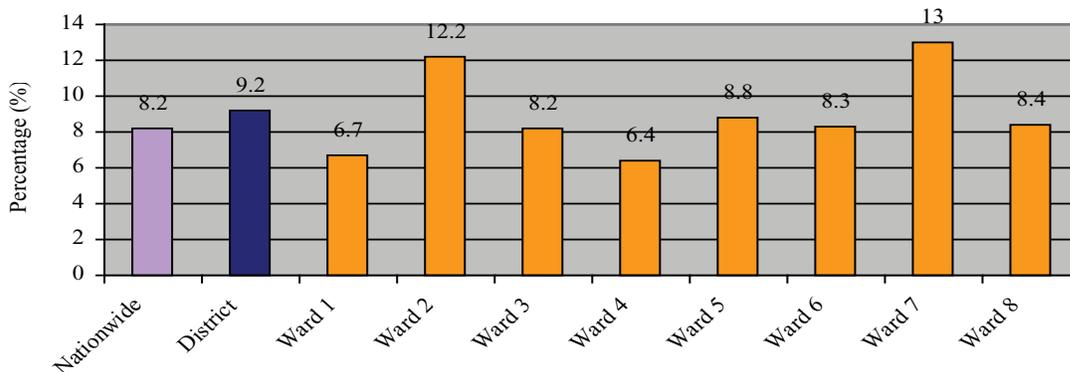
Respondents were asked if they had ever been diagnosed with asthma, and those who had were then asked if they still had asthma. Overall, 9.2% of District residents report currently being affected with asthma, and an additional 5.6% indicated that they had been diagnosed with asthma in the past, but no longer consider themselves to have asthma. Table 13 presents these results.

- Generally, younger respondents were somewhat more likely than older respondents to have been diagnosed with asthma, and were also more likely to report current asthma. 17.8% of those between the ages of 18 and 24 reported having been diagnosed with asthma in their lifetimes, as did 18.5% of respondents aged 25-34. Of these, 10.7% of those aged 18-24 and 12.9% of those aged 25-34 reported currently having asthma.
- African-Americans (9.6%) and those of other races (13%) were somewhat more likely than Caucasians (6.8%) to have current asthma.
- Women were more likely to report both having ever been diagnosed with asthma (16.9%) and current asthma (11.8%) than men (12.5% and 6.3%, respectively). This difference is similar to that seen at a national level.
- Current asthma was more prevalent among those with less than a high school education (15.7%), than among other educational groups. While the difference was less pronounced among income groups, those with incomes of \$75,000 or more reported current asthma at a lower rate (7%) than other income groups.

Ward Analysis

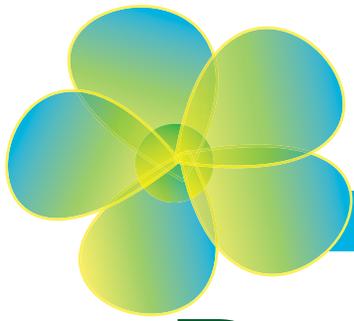
As shown in Figure 9, the prevalence of asthma varied by ward. Wards 1 (6.7%) and 4 (6.4%) show the lowest rates of reported asthma, while Wards 2 (12.2%) and 7 (13%) have the highest.

Figure 9. Current Asthma Prevalence, by Ward



DIABETES





DIABETES

Respondents were asked to indicate whether they had ever been diagnosed with diabetes. As in previous years, gestational diabetes was recorded in a separate response category. In a change from previous years, in 2004, pre-diabetes or borderline diabetes was also recorded as a separate response option. Table 14 presents the responses to this question.

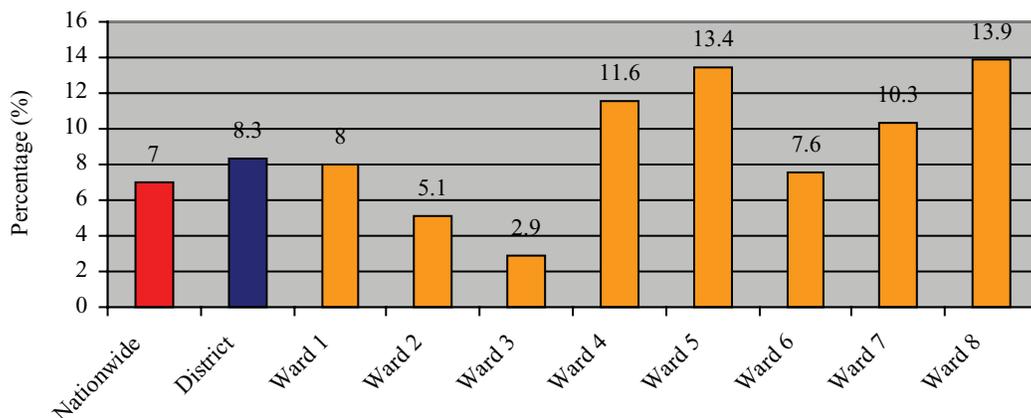
Overall, 8.3% of District residents reported being diagnosed with diabetes, not including pre-diabetes or diabetes only during pregnancy. This is slightly higher than the national median of 7%.

- Older respondents were much more likely to have been diagnosed with diabetes than younger respondents. One-quarter (25.2%) of respondents age 75 and older reported that they had been diagnosed with diabetes, as did 19.6% of respondents between the ages of 55 and 64. An additional 2% of respondents age 75 and older reported pre-diabetes or borderline diabetes. By comparison, the prevalence of diabetes among those under the age of 35 was less than 1%.
- African Americans (12.3%) were much more likely to have been diagnosed with diabetes than Caucasians (2.3%).
- The prevalence of diabetes decreases with increasing education and income. Five percent of college graduates reported having diabetes, compared to 18.9% of those with less than a high school education. Just 3.5% of those with incomes of \$75,000 had been diagnosed with diabetes, compared to 14.1% of those with incomes of less than \$15,000.

Ward Analysis

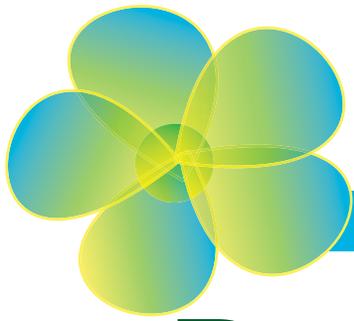
Figure 10 shows that Wards 4, 5, 7 and 8 all had a high percentage of residents reporting having been diagnosed with diabetes, with at least 10% in all four Wards. Ward 3 had the lowest prevalence of the condition, at 2.9%.

Figure 10. Prevalence of Diabetes, by Ward





ORAL HEALTH



ORAL HEALTH

Respondents were asked when they had last visited a dentist for any reason. Overall, 70.3% had been to a dentist within the past year.

- Women (71.6%) and men (68.8%) were about equally likely to have seen a dentist in the past year.
- There were few differences across age groups in having seen a dentist in the past year. However, respondents 65 years of age and older, at 15.4%, were more likely than other age groups to report that their last dental visit was five or more years ago (or never).
- Caucasians (82.2%) were more likely to have seen a dentist in the past year than either African Americans (63.9%) or those in other racial groups (69.1%).
- Respondents with the lowest levels of education and income were least likely to have seen a dentist in the past year. Fifty-seven percent of those with incomes under \$15,000 had seen a dentist in the past year compared with 81% of those with incomes of \$75,000 or more.
- Similarly, just 47.9% percent of respondents with less than a high school education had seen a dentist in the past year, compared with 78.8% of college graduates.

Loss of Teeth

Respondents were asked if they had had one or more teeth removed due to tooth decay or gum disease. Overall, 42.1% of respondents had had teeth removed*.

Ward Analysis

The District overall is very close to the national median of 70.2% of respondents who have been to the dentist in the past year. Ward 3 residents (86.2%) were most likely to have seen a dentist within the past year, and Ward 7 residents (63.2%) least likely to have done so. Figure 11 shows these results.

ORAL HEALTH

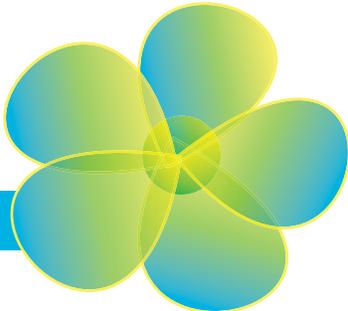
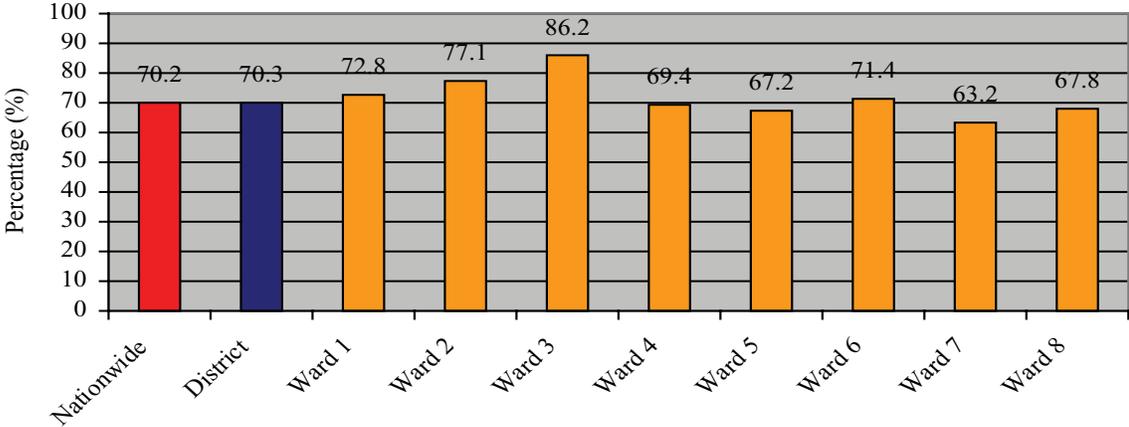
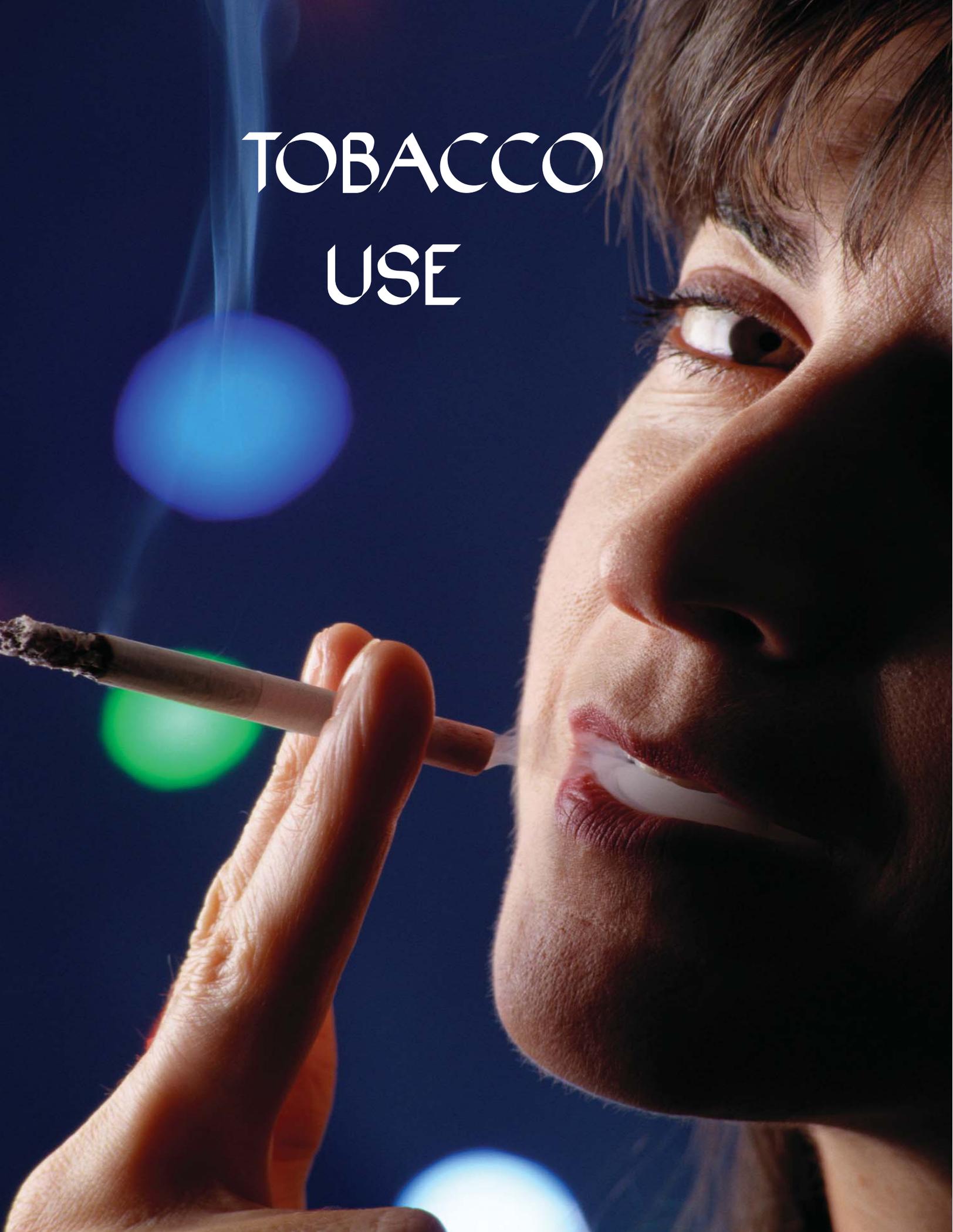


Figure 11. Percentage Who Visited Dentist in Past Year

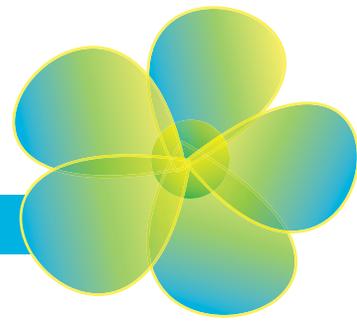


*Data not displayed in table.

TOBACCO USE



TOBACCO USE



Healthy People 2010 Objectives

- *Reduce cigarette smoking by adults to 12%*
- *Increase smoking cessation attempts by adult smokers to 75% (who stopped smoking for 1 day or longer in the past year because they were trying to quit).*

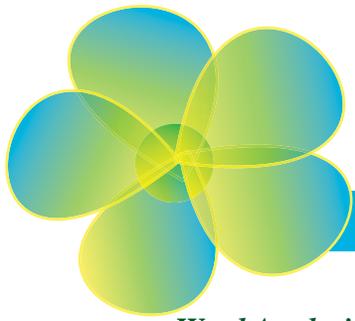
Current Smoking

Respondents were first asked whether they had ever smoked at least 100 cigarettes in their life. Those that answered “yes” to this question were then asked if they still smoked cigarettes every day, some days or not at all. Those who indicated that they smoked every day or some days are considered current smokers. Overall, 20.9% of District residents are current smokers.

- Men are more likely to smoke than women: 25.2% of men, compared to 17.1% of women, are current smokers.
- Older respondents are least likely to smoke: 8.1% of respondents age 65 and older report smoking every day or some days. The largest proportion of smokers can be found in the 45 to 54 year age group, at 30.7%. About one in five (20.1%) respondents age 18 to 24 are current smokers.
- Caucasians (15.1%) are less likely to be current smokers than African Americans (24.6%).
- Those with higher levels of education and income are less likely to smoke. Almost thirty percent (28.3%) of respondents with less than a high school education, and 31.6% of those with a high school degree, are current smokers, compared to 20.7% of those with some college education, and 14.3% of college graduates. Those with incomes of less than \$15,000 reported current smoking at 30.9%, compared with 12.2% of those with incomes of \$75,000 or more.

Quit Attempts

Respondents who do smoke were asked if they had, in the past twelve months, stopped smoking for one day or more because they were trying to quit. Overall, 61.8% of current smokers said they had tried to quit during the past year. Generally, younger smokers were somewhat more likely than older smokers to have made a recent quit attempt.



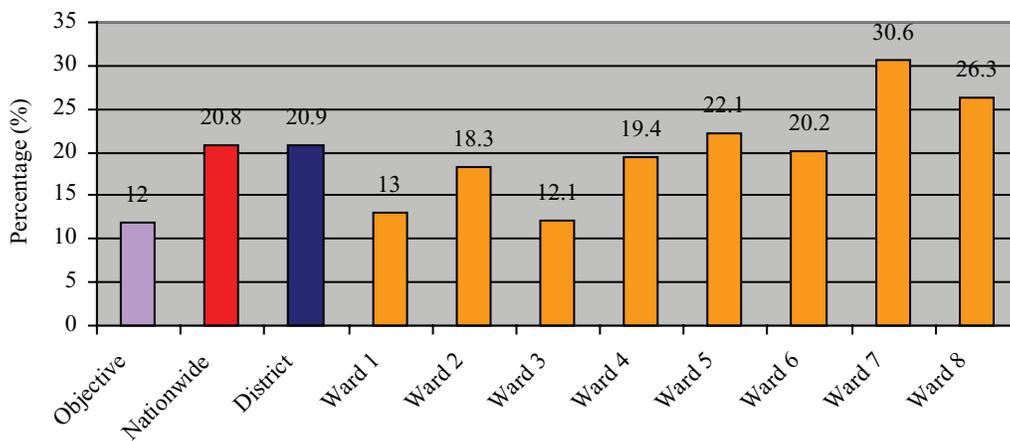
TOBACCO USE

Ward Analysis

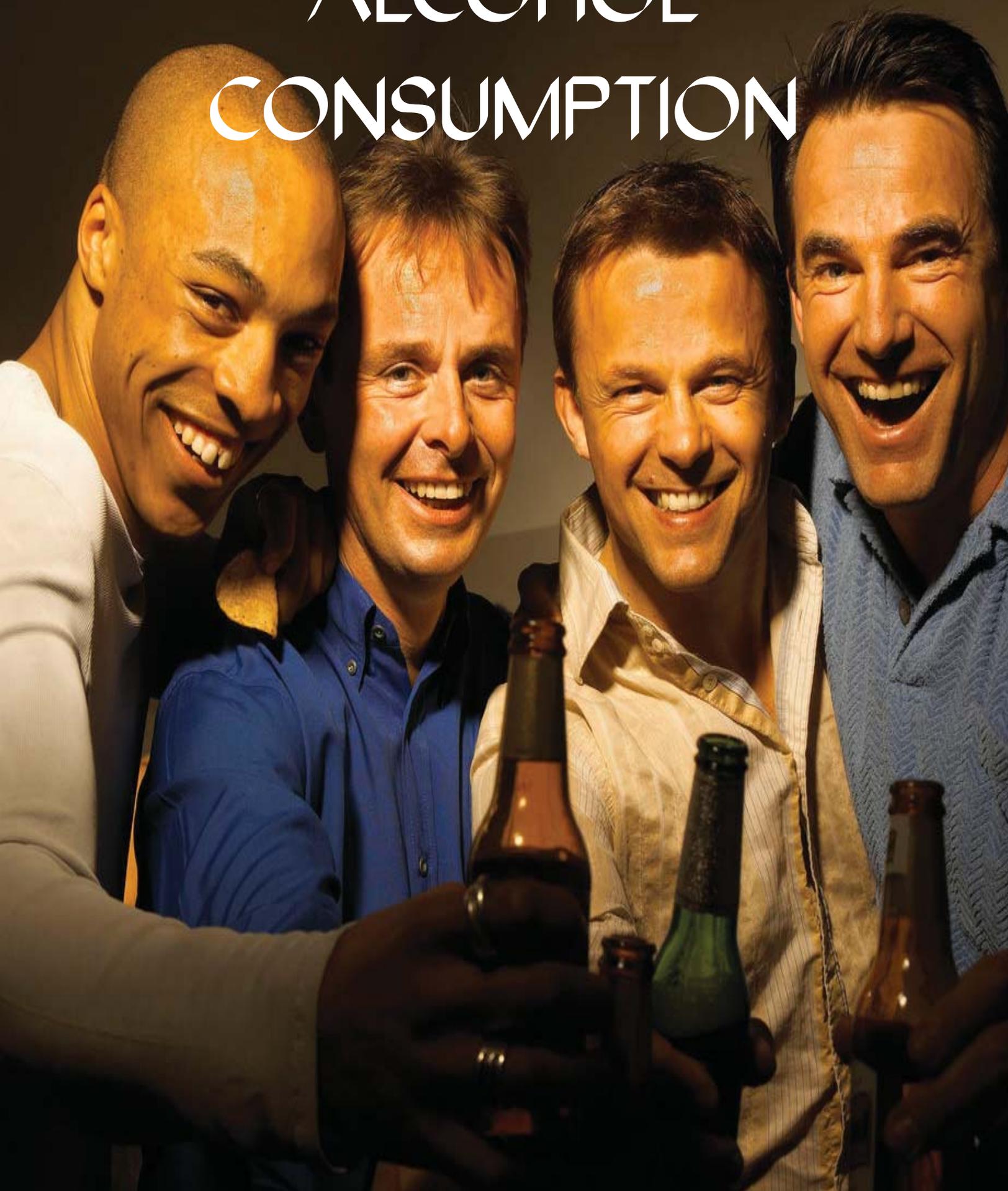
Though the prevalence of smoking in the District as a whole is close to the national median of 20.8%, the percentage of current smokers varies considerably by ward, as seen in Figure 12.

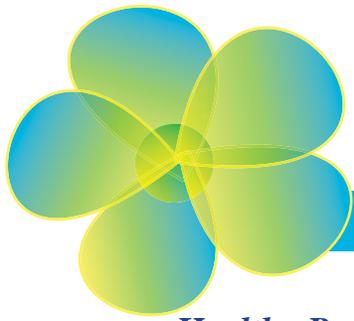
Ward 7 has the highest percentage of current smokers, with 30.6%, and Ward 3 the lowest, with 12.1%.

Figure 12. Current Smoking, by Ward



ALCOHOL CONSUMPTION





ALCOHOL CONSUMPTION

Healthy People 2010 Objectives

- *Reduce the proportion of adults engaging in binge drinking of alcoholic beverages to 6%.*

Binge Drinking

Binge drinking is defined as consuming five or more drinks on an occasion. Overall, 16.7% of District residents reported having engaged in binge drinking in the past month.

- Men were much more likely than women to report having five or more drinks on an occasion: 22.4% of men, compared with 11.7% of women, indicated they had engaged in binge drinking.
- Younger respondents were more likely than older respondents to engage in binge drinking. About one-third (32.6%) of respondents age 18 to 24 indicated they had had five or more drinks on an occasion sometime in the past 30 days, compared with less than one percent of those age 65 or older.
- Caucasians (27.1%) were more likely than African Americans (9%) to engage in binge drinking.
- Higher levels of education generally corresponded with a higher prevalence of binge drinking. One in five college graduates (20.4%) reported binge drinking, compared with 12.4% of high school graduates and 15.4% of those with less than a high school education.

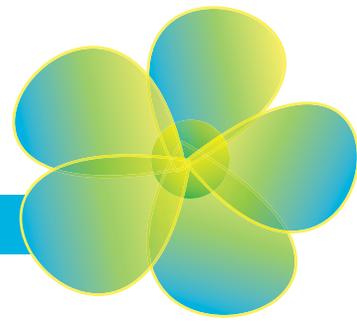
Heavy Drinking

Heavy drinking is defined as drinking two or more drinks per day (for men) or one or more drink per day (for women). The prevalence of heavy drinking is lower than that for binge drinking at seven percent. There are few differences among demographic groups in the prevalence of heavy drinking in terms of gender, education or income. However, as with binge drinking, younger respondents and Caucasians are more likely to be heavy drinkers than other age and race groups.

Drinking and Driving

Very few District residents (2.4%) reported having driven after having too much to drink in the past 30 days. There are too few respondents reporting this behavior to reliably analyze differences among demographic groups.*

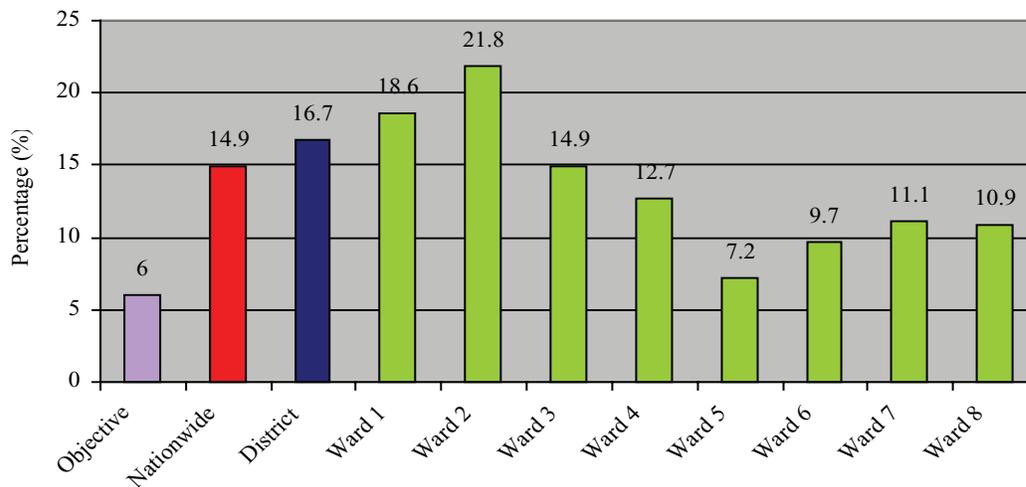
ALCOHOL CONSUMPTION



Ward Analysis

The highest levels of binge drinking were seen in Wards 1 (18.6%) and 2 (21.8%), while the lowest percentages were seen in Wards 5 (7.2%) and 6 (9.7%). However, all Wards and the District as a whole reported higher levels of binge drinking than the 16.7% national median.

Figure 13. Prevalence of Binge Drinking, by Ward

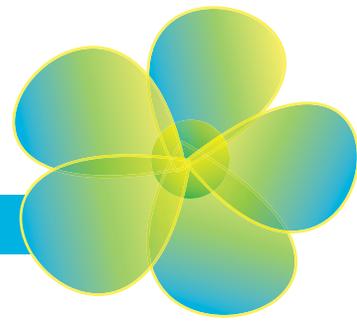


*Data not displayed in table.

FAMILY PLANNING



FAMILY PLANNING



Female respondents 45 years of age or younger, and men 60 years of age or younger, were asked a series of questions about their use of contraception and attitudes toward family planning.

Birth Control Use

Respondents were first asked if they were using any method of birth control. Overall, 58.3% indicated that they were, 22.1% indicated that they were not, and 19.7% either had no partner or a same sex partner. This corresponds to 72.5% of sexually active adults in heterosexual relationships who reported using birth control.

Table 18 also shows that:

- Women (61.5%) were slightly more likely to indicate they used birth control than men (55.9%).
- Respondents between the ages of 18 and 24 were most likely to report using contraception (70.7%).

Respondents who indicated using birth control were asked what they were doing to prevent pregnancy. Condoms (40.1%) and the birth control pill (34.8%) were the two most commonly mentioned responses.*

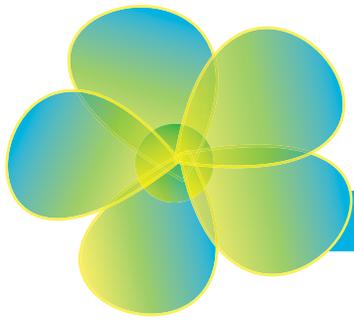
Those who were not using birth control were asked what their main reason was for not doing so. Just over one in five (21.7%) indicated that they wanted a pregnancy. Nine percent felt they or their partner were too old to need birth control.

Attitude Toward Pregnancy

Respondents were asked how they felt about the possibility of having a child now or in the future. Forty-seven percent indicated that they would like to have a child in the future, 33.4% did not want a child, and 19.7% were not sure. Of those who indicated they wanted a child, 19.1% said they would like to have one in the next year, but about the same percentage (21.2%) said they wanted to have a child five or more years in the future.

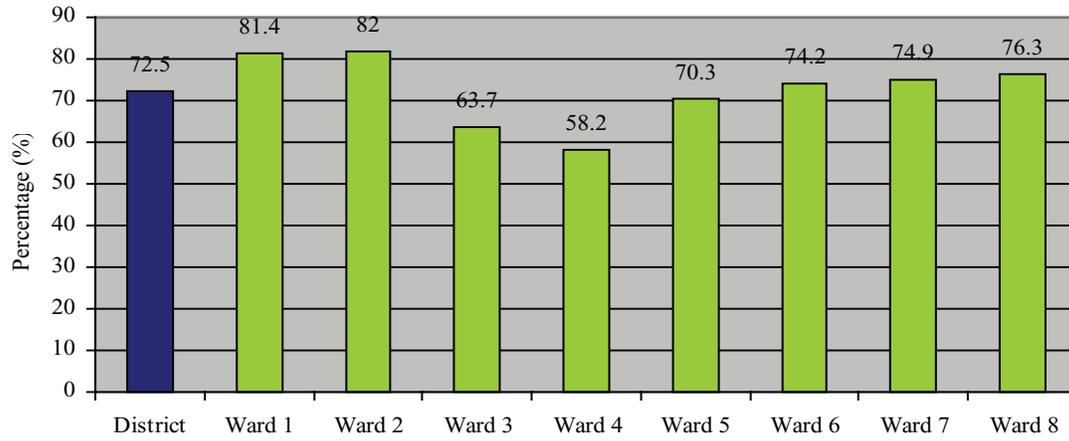
Ward Analysis

Figure 14 compares the percentages, by Ward, of sexually active adults (those with a partner of the opposite sex) who reported using some method of birth control. Ward 2 had the highest reported use of contraception at 82%, with Ward 4 the lowest at 58.2%.



FAMILY PLANNING

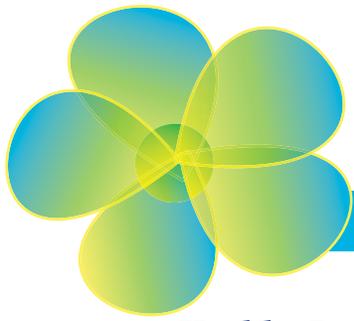
Figure 14. Birth Control Use Among Sexually Active Adults, by Ward



*Data not displayed in table



WOMEN'S HEALTH



WOMEN'S HEALTH

Healthy People 2010 Objectives

- *Increase the proportion of women aged 40 years and older who have received a mammogram within the preceding 2 years to 70%*
- *Increase the proportion of women aged 18 years and older who have ever received a Pap test to 97%*
- *Increase the proportion of women aged 18 years and older who received a Pap test within the preceding 3 years to 90%*

Breast Cancer Screening

Mammograms

Women were first asked if they had ever had a mammogram, and then how long it had been since their last mammogram. Most women (59.8%) reported having had a mammogram. Table 19 shows the length of time since the last mammogram. It is recommended that women over 40 years of age receive a mammogram at least every two years.

- About three-fifths (62.2%) of women in the 45 to 54 age group have had a mammogram in the past year, and an additional 17.7% had had one in the past two years.
- Among women between the ages of 55 and 64, 70.8% had had a mammogram in the past year, and another 17.9% had had one in the past two years.
- Sixty-four percent of women 65 years of age and older had received a mammogram in the past year, and another 18.2% had received one in the past two years.

Clinical Breast Exams

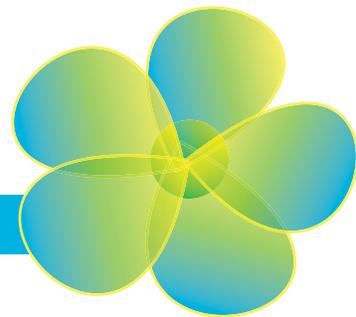
Women were next asked whether they had ever had a clinical breast exam; overall, 91% of women had had such an exam, most (79.6%) within the past year. Clinical breast exams are recommended annually for all adult women.

Cervical Cancer Screening

The primary method of screening for cervical cancer is the Pap test. Pap tests are recommended annually until there are three consecutive negative tests, after which it is recommended that women receive this test at least every three years. Women were asked whether or not they had ever had a Pap test, and how long it had been since receiving one. The vast majority (93%) had had a Pap test, and 86.4% had had one within the past three years. Table 20 shows the length of time since the last Pap test.

- The oldest and youngest women were most likely never to have had a Pap test: 14.1% of women age 18 to 24 and 10.9% of those age 65 and older reported never having had a Pap test.

WOMEN'S HEALTH



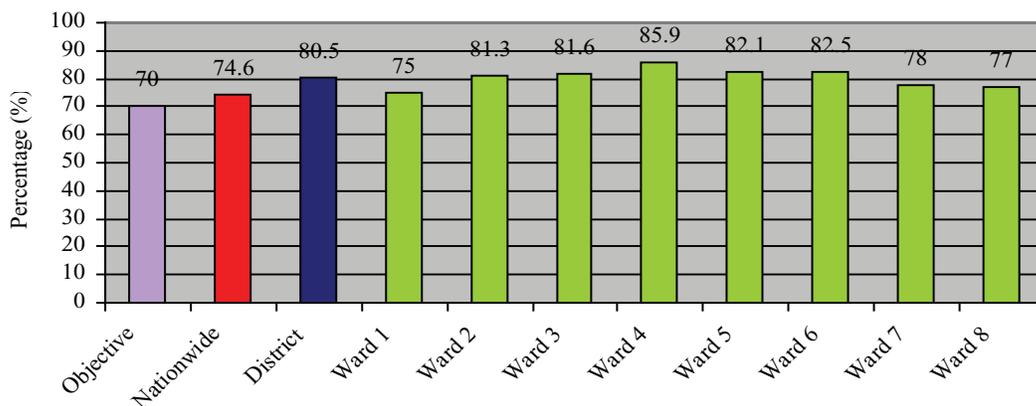
- Women with the highest levels of education and income were least likely to have never had a Pap test. Just 4.9% of college graduates, and 2.7% of women with incomes of \$75,000 and over, reported never having a Pap test.

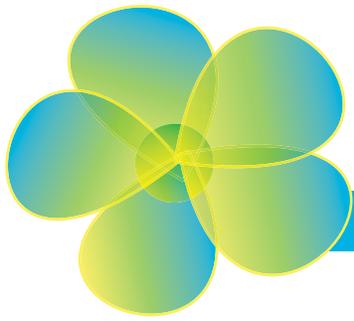
Ward Analysis

Figure 15 compares the percentages of women over 40 who had received a mammogram within the past two years. All Wards show a higher percentage of women receiving mammograms in the recommended time frame than the Healthy People 2010 Objective of 70% and the national median of 74.6%. The lowest proportions of 2-year mammograms are found in Wards 1 and 8, which report 75% and 77% of women over 40, respectively, receiving a mammogram within the recommended time frame.

Figure 16 shows the percentages of women over 18 in each Ward who have ever had a Pap test. Though the District not quite reaching the Healthy People 2010 goal of 90%, the District as a whole, and each Ward, are higher than the national median of 85.9%. There is, however, some variation among wards, ranging from a low of 86.4% in Ward 1 to a high of 95.7 in Ward 8.

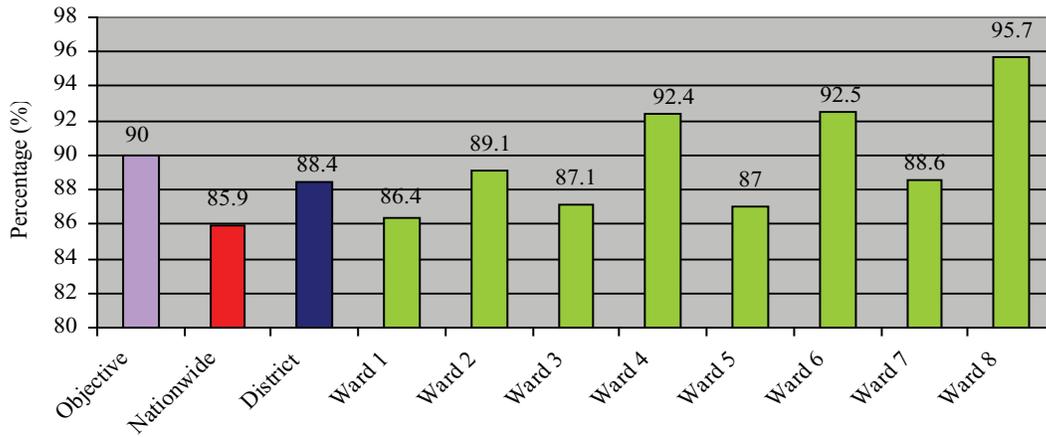
Figure 15. Women Age 40+ Who Have Had a Mammogram in the Past Two Years

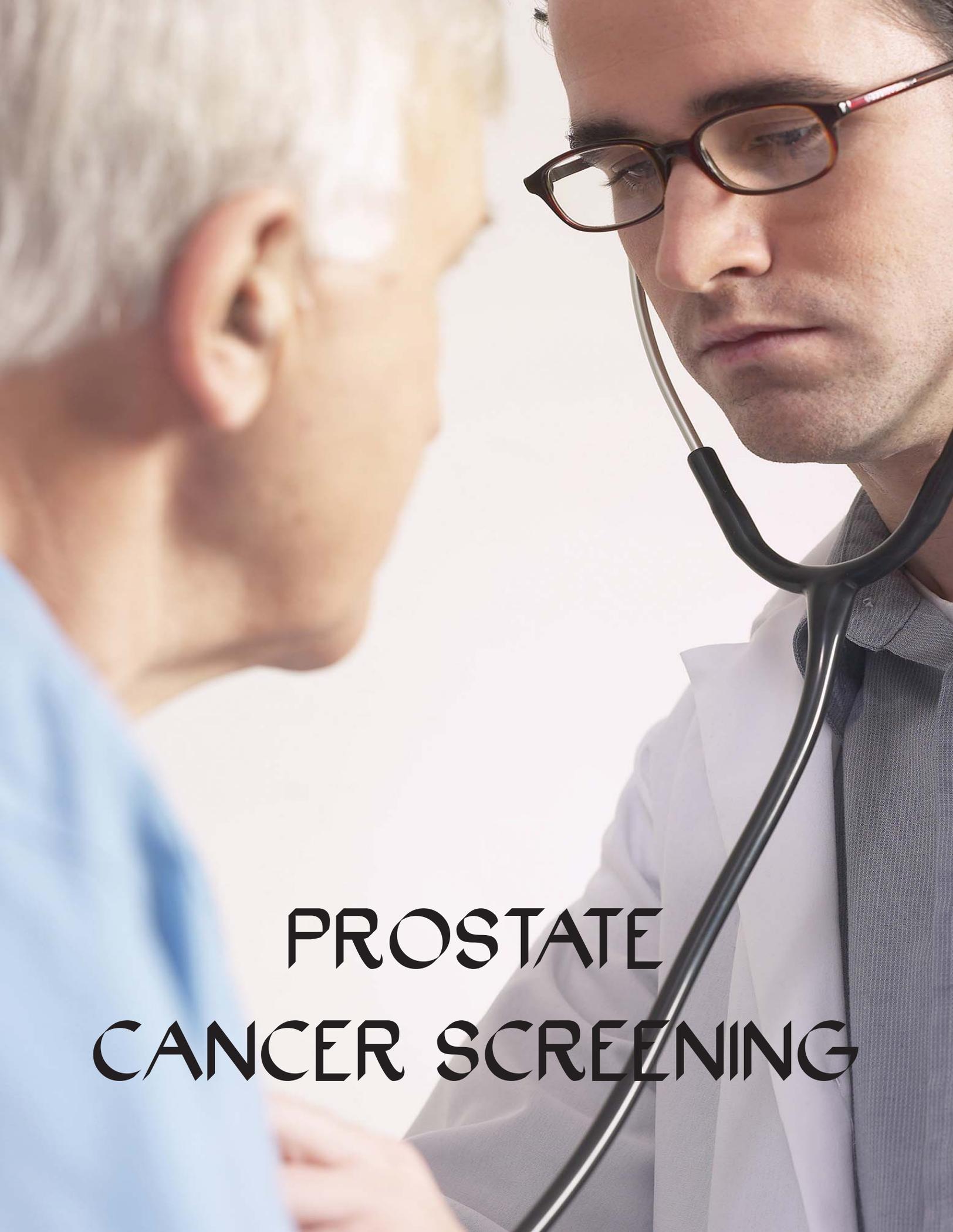




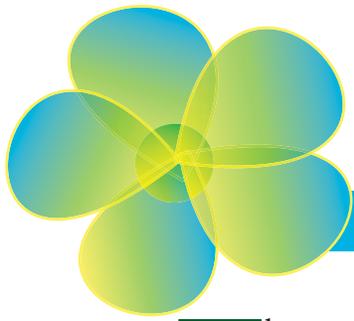
WOMEN'S HEALTH

Figure 16. Percentage of Women Age 18+ Who Have Had a Pap Test in the Past Three Years





**PROSTATE
CANCER SCREENING**



PROSTATE CANCER

There are two primary screening tests for prostate cancer: the digital rectal exam (DRE), and the Prostate-Specific Antigen (PSA) test. Recommendations for these tests are still controversial, as the benefits and risks associated with the tests, particularly the PSA test, have not fully been measured.

Male respondents over the age of 40 were asked if they had ever had a PSA test, and if so, when they had had the most recent one. Similarly, this group of men were asked if they had ever had a digital rectal examination, and if so, when they had had one most recently.

Table 21 shows percentages of men in this age group who had ever had these two tests. Overall, 65.2% of men over 40 had received a PSA test, and 79.1% of men in this age group had received a DRE.

- Older men were more likely to have received both of these tests: 83.3% of men age 65 or older had had a PSA test, compared to only 37.9% of men age 40 to 44. Among men age 65 and older, 87.7% had had a DRE, compared to 63.4% of men age 40 to 44.
- African American men (73%) were less likely to have had a DRE than Caucasians (90.9%), but there was little difference among racial groups in terms of having had a PSA test.
- Higher levels of education were associated with increased likelihood of having had these tests. Just over half (53.5%) of men with less than high school education had a PSA test, compared with 71.2% of college graduates. About two-thirds of high school graduates and those with less than a high school education had had a DRE (66.4% and 67.6%, respectively), compared with 82.6% of those with some college education and 87.1% of college graduates.

Ward Analysis

Figure 17 shows that PSA tests are fairly common (at least 66%) in all Wards except Ward 1 (44.7%). Prevalence of digital rectal exams (DREs) among men 40 and older is highest in Ward 3 (92.9%) and lowest in Ward 8 (71.4%).

PROSTATE CANCER

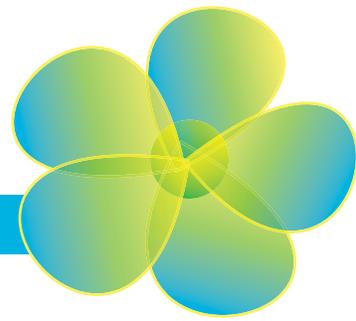
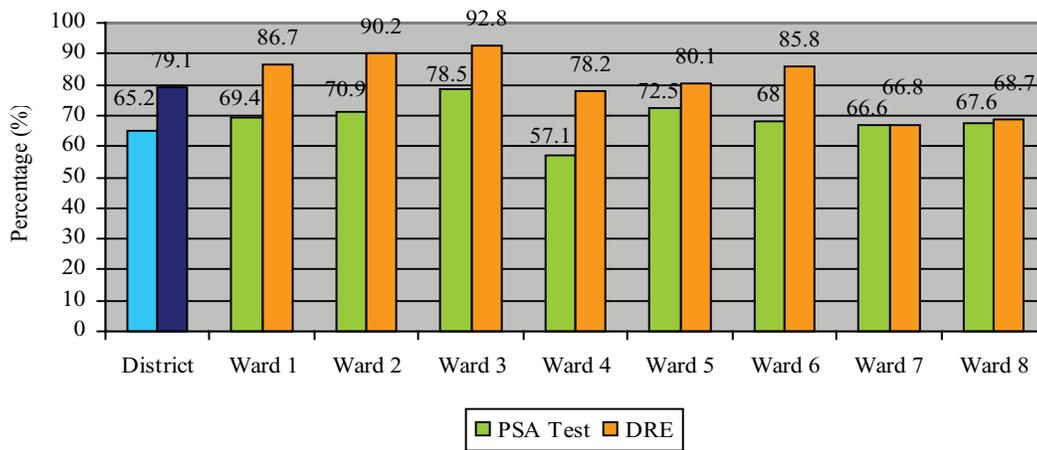
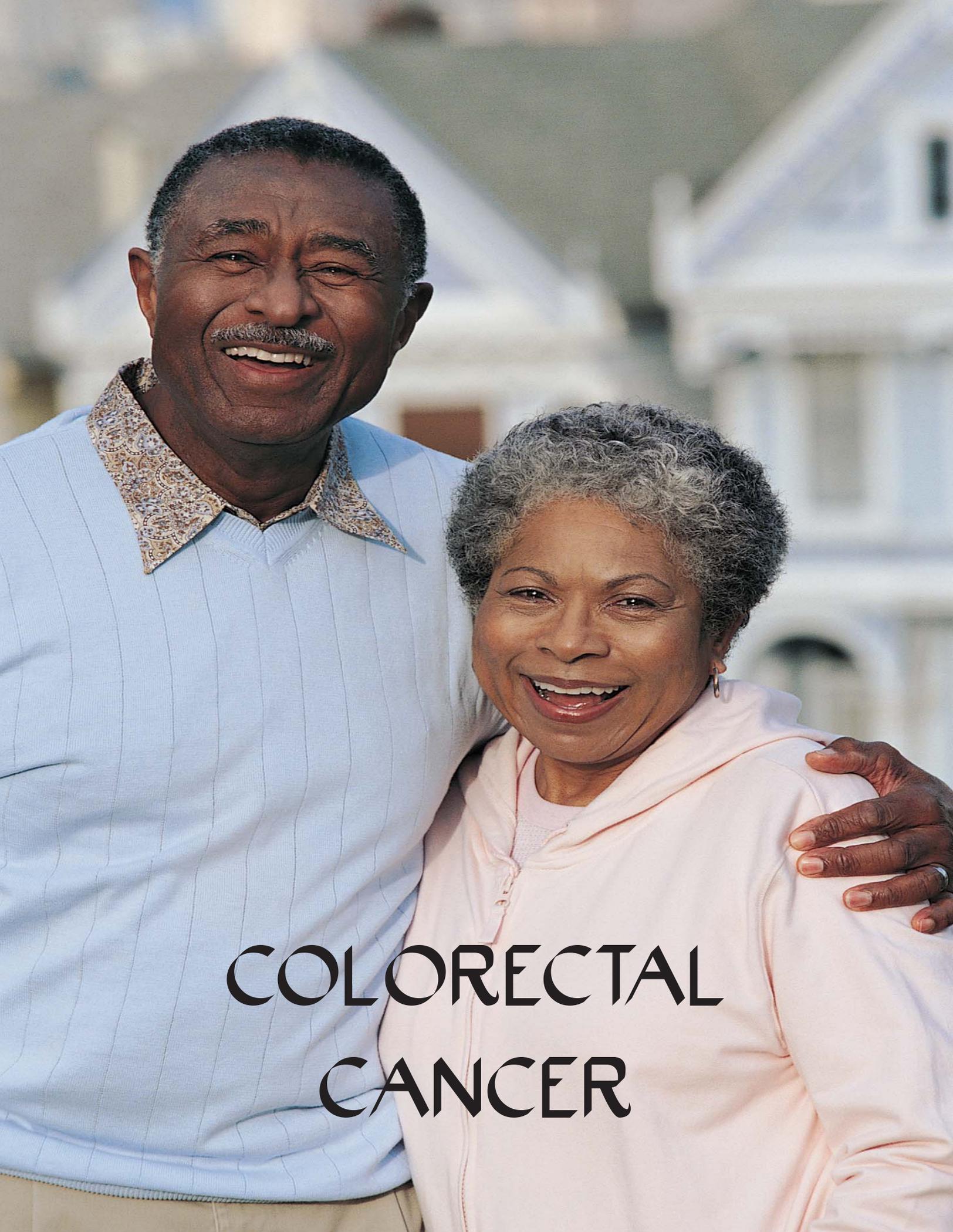


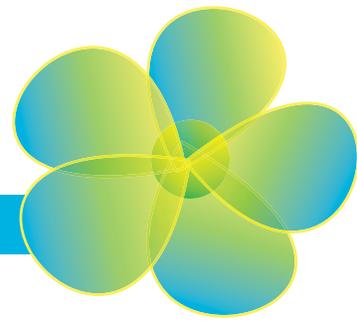
Figure 17. Men Age 40+ Who Have Ever Had a PSA Test, DRE, by Ward





**COLORECTAL
CANCER**

COLORECTAL CANCER

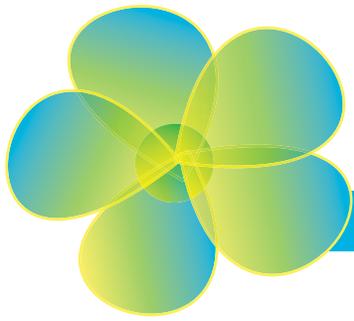


Male and female respondents age 50 and older were asked a series of questions about two colorectal cancer screening tests recommended for this age group: a home blood stool test, and colonoscopy or sigmoidoscopy. Table 22 shows the percentages of respondents who reported ever having had these tests.

- Overall, 52.2% of this age group had performed a home blood stool test, and 62.4% had had a colonoscopy or sigmoidoscopy.
- Women were slightly more likely than men to have had a colonoscopy or sigmoidoscopy: 64.7% of women, compared to 59.3% of men had this procedure.
- Caucasians were more likely than African Americans or those in other racial groups to have had either test. About three in five Caucasians (61.9%) had performed a home blood stool test, compared with 49.5% of African Americans and 41.2% of those in other racial groups; and Nearly 73% of Caucasians had had a colonoscopy or sigmoidoscopy compared with 60% of African Americans and 52.8% of those in other racial groups.
- Those with the lowest education levels were least likely to have had either test. Only 28.6% of those with less than a high school education had had a home blood stool test, compared with more than half of other groups; and only 46.6% of this population had had a colonoscopy or sigmoidoscopy, compared with at least 55% for other groups.
- Those with incomes of \$75,000 or more per year were most likely to have received either test. Among those in this income group, 63.1% had had a home blood stool test and 73.2% had had a colonoscopy or sigmoidoscopy.

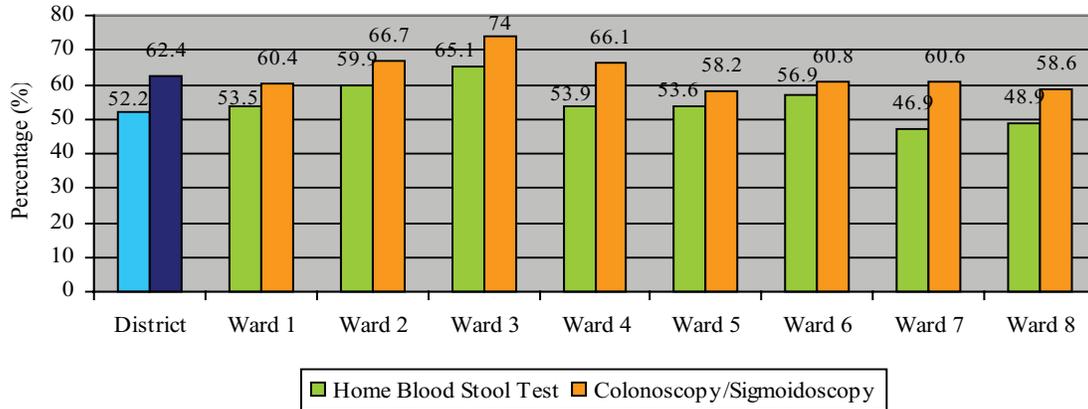
Ward Analysis

Figure 18 shows percentages of respondents over 50 years of age who have had a home blood stool test and a colonoscopy or sigmoidoscopy to screen for colorectal cancer. Respondents in Ward 7 (46.9%) and 8 (48.9%) were least likely to have had a home blood stool test, while those in Wards 5 (58.2%) and 8 (58.6%) were least likely to have had a colonoscopy or sigmoidoscopy. Respondents in Ward 3 reported the highest rates for both home blood stool testing (65.1%) and colonoscopy/sigmoidoscopy testing (74%).



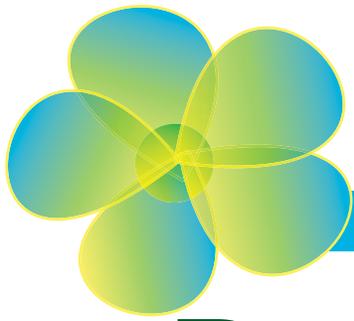
COLORECTAL CANCER

Figure 18. Adults Age 50+ Who Have Ever Had a Home Blood Stool Test, Colonoscopy/Sigmoidoscopy, by Ward





HIV / AIDS



HIV / AIDS

Respondents under the age of 65 were asked a series of questions designed to assess their knowledge and attitudes about HIV/AIDS and HIV testing, as well as the prevalence of these tests.

First, respondents were asked to respond “true” or “false” to the following statement: “A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby.” A large majority, 85%, responded that they believed this statement to be true.*

A second true/false statement was presented to respondents: “There are medical treatments available that are intended to help a person who is infected with HIV to live longer.” Almost all respondents, 98%, believed this statement to be true.*

Respondents were then asked whether they had ever been tested for HIV. Table 23 shows the distribution of responses by demographic characteristics. Approximately two thirds (67.9%) indicated that they had been tested.

- Men (67.8%) and women (68.1%) were about equally likely to have been tested.
- Respondents between the ages of 35 and 44 were most likely to have been tested: 82.2% of this age group indicated they had had an HIV test, compared with only 54.1% of respondents age 18 to 24 and 54.1% of respondents age 55 to 64.
- African Americans (74.6%) were more likely than Caucasians (60.1%) and those in other racial groups (61.2%) to have been tested for HIV.

Respondents who indicated they had had an HIV test were asked the main reason for the test and where the test was performed. More than one third (36.8%) of these respondents indicated that the test had been part of a routine checkup. Another 24.3% said they had been tested because they “just wanted to find out”.*

About half (50.2%) had been tested in a private doctor’s office or HMO, 19.3% had been tested in a clinic, and 17% indicated they had had the test in a hospital.

Respondents were next asked whether any of four risk factors for HIV applied to them. Only 5.9% of respondents indicated that any risk factor applied to them. *

Ward Analysis

Figure 19 shows the percentage of respondents who had ever had an HIV test, by Ward. Residents of Ward 8 (81.6%) were most likely to have been tested, and residents of Ward 3 (55.5%) least likely.

HIV / AIDS

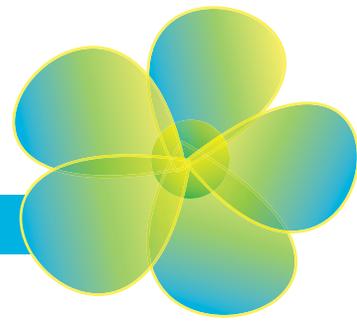
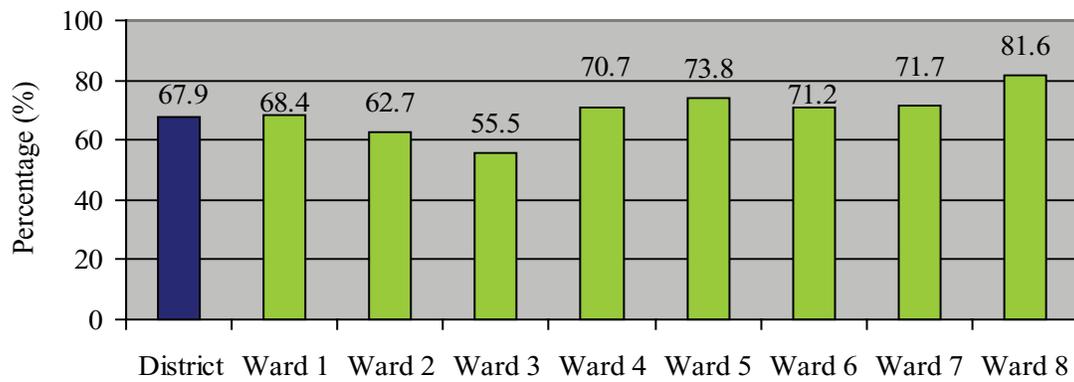
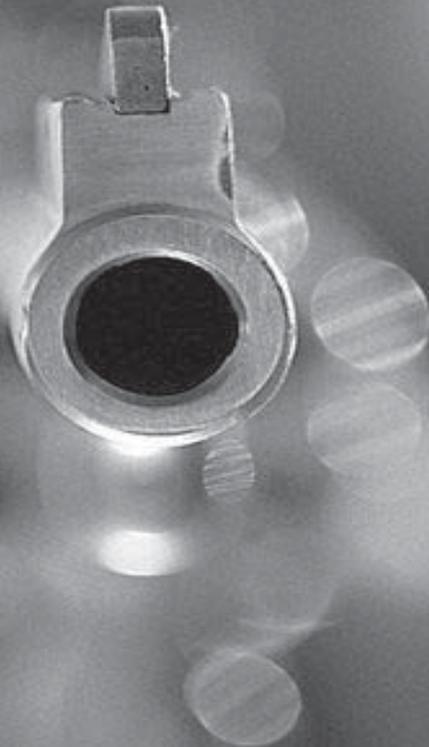


Figure 19. Prevalence of HIV Test, by Ward

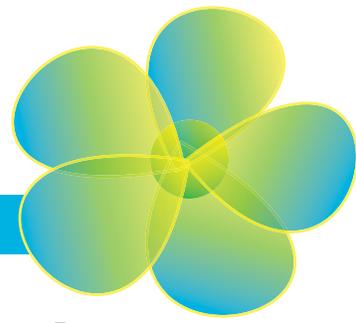


*Data not displayed in table.

FIREARMS



FIREARMS



Respondents were asked a series of questions pertaining to firearms in the home. Respondents were first asked if firearms were kept in or around their home. Overall, just 4.3% of District residents responded that they did keep firearms at home. Table 24 presents the proportions of individuals with and without firearms at home by demographic characteristics.

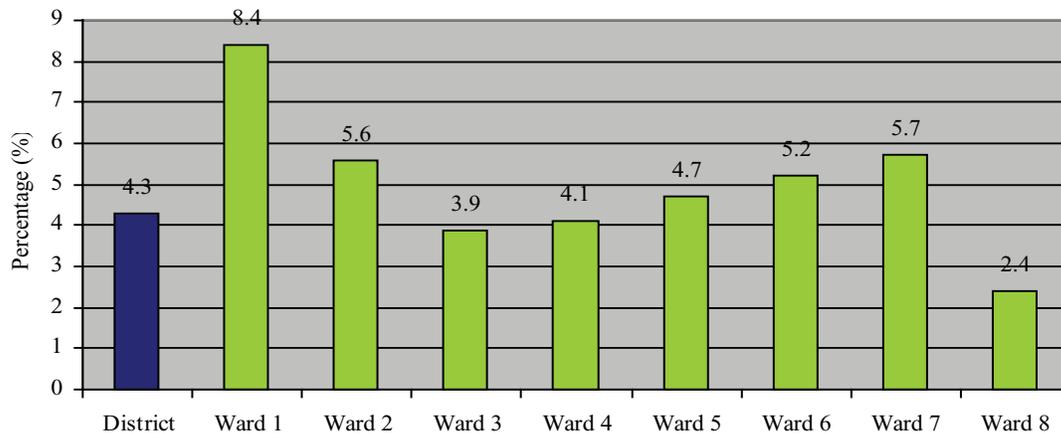
Because of the small numbers of individuals who keep firearms at home, it is difficult to reliably estimate differences among smaller demographic groups. However, men were more likely to have firearms at home than women: 5.7% of men kept firearms in or around their home compared to 3% of women.

Those respondents who indicated they kept firearms in the home were then asked if any of these firearms were kept loaded. About one-quarter (26.2%) of these respondents indicated they had loaded firearms in the home. This group of respondents was then asked if any of the loaded firearms were kept unlocked in the home. About one-third (34.4%) of these respondents indicated that they had loaded, unlocked firearms in their home. This translates to less than half a percent of the total sample population.*

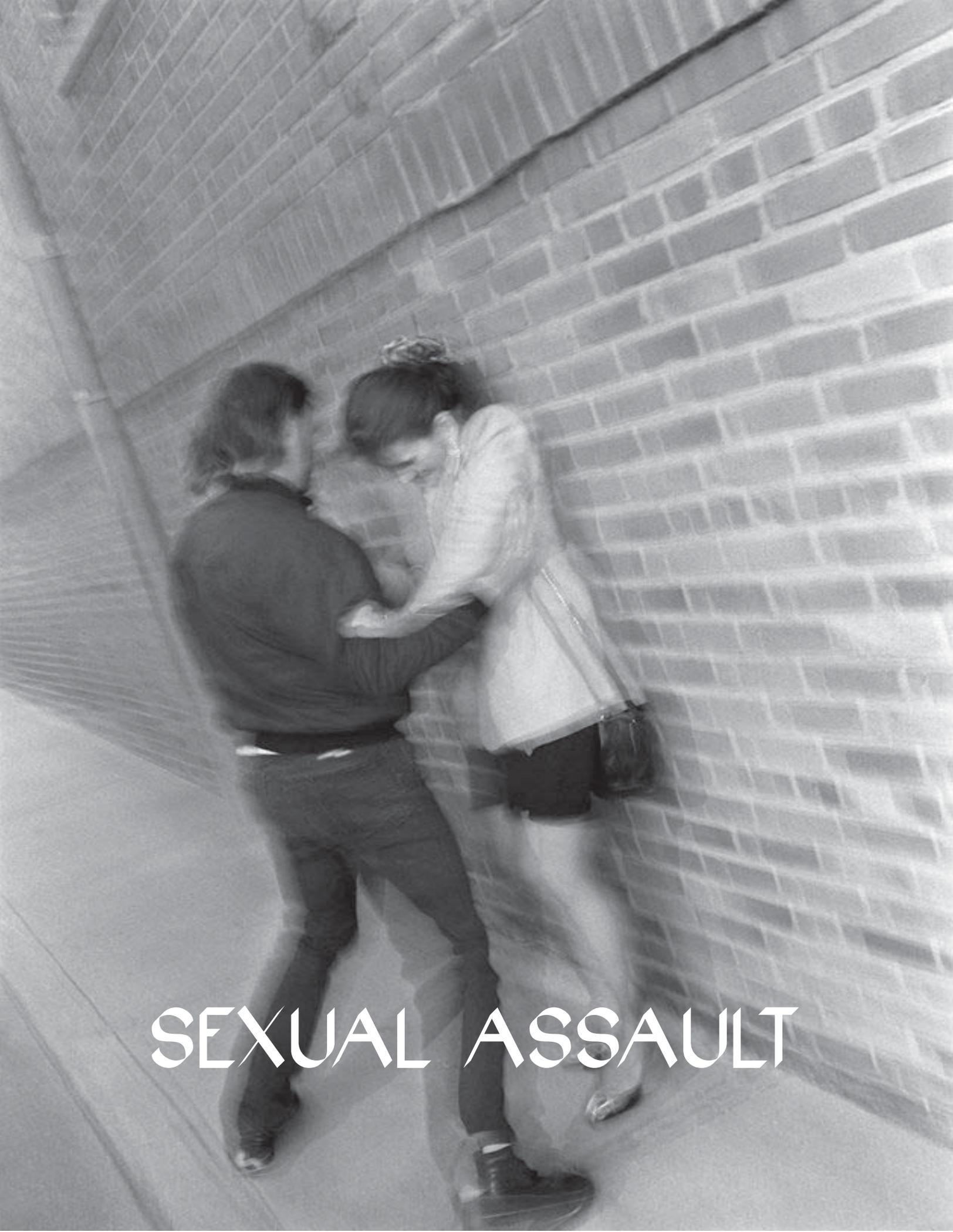
Ward Analysis

As can be seen in Figure 20, below, 8.4% of Ward 1 residents indicated that they kept firearms at home. The fewest firearms were kept in Ward 8 (2.4%).

Figure 20. Percentage Keeping Firearms at Home, by Ward

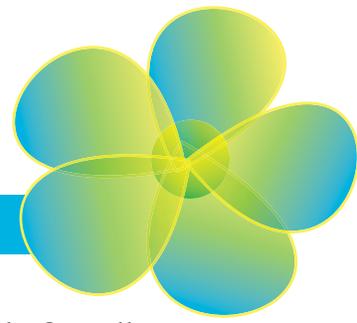


* Data not displayed in table.



SEXUAL ASSAULT

SEXUAL ASSAULT



Respondents were asked whether they had ever been a victim of sexual assault. Overall, 9.9% of respondents indicated they had been a victim of sexual assault. Table 25 shows the prevalence of sexual assault among respondents.

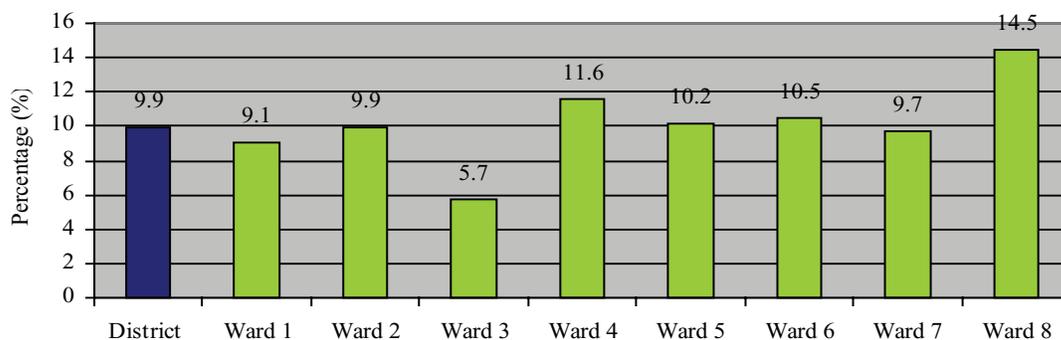
- Perhaps not surprisingly, women were much more likely than men to indicate they had been a victim of sexual assault. Among women, 15.1% reported having been sexually assaulted at some time in their life, compared to only 3.9% of men.
- Respondents over the age of 65 were much less likely to indicate having been a victim of sexual assault than respondents in other age groups. Among respondents under the age of 65, differences were slight among age groups in the prevalence of sexual assault, ranging from 9.1% to 13.3%. Among those age 65 and older, just 2.8% indicated they had been a victim of sexual assault. Caucasians and African Americans were about equally likely to report having been a victim of sexual assault (8.3% and 9.8%, respectively), and both were less likely than those of other races (15.8%) to respond this way.

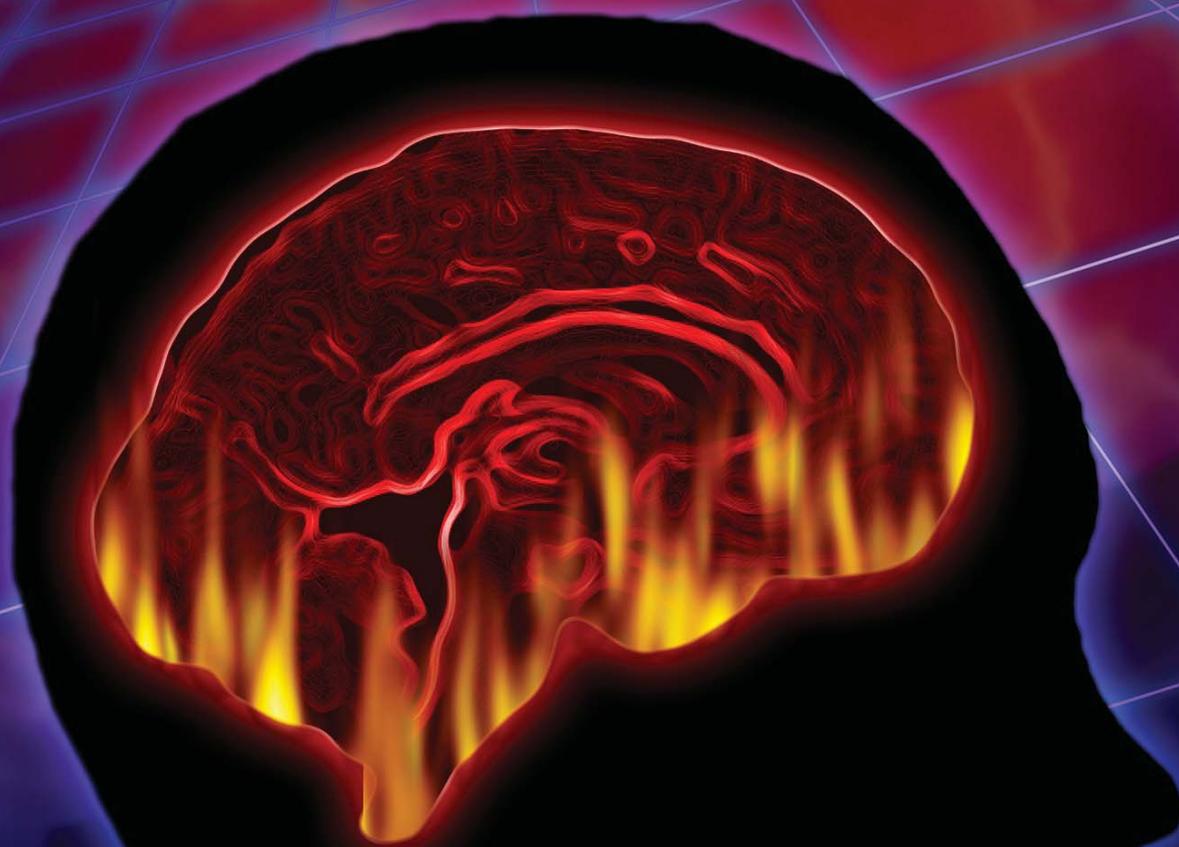
Education and income were not generally related to the likelihood of having been sexually assaulted. However, the highest education and income groups were somewhat less likely to report sexual assault than those in other groups.

Ward Analysis

Figure 23 shows the prevalence of sexual assault reported by respondents, by Ward. The percentage reported in most wards is close to the overall rate for the District, around ten percent. However, Ward 3 is strikingly low, at 5.7%, while Ward 8 is strikingly high, at 14.5%.

Figure 22. Prevalence of Sexual Assault, by Ward





TRAUMATIC BRAIN INJURY

TRAUMATIC BRAIN INJURY

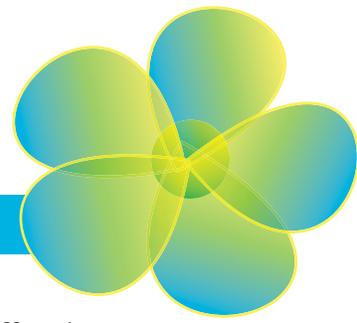


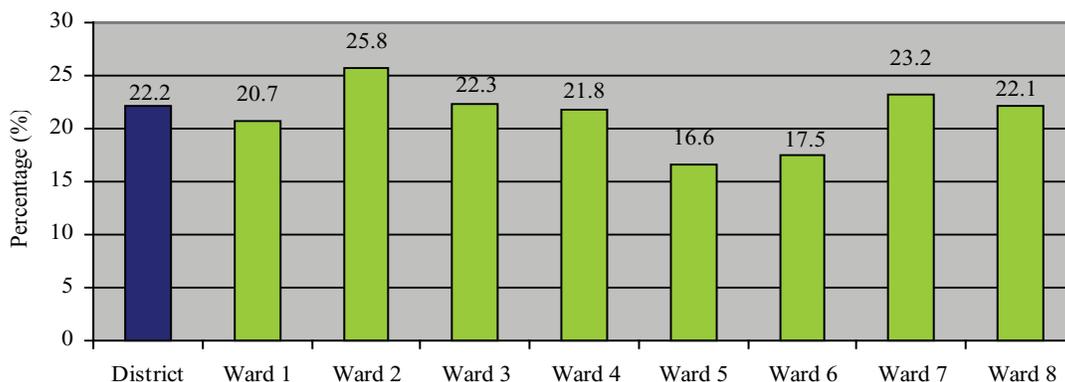
Table 26 shows the percentage of respondents who indicated that they had suffered a concussion or head injury at some time in their life. Overall, just over one in five respondents (22.2%) indicated that they had.

- Men were almost twice as likely as women to report a head injury or concussion. Over one quarter (28.1%) of men indicated they had had such an injury, compared with 17.1% of women.
- Respondents over age 65 least likely, and respondents age 18-24 most likely to have suffered a head injury or concussion. Only 11% of those age 65 and older reported having had a head injury or concussion, compared with 31.3% of respondents age 18 to 24.
- Caucasians (26.3%) were slightly more likely to report a head injury or concussion than African American (19.7%)
- Generally, only minor differences were seen in the prevalence of head injury or concussion among education and income groups.

Ward Analysis

Figure 24 shows the difference among Wards of the prevalence of head injury and concussion. Overall, differences were slight, ranging from 16.6% in Ward 5, to 25.8% in Ward 2.

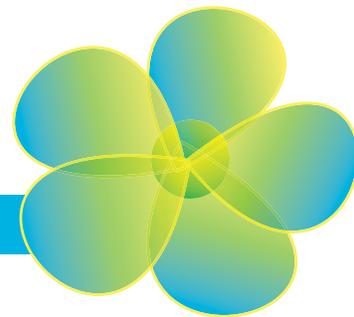
Figure 21. Prevalence of Head Injury or Concussion, by Ward



REACTION TO RACE



REACTION TO RACE



In the 2004 BRFSS, respondents were asked a series of questions relating to race, their perceptions about how they are treated because of their race, and the physical and emotional consequences of race-based treatment.

Thoughts About Race

Respondents were asked to estimate how often they think about race. About a third of respondents (33.8%) said that they never think about race, while 14.8% reported thinking about it “constantly”. Women (37.7%) were more likely to say they never think about race than men (29.2%), and older respondents generally reported that they think about race less than younger respondents. While 37% of African Americans say they never think about race, as do 31.5% of Caucasians, 23.5% also say they think about race constantly, compared to only 1.3% of Caucasians. Those of other races report never thinking about race at a rate of 22%, and thinking about race constantly at a rate of 14.8%.

Generally, those with higher levels of education and income reported thinking about race less than those with less education and income.

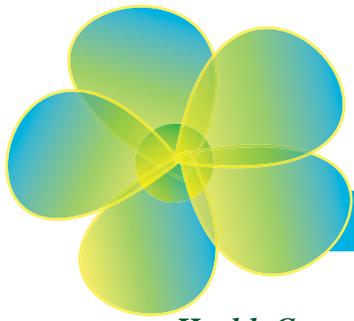
Differential Treatment

Respondents were asked whether they felt they were treated differently because of their race in two different settings—the workplace and in health care. Respondents could indicate that they felt they were treated better, worse, or about the same as those of other races; better than those of some races but worse than others; or that they only encountered those of their own race in these places.

About four in five (79.5%) respondents overall felt that they were treated about the same as those of other races in the workplace. In a health care setting, 71.5% said they felt this way. In both settings, neither gender nor age were associated with differential responses to these questions. In the workplace, African Americans were less likely (73.8%) than both Caucasians (85.8%) and those of other races (83.3%) to feel they were treated the same; 19.7% of African Americans felt they were treated worse than those of other races.

In a health care setting, Caucasians (61.3%) were least likely to say they were treated the same compared with African Americans (77.7%) and those of other races (70.2%).

Thirty-six percent of Caucasians said they thought they were treated better than other races in health care. Twelve percent of African Americans and 6.4% of those of other races felt that they were treated worse than other races in the health care setting.



REACTION TO RACE

Health Consequences of Race-Based Treatment

Respondents were asked two questions about whether they had experienced emotional or physical symptoms in the last 30 days because of race-based treatment. Table 26 presents the results for these questions by demographic groups.

Emotional Symptoms

Overall, 14.2% of respondents reported feeling emotionally upset in the last 30 days because of how they were treated based on their race. Men and women were about equally likely to report this, and differences among educational and income groups were not marked. Age and racial groups did differ, however, in their response to this question. Respondents age 55 and older were much less likely than those under the age of 55 to report feeling upset by race-based treatment. Between 14.9% and 18.8% of respondents in age groups from 18 to 54 reported feeling this way in the last 30 days, compared to only 7.3% of those age 55-64 and 6.6% of those 65 and older. Caucasians (6.7%) were much less likely to report feeling upset by race-based treatment than either African Americans (18.3%) or those of other races (16.4%).

Physical Symptoms

Physical symptoms such as headache, upset stomach, muscle tension, or a pounding heart, were reported by 5.8% of respondents overall. The biggest differences were seen among racial groups. Among African Americans, 8.3% reported having such physical symptoms in the last 30 days, as did 5% of those of other races, compared to just 1.9% of Caucasians. Income was also associated with responses to this question. Physical symptoms were most likely to be reported by those in the lowest income group (12.1%) and least likely to be reported by those with incomes of \$75,000 or more (2.9%).

Ward Analysis

As shown in Figure 24, responses to these questions about race showed wide variation by ward. Wards 4, 5 and 7 showed high percentages of respondents who experienced emotional symptoms due to race-based treatment. Ward 5, at 10.4%, also had the highest percentage of respondents experiencing physical symptoms. Ward 3 residents reported the lowest rate of both emotional (6.3%) and physical (1.5%) symptoms.

REACTION TO RACE

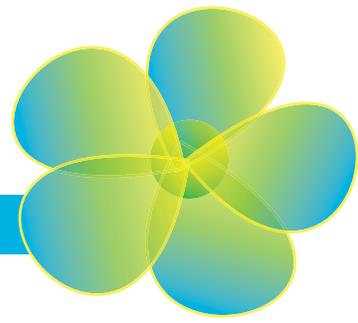
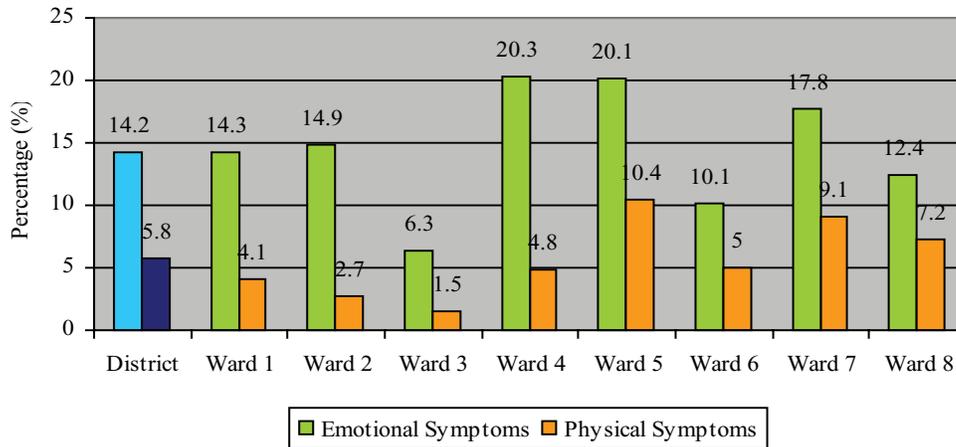
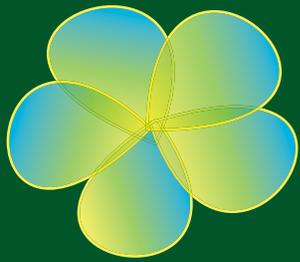


Figure 23. Respondents Reporting Mental and Physical Symptoms Caused by Race-based Treatment, by Ward





DATA TABLES

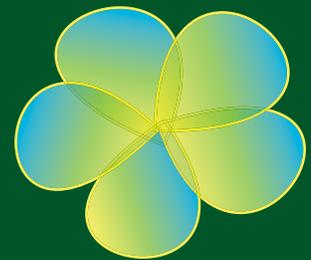


Table 1. 2000 Census, 2004 District of Columbia BRFSS Demographic Data

	2000 Census	Unweighted 2004 DC BRFSS	Weighted 2004 DC BRFSS
GENDER			
Male	47.1	39.0	46.5
Female	52.9	61.0	53.5
AGE			
18-24	15.9	7.1	15.1
25-34	22.3	21.7	23.0
35-44	19.2	19.1	18.8
45-54	16.5	18.8	15.6
55-64	10.9	16.0	12.3
65-74	15.2	17.3	15.2
RACE			
Caucasian	34.8	48.7	31.4
African American	56.2	42.6	55.9
Other	9.0	8.7	12.7
EDUCATION			
Less than High School	22.2	6.3	8.4
High School Graduate	20.6	18.3	24.3
Some College	17.7	16.7	20.1
College Graduate	39.1	58.8	47.2
INCOME			
Less than \$15,000	20.8	10.2	12.5
\$15,000-\$24,999	11.4	12.4	15.4
\$25,000-\$34,999	12.3	9.8	11.1
\$35,000-\$49,999	14.2	16.3	17.6
\$50,000-\$74,999	15.9	15.2	13.5
\$75,000 and over	25.4	36.2	29.9

Table 2. Percentage of the Population Residing in each Ward

WARD	2000 Census*	Unweighted 2004 DC BRFSS	Weighted 2004 DC BRFSS
1	12.8	8.7	7.9
2	12.0	11.9	9.4
3	12.9	18.7	12.2
4	13.0	15.5	16.6
5	12.7	10.6	12.7
6	11.9	13.7	12.9
7	12.3	10.9	15.3
8	12.4	9.9	13.1

Table 3. 2004 District of Columbia BRFSS Demographic Data, by Ward

	1	2	3	4	5	6	7	8
GENDER								
Male	47.3	60.2	44.3	46.2	43.9	43.5	41.8	33.1
Female	52.7	39.8	55.7	53.8	56.1	56.5	58.2	66.9
AGE								
18-24	8.9	16.0	11.2	11.8	8.7	5.3	15.5	14.1
25-34	28.5	21.9	14.9	14.2	15.1	20.6	20.4	17.8
35-44	17.5	17.4	17.2	17.9	18.6	17.9	15.9	27.9
45-54	13.4	13.6	18.1	22.9	16.4	22.2	18.8	16.2
55-64	18.2	16.9	15.7	12.3	17.1	13.9	11.1	11.6
65-74	13.4	14.2	23.0	19.9	24.1	20.2	18.4	12.4
RACE								
Caucasian	45.1	64.9	79.4	19.3	7.4	34.2	1.9	3.2
African American	36.8	17.6	7.7	70.3	88.8	55.9	90.8	91.8
Other	18.1	17.5	12.9	10.3	3.8	9.9	7.3	5.0
EDUCATION								
Less than High School	5.2	3.9	0.7	9.3	8.7	9.1	11.1	18.3
High School Graduate	16.4	9.1	6.6	20.6	31.7	24.8	43.0	42.2
Some College	15.6	17.4	14.6	20.6	20.9	14.6	28.8	27.5
College Graduate	62.8	69.6	78.1	49.5	38.7	51.5	17.1	12.0
INCOME								
Less than \$15,000	8.3	10.2	5.7	6.8	14.1	11.8	14.3	17.0
\$15,000-\$24,999	13.7	7.4	6.4	13.2	18.4	14.3	15.9	32.3
\$25,000-\$34,999	13.3	2.5	5.9	12.7	9.3	7.5	17.4	11.1
\$35,000-\$49,999	14.1	17.9	8.8	16.8	20.7	15.8	32.2	16.7
\$50,000-\$74,999	15.1	17.1	13.7	12.1	17.9	11.3	13.3	7.3
\$75,000 and over	35.6	44.9	59.5	38.3	19.6	39.2	6.9	15.7

Table 4. Perceived Health Status by Selected Demographics

“How would you rate your gender health?”

	N	Excellent	Very Good	Good	Fair	Poor
TOTAL	2963	28.9%	34.0%	26.0%	7.7%	3.4%
GENDER						
Male	1156	31.0%	34.3%	24.7%	6.1%	3.8%
Female	1807	27.0%	33.8%	27.1%	9.1%	3.0%
AGE						
18-24	207	33.7%	39.3%	19.8%	4.0%	3.3%
25-34	632	36.7%	39.9%	19.8%	2.7%	0.8%
35-44	556	33.9%	34.2%	21.3%	7.3%	3.2%
45-54	546	27.6%	29.8%	28.6%	10.1%	4.0%
55-64	467	21.3%	30.1%	33.6%	11.1%	4.0%
65-74	503	12.8%	27.9%	38.1%	14.5%	6.8%
RACE						
Caucasian	1410	41.9%	38.5%	16.0%	2.5%	1.1%
African American	1233	20.1%	32.0%	32.7%	11.6%	3.7%
Other	254	36.1%	32.4%	20.1%	4.2%	7.2%
EDUCATION						
Less than High School	182	9.4%	21.4%	32.4%	21.3%	15.5%
High School Graduate	543	20.6%	28.4%	36.0%	11.1%	3.9%
Some College	493	24.8%	37.2%	26.0%	8.1%	3.8%
College Graduate	1739	38.2%	37.9%	19.6%	3.4%	0.8%
INCOME						
Less than \$15,000	268	18.4%	24.7%	25.2%	15.4%	16.3%
\$15,000-\$24,999	325	20.1%	30.3%	32.9%	13.2%	3.4%
\$25,000-\$34,999	258	24.4%	26.7%	37.1%	10.4%	1.4%
\$35,000-\$49,999	432	26.3%	35.3%	30.2%	5.5%	2.7%
\$50,000-\$74,999	404	31.2%	44.1%	20.1%	4.1%	0.5%
\$75,000 and over	954	41.5%	39.0%	16.1%	2.5%	0.9%

Table 5. 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		
		0	1-9	10+		0	1-9	10+
TOTAL	2922	66.4%	23.2%	10.4%	2932	66.1%	23.1%	10.8%
GENDER								
Male	1140	67.4%	22.3%	10.3%	1144	70.6%	21.5%	7.9%
Female	1782	65.5%	23.9%	10.6%	1788	62.1%	24.5%	13.3%
AGE								
18-24	205	63.9%	28.8%	7.3%	204	53.5%	36.7%	9.8%
25-34	632	69.3%	26.3%	4.4%	630	57.6%	31.7%	10.7%
35-44	553	67.1%	22.7%	10.3%	553	68.2%	19.9%	11.9%
45-54	543	67.4%	19.2%	13.5%	544	67.7%	18.1%	14.2%
55-64	464	64.7%	21.3%	14.0%	464	73.5%	17.7%	8.8%
65-74	477	63.2%	19.4%	17.4%	489	80.4%	11.2%	8.4%
RACE								
Caucasian	1402	63.2%	29.8%	7.0%	1398	62.3%	28.5%	9.2%
African American	1206	68.7%	19.4%	11.9%	1120	69.5%	18.2%	12.2%
Other	247	61.2%	26.2%	12.5%	249	58.0%	32.7%	9.4%
EDUCATION								
Less than High School	174	54.3%	19.1%	26.5%	179	62.3%	18.8%	16.4%
High School Graduate	525	72.8%	16.8%	10.4%	534	69.5%	19.0%	12.7%
Some College	490	62.9%	22.0%	15.2%	485	63.6%	22.6%	13.8%
College Graduate	1727	66.7%	27.6%	5.7%	1729	66.2%	26.2%	7.6%
INCOME								
Less than \$15,000	260	49.0%	23.1%	27.9%	259	57.9%	20.1%	22.0%
\$15,000-\$24,999	322	63.3%	23.8%	12.9%	323	60.3%	26.4%	13.3%
\$25,000-\$34,999	252	68.2%	17.5%	14.3%	258	61.2%	27.0%	11.8%
\$35,000-\$49,999	428	67.6%	22.9%	9.4%	430	60.8%	27.4%	11.8%
\$50,000-\$74,999	401	69.4%	24.7%	6.0%	397	68.3%	22.3%	9.4%
\$75,000 and over	949	69.5%	25.6%	4.8%	954	72.8%	22.1%	5.1%

**Table 6. 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?”

(Asked of respondents who indicated one or more day of poor physical or mental health in the past 30 days. This table represents the total survey population: those indicating no days of poor physical or mental health are included in the figure for no days of impairment).

	N	Days of Limited Activity		
		0	1-9	10+
TOTAL	2958	78.8%	14.8%	6.4%
GENDER				
Male	1151	81.9%	12.2%	5.8%
Female	1807	76.0%	17.1%	6.9%
AGE				
18-24	208	76.7%	18.9%	4.4%
25-34	635	78.8%	17.0%	4.2%
35-44	555	77.2%	16.1%	6.7%
45-54	548	78.8%	13.9%	7.3%
55-64	467	79.1%	12.8%	8.2%
65-74	494	81.6%	9.7%	8.8%
RACE				
Caucasian	1413	75.9%	20.3%	3.8%
African American	1228	80.6%	11.7%	7.7%
Other	252	75.2%	17.5%	7.3%
EDUCATION				
Less than High School	180	70.9%	13.2%	15.9%
High School Graduate	538	82.3%	10.9%	6.8%
Some College	494	78.5%	11.9%	9.7%
College Graduate	1740	78.3%	18.5%	3.1%
INCOME				
Less than \$15,000	267	65.3%	16.8%	17.9%
\$15,000-\$24,999	324	77.6%	13.6%	8.8%
\$25,000-\$34,999	257	78.0%	14.9%	7.1%
\$35,000-\$49,999	432	76.2%	17.2%	6.6%
\$50,000-\$74,999	401	80.8%	16.9%	2.3%
\$75,000 and over	959	83.7%	13.9%	2.4%

**Table 7. Health Limitations and Use of Assistive Devices,
by Selected Demographics**

“Are you limited in any way in any activities because of physical, mental, or emotional problems?” and “Do you now have any health problem 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	2866	12.5%	2869	7.3%
GENDER				
Male	1113	10.5%	1112	7.1%
Female	1753	14.2%	1757	7.4%
AGE				
18-24	198	2.5%	198	4.1%
25-34	610	6.9%	608	1.8%
35-44	534	15.1%	536	5.3%
45-54	537	15.2%	538	6.7%
55-64	455	15.6%	455	8.3%
65+	485	21.8%	456	20.6%
RACE				
Caucasian	1377	11.4%	1377	3.0%
African American	1181	14.1%	1184	9.3%
Other	245	8.9%	245	8.7%
EDUCATION				
Less than High School	179	20.6%	179	17.9%
High School Graduate	515	14.1%	516	9.9%
Some College	475	13.8%	477	8.2%
College Graduate	1691	9.7%	1691	3.7%
INCOME				
Less than \$15,000	262	29.7%	262	17.9%
\$15,000-\$24,999	319	14.6%	319	10.6%
\$25,000-\$34,999	249	8.8%	250	8.0%
\$35,000-\$49,999	416	8.5%	416	8.6%
\$50,000-\$74,999	383	8.5%	382	3.0%
\$75,000 and over	942	8.9%	943	2.1%

**Table 8. Health Care Coverage, Primary Provider,
by Selected Demographics**

“Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, doctor or health care provider?”

	N	Covered by Health Plan	N	Has Primary Provider
TOTAL	2976	89.0%	2973	78.0%
GENDER				
Male	1161	88.1%	1160	70.3%
Female	1815	89.8%	1813	84.6%
AGE				
18-24	208	87.8%	207	64.2%
25-34	635	86.7%	634	68.5%
35-44	558	88.3%	558	78.7%
45-54	549	86.2%	547	82.8%
55-64	469	92.0%	469	90.2%
65+	505	96.0%	507	89.8%
RACE				
Caucasian	1417	95.2%	1417	78.9%
African American	1239	85.6%	1239	78.7%
Other	253	89.9%	252	73.6%
EDUCATION				
Less than High School	185	77.9%	185	79.4%
High School Graduate	542	81.4%	543	79.4%
Some College	496	88.6%	494	74.5%
College Graduate	1746	95.0%	1744	78.4%
INCOME				
Less than \$15,000	271	76.5%	267	65.9%
\$15,000-\$24,999	328	77.3%	327	73.2%
\$25,000-\$34,999	260	85.3%	260	76.8%
\$35,000-\$49,999	432	91.7%	432	73.6%
\$50,000-\$74,999	404	95.9%	404	84.9%
\$75,000 and over	960	97.7%	959	83.3%

Table 9. Adult Immunization Rate, by Selected Demographics

“During the past 12 months, have you had a flu shot?
Have you ever had a pneumonia shot?”

	N	Had Flu Shot	N	Had Pneumonia Shot		
				Yes	No	Don't Know
TOTAL	2969	32.8%	2979	21.5%	69.3%	9.3%
GENDER						
Male	1158	35.3%	1162	25.2%	62.4%	12.4%
Female	1811	30.7%	1817	18.3%	75.2%	6.5%
AGE						
18-24	207	24.7%	208	28.8%	57.2%	14.0%
25-34	633	21.8%	635	10.9%	75.2%	13.9%
35-44	555	28.4%	558	11.9%	77.9%	10.3%
45-54	549	31.9%	550	12.6%	80.7%	6.7%
55-64	468	44.0%	469	22.8%	71.7%	5.5%
65-74	505	54.9%	507	49.3%	48.6%	2.1%
RACE						
Caucasian	1412	40.1%	1417	16.2%	71.5%	12.2%
African American	1237	30.4%	1241	25.6%	67.7%	6.7%
Other	253	26.6%	254	19.0%	67.7%	13.3%
EDUCATION						
Less than High School	185	27.5%	186	28.7%	66.7%	4.6%
High School Graduate	543	31.5%	544	22.3%	70.2%	7.5%
Some College	495	30.2%	496	28.3%	63.6%	8.1%
College Graduate	1739	35.7%	1746	16.9%	71.5%	11.6%
INCOME						
Less than \$15,000	271	24.8%	271	24.7%	61.6%	13.65
\$15,000-\$24,999	325	27.0%	328	25.0%	69.6%	5.4%
\$25,000-\$34,999	260	28.6%	260	22.5%	70.5%	7.0%
\$35,000-\$49,999	431	30.9%	432	25.5%	67.6%	6.8%
\$50,000-\$74,999	403	33.0%	404	19.5%	70.2%	10.3%
\$75,000 and over	957	41.2%	960	15.0%	72.9%	12.1%

**Table 10. Respondents Engaging in Recreational Exercise
by Selected Demographics**

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

	N	Yes	No
TOTAL	2976	77.7%	22.3%
GENDER			
Male	1162	83.0%	17.0%
Female	1814	73.2%	26.8%
AGE			
18-24	208	85.5%	14.5%
25-34	635	83.9%	16.1%
35-44	558	76.4%	23.6%
45-54	547	74.4%	25.6%
55-64	469	81.1%	18.9%
65-74	507	63.1%	36.9%
RACE			
Caucasian	1417	92.2%	7.8%
African American	1238	68.6%	31.4%
Other	254	83.3%	16.7%
EDUCATION			
Less than High School	185	53.5%	46.5%
High School Graduate	542	64.0%	36.0%
Some College	496	79.5%	20.5%
College Graduate	1746	88.4%	11.6%
INCOME			
Less than \$15,000	269	68.8%	31.2%
\$15,000-\$24,999	327	65.1%	34.9%
\$25,000-\$34,999	260	69.7%	30.3%
\$35,000-\$49,999	432	75.3%	24.7%
\$50,000-\$74,999	404	86.8%	13.2%
\$75,000 and over	960	91.1%	8.9%

Table 11. Weight Category by Selected Demographic Characteristics

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 25-29, and

"Obese" is equal to a BMI of 30 or higher."

	N	Healthy Weight	Overweight	Obese
TOTAL	2864	44.4%	33.0%	22.5%
GENDER				
Male	1146	40.0%	40.0%	20.0%
Female	1718	48.4%	26.7%	24.8%
AGE				
18-24	201	64.6%	20.9%	14.5%
25-34	614	48.1%	33.3%	18.6%
35-44	545	39.2%	31.9%	28.9%
45-54	529	36.4%	31.5%	32.1%
55-64	448	35.0%	41.6%	23.4%
65-74	490	42.2%	39.4%	18.4%
RACE				
Caucasian	1374	62.9%	29.5%	7.6%
African American	1188	31.3%	35.1%	33.6%
Other	246	55.1%	32.1%	12.8%
EDUCATION				
Less than High School	174	33.2%	33.1%	33.7%
High School Graduate	524	30.8%	31.7%	37.4%
Some College	474	42.9%	32.0%	25.1%
College Graduate	1688	54.0%	34.2%	11.8%
INCOME				
Less than \$15,000	262	41.3%	22.9%	35.8%
\$15,000-\$24,999	315	34.1%	36.7%	2.9%
\$25,000-\$34,999	250	42.8%	32.4%	24.8%
\$35,000-\$49,999	422	38.3%	33.2%	28.5%
\$50,000-\$74,999	389	45.3%	34.2%	20.5%
\$75,000 and over	944	52.8%	35.4%	11.9%

Table 12. Illness Caused by Indoor and Outdoor Pollution

“Things like smog, automobile exhaust, and chemicals can cause outdoor air pollution. In the past 12 months have you had an illness or symptoms that you think was caused by pollution in the air outdoors?” and “Things like dust, mold, smoke and chemicals inside the home or office can cause poor indoor air quality. In the past 12 months have you had an illness or symptoms that you think was caused by something in the air inside a home, office or other building?”

	N	Illness Cause by Outdoor Air Pollution	N	Illness Caused Indoor Air Pollution
TOTAL	2901	15.8%	2926	25.3%
GENDER				
Male	1130	14.0%	1138	21.5%
Female	1771	17.4%	1788	28.7%
AGE				
18-24	205	16.9%	204	33.5%
25-34	622	12.4%	630	27.4%
35-44	547	17.2%	552	29.2%
45-54	533	19.4%	538	28.4%
55-64	452	21.2%	456	20.6%
65+	492	10.0%	495	11.6%
RACE				
Caucasian	1380	14.5%	1389	23.2%
African American	1208	15.9%	1221	25.2%
Other	248	17.8%	250	31.7%
EDUCATION				
Less than High School	179	16.2%	183	25.4%
High School Graduate	526	13.3%	535	23.2%
Some College	482	20.6%	484	28.1%
College Graduate	1708	15.1%	1719	25.4%
INCOME				
Less than \$15,000	261	22.3%	265	33.5%
\$15,000-\$24,999	321	15.9%	322	25.5%
\$25,000-\$34,999	256	17.3%	255	27.7%
\$35,000-\$49,999	426	13.4%	429	26.2%
\$50,000-\$74,999	394	14.6%	396	25.3%
\$75,000 and over	936	15.7%	943	23.6%

Table 13. Prevalence of Asthma by Selected Demographic Characteristics

“Have you ever been told by a doctor or other health professional that you had asthma?”

and “Do you still have asthma?”

	N	Current	Former	Never
TOTAL	2961	19.2%	5.6%	85.1%
GENDER				
Male	1157	6.3%	6.2%	87.5%
Female	1804	11.8%	5.1%	83.1%
AGE				
18-24	206	10.7%	7.1%	82.2%
25-34	630	12.9%	5.6%	81.5%
35-44	552	9.4%	4.2%	86.3%
45-54	548	8.4%	7.1%	84.5%
55-64	468	4.3%	5.8%	89.9%
65+	505	6.4%	4.2%	89.3%
RACE				
Caucasian	1409	6.8%	5.7%	87.5%
African American	1232	9.6%	5.3%	85.1%
Other	253	13.0%	6.9%	80.1%
EDUCATION				
Less than High School	185	15.7%	4.6%	79.7%
High School Graduate	539	8.8%	3.8%	87.4%
Some College	495	9.3%	8.5%	82.2%
College Graduate	1735	8.3%	5.6%	86.2%
INCOME				
Less than \$15,000	269	11.5%	7.6%	80.9%
\$15,000-\$24,999	325	11.1%	6.2%	82.7%
\$25,000-\$34,999	258	9.4%	6.4%	84.2%
\$35,000-\$49,999	430	10.7%	4.4%	84.9%
\$50,000-\$74,999	400	9.6%	4.7%	85.7%
\$75,000 and over	958	7.0%	5.8%	87.2%

Table 14. Prevalence of Diabetes by Selected Demographic Characteristics
 “Have you ever been told by a doctor that you have diabetes?” and, if yes and respondent is female, “Was this only when you were pregnant”

	N	Yes	Only While Pregnant	No	Pre_diabetes
TOTAL	2978	8.3%	1.1%	90.0%	0.6%
GENDER					
Male	1162	8.2%	*	91.7%	0.1%
Female	1816	8.4%	2.0%	88.6%	1.0%
AGE					
18-24	208	0.6%	2.3%	96.7%	0.4%
25-34	635	0.6%	0.6%	98.7%	0.1%
35-44	558	3.0%	0.8%	95.6%	0.6%
45-54	550	8.2%	1.1%	90.4%	0.3%
55-64	468	19.6%	0.7%	79.2%	0.5%
65-74	507	25.2%	1.3%	71.4%	2.0%
RACE					
Caucasian	1417	2.3%	1.2%	96.2%	0.2%
African American	1240	12.3%	1.0%	86.1%	0.7%
Other	254	4.3%	1.6%	92.9%	1.2%
EDUCATION					
Less than High School	186	18.9%	2.3%	78.1%	0.7%
High School Graduate	544	11.7%	2.0%	85.5%	0.9%
Some College	495	7.2%	0.5%	91.8%	0.5%
College Graduate	1746	5.0%	0.7%	93.9%	0.5%
INCOME					
Less than \$15,000	271	14.1%	1.4%	84.4%	0.2%
\$15,000-\$24,999	328	12.7%	3.0%	82.6%	1.7%
\$25,000-\$34,999	260	10.9%	1.5%	87.0%	0.7%
\$35,000-\$49,999	432	7.3%	0.1%	92.3%	0.2%
\$50,000-\$74,999	403	5.8%	0.4%	93.6%	0.3%
\$75,000 and over	960	3.5%	1.0%	95.2%	0.4%

Table 15. Last Dental Visit by Selected Demographic Characteristics

“How long has it been since you last visited a dentist for any reason?”

	N	Past Year	Past 2 Years	Past 5 Years	Five or More Years	Never
TOTAL	2964	70.3%	13.8%	8.2%	7.0%	0.8%
GENDER						
Male	1157	68.8%	14.1%	8.9%	7.1%	1.0%
Female	1807	71.6%	13.5%	7.6%	6.9%	0.6%
AGE						
18-24	207	78.0%	10.8%	7.0%	3.6%	0.5%
25-34	633	68.5%	18.1%	8.3%	4.9%	0.3%
35-44	556	72.2%	13.4%	7.9%	5.9%	0.6%
45-54	549	67.9%	13.9%	9.1%	8.2%	1.0%
55-64	466	70.0%	14.9%	7.9%	6.5%	0.7%
65-74	502	65.7%	10.0%	9.0%	13.9%	1.5%
RACE						
Caucasian	1415	82.2%	11.3%	4.2%	2.3%	*
African American	1231	63.9%	15.0%	10.2%	9.9%	1.1%
Other	252	69.1%	14.7%	9.2%	5.9%	1.1%
EDUCATION						
Less than High School	183	47.9%	12.6%	18.5%	18.5%	2.5%
High School Graduate	535	63.2%	18.0%	7.2%	10.1%	1.5%
Some College	494	68.3%	16.2%	7.5%	7.4%	0.6%
College Graduate	1745	78.8%	10.9%	6.9%	3.2%	0.2%
INCOME						
Less than \$15,000	268	57.0%	14.9%	13.1%	12.6%	2.4%
\$15,000-\$24,999	325	58.6%	19.3%	11.7%	9.7%	0.7%
\$25,000-\$34,999	258	70.6%	16.2%	7.9%	5.4%	*
\$35,000-\$49,999	432	66.2%	14.7%	10.0%	9.2%	*
\$50,000-\$74,999	402	77.9%	13.7%	6.3%	2.1%	*
\$75,000 and over	959	81.0%	9.8%	5.3%	3.4%	0.4%

**Table 16. Current Smokers, Quit Attempts
by Selected Demographic Characteristics**

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

	N	Currently Smoke	N	Tried to Quit
TOTAL	2966	20.9%	551	61.8%
GENDER				
Male	1159	25.2%	248	61.7%
Female	1807	17.1%	303	62.0%
AGE				
18-24	208	20.1%	35	77.95
25-34	631	19.5%	118	68.0%
35-44	557	28.3%	139	52.6%
45-54	548	30.7%	132	56.3%
55-64	468	16.9%	73	67.6%
65-74	502	8.1%	48	52.9%
RACE				
Caucasian	1411	15.1%	207	58.7%
African American	1236	24.6%	291	63.2%
Other	252	19.1%	39	67.0%
EDUCATION				
Less than High School	186	28.3%	53	63.1%
High School Graduate	542	31.6%	160	63.0%
Some College	492	20.7%	103	75.4%
College Graduate	1739	14.3%	235	51.7%
INCOME				
Less than \$15,000	268	30.9%	73	64.8%
\$15,000-\$24,999	326	30.8%	98	69.2%
\$25,000-\$34,999	258	28.7%	66	67.1%
\$35,000-\$49,999	432	20.8%	93	59.8%
\$50,000-\$74,999	400	16.2%	62	59.4%
\$75,000 and over	958	12.2%	113	49.3%

**Table 17. Binge Drinking and Heavy Drinking
by Selected Demographic Characteristics**

Response of 1 or more to the following questions: “Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion?” and “During the past 30 days, how many times have you driven when you’ve had perhaps too much to drink?”

	N	Binge Drinking	N	Heavy Drinking
TOTAL	2936	16.7%	2944	7.0%
GENDER				
Male	1142	22.4%	1148	6.5%
Female	1794	11.7%	1796	7.5%
AGE				
18-24	205	32.6%	206	12.9%
25-34	628	24.2%	627	7.9%
35-44	550	16.5%	553	5.0%
45-54	541	13.3%	543	6.7%
55-64	464	7.8%	465	6.8%
65-74	500	0.9%	501	3.5%
RACE				
Caucasian	1396	27.1%	1398	11.4%
African American	1223	9.0%	1228	4.0%
Other	253	25.1%	253	10.7%
EDUCATION				
Less than High School	183	15.4%	183	6.7%
High School Graduate	533	12.4%	535	5.3%
Some College	486	13.6%	492	6.8%
College Graduate	1728	20.4%	1728	8.1%
INCOME				
Less than \$15,000	264	16.0%	263	7.8%
\$15,000-\$24,999	323	18.2%	327	3.7%
\$25,000-\$34,999	256	15.0%	257	4.9%
\$35,000-\$49,999	428	21.6%	429	11.9%
\$50,000-\$74,999	402	16.4%	401	6.1%
\$75,000 and over	951	17.4%	953	7.9%

Table 18. Use of Birth Control by Selected Demographic Characteristics

“Are you or your partner doing anything now to keep you/her from getting pregnant?”

This question was asked of men under the age of 60, and women under the age of 45

who were not pregnant and who had not had a hysterectomy.

	N	Yes	No	No Partner	Same Sex Partner
TOTAL	1602	58.3%	22.1%	17.2%	2.5%
GENDER					
Male	821	55.9%	24.3%	16.3%	3.5%
Female	781	61.5%	19.0%	18.5%	1.0%
AGE					
18-24	187	70.7%	12.4%	16.1%	0.9%
25-34	578	66.2%	18.9%	13.0%	1.9%
35-44	505	50.1%	26.4%	21.4%	2.1%
45-54	198	44.0%	30.1%	19.3%	6.6%
55-64	104	30.5%	42.7%	20.2%	6.6%
RACE					
Caucasian	820	61.3%	19.5%	15.4%	3.8%
African American	581	55.9%	24.5%	18.0%	1.6%
Other	171	60.6%	19.1%	17.9%	2.3%
EDUCATION					
Less than High School	63	49.0%	30.7%	18.8%	1.4%
High School Graduate	272	58.5%	22.5%	18.0%	0.9%
Some College	264	55.8%	21.8%	21.4%	1.1%
College Graduate	1002	60.5%	20.9%	14.7%	3.9%
INCOME					
Less than \$15,000	133	51.5%	19.6%	28.8%	*
\$15,000-\$24,999	180	58.4%	21.8%	18.1%	1.7%
\$25,000-\$34,999	139	59.1%	22.2%	17.1%	1.6%
\$35,000-\$49,999	253	6.8%	20.9%	10.8%	2.5%
\$50,000-\$74,999	241	57.9%	21.6%	19.4%	1.1%
\$75,000 and over	540	61.3%	22.5%	11.3%	4.9%

**Table 19. Time Since Last Mammogram
by Selected Demographic Characteristics**

“Have you ever had a mammogram?” and
“How long has it been since your last mammogram?”

	N	Never	Past Year	Past 2 Years	Past 3 Years	Past 5 Years	5 or More Years
TOTAL	1780	40.1%	38.9%	12.1%	4.1%	2.4%	2.3%
AGE							
18-24	139	82.1%	11.5%	3.7%	2.8%	*	*
25-34	397	82.7%	6.8%	5.2%	1.8%	1.2%	2.2%
35-44	303	40.2%	34.7%	13.6%	6.1%	2.4%	3.1%
45-54	337	6.0%	62.2%	17.7%	7.3%	4.2%	2.7%
55-64	273	3.5%	70.8%	17.9%	3.6%	3.1%	1.2%
65+	296	5.9%	64.0%	18.2%	3.2%	4.1%	4.6%
RACE							
Caucasian	754	49.9%	33.6%	8.2%	2.7%	3.4%	2.2%
African American	836	31.2%	44.7%	14.4%	5.0%	2.0%	2.8%
Other	158	62.1%	24.5%	6.8%	3.5%	2.2%	0.9%
EDUCATION							
Less than High School	121	19.8%	51.2%	17.0%	7.5%	2.8%	1.9%
High School Graduate	349	35.3%	42.5%	12.2%	5.3%	1.7%	3.0%
Some College	337	39.8%	39.2%	11.5%	3.5%	2.5%	3.6%
College Graduate	970	47.1%	34.5%	11.1%	3.1%	2.6%	1.5%
INCOME							
Less than \$15,000	190	40.7%	35.9%	10.3%	6.7%	2.7%	3.8%
\$15,000-\$24,999	214	38.5%	36.0%	14.6%	4.6%	1.9%	4.5%
\$25,000-\$34,999	163	39.6%	38.1%	12.5%	5.6%	2.1%	2.2%
\$35,000-\$49,999	270	40.8%	41.5%	7.9%	4.9%	3.6%	1.3%
\$50,000-\$74,999	249	47.5%	35.5%	10.5%	2.8%	1.8%	2.0%
\$75,000 and over	501	40.0%	39.9%	12.6%	2.5%	3.0%	1.9%

**Table 20. Time Since Last Pap Test
by Selected Demographic Characteristics**
“Have you ever had a Pap smear?” and
“How long has it been since your last Pap smear?”

	N	Never	Past Year	Past 2 Years	Past 3 Years	Past 5 Years	5 or More Years
TOTAL	1761	7.0%	69.0%	13.5%	3.9%	2.6%	3.9%
AGE							
18-24	140	14.15	74.1%	8.9%	1.1%	1.9%	*
25-34	397	7.45	76.6%	12.1%	1.7%	1.3%	0.9%
35-44	300	5.7%	72.0%	14.3%	3.9%	1.0%	3.1%
45-54	333	1.0%	75.3%	13.2%	4.0%	3.3%	3.2%
55-64	267	1.6%	69.6%	16.2%	5.3%	3.8%	3.5%
65-74	289	10.9%	46.9%	16.8%	8.2%	5.0%	12.2%
RACE							
Caucasian	741	5.6%	72.9%	11.1%	3.9%	2.7%	3.8%
African American	828	6.6%	67.4%	14.8%	4.1%	2.4%	4.6%
Other	160	10.9%	67.5%	13.4%	3.8%	3.8%	0.6%
EDUCATION							
Less than High School	120	10.4%	61.1%	15.2%	3.5%	2.4%	7.4%
High School Graduate	347	9.1%	69.4%	12.2%	4.9%	1.2%	3.3%
Some College	330	7.4%	65.6%	17.1%	3.4%	2.1%	4.5%
College Graduate	961	4.9%	72.1%	12.2%	3.8%	3.7%	3.3%
INCOME							
Less than \$15,000	188	13.0%	57.9%	13.2%	4.1%	4.3%	7.6%
\$15,000-\$24,999	207	7.5%	65.0%	13.9%	4.5%	4.7%	4.4%
\$25,000-\$34,999	164	4.6%	64.6%	18.0%	7.3%	1.1%	4.4%
\$35,000-\$49,999	266	5.1%	72.5%	13.7%	3.0%	2.9%	2.8%
\$50,000-\$74,999	245	4.5%	75.3%	14.2%	1.5%	2.7%	2.0%
\$75,000 and over	501	2.7%	78.1%	10.6%	4.2%	1.4%	3.0%

**Table 21. PSA Test, DRE for Men 40 and Over
by Selected Demographic Characteristics**

“Have you ever had a PSA test?” and
“Have you ever had a digital rectal exam?”

	N	Ever Had PSA	N	Ever Had DRE
TOTAL	698	65.2%	722	79.1%
AGE				
40-44	109	37.9%	116	63.4%
45-54	207	58.6%	212	75.7%
55-64	180	80.0%	189	89.4%
65+	190	83.3%	194	87.7%
RACE				
Caucasian	368	68.7%	390	90.9%
African American	270	64.0%	272	73.0%
Other	40	62.5%	39	80.2%
EDUCATION				
Less than High School	47	53.5%	48	67.6%
High School Graduate	120	60.3%	121	66.4%
Some College	88	62.3%	90	82.6%
College Graduate	442	71.2%	462	87.1%
INCOME				
Less than \$15,000	47	56.5%	49	82.5%
\$15,000-\$24,999	68	55.4%	68	55.5%
\$25,000-\$34,999	61	53.5%	62	72.4%
\$35,000-\$49,999	69	77.4%	76	75.9%
\$50,000-\$74,999	79	79.0%	83	89.3%
\$75,000 and over	301	69.3%	312	90.3%

Table 22. Home Blood Stool Test, Colonoscopy/Sigmoidoscopy Among Adult 50 and Older, by Selected Demographic Characteristics

“A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?” and

“Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems.

Have you ever had either of these exams?”

	N	Ever Had Home Blood Stool Test	N	Ever Had Colonoscopy or Sigmoidoscopy
TOTAL	1279	52.2%	1267	62.4%
GENDER				
Male	500	52.5%	493	59.3%
Female	779	51.9%	774	64.7%
AGE				
50-54	285	44.1%	285	43.8%
55-64	460	56.8%	452	66.6%
65-74	487	54.8%	485	71.1%
RACE				
Caucasian	581	61.9%	583	72.7%
African American	597	49.5%	586	60.0%
Other	66	41.2%	64	52.8%
EDUCATION				
Less than High School	120	28.6%	118	46.6%
High School Graduate	248	51.8%	245	55.9%
Some College	213	52.4%	206	62.1%
College Graduate	692	59.4%	692	70.9%
INCOME				
Less than \$15,000	130	37.8%	124	47.6%
\$15,000-\$24,999	132	44.6%	133	48.6%
\$25,000-\$34,999	108	53.3%	108	61.0%
\$35,000-\$49,999	150	58.8%	149	69.2%
\$50,000-\$74,999	153	51.1%	148	65.7%
\$75,000 and over	429	63.1%	431	73.2%

**Table 23. Prevalence of HIV Test
by Selected Demographics**

“Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation.”

	N	Yes	No
TOTAL	2293	67.9%	32.1%
GENDER			
Male	879	67.8%	32.2%
Female	1414	68.1%	31.9%
AGE			
18-24	192	54.1%	45.9%
25-34	588	75.3%	24.7%
35-44	520	82.2%	17.8%
45-54	522	65.6%	34.4%
55-64	425	54.1%	45.9%
RACE			
Caucasian	1116	60.1%	39.9%
African American	912	74.6%	25.4%
Other	217	61.2%	38.8%
EDUCATION			
Less than High School	110	60.1%	39.9%
High School Graduate	400	79.4%	20.6%
Some College	376	68.2%	31.8%
College Graduate	1403	63.5%	36.5%
INCOME			
Less than \$15,000	204	67.2%	32.8%
\$15,000-\$24,999	240	68.0%	32.0%
\$25,000-\$34,999	189	68.2%	31.8%
\$35,000-\$49,999	342	66.6%	33.4%
\$50,000-\$74,999	326	70.1%	29.9%
\$75,000 and over	800	68.2%	31.8%

**Table 24. Firearms in the Home
by Selected Demographics**
“Are any firearms kept in or around your home?”

	N	Yes	No
TOTAL	2750	4.3%	95.7%
GENDER			
Male	1064	5.7%	94.3%
Female	1686	3.0%	97.0%
AGE			
18-24	189	3.9%	96.1%
25-34	580	4.3%	95.7%
35-44	516	4.3%	95.7%
45-54	517	3.0%	97.0%
55-64	435	5.3%	94.7%
65-74	472	5.1%	94.9%
75 and over	189	3.9%	96.1%
RACE			
Caucasian	1339	4.2%	95.8%
African American	1119	3.8%	96.2%
Other	236	6.4%	93.6%
EDUCATION			
Less than High School	170	6.6%	93.4%
High School Graduate	488	4.2%	95.8%
Some College	453	3.6%	96.4%
College Graduate	1633	4.2%	95.8%
INCOME			
Less than \$15,000	244	*	100.0%
\$15,000-\$24,999	307	3.3%	96.7%
\$25,000-\$34,999	233	5.0%	95.0%
\$35,000-\$49,999	399	6.1%	93.9%
\$50,000-\$74,999	371	4.8%	95.2%
\$75,000 and over	918	5.3%	94.7%

**Table 25. Prevalence of Sexual Assault
by Selected Demographics**
“Have you ever been sexually assaulted?”

	N	Yes	No
TOTAL	2749	9.9%	90.1%
GENDER			
Male	1076	3.9%	96.1%
Female	1673	15.1%	84.9%
AGE			
18-24	184	13.3%	86.7%
25-34	581	11.3%	88.7%
35-44	512	10.5%	89.5%
45-54	522	12.0%	88.0%
55-64	434	9.1%	90.9%
65-74	475	2.8%	97.2%
RACE			
Caucasian	1340	8.3%	91.7%
African American	1117	9.8%	90.2%
Other	237	15.8%	84.2%
EDUCATION			
Less than High School	163	13.5%	86.5%
High School Graduate	485	10.1%	89.9%
Some College	450	12.5%	87.5%
College Graduate	1646	8.2%	91.8%
INCOME			
Less than \$15,000	240	13.5%	86.5%
\$15,000-\$24,999	306	14.3%	85.7%
\$25,000-\$34,999	232	12.2%	87.8%
\$35,000-\$49,999	401	11.1%	88.9%
\$50,000-\$74,999	373	6.6%	93.4%
\$75,000 and over	918	7.6%	92.4%

**Table 26. Prevalence of Head Injury or Concussion
by Selected Demographics**

“Have you ever had a head injury or concussion?”

	N	Yes	No
TOTAL	2744	22.2%	77.8%
GENDER			
Male	1074	28.1%	71.9%
Female	1670	17.1%	82.9%
AGE			
18-24	185	31.3%	68.7%
25-34	581	20.6%	79.4%
35-44	510	26.3%	73.7%
45-54	518	24.2%	75.8%
55-64	433	20.5%	79.5%
65-74	474	11.0%	89.0%
RACE			
Caucasian	1336	26.3%	73.7%
African American	1116	19.7%	80.3%
Other	236	23.8%	76.2%
EDUCATION			
Less than High School	162	25.4%	74.6%
High School Graduate	485	19.8%	80.2%
Some College	453	27.0%	73.0%
College Graduate	1638	20.8%	79.2%
INCOME			
Less than \$15,000	242	28.5%	71.5%
\$15,000-\$24,999	304	19.4%	80.6%
\$25,000-\$34,999	231	19.2%	80.8%
\$35,000-\$49,999	398	22.9%	77.1%
\$50,000-\$74,999	373	27.0%	73.0%
\$75,000 and over	917	21.2%	78.8%

Table 27. Percentage Experiencing Health Symptoms Due to Race in Past 30 Days, by Selected Demographic Characteristics

“Within the past 30 days, have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race?” and “Within the past 30 days, have you experienced any physical symptoms, for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race?”

	N	Emotionally Upset Due to Race-based Treatment	N	Physical Symptoms Due to Race-based Treatment
TOTAL	2726	14.2%	2734	5.8%
GENDER				
Male	1060	14.3%	1067	4.6%
Female	1666	14.1%	1667	6.8%
AGE				
18-24	184	17.3%	184	5.7%
25-34	578	14.9%	581	5.3%
35-44	509	18.8%	511	8.9%
45-54	514	17.4%	513	6.9%
55-64	433	7.3%	432	4.6%
65+	465	6.6%	471	2.7%
RACE				
Caucasian	1340	6.7%	1341	1.9%
African American	1107	18.3%	1111	8.3%
Other	235	16.4%	236	5.0%
EDUCATION				
Less than High School	158	13.2%	158	7.3%
High School Graduate	479	12.5%	476	6.3%
Some College	452	18.3%	455	8.9%
College Graduate	1632	13.5%	1640	4.0%
INCOME				
Less than \$15,000	236	16.0%	231	12.1%
\$15,000-\$24,999	301	13.6%	305	5.7%
\$25,000-\$34,999	229	18.2%	231	6.0%
\$35,000-\$49,999	400	21.5%	401	6.7%
\$50,000-\$74,999	373	13.2%	375	5.6%
\$75,000 and over	918	10.0%	918	2.9%

Government of the District of Columbia
Department of Health
Bureau of Epidemiology and Health Risk Assessment
BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)
825 North Capitol Street NE, 3rd Floor
Washington, DC 20002
Telephone: 202-442-5857