District of Columbia Department of Health

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Annual Health Report

Behavioral Risk Factor Surveillance System

Table of Contents

Executive Summary

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

Information for the Annual Health Report was obtained almost entirely from data captured and collected from the 2012 Behavioral Risk Factor Surveillance System (BRFSS) survey. The BRFSS is a CDC- sponsored health-risk land-line and cell phone survey, and data from this survey are collected monthly in all 50 states, the District of Columbia, and three (3) territories and has been ongoing since 1984.

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

- Residents who were more likely to rate their health as fair or poor were: females, adults aged 65 years or older, African Americans, have less than a high school education, household income less than $15,000, and resided in Ward 8.

- Residents who were less likely to have healthcare coverage were more likely to be males, adults aged 45-54 years, African American and of Other* race/ethnicity, household income of $15,000-$24,999, and resided in Ward 5.

- Residents who did not consume vegetables within the past month were more likely to be males, adults aged 18-24 years, African American, less than a high school education, household income less than $15,000 and resided in Wards 7 and 8.

- Residents with high blood pressure were more likely to be males, adults aged 65 or older, African American, less than a high school education, household income of $15,000-$24,999, and resided in Ward 7.

- Residents who were obese were more likely to be female, adults aged 45-54 years, African American, have less than a high school education, household income less than $15,000 and resided in Ward 8.

- Residents who engaged in no physical activity within the past 30 days were more likely to be females, adults aged 65 or older, African American, have less than a high school education, household income less than $15,000, and resided in Ward 8.

- Residents who smoke every day and considered current smokers were more likely to be males, adults aged 45-54 years, African American, have less than a high school education, household income less than $15,000, and resided in Ward 8.

- Residents who had cancer were more likely to be females, adults aged 65 years or older, African American, have less than a high school diploma, household income less than $15,000, and resided in Ward 7.

- Residents who had a stroke were more likely to be females, adults aged 65 or older, African American, have less than a high school education, household income less than $25,000, and resided in Ward 7.

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

Introduction

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

From 1984 to 2010, the BRFSS has been a land-line telephone health survey. In recent years, with the increase of cell phone users, the BRFSS changed it's surveillance tool to incorporate the use of cell phones. With this implementation, the BRFSS is now able to collect data that better represents the current health status of the nations population.

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

This report will also include District of Columbia hospital discharge, mortality data and Healthy People 2020 measures where applicable. The data collected on cardiovascular disease, cancer, HIV/AIDS, tobacco use, alcohol consumption and diabetes are intended to be utilized to advance health promotion activities that encourage changes in unhealthy behaviors and habits that are prevalent among District residents.

Survey Methodology

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

During the 2012 survey period, new changes in methodology and data collection were made to increase the integrity and validity of the BRFSS and to ensure the data represented the current population. The two major changes to the BRFSS were:

- Including cell phones
- Adopting an advanced weighting method

Since 1984, the BRFSS used a statistical method called post-stratification. With the advancement of technology the program was able to adopt an advanced weighting method called iterative proportional fitting (raking).[1] Raking differs from post-stratification because it incorporates variables one at a time in an iterative process, rather than imposing weights for demographic subgroups in a single process.[1] A key component and advantage of the raking process is the ability to add more variables than the post stratification methods.

Changes in the 2011 and 2012 data are likely to show somewhat higher rates in risk behaviors that are more common among a younger population or certain race/ethnic groups. The small increases in rates are more likely among health-risk indicators such as tobacco use, obesity, binge drinking, HIV, asthma, and health status.[1]

Survey Questionnaire
The "core" questionnaire consists of a standard set of questions, designed by the CDC, that are included in the survey for every state. Core modules administered for the 2012 District of Columbia BRFSS were:

- Healthy Days - Quality of Life
- Colorectal Cancer Screening
- Diabetes
- Overweight/Obesity
- Asthma
- Tobacco Use
- Alcohol Consumption
- HIV/AIDS
- Breast and Cervical Cancer Screening
- Skin Cancer
- Depression
- Seatbelt Use
- Health Care Access
- Exercise
- Oral Health
- Cardiovascular Disease Prevalence
- Disability
- Demographics
- Immunization
- Kidney Disease
- COPD
- Cancer
- Drinking and Driving

The CDC also designs "optional" modules. These modules consist of standardized questions on various topics and may be selected by any state for inclusion as a part of their questionnaire. However, a selected module must be used in its entirety and asked of all eligible residents. If an optional module is modified in any way, then the questions are treated as "state-added" questions. Optional modules included in the 2012 District of Columbia BRFSS were:

- Pre-diabetes
- Random Child Selection
- Diabetes
- Adult Asthma History

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

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

The survey consisted of 188 questions. Not all questions were administered to all residents; however, some questions were administered only to residents with certain characteristics, determined by responses to previous questions. The CATI software system controls this survey logic. The average survey length in 2012 was 26.9 minutes.

Interviewing Protocol
Experienced, supervised personnel conducted the surveys using CfMC's Survent software. A total of 3,993 completed interviews were obtained during the year in a 12-month calling period beginning January 1, 2012 and ending December 31, 2012. Interviewers adhered to the following procedures when contacting households for interviews:

Random Respondent Selection: 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 and unable or unwilling to participate, or did not speak English well enough to be interviewed, no survey was conducted.

Contact Attempts: Up to 15 attempts were made over a minimum of a five-day period (typically 15 days), were made to reach each sample 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). Calls were made on different days of the week and at different times of day, in a pattern chosen to maximize the likelihood of contact with the minimum number of attempts.

Non-English Households: The 2012 District of Columbia BRFSS was conducted in English only. Interviews were not conducted in households where the randomly selected adult could not interviewed in English. When a Spanish-speaking individual was contacted, a bilingual interviewer attempted to determine if the selected person was capable of completing the survey in English.

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

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

Response Rates
Response rates for the District of Columbia BRFSS are calculated according to formulas developed by the Council of American Survey Research Organizations (CASRO), as specified by the CDC. Three response rates are calculated:
- The cooperation rate measures how successful interviewers are at completing interviews once a respondent has been contacted and selected. The cooperation rate for the 2012 land-line survey was 51.8% and the cell phone cooperation rate was 48.8%.

Data Analyses
Data for the 2012 District of Columbia BRFSS were delivered to the CDC each month. The data were then aggregated and weighted after interviewing was completed for the year. Data were weighted to adjust for differences in the probabilities of selection of each respondent. This weight accounted for the probability of selection of a telephone number, the number of adults in a household, and the number of telephones in a household. An additional post-stratification adjustment was also made to ensure that the sample proportions of selected demographic characteristics (gender, age, and race) were equal to the estimated sample proportions in the population, and to make the sum of the weights equal to the population of the District of Columbia. In this report, all data are weighted unless otherwise noted.

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

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

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

The survey population excludes adults:
- Do not reside in the District
- In penal, mental, or other institutions
- Contacted at a second home during a stay of less than 30 days
- Who do not speak English well enough to be interviewed
- Living in households without a land-line or cellular phone

Survey Population

Washington, District of Columbia - According to the 2012 Census population estimates, there were 632,323 people living in the District of Columbia. Of this population, 42.9% were White/Caucasian, 50.1% were Black/African American, 3.8% were Asian, 9.9% were Hispanic and approximately 4% were of another race. Of those residents in DC who were 25 or older, 50.5% have earned a bachelor's degree or higher (2007-2011). The median household income was $61,835 and 18.2% of persons lived at or below the poverty level (2007-2011).

Table 1. District of Columbia Population, Race and Income by Ward 2007-2011 US Census

Ward	Population	Median Income	Caucasian/ White	African American/ Black	Asian	Hispanic*	Native Hawaiian and other Pacific Islander	Some Other Race	Two or More Races
Ward 1	76,197	69,083	48.4%	32.5%	4.1%	20.8%	0.1%	10.3%	4.0%
Ward 2	76,197	83,989	75.4%	8.8%	8.9%	9.5%	0.1%	3.5%	3.1%
Ward 3	77,152	100,652	83.5%	5.0%	6.7%	7.5%	0.0%	1.5%	3.0%
Ward 4	76,207	60,689	24.5%	58.7%	1.6%	18.7%	0.1%	10.7%	3.9%
Ward 5	74,528	50,882	16.5%	76.0%	1.4%	6.3%	0.0%	3.0%	2.7%
Ward 6	76,288	85,421	49.1%	41.9%	4.3%	4.8%	0.1%	1.5%	2.8%
Ward 7	68,768	38,535	2.0%	94.6%	0.2%	2.7%	0.0%	1.2%	1.7%
Ward 8	68,549	30,705	3.6%	95.6%	0.4%	1.8%	0.0%	0.5%	1.7%

Note: *Hispanics can be of any race.

Source: Prepared by the Office of Planning State Data Center using 2010 Census Redistricting Data adjusted for new ward boundaries as of 6/9/11

The DC BRFSS survey population was more likely to be:
- Female
- ` Adults aged 25-34 years old
- African American
- College Graduate
- Household income $50,000 or more
- Resided in Ward 4

Figure 1. DC BRFSS Population, 2012
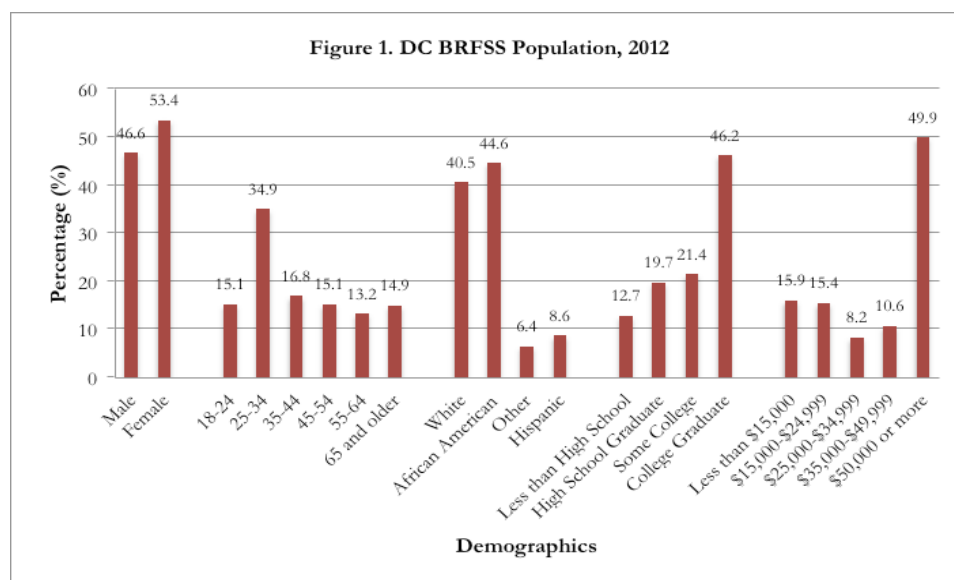
Source: DC BRFSS, 2012

Table 2. District of Columbia BRFSS Survey Population by Demographics and Ward, BRFSS 2012

	N	Weighted 2012 BRFSS Survey Population (%, CI)
Gender		
Male	1533	46.6 (44.0-49.2)
Female	2294	53.4 (50.8-56.0)
Age		
18-24	139	15.1 (12.6-17.6)
25-34	398	24.9 (22.5-27.4)
35-44	537	16.8 (15.0-18.6)
45-54	637	15.1 (13.5-16.7)
55-64	822	13.2 (11.9-14.5)
65 or older	1244	14.9 (13.8-16.0)
Race/Ethnicity		
White, non-Hispanic	1672	40.5 (37.9-43.1)
Black, non-Hispanic	1811	44.6 (42.0-47.1)
Other*	202	6.4 (5.1-7.7)
Hispanic	142	8.6 (6.8-10.3)
Education		
Less than High School	264	12.7 (10.6-14.8)
High School Graduate	674	19.7 (17.7-21.7)
Some College or Technical School	590	21.4 (19.1-23.7)
College Graduate	2279	46.2 (43.7-48.8)
Income		
Less than $15,000	386	15.9 (13.7-18.1)
$15,000-$24,999	418	15.4 (13.3-17.5)
$25,000-$34,999	227	8.2 (6.5-9.8)
$35,000-$49,999	337	10.6 (8.9-12.4)
$50,000 or more	1954	49.9 (47.2-52.7)
Ward		
Ward 1	274	9.6 (7.8-11.3)
Ward 2	283	7.7 (6.3-9.1)
Ward 3	618	14.2 (12.5-15.8)
Ward 4	493	15.0 (13.0-17.1)
Ward 5	430	14.1 (12.2-16.0)
Ward 6	400	12.1 (10.3-13.9)
Ward 7	360	13.6 (11.7-15.6)
Ward 8	317	13.7 (11.6-15.7)

Hospitalizations in the District of Columbia

In 2012, many of the top leading causes of hospitalizations were also among the leading causes of mortality in the District of Columbia (Tables 3 and 4). The extent and capacity of how hospital discharge data are being collected and utilized vary by state. Currently, many states utilize hospital discharge data to estimate the financial burden of specific diseases and/or conditions and to conduct quality assessment and performance improvement activities designed to decrease disease burden. Hospital discharge data along with vital statistics and behavioral risk data provides an overarching assessment of a populations health which can be utilized to conduct quality assessment and performance improvement activities.. Nevertheless, the discharge data contains an abundance of information that transcends financial cost but more importantly provides information that could be utilized to promote effective preventive methods such as changes in diet, exercise, screenings, and checkups. States that utilize hospital discharge data to full capacity are better equipped to make informed decisions on how to best utilize scarce resources, especially during times of economic hardship.

Table 3. 2012 Leading Causes of Hospitalizations in the District of Columbia

Rank	Condition/Disease	Number of Cases
1	Pregnancy Related	9,148
2	Accidents and Poisoning	7321
3	Heart Disease	7251
4	Psychoses	5320
5	Chronic Lower Respiratory Disease	5320
6	Pneumonia and Influenza	4157
7	Cancers and Neoplasms	2786
8	Diabetes	1596
9	Cerebrovascular Disease	1483

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

Mortality in the District of Columbia

In 2012, there were 4,647 deaths to residents of the District of Columbia. In the District of Columbia, heart disease and cancer are the top two leading causes of death (Table 4). Mortality data are derived from death certificates, which contain demographic information such as the decedent's sex, race,[1] and the timing and cause of the death. In addition, mortality data provides a snapshot of the population's prevalent health conditions, illustrating the relative burden of cause specific mortality.

Table 4. Leading Causes of Death in
The District of Columbia

DC Rank[1]	Age-Adjusted Rate Per 100,000 Population		
	Cause of Death*	2012	
		Number	Age-Adjusted
1	Heart Disease	1295	220.0
2	Malignant Neoplasms (Cancer)	1080	184.7
3	Cerebrovascular Diseases	206	34.9
4	Accidents	193	32.3
5	Diabetes	144	24.7
6	Chronic Lower Respiratory Diseases	139	24.2
7	Alzheimer's Disease	129	21.3
8	HIV/AIDS	96	16.0
9	Homicides	84	11.9
10	Influenza	76	12.7

*Preliminary 2012 Mortality rates
Source: D.C. Department of Health, Center for Policy, Planning, and Evaluation, Data Management and Analysis Division.

Survey Results

This chapter presents the results of the 2012 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS) survey by topic. Topics generally correspond to modules of the questionnaire. Data tables are titled by topic and a definition of the variable or variables analyzed (either question text, or a brief definition of calculated variables) are included underneath the title. The data presented in tables are stratified by key demographic variables (gender, age, race, education and income) and ward. Additional data for some topics are presented in table format, but are not described in the text.

Healthy People 2020

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

Healthy People has established benchmarks and monitored progress over time in order to:[1]

- Encourage collaborations across communities and sectors.
- Empower individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Over the course of the decade, the 4 foundation health measures will be used to monitor progress toward promoting health, preventing disease and disability, eliminating disparities, and improving quality of life. These broad, cross-cutting measures include:[1]

- General Health Status
- Health-Related Quality of Life and Well-Being
- Determinants of Health
- Disparities

Where applicable the District of Columbia BRFSS relevant question(s) and data are used to capture Healthy People 2020 goal attainment for the following areas.

- Access to Health Services
- Colorectal Cancer
- Diabetes
- Immunization
- Weight Status
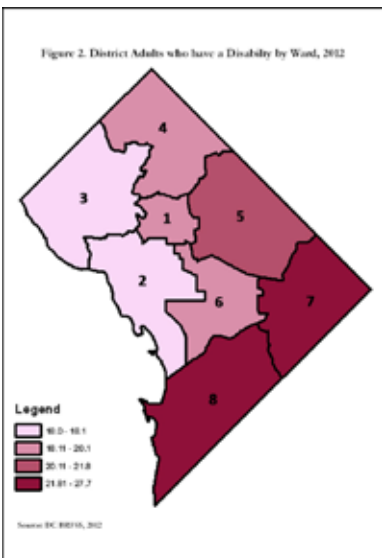- Physical Activity
- Tobacco Use

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[1]www.healthypeople.gov

Healthy People (HP) 2020 Objective	BRFSS Question	HP 2020 Target	District of Columbia	Goal Attainment
Access to Health Services: Increase the proportion of person with medical insurance	Do you have any kind of health care coverage, including health insurance prepaid plans such as HMOs or government plans such as Medicare, or Indian Health Service?	100%	90.2%	NOT MET
Colorectal Cancer: Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines adults 50-75 years	Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?	70.5%	67.7%	NOT MET
Diabetes Education: Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education, Aged 18 and older	Have you ever taken a course or class in how to manage your diabetes yourself?	62.5%	54.4%	NOT MET
Diabetes: Increase the proportion of adults with diabetes who have at least an annual foot examination, Aged 18 and older	About how many times in the past 12 months has a health professional checked your feet for any sores or irritations	74.8%	79.1%	GOAL ATTAINED
Immunization: Increase the percentage of adults aged 18 and older who are vaccinated annually against seasonal influenza	During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?	70.0%	36.9%	NOT MET
Pneumonia Vaccination: Increase the percentage of non-institutionalized adults aged 65 years and older who are vaccinated against pneumococcal disease	A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?	90.0%	64%	NOT MET
Weight Status-Healthy Weight: Increase the proportion of adults who are at a healthy weight	How tall are you? and How much do you weigh?	33.9%	46.0%	GOAL ATTAINED
Weight Status-Obesity: Reduce the proportion of adults who are obese	How tall are you? and How much do you weigh?	30.3%	21.9%	GOAL ATTAINED
Physical Activity: Reduce the proportion of adults who engage in no leisure-time physical activity	During the past month, other than your regular job, did you participate in any physical activities or exercise such as running, calisthenics, golf, gardening, or walking for exercise?	32.6%	17.4%	GOAL ATTAINED
Current Smoker: Reduce cigarette smoking by adults.	Respondents who reported having smoked at least 100 cigarettes in their lifetime and currently smoke.	12%	19.6%	NOT MET

Disability

This map shows the percentage of District adults who had a disability.

- District adults who resided in Wards 2 and 3 were less likely to have a disability.
- District adults who resided in Wards 7 and 8 were more likely to have a disability.

Figure 2. District Adults who have a Disability by Ward, 2012

Legend
- 16.0 - 18.1
- 18.11 - 20.1
- 20.11 - 21.8
- 21.81 - 27.7

Source: DC BRFSS, 2012

There are various types of disabilities that effects individuals in different ways even though they share the same type of disability like hearing, movement, vision, thinking, learning, communicating and mental health.[1]

District adults were asked if they were limited in any way in their activities because of physical, mental or emotional problems and if health problems require them to use special equipment, such as a cane, wheelchair, special bed or special telephone (Table 4). Overall, 21.3% of District adults were classified as having a disability (Figure 3).

District adults who had a disability were more likely to be:

- Female
- Aged 55-64 years old
- African American
- Have less than a high school education
- Household income less than $15,000

Figure 3. Percentage of District Adults who had a Disability by Demographics, 2012

Source: DC BRFSS, 2012

Disability
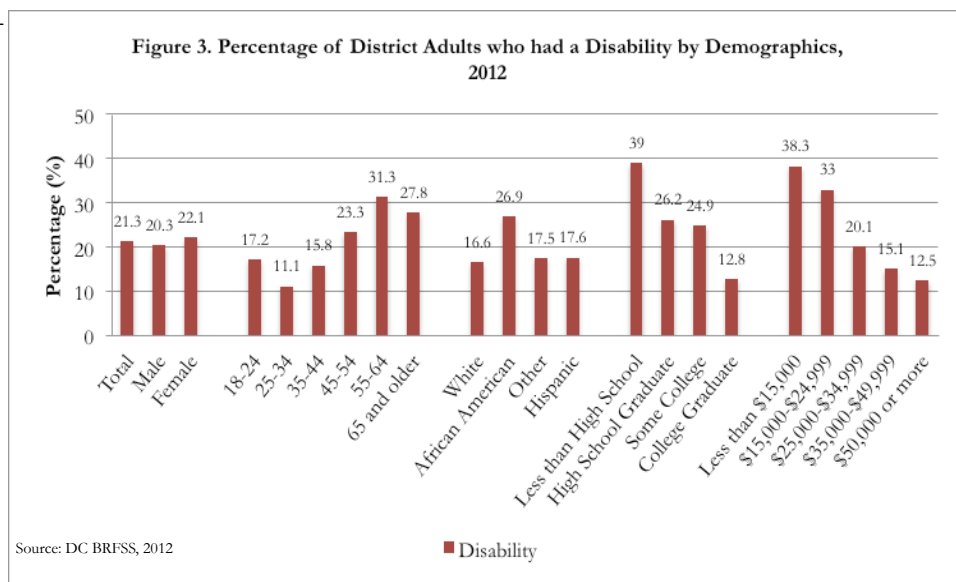
General Health

This maps shows the percentage of District adults who rated their health as fair or poor.

- District adults who resided in Ward 3 were less likely to rate their health as fair or poor.
- District adults who resided in Ward 8 were more likely to rate their health as fair or poor.

Figure 4. District of Columbia Adults who Rated their General Health as Fair or Poor by Ward, 2012

Legend

Source: DC BRFSS 2012
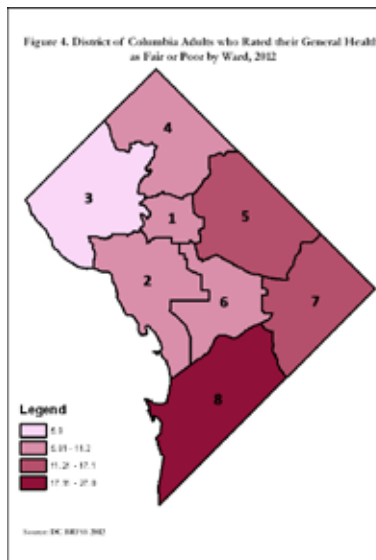
How an individual perceives his or her health is a useful indicator of health for a variety of populations and allows for broad comparisons across different health conditions.[1]

District adults were asked how they rate their general health. Overall, 12.1% of District adults rated their health as fair or poor (Figure 5).

District adults who were more likely to rate their health as fair or poor were:

- Aged 65 and older
- African American
- Have less than a high school education
- Household income less than $15,000

Figure 5. Percentage of District Adults who Rated their Health Status as Fair or by Demographics, 2012

Source: DC BRFSS, 2012
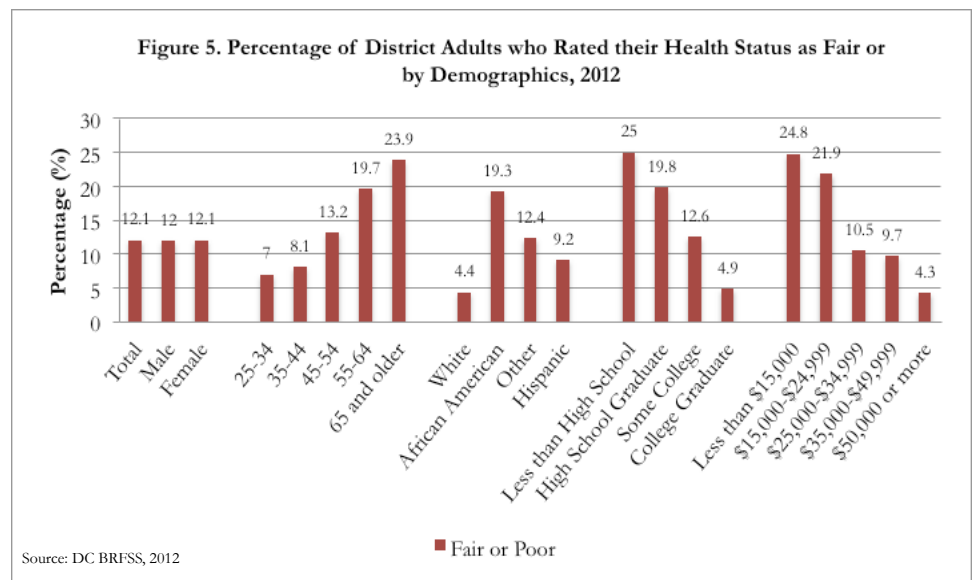
*Note: No difference found between gender*

Healthcare Access

This maps shows the percentage of District adults aged 18-64 who did not have healthcare coverage in the past 12 months.

- District adults who resided in Ward 8 were more likely to have healthcare coverage within the past 12 months.
- District adults who resided in Ward 7 were less likely to have healthcare coverage within the past 12 months.

Figure 6. District of Columbia Adults who Did Not have Health Coverage within the Past 12 Months by Ward, 2012

Legend
3.4 - 5.6
5.61 - 8.7
8.71 - 11.3
11.31 - 13.5

Source: DC BRFSS 2012

Note: *Wards 1, 2, 3 and 6, Relative Standard Error (RSE) >30 and/or numerator <20, use caution in interpreting results.*
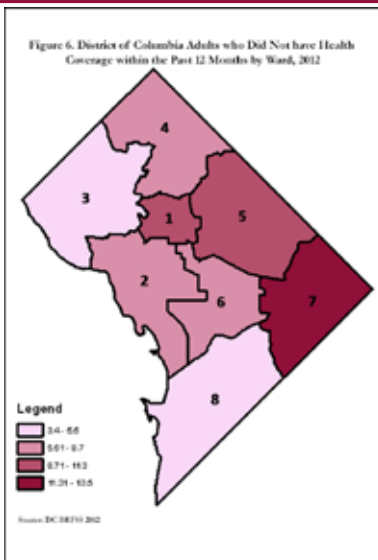
According to the National Health Interview Survey, 45.2 million individuals were uninsured, in 2012.[1] Individuals who do not have health care coverage do not receive many of the necessary screenings in a timely manner that would detect chronic diseases such as cancer at its early stages.[2]

District adults were asked if had health care coverage, including health insurance, prepaid plans such as Health Maintenance Organizations (HMO), or government plans such as Medicare. Overall, 9.8% of District adults reported not having any type of health care coverage within the past 12 months (Figure 7).

District adults who did not have health coverage over the past 12 months were more likely to be:
- Male
- Adults aged 25-34 years old
- Race/ethnic group Other
- High school graduate
- Household income $25,000-$34,999

Figure 7. District Adults who did not have Health Care Coverage, Aged 18-64 Years by Demographics, 2012

Source: DC BRFSS, 2012

No Healthcare Coverage
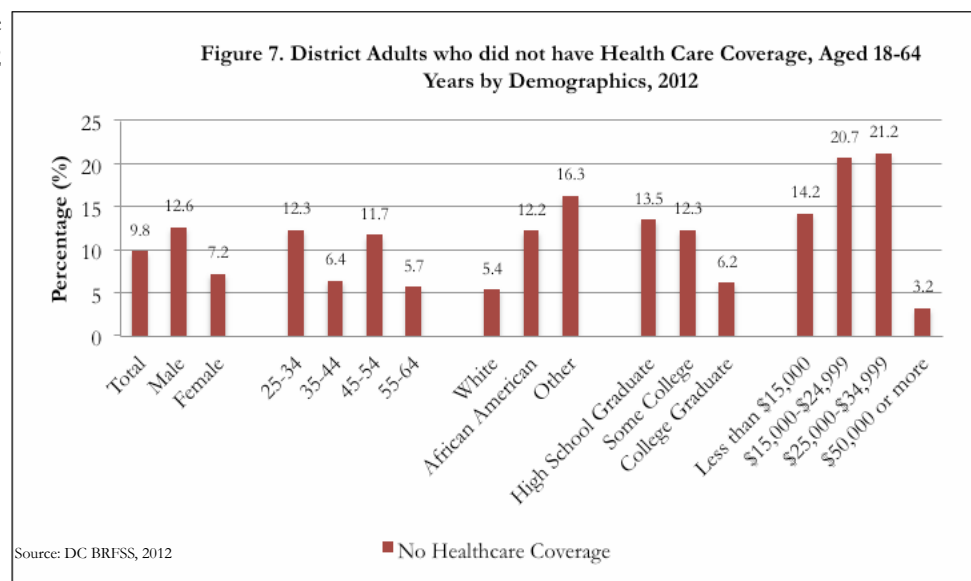
[1]Pre-released estimates*- National Health Interview Survey, 2012
[2]Centers for Disease Control and Prevention. Access to Health Care. http://www.cdc.gov/search.do?q=health+care+access&oe=UTF-8&ie=UTF-8&u-lang=&sort=date%3AD%3AL%3Ad1&entqrm=0&wc=200&wc_mc=1&ud=1&site=default_collection. Assessed June 16, 2014

Healthcare Access

This maps shows the percentage of District adults who were unable to see a doctor due to cost.

- District adults who resided in Ward 3 were less likely to not see a doctor due to cost.
- District adults who resided in Wards 7 and 8 were more likely to not see a doctor due to cost.

Figure 8. Resident who Did Not See a Doctor Due to Cost by Ward, District of Columbia, 2012

Legend
- 3.2
- 3.21 - 7.7
- 7.71 - 10.5
- 10.51 - 18.3

Source: DC BRFSS, 2012

Note: *Wards 1, 2 and 3 RSE >30 and/or numerator <20, use caution in interpreting results*
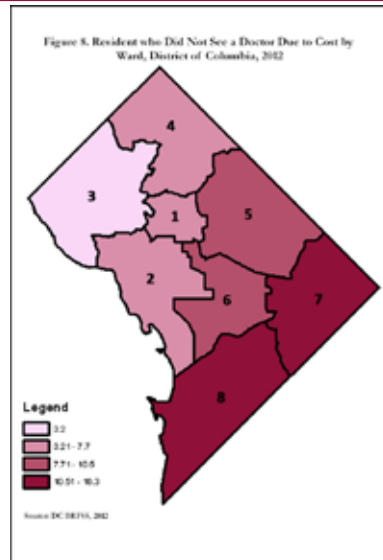
District adults were asked if there was a time in the past 12 months when they needed to see a doctor but could not because of cost. Overall, 12.1% of District adults were unable to see a doctor due to cost (Figure 9).

District adults who were more likely to not see a doctor due to cost were:

- Female
- Aged 18-24 years old
- African American
- Have less than a high school education
- Household income less than $15,000

Figure 9. District Adults Who Did Not See the Doctor Due to Cost by Demographics, 2012

Category	Percentage (%)
Total	12.1
Male	10.5
Female	13.5
18-24	21
25-34	12.6
35-44	9.1
45-54	14
55-64	12.2
65 and older	3.7
White	8.2
African American	13.8
Hispanic	7.4
Less than High School	21.8
High School Graduate	12.7
Some College	16.4
College Graduate	7.3
Less than $15,000	22.4
$15,000-$24,999	20.2
$25,000-$34,999	17.1
$35,000-$49,999	13.9
$50,000 or more	5

■ Medical Cost

Source: DC BRFSS, 2012
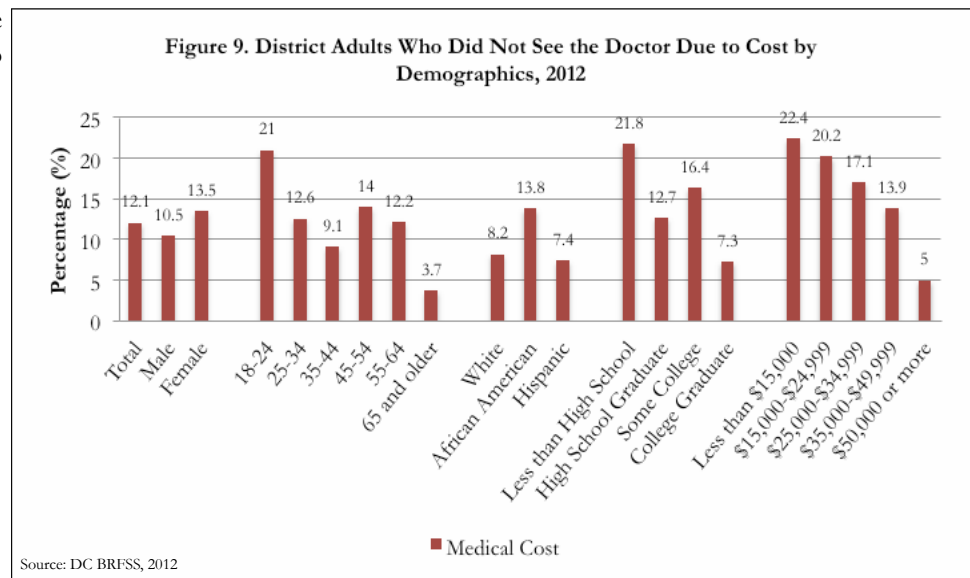
Note: Race/ethnic group Other=Asian, Native Hawaiian, Pacific Islander, American Indian, Alaska Native or Multiracial

Alcohol Consumption

This map shows the percentage of District adults who were binge drinkers.

- District adults who resided in Ward 3 were less likely to be binge drinkers.
- District adults who resided in Ward 2 were more likely to be binge drinkers.

Figure 10. Residents who were Binge Drinkers by Ward, District of Columbia, 2012

Legend
- 0.5
- 0.51 - 16.4
- 16.41 - 20.5
- 20.51 - 30.2

Source: DC BRFSS, 2012
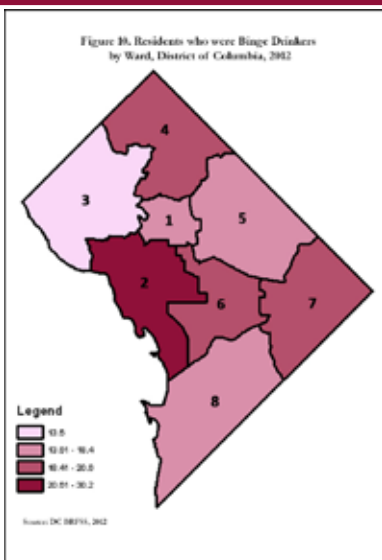
The detrimental effects of alcohol use is a global problem resulting in millions of deaths, including hundreds of thousands of young lives lost.[1] The widely used and legal substance is not only a contributing factor in many diseases, but also contributes to a variety of social problems.

District adults were asked a variety of questions about their alcohol intake during the past 30 days. This included whether or not they had at least one drink of any alcoholic beverage, how many days per week or per month they drank, how many alcoholic drinks they drank in a day on average, how many times did they drank, and finally, the highest number of alcoholic drinks they consumed on any occasion. Overall, 23.1% of District adults were binge drinkers (Figure 11).

District adults who were more likely to be binge drinkers were:

- Male
- Aged 18-24 years old
- White/Caucasian
- College graduate
- Household income $35,000 -$49,999

Figure 11. District Adults who were Binge Drinkers by Demographics, 2012

Source: DC BRFSS, 2012

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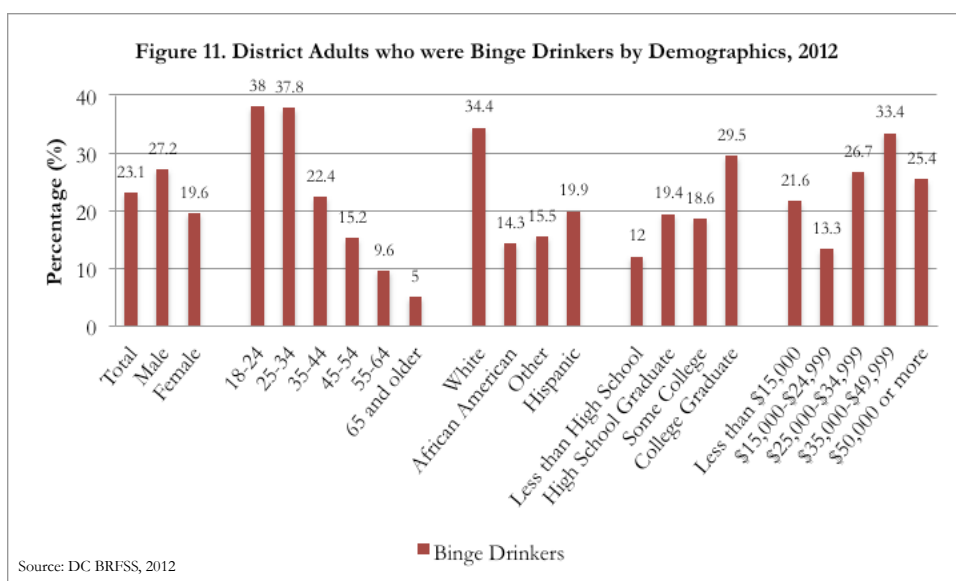
[1]Centers for Disease Control and Prevention. Alcohol and Public Health. http://www.cdc.gov/alcohol/index.htm Assessed June 16, 2014

Alcohol Consumption

This map shows the percentage of District adults who were heavy drinkers.

- District adults who resided in Ward 7 were less likely to be heavy drinkers.
- District adults who resided in Ward 2 were more likely to be heavy drinkers.
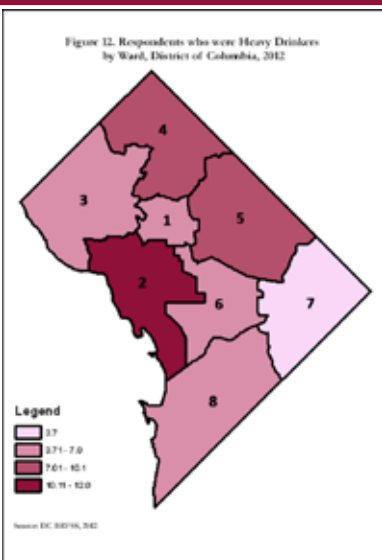
Note: *Wards 1, 7 and 8 RSE >30 and/or numerator <20, use caution in interpreting results*

Figure 12. Respondents who were Heavy Drinkers by Ward, District of Columbia, 2012

Legend
- 3.7
- 3.71 - 7.0
- 7.01 - 10.1
- 10.11 - 12.0

Source: DC BRFSS, 2012

Heavy drinking is defined as drinking two or more drinks per day for men and one or more drinks per day for women. Overall, 8.1% of District adults were heavy drinkers (Figure 13).

District adults who were more likely to be heavy drinkers were:

- Female
- Aged 25-34 years old
- White/Caucasian
- College graduate
- Household income $35,000-$49,999
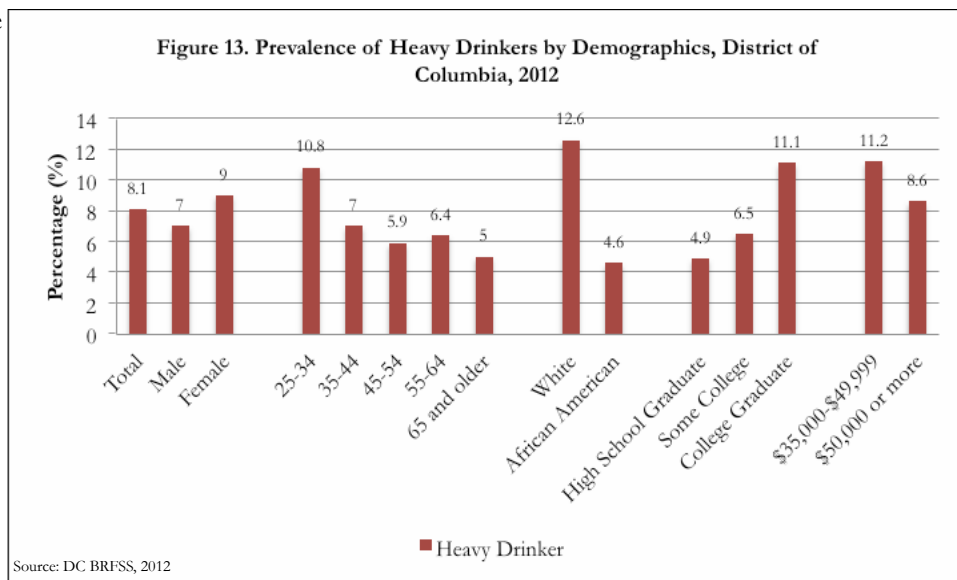
Figure 13. Prevalence of Heavy Drinkers by Demographics, District of Columbia, 2012

Category	Percentage (%)
Total	8.1
Male	7
Female	9
25-34	10.8
35-44	7
45-54	5.9
55-64	6.4
65 and older	5
White	12.6
African American	4.6
High School Graduate	4.9
Some College	6.5
College Graduate	11.1
$35,000-$49,999	11.2
$50,000 or more	8.6

Heavy Drinker

Source: DC BRFSS, 2012

Colorectal Cancer Screening

This map shows the percentage of District adults who were less likely to have a blood stool test (Figure 14).

- District adults who resided in Wards 3 and 5 were more likely to have a blood stool test.
- District adults who resided in Wards 2 and 8 were less likely to have a blood stool test.
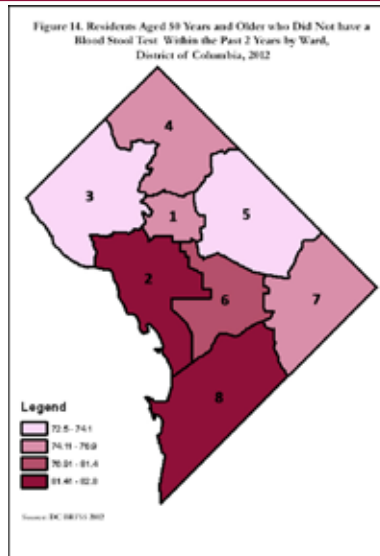
Figure 14. Residents Aged 50 Years and Older who Did Not have a Blood Stool Test Within the Past 2 Years by Ward, District of Columbia, 2012

Legend
- 72.5 - 74.1
- 74.11 - 76.9
- 76.21 - 81.4
- 81.41 - 82.5

Source: DC BRFSS 2012

A screening test is used to look for a disease when a person(s) may or may not have any symptoms. Colorectal cancer (cancer of the colon and rectum) is the second leading cancer killer in the United States. However, through early detection precancerous polyps-abnormal growths in the colon or rectum can be removed before turning into cancer.[1]

District adults were asked if they had ever had a blood stool test within the past 2 years. Overall, 78.1% of District adults were less likely to have a blood stool test (Figure 15).

District adults aged 50 years of age or older who did not have a blood stool test within the past 2 years were more likely to be:

- Aged 50-54 years old
- Race/ethnic group Other
- Have less than a high school education
- Household income $15,000-$24,999

Figure 15. District Adults Aged 50 and Older Who Did Not Have a Blood Stool Test Within the Past 2 Years by Demographics, 2012

Source: DC BRFSS, 2012

Note: No difference between gender

Source: Centers for Disease Control and Prevention. Colorectal (Colon) Cancer. http://www.cdc.gov/cancer/colorectal/ Assessed June 16, 2014

Colorectal Cancer Screening

This map shows the percentage of District adults who were less likely to have a sigmoidoscopy and colonoscopy exam.

- District adults who resided in Wards 3 more likely to have a sigmoidoscopy and colonoscopy exam.
- District adults who resided in Ward 8 were less likely to have a sigmoidoscopy and colonoscopy exam.

Figure 16. Residents Aged 50 Years and Older who have Not Had a Sigmoidoscopy or Colonoscopy within the Past 2 Years by Ward, District of Columbia, 2012

Legend
- 07.5
- 07.51 - 25.7
- 25.71 - 34.7
- 34.71 - 45.8

Source: DC BRFSS, 2012

District adults were asked if they have ever had a sigmoidoscopy or colonoscopy. Overall, 30% of adults did not have a sigmoidoscopy or colonoscopy exam (Figure 17).

District adults aged 50 years or older who were less likely to have a sigmoidoscopy and colonoscopy exam were:

- Male
- Aged 50-54 years old
- Race/ethnic group Other
- Have less than a high school education
- Household income $15,000-$24,999

Figure 17. District Adults Aged 50 and Older Who Did Not Have a Sigmoidoscopy or Colonoscopy Within the Past Two Years by Demographics, 2012

Percentage (%): Total 30, Male 33.3, Female 27.4, 50-54 49.4, 55-64 31.1, 65 and older 18.8, White 21.3, African American 32.7, Other 38.8, Less than High School 41.7, High School Graduate 36, Some College 32.3, College Graduate 21, Less than $15,000 37, $15,000-$24,999 44.3, $25,000-$34,999 38.8, $35,000-$49,999 29.8, $50,000 or more 23.4

■ No Sigmoidoscopy or Colonoscopy

Source: DC BRFSS, 2012

Note: Race/ethnic group Other= Asian, Native Hawaiian, Pacific Islander, American Indian, Alaska Native or Multiracial
Hispanic - Suppressed cell size <50

Falls

This map shows the percentage of District adults who had fallen one or more times within the past 12 months (Figure 18).

- District adults who resided in Wards 3 and 7 were less likely to have fallen one or more times within the past 12 months.
- District adults who resided in Wards 1 and 2 were more likely to have fallen one or more times within the past 12 months.

Figure 18. Residents Aged 45 Years Older who have Fallen in the Past 12 Months by Ward, District of Columbia, 2012

Legend
- 24.2 - 25.0
- 25.01 - 25.9
- 25.91 - 29.5
- 29.51 - 32.7

Source: DC BRFSS, 2012
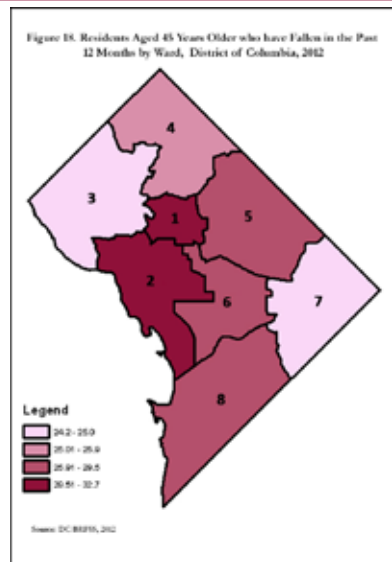
Each year, one in every three adults aged 65 or older falls.[1] Falls can cause moderate to severe injuries, such as hip fractures and head traumas, and can increase the risk of early death. Twenty to thirty percent of people who fall suffer moderate to severe injuries such as lacerations, hip fractures, or head traumas.[1] These injuries can make it hard to get around or live independently, and increase the risk of premature death.[1]

District adults were asked how many times have they fallen within the past 12 months. Overall, 27.6 of District adults have fallen one or more times within the past 12 months (Figure 19).

District adults who were more likely to have fallen one or more times within the past 12 months were:

- Female
- Aged 55-64 years old
- White/Caucasian
- Have less than a high school education
- Household income less than $15,000

Figure 19. District Adults Aged 45 Years and Older Who Had Fallen in the Past Three Months by Demographics, 2012

Source: DC BRFSS, 2012

Falls in the Past 3 Months

Hispanic - Suppressed cell size <50
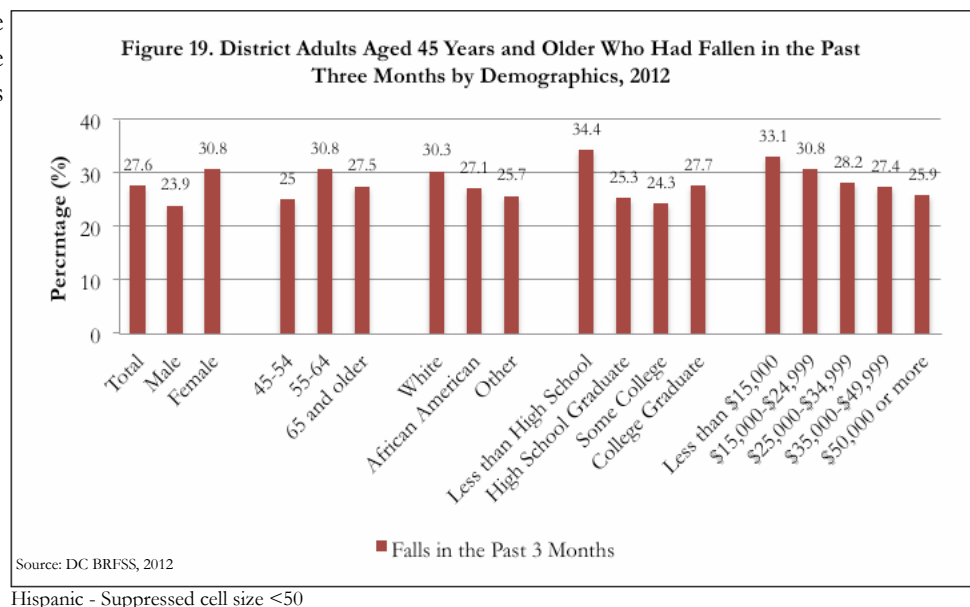
Source: Centers for Disease Control and Prevention. Home and Recreational Safety. Cost of Falls Among Older Adult. http://www.cdc.gov/HomeandRecreationalSafety/Falls/fallcost.html Assessed June 16, 2014

Falls

This map shows the percentage of District adults aged 45 years or older whose fall caused an injury (Figure 20).

- District adults who resided in Ward 4 were less likely to have an injury caused by a fall.
- District adults who resided in Wards 7 and 8 more likely to have an injury caused by a fall.
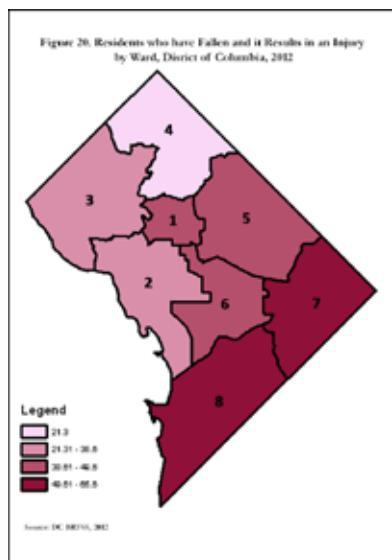
Figure 20. Residents who have Fallen and it Results in an Injury by Ward, District of Columbia, 2012

Legend
- 21.3
- 21.31 - 30.8
- 30.81 - 40.8
- 40.81 - 65.5

Source: DC BRFSS, 2012

District adults were asked how many of these falls caused an injury. Overall, 45.4% of adults who had fallen one more times within the past 12 months suffered an injury (Figure 21).

District adults who were more likely to have an injury caused by a fall were:

- Female
- Aged 55-64
- Hispanic
- Less than a high school education
- Household income less than $15,000

Figure 21. District Adults Who Had Fallen and it Resulted in an Injury by Demographics, 2012

Category	Percentage (%)
Total	45.4
Male	37.7
Female	50.5
45-54	46.3
55-64	51.6
65 and older	38.6
White	34.3
African American	49.1
Hispanic	54.2
Less than High School	62.6
High School Graduate	52.1
Some College	49.8
College Graduate	31.5
Less than $15,000	64.1
$15,000-$24,999	59.2
$25,000-$34,999	50.8
$35,000-$49,999	38.5
$50,000 or more	31

Fall Caused Injury

Source: DC BRFSS, 2012
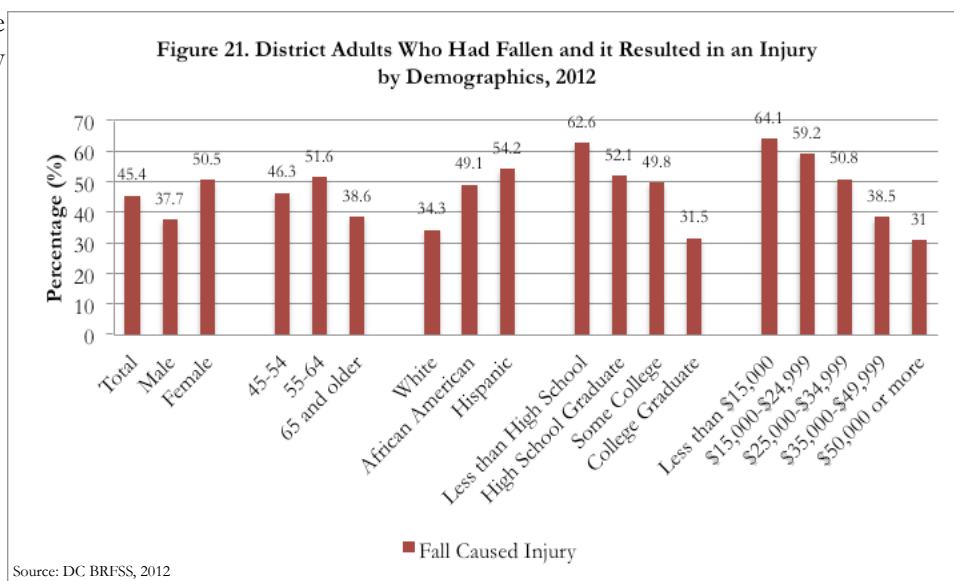
Note: Race/ethnic group Other= suppressed cell size <50

HIV Screening

This map shows the percentage of District adults who have never had a HIV test.

- District adults who resided in Wards 7 and 8 were more likely to have a HIV test.
- District adults who resided in Ward 3 were less likely to have a HIV test.
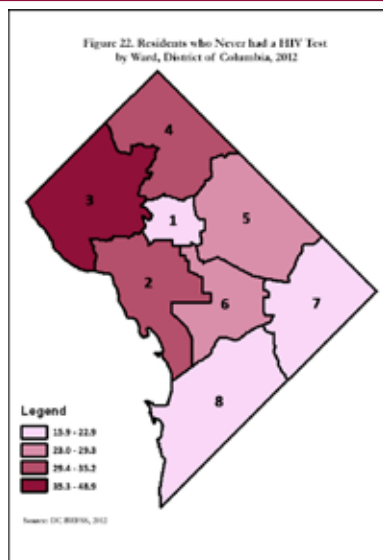
Figure 22. Residents who Never had a HIV Test by Ward, District of Columbia, 2012

Legend
15.9 - 22.9
23.0 - 29.3
29.4 - 35.2
35.3 - 48.9

Source: DC BRFSS, 2012

Human Immunodeficiency Virus (HIV) is an infection that, without treatment, leads to Acquired Immunodeficiency Syndrome (AIDS). An estimated 1.2 million people are living with HIV in the U.S. and as many as 1 in 5 do not know they are infected.[1]

In 2012, HIV/AIDS was the eight leading cause of death[2] and ranked tenth in DC hospitalizations.[3] District residents were asked if they had ever been tested for HIV, excluding blood donations. Overall, 33.7% of District adults reported that they never had an HIV test (Figure 23).

District adults who were less likely to have a HIV test were:
- Female
- Aged 65 years or older
- Race/ethnic group Other
- College graduate
- Household income $50,000 or more
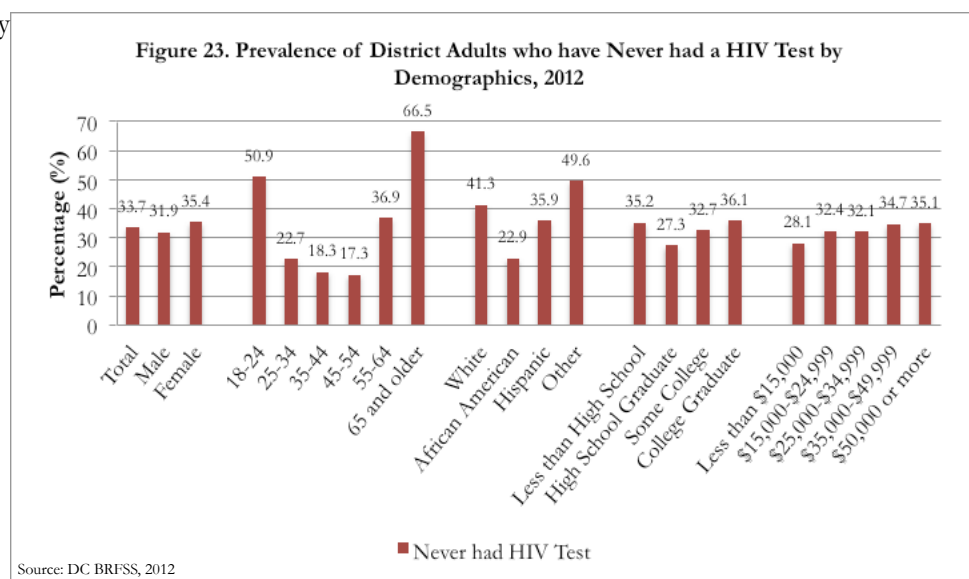
Figure 23. Prevalence of District Adults who have Never had a HIV Test by Demographics, 2012

Source: DC BRFSS, 2012

■ Never had HIV Test

Note: Race/ethnic group Other= Asian, Native Hawaiian, Pacific Islander, American Indian, Alaska Native or Multiracial

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[1]Centers for Disease Control and Prevention. Vital Signs. New Hope for Stopping HIV. http://www.cdc.gov/vitalsigns/HIVtesting/index.html Assessed June 14, 2014
[2]Vital Statistics, District of Columbia Department of Health Center for Policy Planning and Evaluation, Preliminary 2012
[3]SHPDA - Hospital Admissions. Data Provided by Hospital Association.

HIV Screening

This map shows the percentage of District adults who were more likely to participate in high risk behaviors.

- District adults who resided in Ward 3 were less likely to participate in high risk behaviors
- District adults who resided in Ward 6 were more likely to participate in high risk behaviors.

Figure 24. Residents who Participated in High Risk Behaviors by Ward, District of Columbia, 2012

Legend
- 1.0
- 1.01 - 5.9
- 5.91 - 10.7
- 10.71 - 13.2

In the United States, HIV is primarily spread by having anal or vaginal sex without a condom or by sharing drug-use equipment with an infected person. Substance abuse can contribute to these risks indirectly because alcohol and other drugs can lower people's inhibitions and make them less likely to use condoms.[1] Anyone who practices risky behaviors is at risk for acquiring HIV. Risky behaviors include having unprotected sex with multiple partners or with someone of unknown HIV status and sharing injection drug needles or equipment. Anyone who practices risky behaviors can contract the virus regardless of age, sex, race, income or sexual orientation.[1]

District adults were asked if they participated in any risky behaviors that would put them at risk for contracting HIV. This would include being treated for a sexually transmitted or venereal disease in the past year, given or received money or drugs in exchanged for sex without a condom in the past year, or used intravenous drugs in the past year. Overall, 7.7% of District adults were more likely to participate in high risk behaviors that could expose them to the HIV virus that causes AIDS (Figure 25).

District adults who were more likely to participate in high risk behaviors that could expose them to the HIV virus that causes AIDS were:

- Male
- Aged 18-24 years
- Race/ethnic group Other
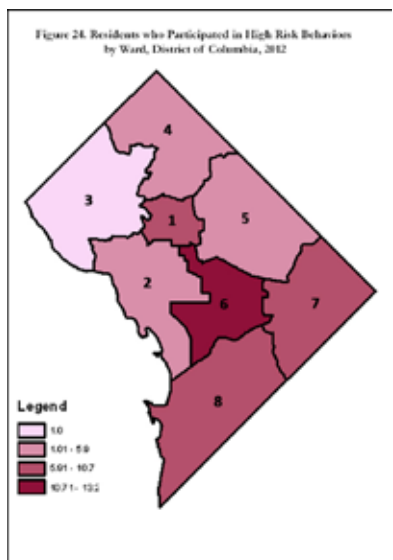- Less than high school education
- Household income $15,000-$24,999
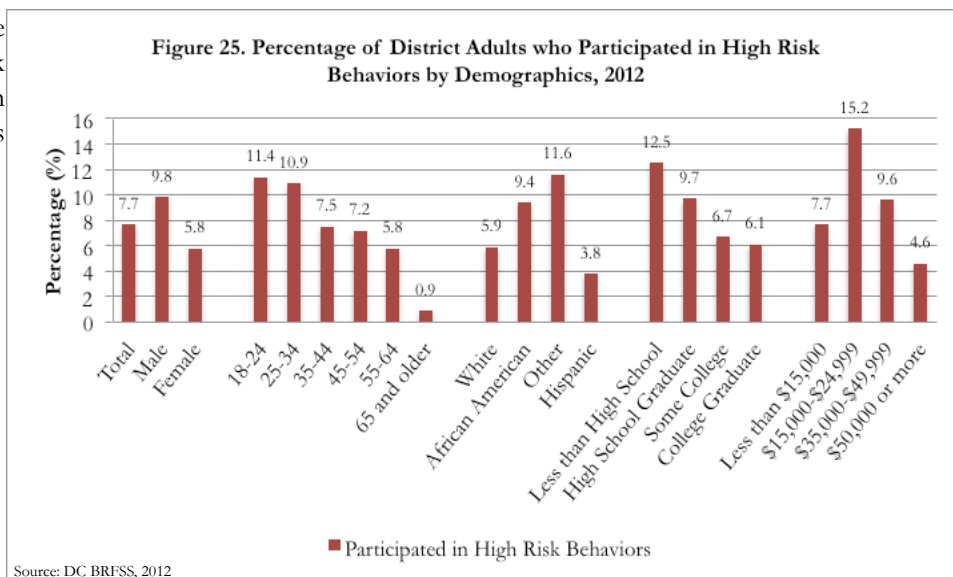
Figure 25. Percentage of District Adults who Participated in High Risk Behaviors by Demographics, 2012

Source: DC BRFSS, 2012

■ Participated in High Risk Behaviors

Note: Race/ethnic group Other= Asian, Native Hawaiian, Pacific Islander, American Indian, Alaska Native or Multiracial

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[1] Centers for Disease Control and Prevention. The Importance of HIV Testing. Who's at Risk. http://www.cdc.gov/healthcommunication/toolstemplates/entertainmented/tips/hivtesting.html Assessed June 16, 2014

Immunization

This map shows the percentage of District adults who were less likely to have a flu shot/spray within the past 12 months.

- District adults who resided in Ward 3 were more likely to have a flu shot/spray within the past 12 months.
- District adults who resided in Ward 5 were less likely to have a flu shot/spray within the past 12 months.

Figure 26. Residents who Did Not have a Seasonal Flu Shot/Spray in the Past 12 Months by Ward, District of Columbia, 2012

Legend
- 40.8
- 40.81 - 56.5
- 56.51 - 66.3
- 66.31 - 60.3

Influenza (flu) is a contagious respiratory illness caused by influenza viruses.[1] Vaccine-preventable disease levels are at or near record lows. Even though most infants and toddlers have received all recommended vaccines by age 2, many under-immunized children remain, leaving the potential for outbreaks of disease.[2]

District adults were asked if they had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in their nose within the past 12 months. Overall, 63.1% of District adults have not had a flu shot/spray within the past 12 months (Figure 27).

District adults who were less likely to have a flu shot/spray within the past 12 months were:

- Male
- Aged 18-24 years old
- African American
- Have less than a high school education or high school diploma
- Household income $15,000-$24,999

Figure 27. District Adults who did not have a Seasonal Flu Shot/Spray in the Past 12 Months by Demographics, 2012

Category	Percentage (%)
Total	63.1
Male	65.3
Female	61.6
18-24	77.6
25-34	66.8
35-44	66
45-54	65.6
55-64	56.2
65 and older	43.3
White	54.8
African American	68.2
Less than High School	69.3
High School Graduate	70.8
Some College	66.7
College Graduate	56.8
Less than $15,000	70.3
$15,000-$24,999	76.8
$25,000-$34,999	65.7
$35,000-$49,999	68
$50,000 or more	56.2

■ No Flu Shot/Spray
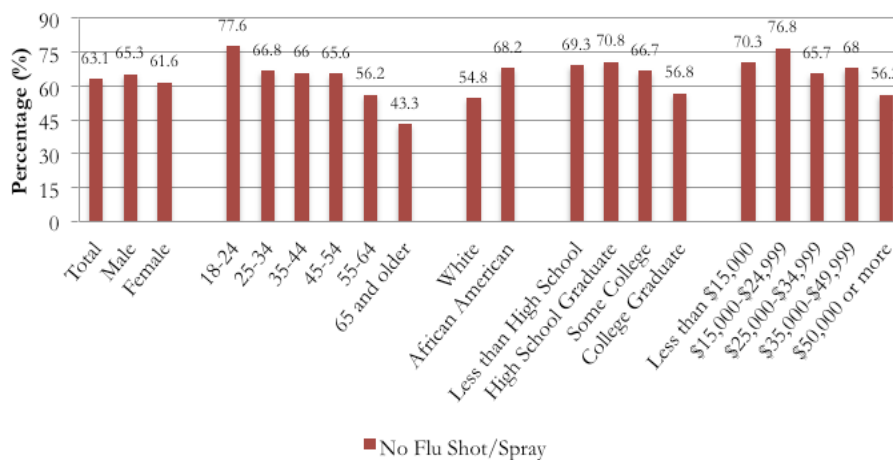
Source: DC BRFSS, 2012

Note: Race/ethnic group Other=Asian, Native Hawaiian, Pacific Islander, American Indian, Alaska Native or Multiracial

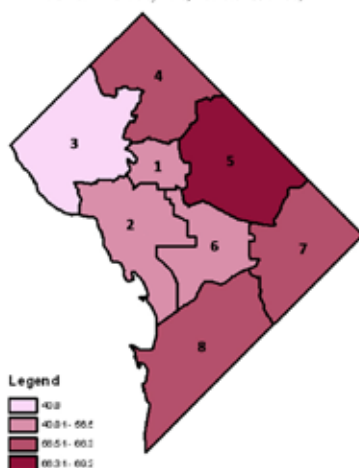[1] Centers for Disease Control and Prevention. Seasonal Influenza. Flu Basics. http://www.cdc.gov/flu/about/disease/index.htm Assessed June 16, 2014
[2] http://www.cdc.gov/vaccine/pd-vac/default.htmCDC-Vaccines and Immunizations-Vaccines and Preventable Diseases -

Immunization

This map shows the percentage of District adults who never had a pneumonia vaccination.

- District adults who resided in Wards 2, 3, 4 and 7 were more likely to have a pneumonia vaccination.
- District adults who resided in Wards 5 and 8 were less likely to have a pneumonia vaccination.

Figure 29. Residents who Never Had a Pneumonia Vaccination by Ward, District of Columbia, 2012
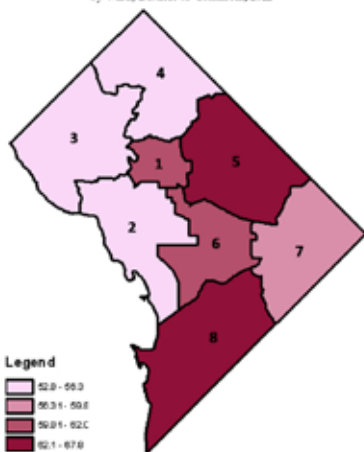
Legend
- 52.8 - 56.3
- 56.31 - 59.8
- 59.81 - 62.0
- 62.1 - 67.9

Note: *Ward 1 RSE >30 and/or numerator <20, use caution in interpreting results*

Each year in the United States, pneumococcal disease causes thousands of cases of meningitis, bloodstream infections, pneumonia, and ear infections. Even though the pneumococcal vaccine may not prevent all infections in individuals the vaccine is very good at preventing severe disease, hospitalization, and death.[1]

District adults were asked if they have ever had a pneumonia shot. Overall, 71.9% of District adults reported never having a pneumonia vaccination (Figure 29).

District adults who were less likely to have a pneumonia vaccination were:

- Female
- Aged 24-34 years old
- White/Caucasian
- Have less than a high school education
- Household income $50,000 or more

Figure 29. Prevalance of Pneumonia Vaccination by Demographics, District of Columbia 2012
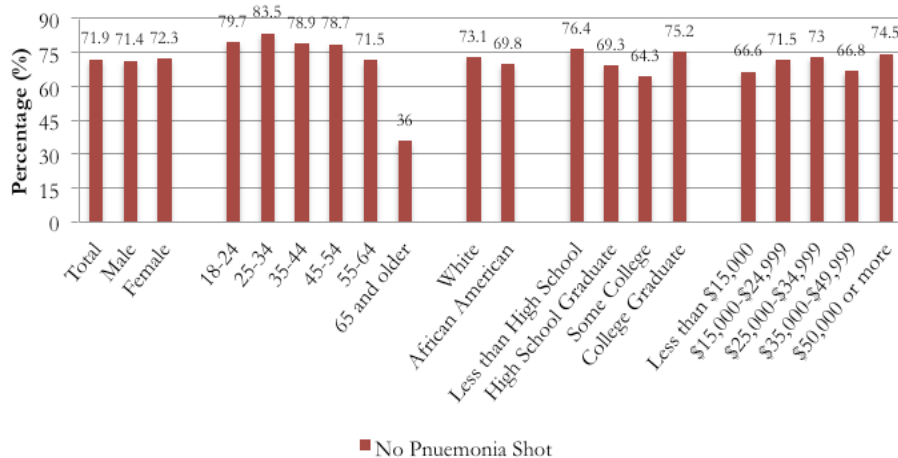
Source: DC BRFSS, 2012

Note: Race/ethnic group Other= Asian, Native Hawaiian, Pacific Islander, American Indian, Alaska Native or Multiracial

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[1]Centers for Disease Control and Prevention. Pneumococcal Disease. Pneumococcal Vaccination. http://www.cdc.gov/pneumococcal/vaccination.html Assessed June 16, 2014.

Breast Cancer Screening

This map shows the percentage of female District adults aged 40 years or older who were less likely to have a mammogram within the past two (2) years.

- District adults who resided in Wards 5 and 6 were more likely to have had a mammogram within the past two (2) years.
- District adults who resided in Ward 2 were less likely to have had a mammogram within the past two (2) years.
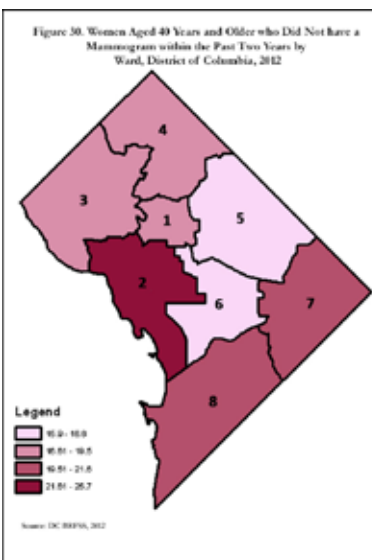
Figure 30. Women Aged 40 Years and Older who Did Not have a Mammogram within the Past Two Years by Ward, District of Columbia, 2012

Legend

Source: DC BRFSS, 2012

Women are encouraged to be proactive in maintaining good health by having health screenings at recommended ages and frequencies. A mammogram is an X-ray of the breast. Mammograms are the best method to detect breast cancer early when it is easier to treat and before it is big enough to feel or cause symptoms.[1] Having regular mammograms can lower the risk of dying from breast cancer. If you are 50 to 74 years old, be sure to have a screening mammogram every two years. If you are 40 to 49 years old, talk to your doctor about when to start and how often to get a screening mammogram.[1]

Women aged 40 years and older were asked if they had a mammogram. Overall, 19.6% of female adults did not have a mammogram within the past two (2) years (Figure 31).

District female adults aged 40 or older who were less likely to have a mammogram were:

- Aged 40-44 years
- White/Caucasian
- Less than a high school education
- Household income $35,000-$49,999

Figure 31. Women Aged 40 Years and Older who did not have a Mammogram in the Past Two Years by Demographics, District of Columbia 2012

Source: DC BRFSS, 2012

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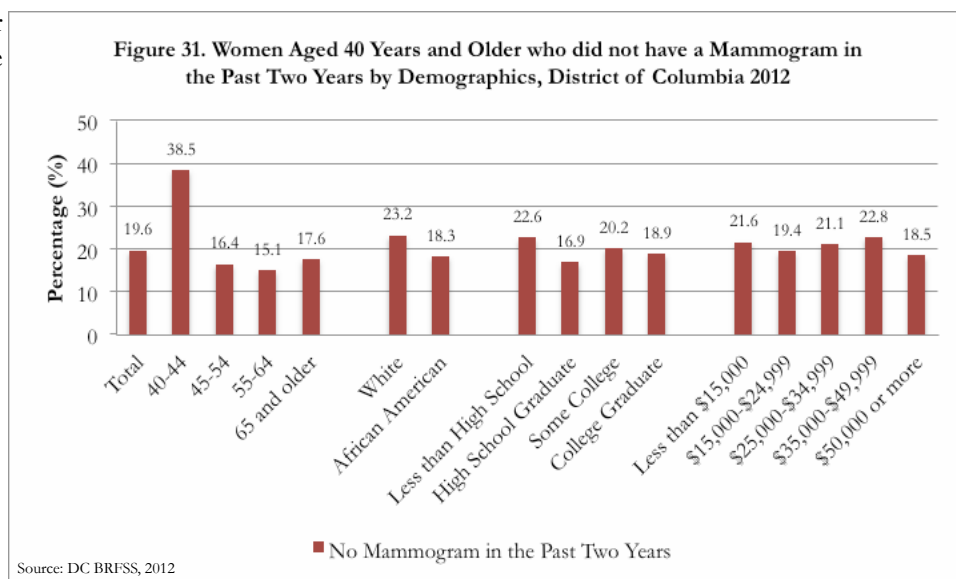
[1]Centers for Disease Control and Prevention. Breast Cancer. What is a mammogram and when should I get one

Breast Cancer Screening

This map shows the percentage of female District adults aged 50 years and older who were less likely to mammogram within the past two (2) years.

- District adults who resided in Ward and 5 were more likely to have had a mammogram within the past two (2) years.
- District adults who resided in Wards 2 and 4 were less likely to have had a mammogram within the past two (2) years.
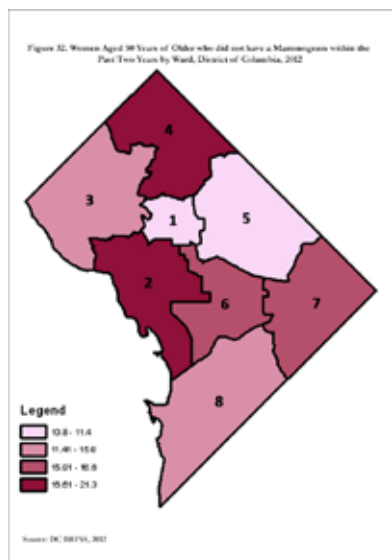
Note: *Wards 1 and 8 RSE >30 and/or numerator <20, use caution in interpreting results*

Figure 32. Women Aged 50 Years of Older who did not have a Mammogram within the Past Two Years by Ward, District of Columbia, 2012

Legend
- 10.8 - 11.4
- 11.46 - 15.0
- 15.01 - 16.6
- 16.61 - 21.3

Source: DC BRFSS, 2012

Overall, 16.3% of female adults did not have a mammogram within the past two (2) years (Figure 33).

District female adults aged 50 and older who do not have a mammogram within the past two (2) years were more likely to be:

- Aged 65 or older
- White/Caucasian
- Some college
- Household income $35,000-$49,999

Figure 33. Women Aged 50 Years of Age or Older who did not have a Mammogram in the Past Two Years by Demographics, District of Columbia 2012

Category	Percentage (%)
Total	16.3
50-54	15.4
55-64	15.1
65 and older	17.6
White	19.6
African American	15.4
High School Graduate	14.6
Some College	16.3
College Graduate	15.6
Less than $15,000	15.8
$15,000-$24,999	18
$35,000-$49,999	20.3
$50,000 or more	14.1

■ No Mammogram in Past Two Years

Source: DC BRFSS, 2012

Race/ethnic groups Hispanic and Other= suppressed cell size <50

Cervical Cancer Screening

This map shows the percentage of fe-male District adults who have not had a pap test within the past three (3) years).

- District adults who resided in Ward 8 were more likely to have had a pap test within the past three (3) years.
- District adults who resided in Ward 1 were less likely to have had a pap test within the past three (3) years.

Figure 34. Women Aged 18 Years or Older who Did Not have a Pap Test in the Past Three Years by Ward, District of Columbia, 2012

Legend

Source: DC BRFSS, 2012
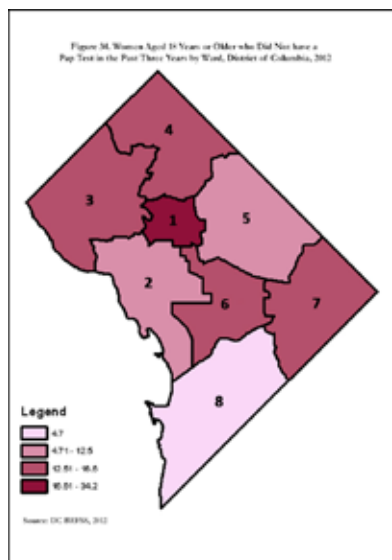
Cervical cancer is the easiest gynecologic cancer to prevent, with regular screening tests and follow-up. Two screening tests can help prevent cervical cancer or find it early. The Pap test (or Pap smear) looks for precancers, cell changes on the cervix that might become cervical cancer if they are not treated appropriately. The HPV test looks for the virus (human papillomavirus) that can cause these cell changes.[1]

Female adults were asked if they ever had a pap test. Overall, 18.8% of female adults did not have a pap test within the past three (3) years (Figure 35).

District female adults who did not have a pap test within the past three (3) years were more likely to be:

- Aged 18-24 years
- Have less than a high school education
- Household income $25,000-$34,999

Figure 35. Women Aged 18 Years of Age or Older Who Did Not have a Pap Test in the Past Three years by Demographics, District of Columbia 2012

Source: DC BRFSS, 2012

No Pap Test
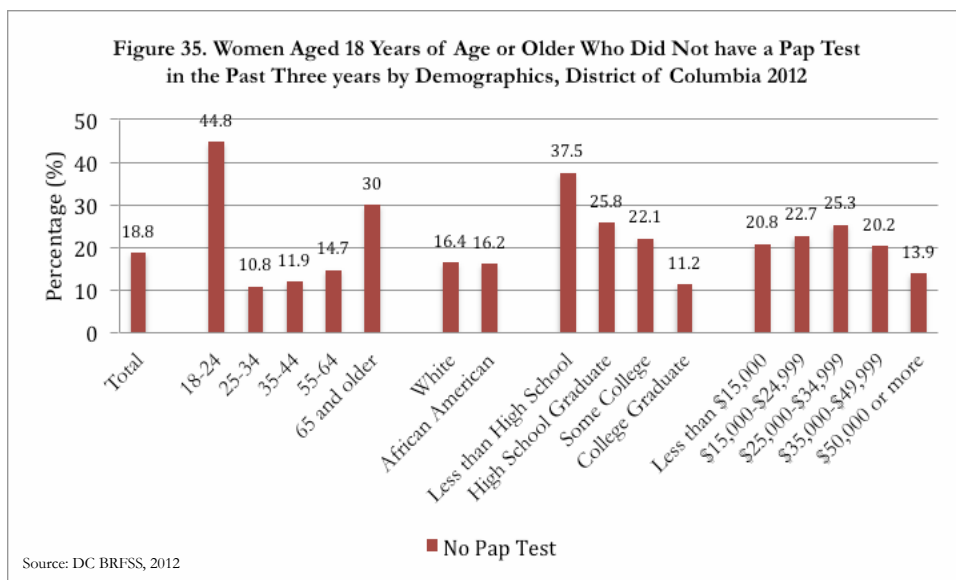
No difference between race/ethnic groups

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[1] Centers for Disease Control and Prevention. Gynecologic Cancer. What should I know about screening. http://www.cdc.gov/cancer/cervical/basic_info/screening.htm Assessed June 16, 2014

Oral Health

This map shows the percentage of District adults who have not visited the dentist within one year or more.

- District adults who resided in Wards 3 and 6 were more likely to visit the dentist within one year or more.
- District adults who resided in Wards 7 and 8 were less likely to have had visited a dentist within one year or more.

Figure 36. Residents who have Been to the Dentist One Year or More Ago by Ward, District of Columbia

Legend
- 14.0 - 18.8
- 18.81 - 24.8
- 24.81 - 28.7
- 28.71 - 34.7

Source: DC BRFSS, 2012
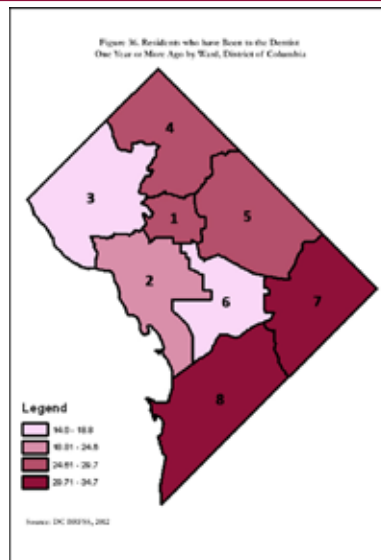
Oral Health
Last Visited Dentist or Dental Clinic

"How long has t been since you last visited a dentist or a dental clinic for any reason?"

Oral health is critical to maintaining a healthy lifestyle. Nearly one-third of all adults in the United States have untreated tooth decay. One in seven adults aged 35 to 44 years has gum disease; this increases to one in every four adults aged 65 years and older. Oral cancers are most common in older adults, particularly those over 55 years who smoke and are heavy drinkers.[1]

District adults were asked how long has it been since they last visited a dentist or a dental clinic for any reason. Overall, 28.1% of District adults did not visit a dentist within one year or more (Figure 37).

District adults who visited a dentist one year or more were:
- Male
- Aged 65 years and older
- African American
- Less than a high school education
- Household income $15,000-$24,999

Figure 37. District Adults who Visited the Dentist One Year or More Ago by Demographics, 2012

Source: DC BRFSS, 2012

Visited Dentist One Year or More Ago

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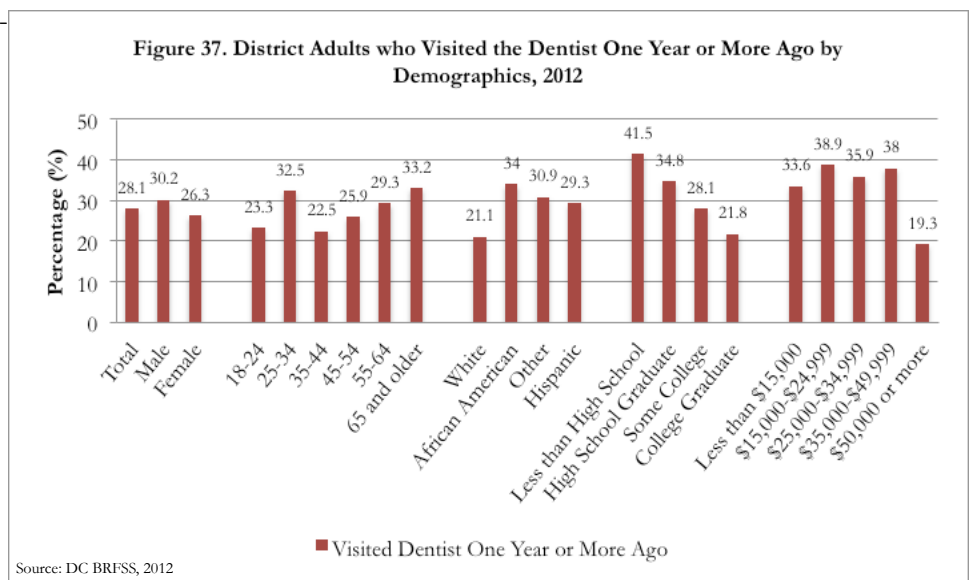
[1]Centers for Disease Control and Prevention. Division of Oral Health. http://www.cdc.gov/OralHealth/ Assessed June 16, 2014

BMI - Overweight

This map shows the percentage of District adults who are classified as overweight
- District adults who resided in Ward 1 were less likely to be overweight.
- District adults who resided in Wards 6 and 7 were more likely to be overweight.
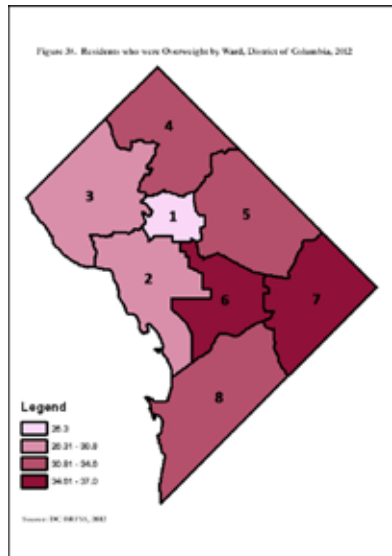
Figure 39. Residents who were Overweight by Ward, District of Columbia, 2012

Legend
- 26.3
- 26.31 - 30.8
- 30.81 - 34.5
- 34.51 - 37.0

Source: DC BRFSS, 2012

Risk factors associated with overweight and obesity are diabetes, heart disease, high blood pressure and some forms of cancer and other chronic illnesses. Overweight and obesity are both labels for ranges of weight that are greater than what is generally considered healthy for a given height.[1]

District adults were asked to provide their height and weight to determine their BMI. Overall, 30.0% adults were overweight (Figure 39).

District adults who were more likely to be classified as overweight were:
- Male
- Aged 65 year or older
- African American
- High school graduate
- Household income less than $15,000
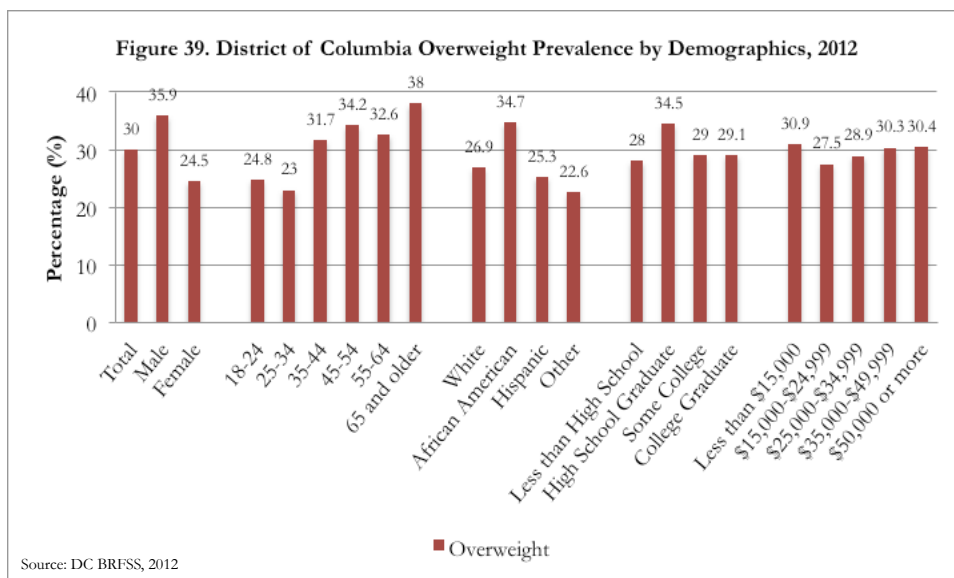
Figure 39. District of Columbia Overweight Prevalence by Demographics, 2012

Source: DC BRFSS, 2012

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[1]Centers for Disease Control and Prevention. Overweight and Obesity. http://www.cdc.gov/obesity/data/adult.html Assessed June 16, 2014

BMI - Obesity

This map shows the percentage of District adults who were classified as obese based on their BMI.

- District adults who resided in Wards 2 and 3 were less likely to be obese.
- District adults who resided in Wards 7 and 8 were more likely to be obese.
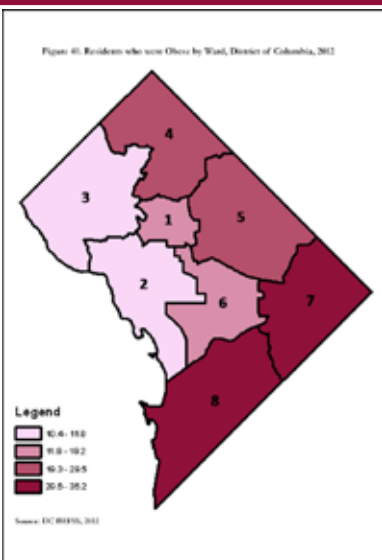
Figure 41. Residents who were Obese by Ward, District of Columbia, 2012

Legend
- 10.4 - 11.8
- 11.9 - 15.2
- 15.3 - 20.5
- 20.6 - 35.2

Source: DC BRFSS, 2012

More than one-third of U.S. adults (34.9%) are obese. Obesity-related conditions include heart disease, stroke, type 2 diabetes and certain types of cancer, some of the leading causes of preventable death. The estimated annual medical cost of obesity in the U.S. was $147 billion in 2008 U.S. dollars; the medical costs for people who are obese were $1,429 higher than those of normal weight.[1]

Overall, 21.9% of District adults were classified as obese by upon their BMI (Figure 41).

District adults who were more likely to be classified as obese were:

- Female
- Aged 55-64 years old
- African American
- High school graduate
- Household income $15,000-$24,999

Figure 41. Prevalence of Obesity by Demographics, District of Columbia 2012

Source: DC BRFSS, 2012

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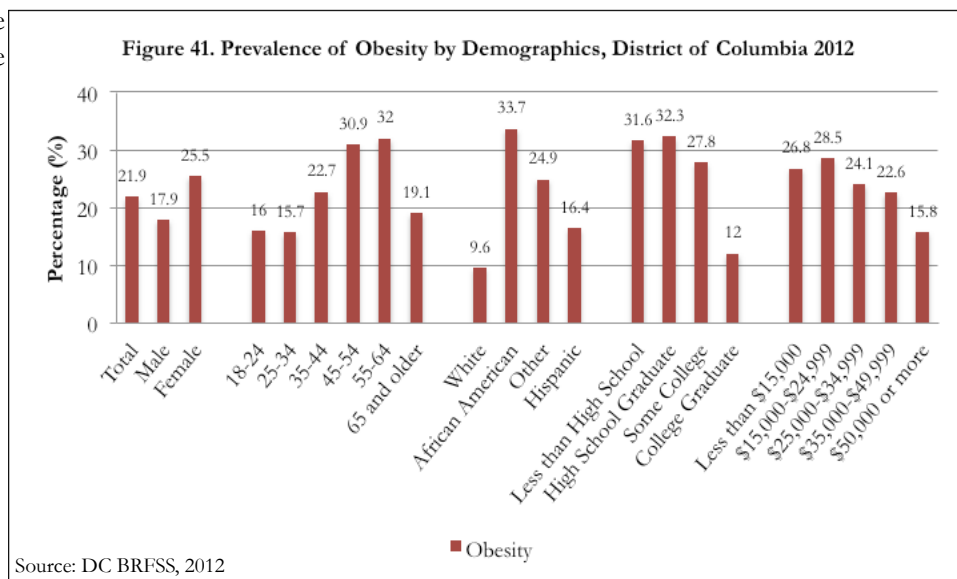
[1]Centers for Disease Control and Prevention. Overweight and Obesity. http://www.cdc.gov/obesity/data/adult.html Assessed June 16, 2014

Physical Activity/Exercise

This map shows the percentage of District adults who were less likely to engage in physical activity within the past 30 days.

- District adults who resided in Ward 3 were more likely to engage in physical activity within the past month.
- District adults who resided in Wards 7 and 8 were less likely to engage in physical activity within the past month.

Past month = time frame when surveyed

Figure 42. Residents who were Physically Inactive in the Past 30 Days by Ward, District of Columbia, 2012

Legend
- 9.3
- 9.31 - 14.5
- 14.51 - 17.5
- 17.51 - 28.3

Source: DC BRFSS, 2012

Forty-eight percent of all adults met the 2008 Physical Activity Guidelines. Regular physical activity is essential to good and sustained health. Physical activity reduces risks of cardiovascular disease and diabetes beyond that produced by weight reduction alone.[1] Physical activity can reduce high blood pressure, risk for type 2 diabetes, heart attack, stroke, symptoms of anxiety, depression and several forms of cancer. Physical activity can also reduce arthritis pain associated with disability and reduce risk for osteoporosis and falls.[1]

District adults were asked if during the past month, other than their job, if they participated in any physical activities or exercise such as running, calisthenics, golf, gardening or walking for exercise. Overall, 17.4% District adults did not engage in any physical activity within the past month (Figure 43).

District adults who were less likely to engage in physical activity were within the past 30 days were:

- Aged 65 years or older
- African American
- Have less than high school education
- Household income less than $15,000

Figure 43. District Adults who were Physically Inactive in the Past 30 Days by Demographics, 2012

Source: DC BRFSS, 2012
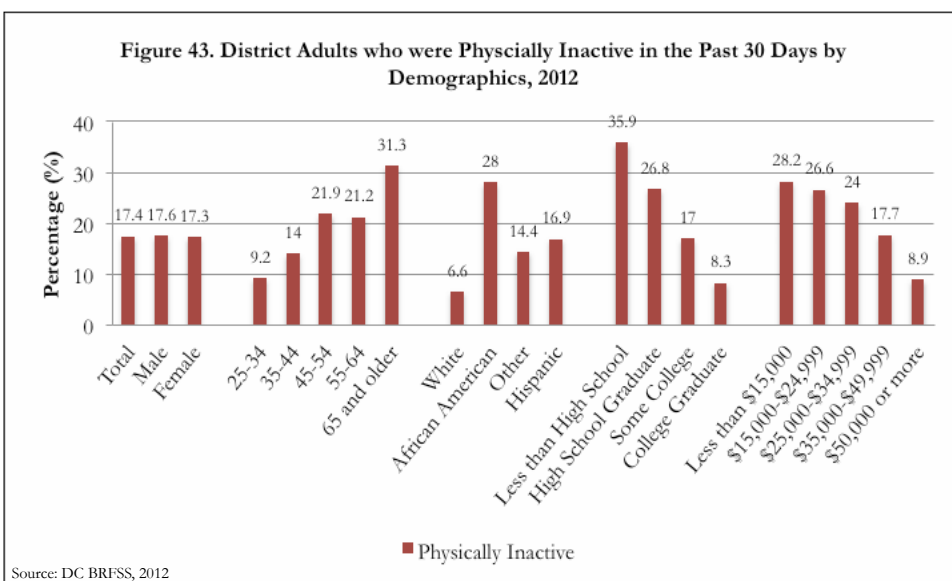
Note: No difference between gender
Past month= when surveyed

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[1]Centers for Disease Control and Prevention. Facts about Physical Activity. http://www.cdc.gov/physicalactivity/data/facts.html Assessed June 16, 2014

Prostate Cancer Screening

This map shows the percentage of male District adults aged 40 years or older who never had a PSA test.
- District adults who resided in Ward 4 were more likely to have had a PSA test.
- District adults who resided in Ward 8 were less likely to have had a PSA test.
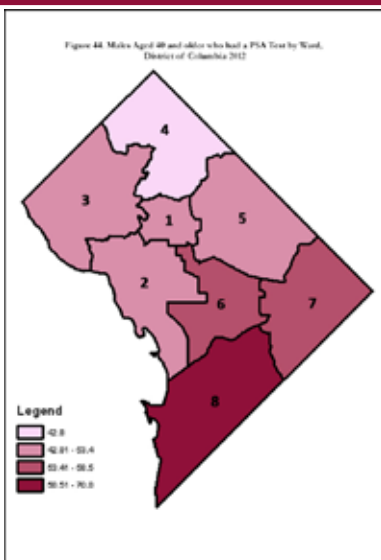
Figure 44. Males Aged 40 and older who had a PSA Test by Ward, District of Columbia 2012

Legend
- 42.8
- 42.81 - 53.4
- 53.41 - 58.5
- 58.51 - 70.8

Prostate cancer is the most common cancer among American men. A prostate specific antigen (PSA) test may find a prostate health problem, but treatment can cause serious side effects. The PSA test detects a protein (prostate specific antigen) produced by prostate cells. This protein is produced only in the prostate gland. Since this is a normal protein in the prostate gland, a high PSA test value may be associated with several prostate conditions including an enlarged prostate, an infection, prostate cancer, or another problem.[1] The PSA test, although not perfect, allows prostate cancer to be found early, when a cure is possible.[1]

Adult District males aged 40 or older were asked if they have ever had a PSA test within the past two year. Overall, 55.5% of District males aged 40 or older did not have a PSA test within the past two years (Figure 45).

District male adults who have never had a PSA test were more likely to be:
- Aged 40-44 years or older
- African American
- High school graduate
- Household income $15,000-$34,999
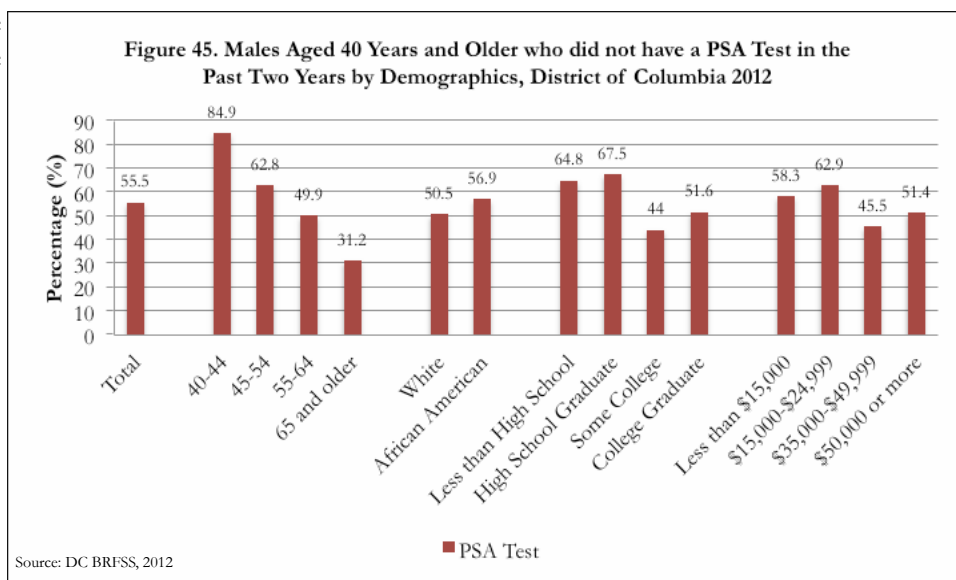
Figure 45. Males Aged 40 Years and Older who did not have a PSA Test in the Past Two Years by Demographics, District of Columbia 2012

Category	Percentage (%)
Total	55.5
40-44	84.9
45-54	62.8
55-64	49.9
65 and older	31.2
White	50.5
African American	56.9
Less than High School	64.8
High School Graduate	67.5
Some College	44
College Graduate	51.6
Less than $15,000	58.3
$15,000-$24,999	62.9
$35,000-$49,999	45.5
$50,000 or more	51.4

Source: DC BRFSS, 2012

■ PSA Test

Note: Race/ethnic group Other= Asian, Native Hawaiian, Pacific Islander, American Indian, Alaska Native or Multiracial

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[1] Centers for Disease Control and Prevention. Cancer Prevention and Control. Most Doctors Talk About Prostate Cancer Screening with Patients. http://www.cdc.gov/cancer/dcpc/research/articles/prostate.htm Assessed June 16, 2014

Tobacco Use

This map shows the percentage of District adults who were current smokers.

- District adults who resided in Wards 2 and 3 were less likely to be smokers.
- District adults who resided in Wards 7 and 8 were more likely to be smokers.

Figure 46. Current Smokers by Ward, District of Columbia, 2012

Legend
- 5.0 - 9.7
- 9.71 - 16.9
- 16.91 - 21.2
- 21.21 - 36.9

Source: DC BRFSS 2012

Individuals who smoke compromise their overall health and increase their risk for many diseases, such as lung cancer, COPD, and emphysema. Cigarette smoking causes more than 480,000 deaths each year in the United States. Smoking causes more deaths each year than HIV, illegal drug use, alcohol use, motor vehicle injuries and firearm related incidents combined.[1]

District residents were asked if they have smoked at least 100 cigarettes in their lifetime and if they currently smoke. Overall, 19.6% of District adults were classified as current smokers (Figure 47).

District adults who were current smokers were:

- Male
- Aged 45-54 years
- African American
- Have less than a high school education
- Household income less than $15,000

Figure 47. Prevalence of Current Smokers by Demographics, District of Columbia 2012

Source: DC BRFSS, 2012

_____
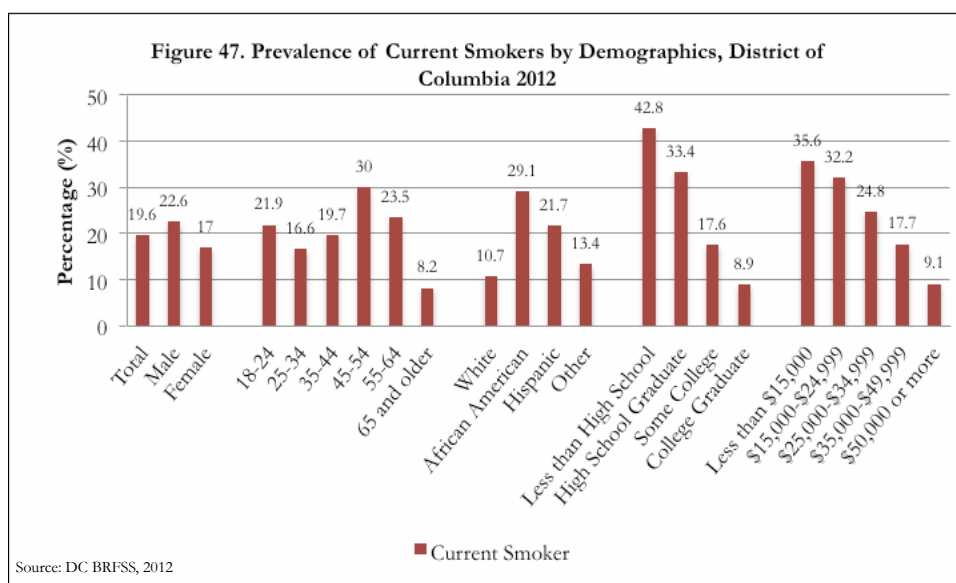
[1]Centers for Disease Control and Prevention. Smoking and Tobacco Use. Health Effects of Cigarette Smoking. http://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/#overview

Tobacco Use

BRFSS Question

Tobacco Use - Quit Attempts

"During the past 12 months, have you stopped smoking for one day or longer because you were trying to quite smoking?"

This map shows the percentage of District adults who tried to quit smoking for one day or longer within the past 12 months.
- District adults who resided in Wards 2 and 3 were less likely to quit smoking one day or longer within the past 12 months.
- District adults who resided in Ward 7 were more likely to try and quit smoking one day or longer within the past 12 months.

Figure 48. District Residents who Stop Smoking One Day or Longer within the Past 12 Months by Ward, District of Columbia, 2012

Legend
- 36.0 - 48.0
- 48.01 - 71.3
- 71.31 - 75.4
- 75.41 - 96.0

Source: DC BRFSS, 2012

Individuals who stop smoking reduce their risk for disease and premature death. Although the health benefits are greater for individuals who stop smoking at earlier ages; quitting at any age have benefits. Individuals who stop smoking are more likely to see one or more of the following health benefits:[1]
- Lowered risk for lung cancer and many other types of cancer.
- Reduced risk for coronary heart disease, stroke, and peripheral vascular disease.
- Reduced coronary heart disease risk within 1 to 2 years of quitting.
- Reduced respiratory symptoms, such as coughing, wheezing, and shortness of breath. The rate of decline in lung function is slower among people who quit smoking than among those who continue to smoke.
- Reduced risk of developing chronic obstructive pulmonary disease (COPD), one of the leading causes of death in the United States.
- Reduced risk for infertility in women of reproductive age. Women who stop smoking during pregnancy also reduce their risk of having a low birth weight baby.

District adults who smoked were asked if they stopped smoking for one day or longer within the past 12 months because they were trying to quit. Overall, 69.8% of respondents tried to quit smoking for one day or longer within the past 12 months (Figure 49).

District adults who were more likely to try and quit smoking one day or longer within the past 12 months were:
- Female
- Aged 18-24 years old
- Race/ethnic group Other
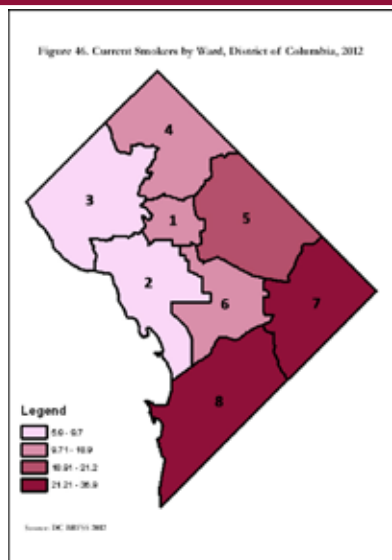- Have less than a high school education and high school graduate
- Household income $25,000-$34,999
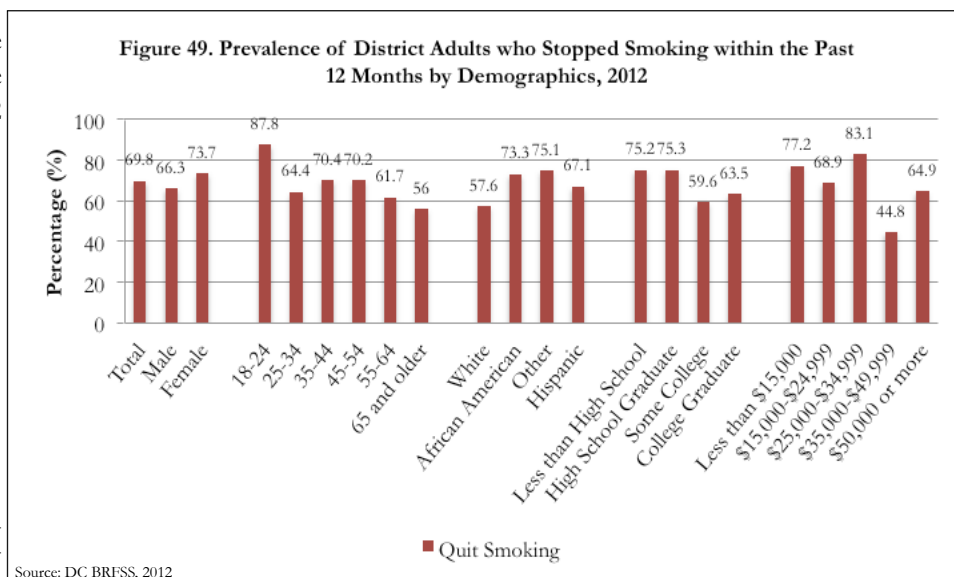
Note: Race/ethnic group Other= Asian, Native Hawaiian, Pacific Islander, American Indian, Alaska Native or Multiracial

Figure 49. Prevalence of District Adults who Stopped Smoking within the Past 12 Months by Demographics, 2012

Quit Smoking

Source: DC BRFSS, 2012

[1]Centers for Disease Control and Prevention. Quitting Smoking. http://www.cdc.gov/tobacco/data_statistics/fact_sheets/cessation/quitting/index.htm Assessed June 17, 2014

Arthritis Burden

This map shows the percentage of District adults who were told by a doctor, nurse or other health professional that they have arthritis.

- District adults who resided in Wards 1 and 6 were less likely to be told by a doctor, nurse or other health professional that they had arthritis.
- District adults who resided in Ward 8 were more likely to be told by a doctor, nurse or other health professional that they had arthritis.

Figure 50. Residents who were told by a Doctor or Health Professional that they have Arthritis by Ward, District of Columbia, 2012
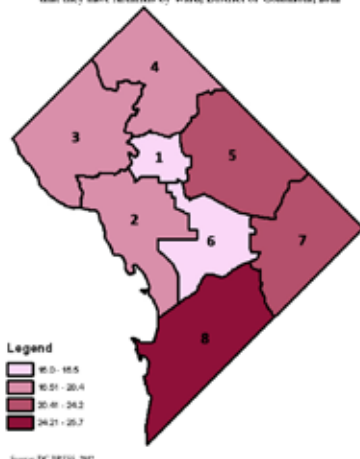
Legend
- 16.0 - 18.5
- 18.51 - 20.4
- 20.41 - 24.2
- 24.21 - 25.7

Source: DC BRFSS, 2012

In the United States, arthritis is the most common cause of disability limiting the activities of nearly 21 million adults. Improving the quality of life for individuals affected by arthritis and other rheumatic conditions vital to their overall health and well-being.[1]

District adults were asked if they had ever been told by a doctor, nurse or other health professional that they had some form of arthritis, rheumatoid arthritis, gout, lupus or fibromyalgia. Overall, 18.2 % of adults were told by a doctor, nurse or other health professional that they had arthritis (Figure 51).

District adults who were diagnosed with arthritis were:
- Female
- Aged 65 or older
- African American
- Have less than a high school education
- Household income less than $15,000

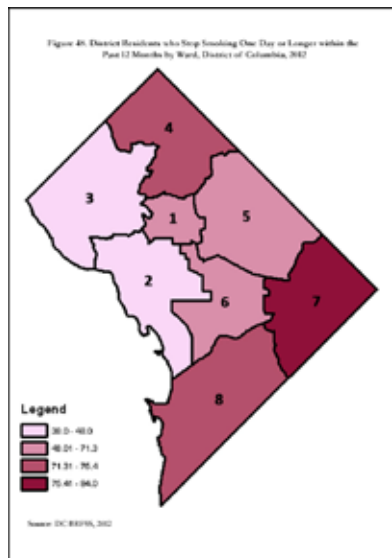Figure 51. Prevalence of Arthritis by Demographics, District of Columbia 2012
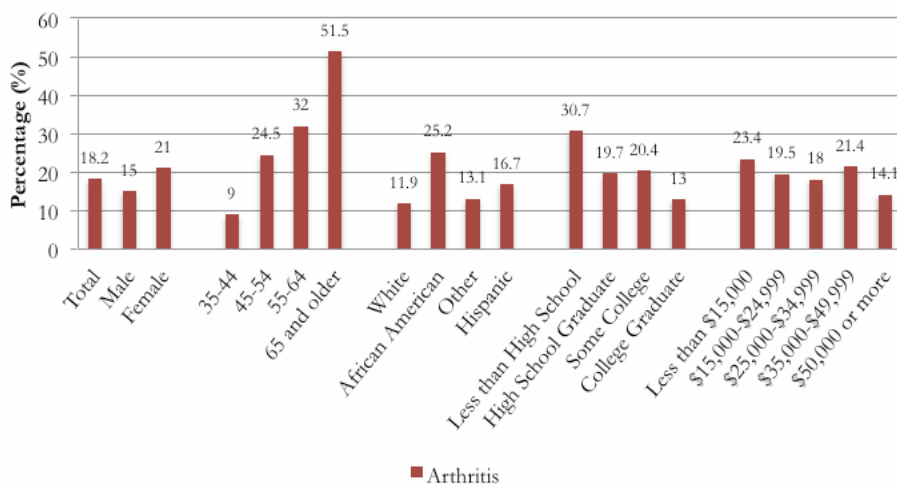
Source: DC BRFSS, 2012

Asthma

This map shows the percentage of District adults who told by a doctor, nurse or other health professional that they had asthma.

- District adults who resided in Wards 1 and 2 were less likely to be told by a doctor, nurse or other health professional that they had asthma.
- District adults who resided in Wards 5 and 8 were more likely to be told by a doctor, nurse or other health professional that they had asthma.

Figure 52. Resident who were told by a Doctor that they have Asthma by Ward, District of Columbia, 2012

Legend
- 10.3
- 10.31- 14.6
- 14.61- 16.7
- 16.71- 20.6

Source: DC BRFSS

Asthma is a lifelong disease that causes wheezing, breathlessness, chest tightness, and coughing. It can limit an individuals quality of life. The number of individuals diagnosed with asthma grew by 4.3 million from 2001 to 2009.[1]

District residents were asked if they have ever been told by a doctor, nurse or other health professional that they had asthma. Overall, 14.7% of District adults were told by a doctor, nurse or other health professional that they have asthma (Figure 53).

District adults who were told by a doctor, nurse or health professional that they have asthma were more likely to be:

- Female
- Aged 25-34 years old
- African American
- Have less than a high school education
- Household income $15,000-$24,999

Figure 53. Percentage of District Adults who had been Told by a Doctor, they had Asthma by Demographics, District of Columbia 2012

Source: DC BRFSS, 2012
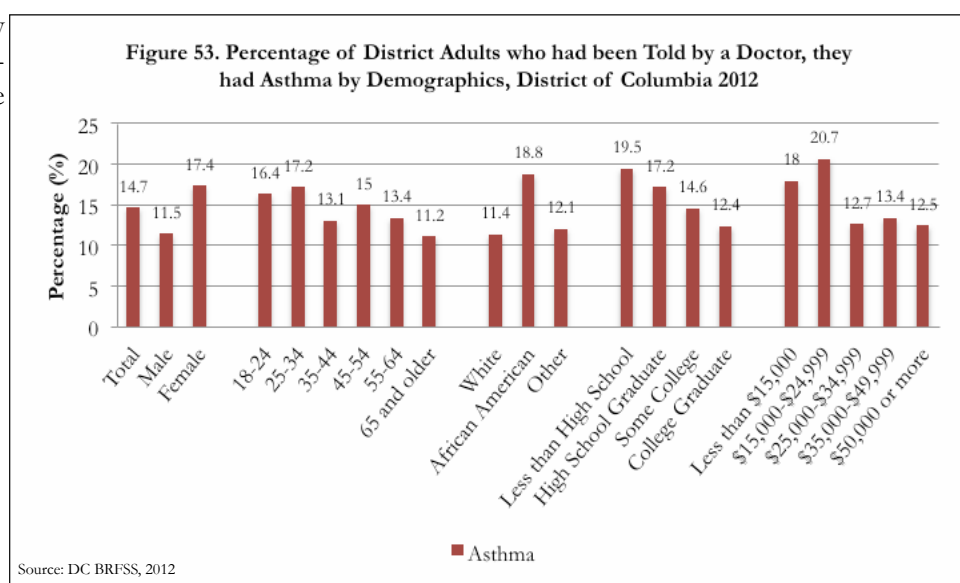
Cancer

This map shows the percentage of District adults who told by a doctor, nurse or health professional that they had some other form of cancer than skin cancer.

- District adults who resided in Ward 8 were less likely to be told by a doctor nurse, or other health professional that they had cancer.
- District adults who resided in Ward 3 were more likely to be told by a doctor, nurse or other health professional that they had cancer.

Note: *Ward 1 RSE >30 and/or numerator <20, use caution in interpreting results*

Figure 54. Residents who were told by a Doctor or Health Professional that they had Some Other Type of Cancer Other than Skin Cancer by Ward, District of Columbia, 2012

Legend
- 3.2 - 3.5
- 3.61 - 4.2
- 4.21 - 5.8
- 5.81 - 8.0

Source: DC BRFSS, 2012

Cancer is the second leading cause of death in the District of Columbia and United States exceeded only by heart disease.[1] In 2012 cancer ranked seventh in hospitalizations in the District.[1] A person's cancer risk can be reduced in other ways by receiving regular medical care, avoiding tobacco, limiting alcohol use, avoiding excessive exposure to ultraviolet rays from the sun and tanning beds, eating a diet rich in fruits and vegetables, maintaining a healthy weight, and being physically active.[1]

District adults were asked if they have ever been told by a doctor, nurse or other health professional that they have some other type of cancer other than skin cancer. Overall, 4.6% of District adults were told by a doctor, nurse or other health professional that they had cancer (Figure 55).

District adults who were told by a doctor, nurse or other health professional that they had cancer were more likely to be:
- Female
- Aged 65 and older
- African American
- Some college
- Household income $35,000-$49,999

Figure 55. District Adults who had Been Told they had Cancer by Demographics, District of Columbia 2012
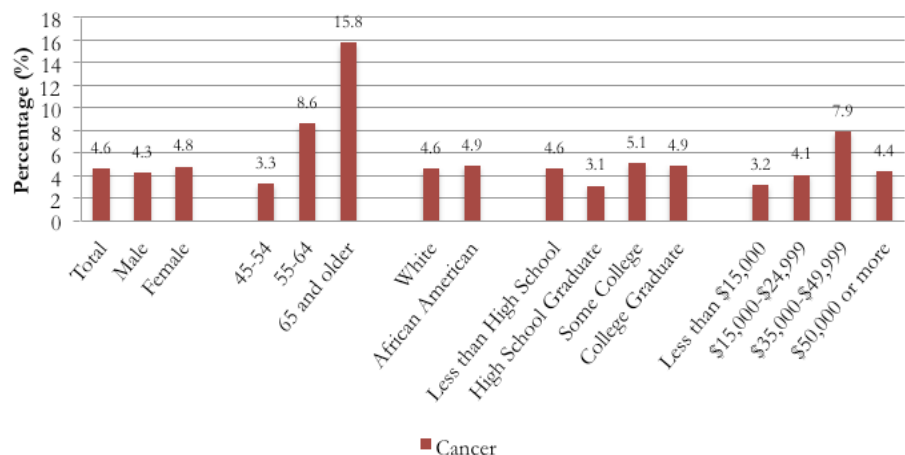
Source: DC BRFSS, 2012

Race/ethnic group Other = suppressed if cell size is <50
Note: Race/ethnic group Other= Asian, Native Hawaiian, Pacific Islander, American Indian, Alaska Native or Multiracial

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[1]Centers for Disease Control and Prevention. Cancer Prevention. http://www.cdc.gov/cancer/dcpc/prevention/ Assessed June 17, 2014

Cardiovascular Disease

This map shows the percentage of District adults who were told by a doctor, nurse or other health professional that they had heart disease.

- District adults who resided in Wards 5 and 8 were more likely to be told by a doctor, nurse or other health professional that they had heart disease.

Figure 56. Residents who were told by a Doctor or Health Professional they had Heart Disease by Ward, District of Columbia, 2012

Legend
- 2.1 - 2.6
- 2.61 - 3.0
- 3.01 - 3.4
- 3.41 - 5.7

Source: DC BRFSS, 2012

Note: *Wards 1, 2, 6 and 7, RSE >30 and/or numerator <20, use caution in interpreting results*
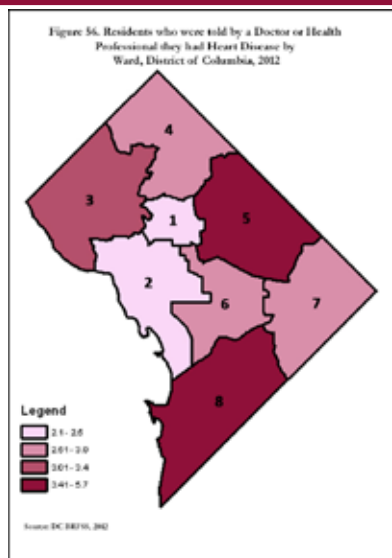
In the District of Columbia heart disease is the leading cause of death. Heart disease is second leading cause of hospitalizations exceeded by pregnancy related hospitalizations.[1] In the United States, the most common type of heart disease is coronary artery disease (CAD), which can lead to a heart attack.[2]

District adults were asked if they have ever been told by doctor, nurse or other health professional that they have heart disease. Overall, 3.1% of District adults were told they had heart disease (Figure 57).

District adults who were told by a doctor, nurse or other health professional that they had heart disease were more likely to be:

- Male
- Aged 65 years or older
- African American
- Have less than a high school education
- Household income less than $15,000

Figure 57. Percentage of District Adults who were Told by a Doctor that they had Heart Disease by Demographics, 2012

Source: DC BRFSS, 2012
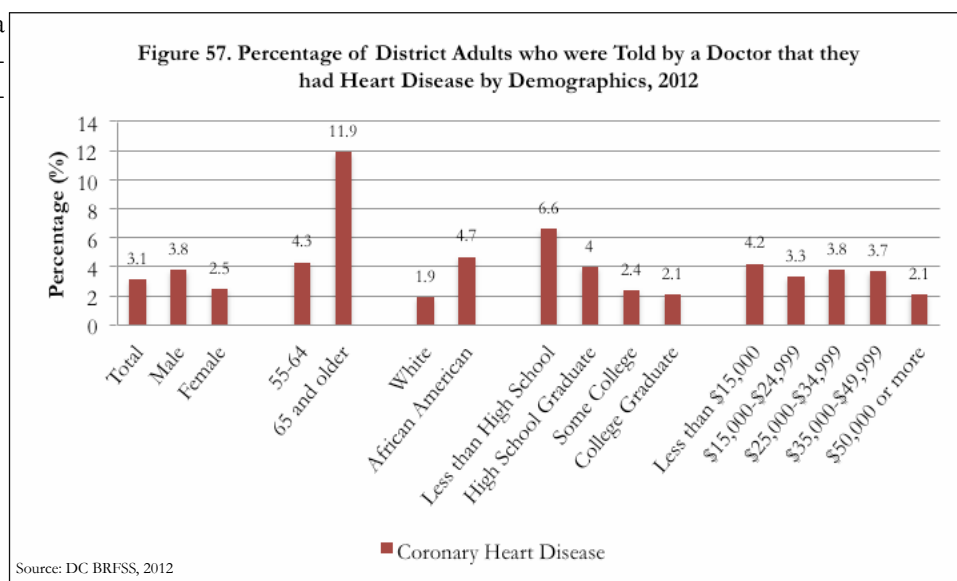
Note: Age groups 18-44 have been suppressed due to the cell size <50.
Race/ethnic groups Other and Hispanic percentages were suppressed because cell size was <50,

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[1]Centers for Disease Control and Prevention. Heart Disease. http://www.cdc.gov/heartdisease/index.htm Assessed June 17, 2014

Cardiovascular Disease
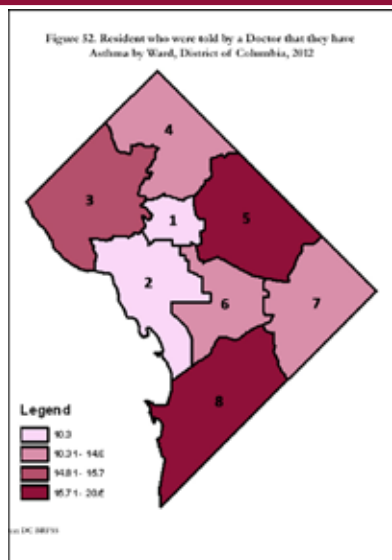
This map shows the percentage of District adults who were told by a doctor, nurse or other health professional that they had a heart attack.

- District adults who resided in Wards 5 and 8 were more likely to be told by a doctor, nurse or other health professional that they had a heart attack.

Figure 58. Residents who were told by a Doctor or Health Professional that they had a Heart Attack by Ward, District of Columbia, 2012

Legend
- 1.9 - 2.0
- 2.01 - 2.2
- 2.21 - 4.1
- 4.11 - 5.4

Source: DC BRFSS, 2012
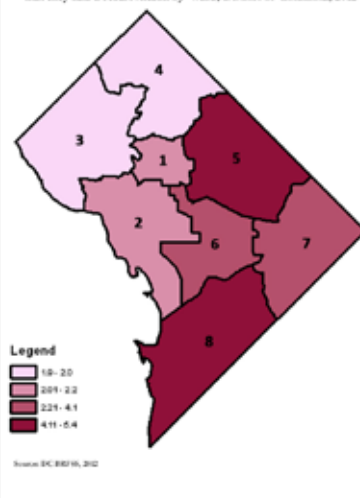
Note: *Wards 1, 2, 3 and 4, RSE >30 and/or numerator <20, use caution in interpreting results*

A heart attack, also called a myocardial infarction, occurs when a section of the heart muscle dies or gets damaged because of reduced blood supply. Coronary Artery Disease (CAD) is the main cause of heart attack. A less common cause is a severe spasm of a coronary artery, which also can prevent blood supply from reaching the heart.

District adults were asked if they have ever been told by a doctor, nurse or other health professional that they had a heart attack. Overall, 3.1% of adults were told that they had a heart attack (Figure 59).

District adults who were told by a doctor, nurse or other health professional that they had a heart attack were more likely to be:
- Male
- Aged 65 years or older
- African American
- Have less than a high school education
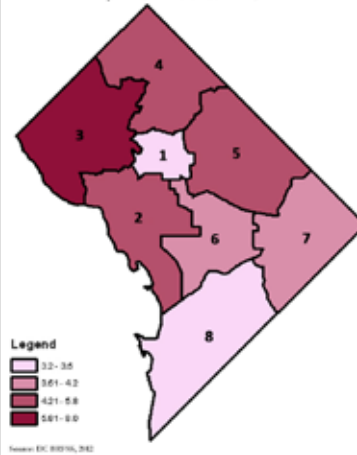- Household income between $15,000-$24,000

Figure 59. Percentage of District Adults who Stated they have Been Told by a Doctor they had a Heart Attack by Demographics, 2012

Source: DC BRFSS, 2012
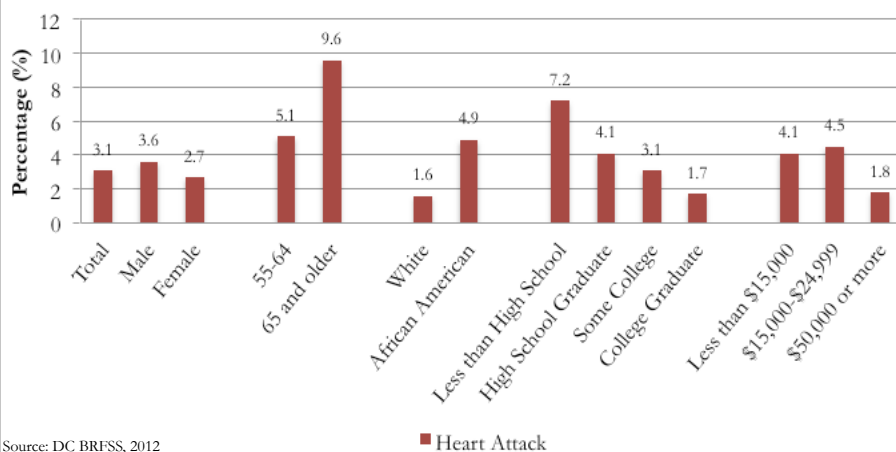
Note: Race/ethnic group Hispanic percentages were suppressed because cell size was <50,

Source: Center for Disease Control and Prevention. Heart Attack. http://www.cdc.gov/heartdisease/heart_attack.htm Assessed June 17, 2014

Cardiovascular Disease

This map shows the percentage of District adults who were told by a doctor, nurse or other health professional that they had a stroke.

- District adults who resided in Wards 5 and 8 were more likely to be told by a doctor, nurse or other health professional that they had a stroke.

Figure 60. Residents who were told by a Doctor they had a Stroke by Ward, District of Columbia, 2012

Legend
- 1.7 - 1.9
- 19.1 - 2.5
- 2.5.1 - 4.6
- 4.6.1 - 5.4

Source: DC BRFSS
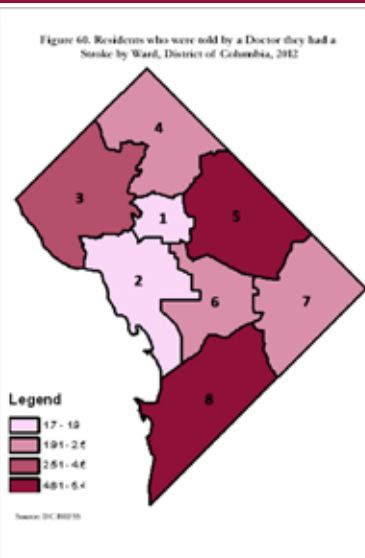
Note: *Wards 1, 2, 3, 4 and 6, RSE >30 and/or numerator <20, use caution in interpreting results*

A stroke occurs when the blood supply to the brain is blocked or when a blood vessel in the brain ruptures, causing brain tissue to die. Stroke is the fourth leading cause of death in the United States and is a major cause of adult disability. About 800,000 people in the United States have a stroke each year.

District adults were asked if they had ever been told by a doctor, nurse or other health professional that they had a stroke. Overall, 3.2% of District adults were told they had a stroke (Figure 61).

District adults who were told by a doctor, nurse or other health professional that they had a stroke were more likely to be:
- Female
- Aged 65 and older
- African American
- Have less than a high school education
- Household income $15,0-00-$24,999

Figure 61. Percentage of District Adults who were Told by a Doctor they had a Stroke by Demographics, 2012

Source: DC BRFSS, 2012
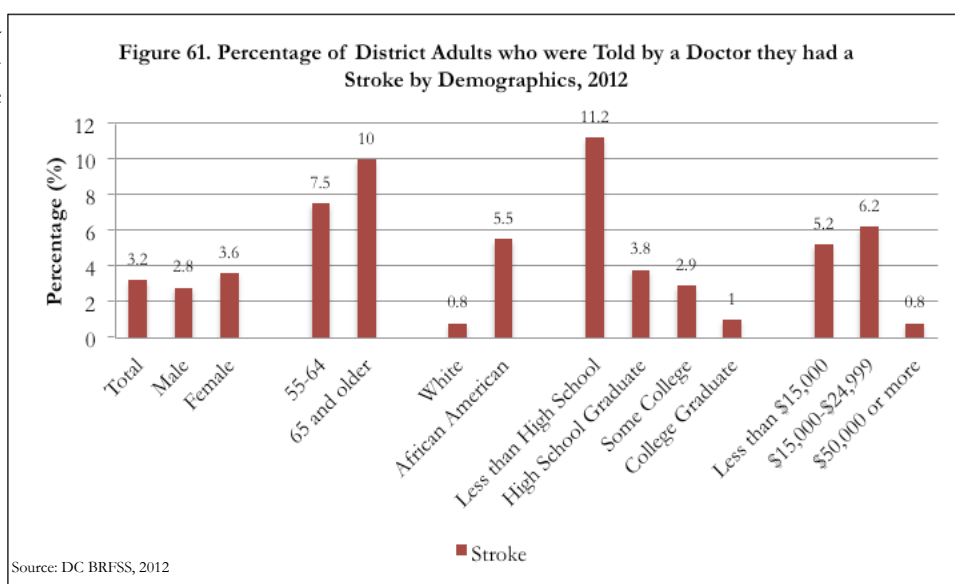
Note: Age groups 18-44 have been suppressed, cell size <50.
Race/ethnic groups Other and Hispanic percentages were suppressed because cell size was <50,

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[1]Centers for Disease Control and Prevention. Stroke. http://www.cdc.gov/stroke/ Assessed June 17, 2014

COPD

This map shows the percentage of District adults who were told by a doctor, nurse or other health professional that they had COPD.

Figure 62. Residents who were told by a Doctor or Health Professional that they have COPD by Ward, District of Columbia, 2012

Legend
- 1.4
- 1.41 - 4.7
- 4.71 - 6.5
- 6.51 - 9.0

Source: DC BRFSS, 2012

Note: *Wards 1, 2, 3, 5, 6, 7 and 8, RSE >30 and/or numerator <20, use caution in interpreting results*

Chronic lower respiratory diseases, primarily chronic obstructive pulmonary disease (COPD) was the sixth leading cause of death and sixth leading cause of hospitalizations in the District of Columbia in 2012.[1] COPD, refers to a group of diseases that cause airflow blockage and breathing-related problems. It includes emphysema, chronic bronchitis, and in some cases asthma. In the United States, tobacco use is a key factor in the development and progression of COPD, but asthma, exposure to air pollutants in the home and workplace, genetic factors, and respiratory infections also play a role.[2]

District adults were asked if they had ever been told by a doctor, nurse or other health professional that they had COPD. Overall, 4.5% of respondents were told that they had COPD (Figure 63).

District adults who were told by a doctor, nurse or other health professional that they had COPD were more likely to be:
- Female
- Aged 55-64 years old
- African American
- Have less than a high school education
- Household income less than $15,000

Figure 63. Percentage of District Adults who were Told by a Doctor they had COPD by Demographics, 2012

Source: DC BRFSS, 2012
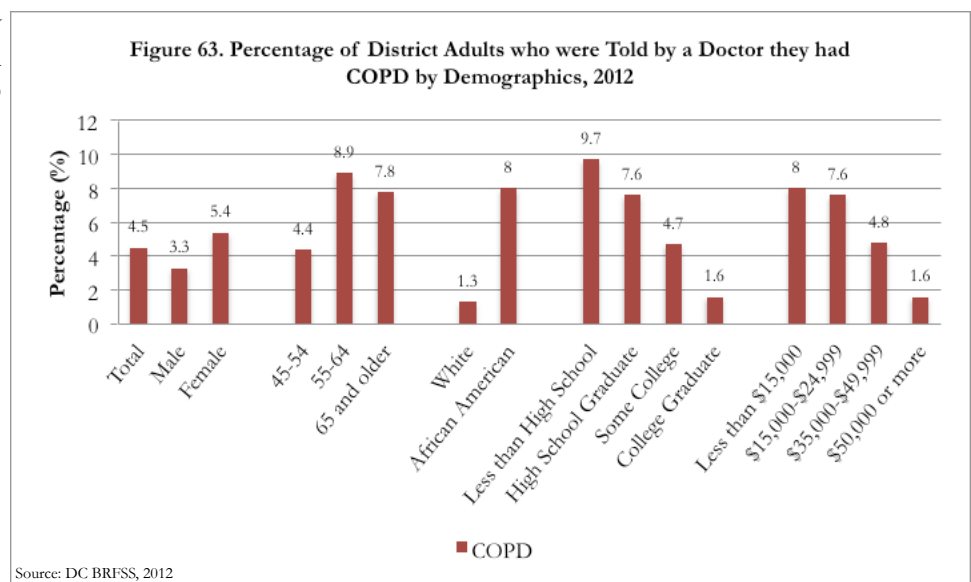
Note: Race/ethnic groups Other and Hispanic percentages were suppressed because cell size was <50, Age groups 18-34 have been suppressed because cell size was <50.

Source: Centers for Disease Control and Prevention. What is COPD. http://www.cdc.gov/copd/ Assessed June 17, 2014

Depression

This map shows the percentage of District adults who were told by a doctor, nurse or other health professional that they suffer from depression.

- District adults who resided in Wards 5 and 6 were less likely to be told by a doctor, nurse or other health professional that they suffer from depression.
- District adults who resided in Wards 1 and 4 were more likely to be told by a doctor, nurse or other health professional that they suffer from depression.

Figure 64. Residents who were told by a Doctor or Health Professional that they Suffer from Depression by Ward, District of Columbia, 2012

Legend
- 9.7 - 12.2
- 12.21 - 14.8
- 14.81 - 16.0
- 16.01 - 20.0

Source: DC BRFSS, 2012

Depression is characterized by depressed or sad mood, diminished interest in activities which used to be pleasurable, weight gain or loss, psychomotor agitation or retardation, fatigue, inappropriate quilt, difficulties concentrating, as well as recurrent thoughts of death. According to the American Psychiatric Association (APA) individuals who have five or more of the fore-mentioned symptoms must be present for a continue period of at least two weeks to be determined as depression. Depression can adversely affect the course and outcome of common chronic conditions, such as arthritis, asthma, cardiovascular disease, cancer, diabetes, and obesity. Depression also can result in increased work absenteeism, short-term disability, and decreased productivity.[1]

District adults were asked if they have ever been told by a doctor, nurse or other health professional that they had depression. Overall, 16.3% of adults were told that they suffer from depression (Figure 65).

District adults who were told by a doctor, nurse or other health professional that they suffer from depression were more likely to be:

- Female
- Aged 45-54 years old
- No difference among race/ethnic groups
- Have less than a high school education
- Household income less than $15,000

Figure 65. Percentage of District Adults who were Told by a Doctor they Suffer from Depression by Demographics, 2012

Source: DC BRFSS, 2012

Depression

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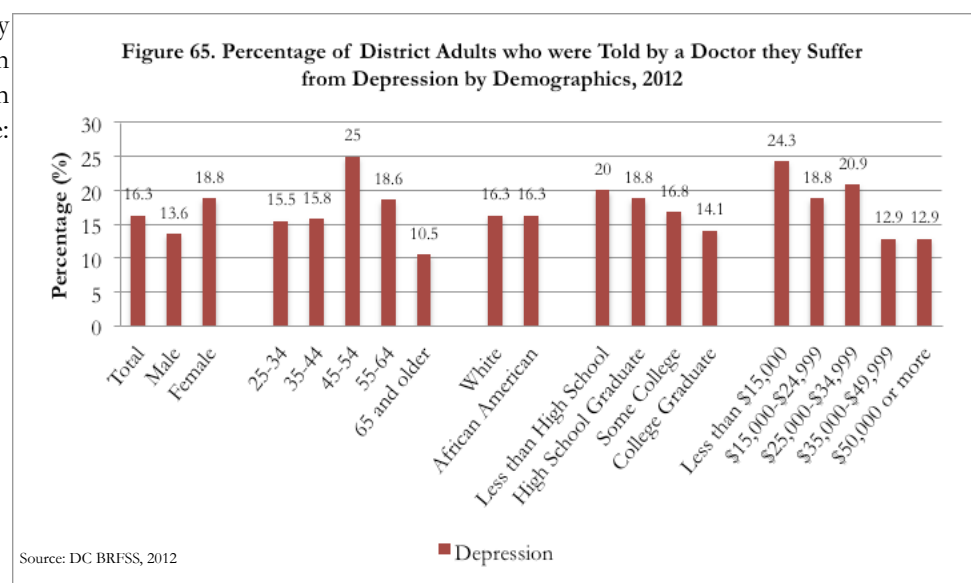
[1]Centers for Disease Control and Prevention. Mental Health. Depression. http://www.cdc.gov/mentalhealth/basics/mental-illness/depression.htm Assessed June 17, 2014

Diabetes

This map shows the percentage of District adults who were told by a doctor, nurse or other health professional that they have diabetes.

- District adults who resided in Wards 2 and 3 were less likely to be told by a doctor, nurse or other health professional that they had diabetes.
- District adults who resided in Ward 5 were more likely to be told by a doctor, nurse or other health professional that they had diabetes.

Figure 66. Residents who were told by a Doctor or Health Professional that they have Diabetes by Ward, District of Columbia, 2012
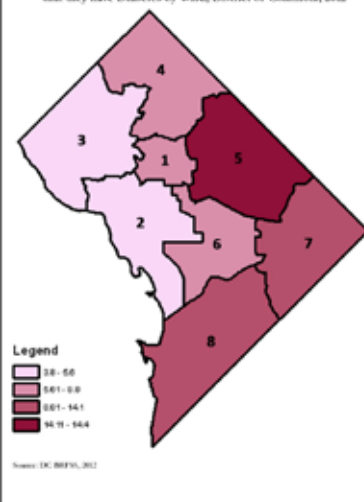
Legend
- 3.8 - 5.6
- 5.61 - 8.8
- 8.81 - 14.1
- 14.11 - 14.4

Source: DC BRFSS, 2012

Diabetes is a disease in which blood glucose levels are above normal. Most of the food we eat is turned into glucose, or sugar, for our bodies to use for energy. Diabetes can cause serious health complications including heart disease, blindness, kidney failure, and lower-extremity amputations.

In the District of Columbia diabetes is the fifth leading cause of death and the eighth leading cause of hospitalizations in 2012.[1] Diabetes is the seventh leading cause of death in the United States. As of 2010, 25.8 million people—8.3% of the U.S. population—have diabetes; 1.9 million new cases of diabetes were diagnosed in people aged 20 years or older in 2010.[2]

District adults were asked if they have ever been told by a doctor, nurse or other health professional that they had diabetes. Overall, 8.2% of District adults were told that they had diabetes (Figure 67).

District adults who were told by a doctor, nurse or other health professional that they had diabetes were more likely to be:

- Aged 65 years and old
- African American
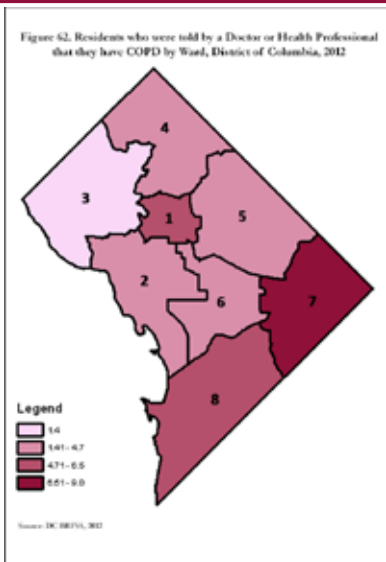- Have less than a high school education
- Household income $15,000-$24,999

Note: No difference between gender

Age group 18-24 percentages were suppressed because cell size was <50

Race/ethnic groups Other and Hispanic percentages were suppressed because cell size was <50,

Figure 67. Percentage of District Adults who were Told by a Doctor that they had Diabetes by Demographics, 2012
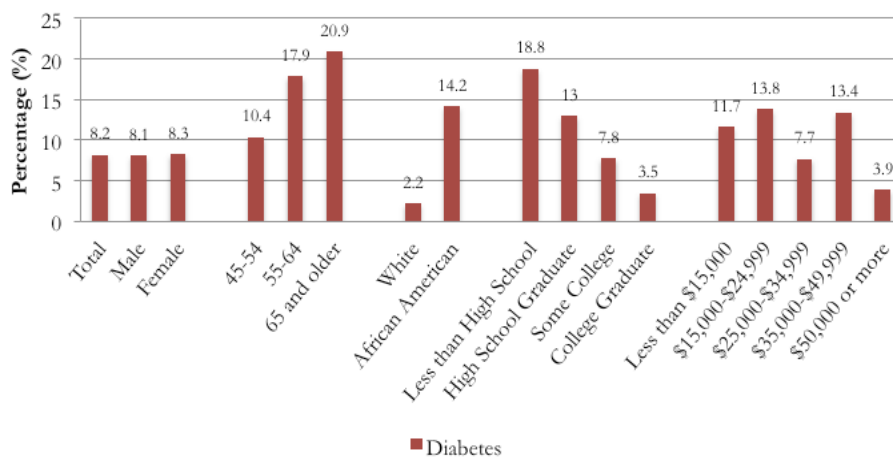
Source: DC BRFSS, 2012

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[1] District of Columbia Department of Health, Center for Policy, Planning and Evaluation, Vital Records, and State Health Planning and Development. - Hospitalizations data provided by Hospital Association

[2] Centers for Disease Control and Prevention. Diabetes Public Health Resource. Basics About Diabetes. http://www.cdc.gov/diabetes/consumer/learn.htm

Kidney Disease

This map shows the percentage of District adults who were told by a doctor, nurse or other health professional that they have kidney disease.

- District adults who resided in Ward 3 were less likely to be told by a doctor, nurse or other health professional that they had kidney disease.
- District adults who resided in Ward 5 were more likely to be told by a doctor, nurse or other health professional that they had kidney disease.

Note: Wards 1 and 3 cell size less <50. Use caution interpreting. map

Figure 68. Residents who were told by a Doctor or Health Professional that they have Kidney Disease by Ward, District of Columbia, 2012
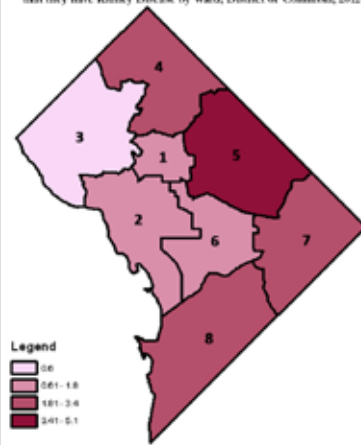
Legend
- 0.6
- 0.61 - 1.8
- 1.81 - 3.4
- 3.41 - 5.1

Source: DC BRFSS, 2012

Chronic kidney disease (CKD) is a condition in which the kidneys are damaged and cannot filter blood as well as it should. Damage to the kidney can cause wastes to build up in the body and lead to other health problems, including cardiovascular disease (CVD), anemia, and bone disease. CKD is usually an irreversible and progressive disease and can lead to kidney failure, also called End Stage Renal Disease (ESRD), over time if it is not treated.[1]

District adults were asked if they had ever been told by a doctor, nurse or other health professional that they have kidney disease. Overall, 2.5% of District adults were told that they had kidney disease (Figure 69).

District adults who were told by a doctor, nurse or other health professional that they had kidney disease were more likely to be:

- Male
- Aged 65 years or older
- African American
- Have less than a high school education
- Household income $15,000-$24,999

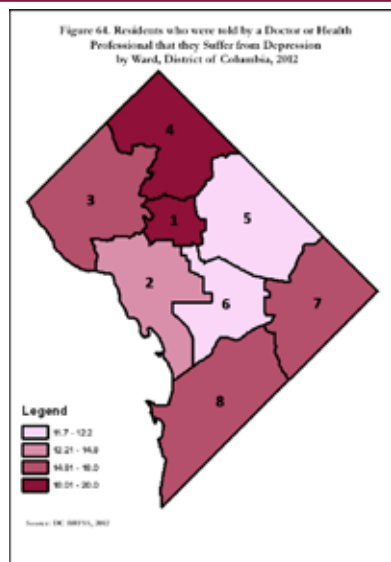
Figure 69. Percentage of District Adults who were Told by a Doctor that they had Kidney Disease by Demographics, 2012
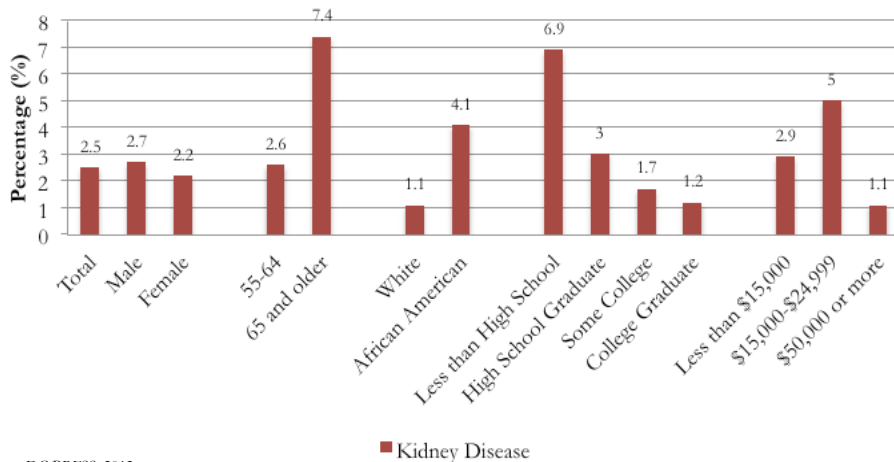
Source: DC BRFSS, 2012

Note: Age groups 18-54 were suppressed due to cell size <50.

Income subgroups $25,000-$49,999 were suppressed due to cell size <50

Source: Centers for Disease Control and Prevention. Diabetes Public Health Resource. 2014 National Chronic Kidney Disease Fact Sheet. http://www.cdc.gov/diabetes/pubs/factsheets/kidney.htm Assessed June 17, 2014.

Skin Cancer

This map shows the percentage of District adults who were told by a doctor, nurse or other health professional that they have skin cancer.

- District adults who resided in Ward 3 were more likely to be told by a doctor, nurse or other health professional that they had skin cancer.

Figure 70. Residents who were told by a Doctor that they had Skin Cancer by Ward, District of Columbia, 2012

Legend
- 0.1 - 08
- 08.1 - 3.0
- 3.01 - 4.5
- 4.31 - 7.5

Source: DC BRFSS
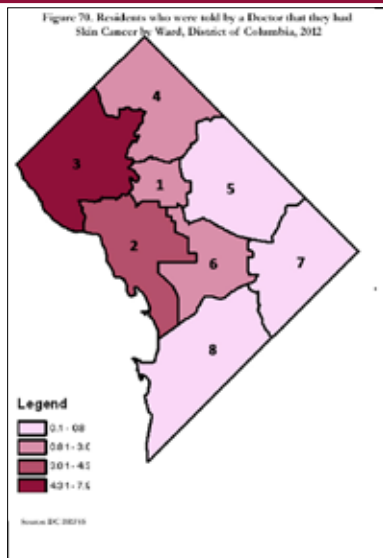
Note: Note: *Wards 1, 4, 5, 6, 7 and 8, RSE >30 and/or numerator <20, use caution in interpreting results*

Skin cancer is the most common form of cancer in the United States. Melanoma, the third most common skin cancer, is more dangerous and causes the most deaths. The majority of these three types of skin cancer are caused by exposure to ultraviolet (UV) light.[1]

District adults were asked if they had ever been told by a doctor, nurse or other health professional that they had skin cancer. Overall, 2.3% of District adults were told that they had skin cancer (Figure 71).

District adults who were told by a doctor, nurse or other health professional that they had skin cancer were more likely to be:

- Male
- Aged 65 or older
- College graduate
- White/Caucasian

Figure 71. Percentage of District Adults who were Told by a Doctor they had Skin Cancer by Demographics, 2012

Source: DC BRFSS, 2012
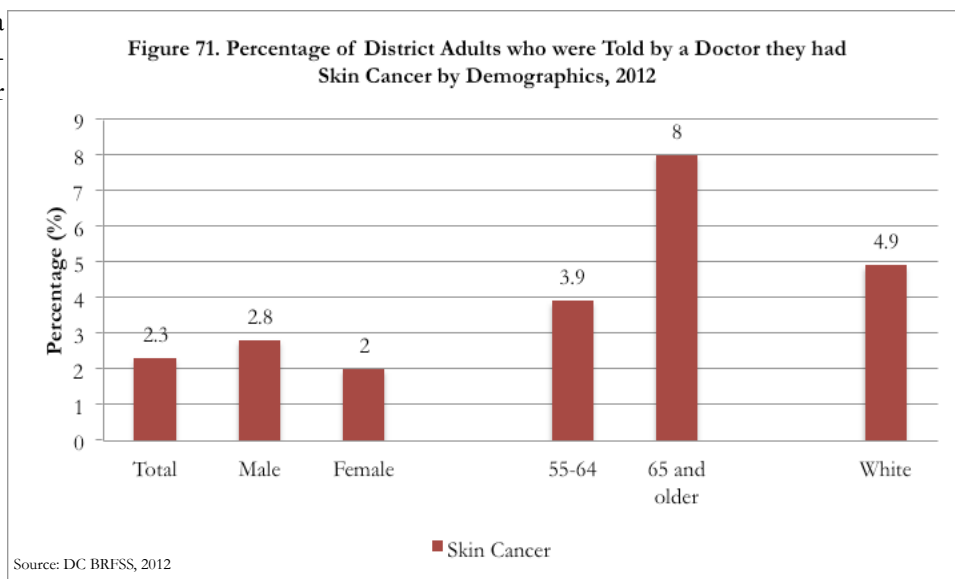
Note: Age groups (18-44), race/ethnic (African American, Hispanic and Other), education levels (less than high school, high school graduate and income levels)$25,000-$49,999

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[1]Centers for Disease Control and Prevention. Skin Cancer. What is Skin Cancer. http://www.cdc.gov/cancer/skin/basic_info/what-is-skin-cancer.htm Assessed June 17, 2014
[2] Centers for Disease Control and Prevention. Skin Cancer. Skin Cancer Statistis. http://www.cdc.gov/cancer/skin/statistics/index.htm Assessed June 17, 2014

Vision or Eye Problem

This map shows the percentage of District adults who were told by a doctor, nurse or other health professional that they have a vision or eye problem.

- District adults who resided in Ward 3 were less likely to be told by a doctor, nurse or other health professional that they had a vision or eye problem.
- District adults who resided in Ward 6 were more likely to be told by a doctor, nurse or other health professional that they had a vision or eye problem.

Figure 72. Residents who were told by a Doctor or Health Professional that they have a Vision or Eye Problem by Ward, District of Columbia, 2012.

Legend

Source: DC BRFSS, 2012

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

District adults were asked if they had ever been told by a doctor, nurse or other health professional that they had vision or eye problems. Overall, 15.1% of District adults were told that they had a vision or eye problem (Figure 73).

District adults who were told by a doctor, nurse or other health professional that they had a vision or eye problem were more likely to be:

- Female
- Aged 45-54 years old
- Race/ethnic group Other
- Have less than a high school education
- Household income less than $15,000

Figure 73. Percentage of District Adults who were Told by a Doctor that they had a Vision or Eye Problem by Demographics, 2012

Source: DC BRFSS, 2012

Note: Race/ethnic group Other= Asian, Native Hawaiian, Pacific Islander, American Indian, Alaska Native or Multiracial

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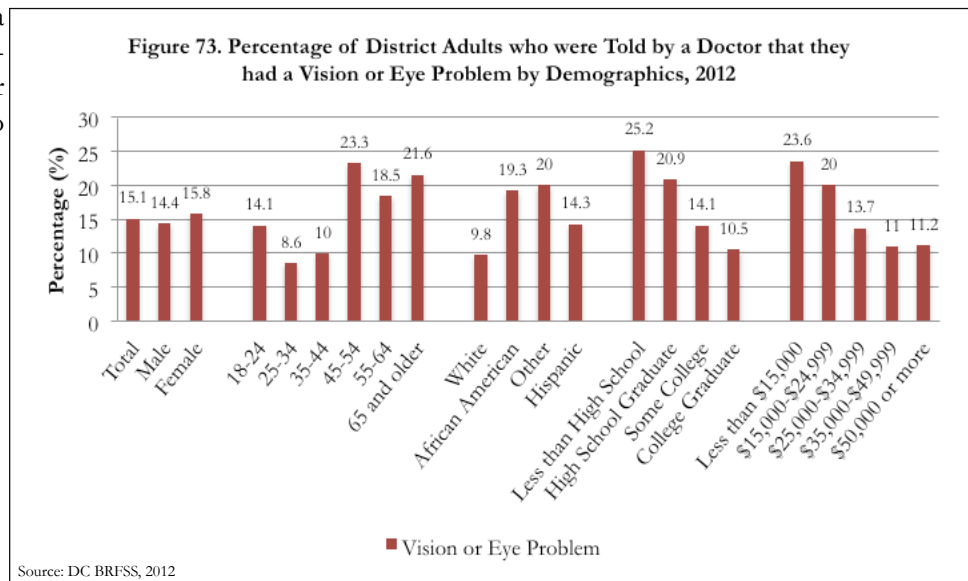
[1]Centers for Disease Control and Prevention. Vision Health Initiative. Fast Facts. http://www.cdc.gov/visionhealth/basic_information/fast_facts.htm Assessed June 17, 2014.

TABLES

Table 5. Health Limitation Due to Disability by Demographics and Ward Respondents were categorized as Disabled if they responded yes to either of the following questions: "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 cane, a wheelchair, a special bed, or a special telephone?", BRFSS 2012 - Combined Responses

	Disability
Total	21.3 (19.1-23.4)
Gender	
Male	20.3 (17.2-23.5)
Female	22.1 (19.1-25.0)
Age	
18-24	17.2 (9.3-25.1)
25-34	11.1 (6.9-15.2)
35-44	15.8 (11.0-20.5)
45-54	23.3 (18.5-28.1)
55-64	31.3 (26.1-36.5)
65 or older	27.8 (34.1-41.4)
Race/Ethnicity	
White, non-Hispanic	16.6 (13.1-20.1)
Black, non-Hispanic	26.9 (23.8-29.9)
Hispanic	17.5 (9.0-26.1)
Other	17.6 (9.7-25.5)
Education	
Less than High School	39.0 (30.4-47.6)
High School Graduate	26.2 (21.2-31.1)
Some College or Technical School	24.9 (19.3-30.5)
College Graduate	12.8 (10.8-14.8)
Income	
Less than $15,000	38.3 (30.8-45.7)
$15,000-$24,999	33.0 (25.5-40.5)
$25,000-$34,999	20.1 (12.5-27.6)
$35,000-$49,999	15.1 (10.4-19.8)
$50,000 or more	12.5 (10.1-14.9)
Ward	
Ward 1	20.0 (13.3-26.6)
Ward 2	18.1 (12.3-24.0)
Ward 3	18.0 (13.4-22.6)
Ward 4	19.9 (14.7-25.0)
Ward 5	21.8 (16.5-27.0)
Ward 6	20.1 (14.5-25.7)
Ward 7	27.7 (20.9-34.6)
Ward 8	26.6 (19.5-33.6)

Table 6. Perceived Health Status by Demographics and Ward "How would you rate your general health?", BRFSS 2012

	Fair or Poor Health
Total	12.1 (10.6-13.6)
Gender	
Male	12.0 (9.6-14.4)
Female	12.1 (10.2-14.0)
Age	
18-24	*
25-34	7.0 (3.8-10.2)
35-44	8.1 (4.6-11.6)
45-54	13.2 (4.6-11.6)
55-64	19.7 (15.7-23.7)
65 or older	23.9 (20.5-27.2)
Race/Ethnicity	
White, non-Hispanic	4.4 (3.0-5.9)
Black, non-Hispanic	19.3 (16.7-22.0)
Hispanic	12.4 (6.0-18.9)
Other	9.2 (3.8-14.6)
Education	
Less than High School	25.0 (18.7-32.5)
High School Graduate	19.8 (15.9-23.8)
Some College or Technical School	12.6 (9.3-15.9)
College Graduate	4.9 (3.9-6.3)
Income	
Less than $15,000	24.8 (18.9-30.7)
$15,000-$24,999	21.9 (16.1-27.7)
$25,000-$34,999	10.5 (5.6-15.4)
$35,000-$49,999	9.7 (6.2-13.3)
$50,000 or more	4.3 (2.9-5.6)
Ward	
Ward 1	8.7 (4.2-13.3)
Ward 2	9.4 (5.0-13.9)
Ward 3	5.9 (3.8-8.0)
Ward 4	11.2 (7.2-15.3)
Ward 5	14.2 (9.8-18.7)
Ward 6	9.9 (6.0-13.7)
Ward 7	17.1 (12.2-22.1)
Ward 8	27.8 (20.5-35.0)

Estimates marked with a "" have been suppressed due to either the Relative Standard Error (RSE) >30, cell size <50 or numerator is <20.*

Table 7. Health Care Coverage by Demographics and Ward Respondents aged 18-64 who have any form of health care coverage, BRFSS 2012

	No
Total	9.8 (7.9-11.6)
Gender	
Male	12.6 (9.3-15.8)
Female	7.2 (5.2-9.2)
Age	
18-24	*
25-34	12.3 (8.2-16.3)
35-44	6.4 (3.3-9.5)
45-54	11.7 (7.1-16.2)
55-64	5.7 (3.3-8.2)
Race/Ethnicity	
White, non-Hispanic	5.4 (3.0-7.8)
Black, non-Hispanic	12.2 (9.6-15.4)
Hispanic	*
Other	9.7 (3.4-16.0)
Education	
Less than High School	*
High School Graduate	13.5 (8.9-18.0)
Some College or Technical School	12.3 (7.5-17.1)
College Graduate	6.2 (4.2-8.2)
Income	
Less than $15,000	14.2 (8.3-20.2)
$15,000-$24,999	20.7 (13.3-28.0)
$25,000-$34,999	21.2 (11.2-31.1)
$35,000-$49,999	*
$50,000 or more	3.2 (1.8-4.7)

Estimates marked with a "" have been suppressed due to either the Relative Standard Error (RSE) >30, cell size <50 or numerator is <20.*

Table 8. Medical Care Cost by Demographics and Ward "Was there a time in the past 12 months when you needed to see a doctor but could not because of costs?", BRFSS 2012

	Yes
Total	12.1 (10.1-14.2)
Gender	
Male	10.5 (7.7-13.3)
Female	13.5 (10.5-16.5)
Age	
18-24	21.0 (12.7-29.2)
25-34	12.6 (8.3-17.0)
35-44	9.1 (5.4-12.8)
45-54	14.0 (9.0-19.0)
55-64	12.2 (7.1-17.2)
65 or older	3.7 (2.3-5.1)
Race/Ethnicity	
White, non-Hispanic	8.2 (5.0-11.3)
Black, non-Hispanic	13.8 (11.2-16.9)
Hispanic	26.9 (15.8-38.0)
Other	*
Education	
Less than High School	21.8 (13.5-30.1)
High School Graduate	12.7 (8.4-17.1)
Some College or Technical School	16.4 (10.8-22.0)
College Graduate	7.3 (5.2-9.4)
Income	
Less than $15,000	22.4 (15.4-29.3)
$15,000-$24,999	20.2 (13.1-27.4)
$25,000-$34,999	17.1 (8.2-26.0)
$35,000-$49,999	13.9 (6.8-21.0)
$50,000 or more	5.0 (2.8-7.2)
Ward	
Ward 1	*
Ward 2	⋆
Ward 3	⋆
Ward 4	7.7 (3.5-12.0)
Ward 5	10.2 (5.3-15.1)
Ward 6	10.5 (4.1-17.0)
Ward 7	16.3 (9.5-23.1)
Ward 8	13.9 (7.9-19.8)

Estimates marked with a "*" have been suppressed due to either the Relative Standard Error (RSE) >30, cell size <50 or numerator is <20.

Table 9. Binge Drinking by Demographics and Ward Binge drinkers (males having five or more drinks on one occasion, females having four or more drinks on one occasion), BRFSS 2012

	Yes
Total	23.1(20.6-25.6)
Gender	
Male	27.2 (23.4-31.00
Female	19.6 (16.2-23.0)
Age	
18-24	38.0 (28.3-47.7)
25-34	37.8 (31.5-44.1)
35-44	22.4 (17.4-27.3)
45-54	15.2 (11.4-19.0)
55-64	9.6 (6.5-12.7)
65 or older	5.0 (2.9-7.1)
Race/Ethnicity	
White, non-Hispanic	34.4 (29.9-38.9)
Black, non-Hispanic	14.3 (11.3-16.9)
Hispanic	15.5 (9.1-25.3)
Other	19.9 (10.0-29.9)
Education	
Less than High School	12.0 (6.0-8.0)
High School Graduate	19.4 (13.8-24.9)
Some College or Technical School	18.6 (12.9-24.3)
College Graduate	29.5 (25.9-33.2)
Income	
Less than $15,000	21.6 (14.5-28.7)
$15,000-$24,999	13.3 (7.4-19.1)
$25,000-$34,999	26.7 (16.3-37.1)
$35,000-$49,999	33.4 (24.1-42.6)
$50,000 or more	25.4 (21.8-29.0)
Ward	
Ward 1	16.9 (9.2-24.6)
Ward 2	30.2 (21.0-39.4)
Ward 3	13.6 (9.2-18.0)
Ward 4	19.8 (12.3-27.3)
Ward 5	18.4 (11.8-25.0)
Ward 6	19.2 (11.5-26.9)
Ward 7	20.6 (13.6-27.6)
Ward 8	18.2 (11.0-25.5)

Table 10. Heavy Drinking by Demographics and Ward Heavy drinkers (adult men having more than two drinks per day and adult women having more than one drink per day), BRFSS 2012

	Yes
Total	8.1 (6.4-9.7)
Gender	
Male	7.0 (4.8-9.3)
Female	9.0 (6.6-11.3)
Age	
18-24	*
25-34	10.8 (6.5-15.0)
35-44	7.0 (4.2-9.8)
45-54	5.9 (3.6-8.2)
55-64	6.4 (4.0-8.7)
65 or older	5.0 (2.9-7.1)
Race/Ethnicity	
White, non-Hispanic	12.6 (9.3-15.8)
Black, non-Hispanic	4.6 (3.3-6.5)
Hispanic	*
Other	*
Education	
Less than High School	*
High School Graduate	4.9 (3.0-8.0)
Some College or Technical School	6.5 (3.6-11.7)
College Graduate	11.1 (8.8-14.0)
Income	
Less than $15,000	*
$15,000-$24,999	*
$25,000-$34,999	*
$35,000-$49,999	11.2 (5.8-20.2)
$50,000 or more	8.6 (6.7-11.0)
Ward	
Ward 1	*
Ward 2	12.0 (6.7-20.7)
Ward 3	7.0 (4.5-10.8)
Ward 4	10.1 (5.5-17.9)
Ward 5	9.3 (5.5-15.5)
Ward 6	6.4 (3.3-12.2)
Ward 7	*
Ward 8	*

Estimates marked with a "" have been suppressed due to either the Relative Standard Error (RSE) >30, cell size <50 or numerator is <20.*

Table 11. Blood Stool Test by Demographics and Ward Respondents aged 50+who have had a blood stool test within the past 2 years, BRFSS 2012

	No
Total	**78.1 (75.7-80.5)**
Gender	
Male	78.2 (74.3-82.2)
Female	78.0 (75.0-81.0)
Age	
50-54	85.9 (80.5-91.4)
55-64	80.1 (76.2-84.0)
65 or older	72.1 (68.5-75.7)
Race/Ethnicity	
White, non-Hispanic	76.5 (73.3-79.7)
Black, non-Hispanic	77.4 (73.9-81.0)
Hispanic	*
Other	89.7 (83.4-96.1)
Education	
Less than High School	82.1 (74.4-89.9)
High School Graduate	81.6 (76.5-86.7)
Some College or Technical School	75.7 (70.3-81.2)
College Graduate	76.1 (73.2-78.9)
Income	
Less than $15,000	81.0 (72.5-89.4)
$15,000-$24,999	84.0 (77.8-90.1)
$25,000-$34,999	80.0 (68.9-91.0)
$35,000-$49,999	74.7 (67.0-82.5)
$50,000 or more	76.2 (73.0-79.3)
Ward	
Ward 1	75.4 (66.2-84.5)
Ward 2	82.5 (75.7-89.4)
Ward 3	72.5 (67.5-77.6)
Ward 4	76.4 (69.9-83.0)
Ward 5	74.1 (65.7-82.4)
Ward 6	81.4 (74.8-88.0)
Ward 7	76.9 (69.1-84.7)
Ward 8	82.8 (76.1-89.6)

Estimates marked with a "" have been suppressed due to either the Relative Standard Error (RSE) >30, cell size <50 or numerator is <20.*

Table 12. Sigmoidoscopy or Colonoscopy by Demographics and Ward Respondents aged 50+who have had a blood stool test within the past 2 years, BRFSS 2012

	No
Total	**30.0 (26.9-33.2)**
Gender	
Male	33.3 (28.1-38.6)
Female	27.4 (23.5-31.4)
Age	
50-54	49.4 (41.8-57.1)
55-64	31.1 (25.3-36.9)
65 or older	18.8 (15.2-22.4)
Race/Ethnicity	
White, non-Hispanic	21.3 (18.0-24.7)
Black, non-Hispanic	32.3 (28.1-36.5)
Hispanic	*
Other	38.8 (23.6-54.0)
Education	
Less than High School	41.7 (30.5-52.9)
High School Graduate	36.0 (29.4-42.7)
Some College or Technical School	32.3 (25.5-39.0)
College Graduate	21.0 (18.1-23.8)
Income	
Less than $15,000	37.0 (27.6-46.5)
$15,000-$24,999	44.3 (33.8-54.8)
$25,000-$34,999	38.8 (25.3-52.3)
$35,000-$49,999	29.8 (18.1-41.6)
$50,000 or more	23.4 (20.0-27.3)
Ward	
Ward 1	25.0 (15.0-34.9)
Ward 2	29.8 (19.2-40.4)
Ward 3	17.5 (13.0-22.1)
Ward 4	25.7 (18.3-33.1)
Ward 5	22.7 (14.8-30.6)
Ward 6	28.9 (19.9-38.0)
Ward 7	34.7 (25.4-44.1)
Ward 8	45.8 (35.2-56.3)

Estimates marked with a "" have been suppressed due to either the Relative Standard Error (RSE) >30, cell size <50 or numerator is <20.*

Table 13. Falls by Demographics and Ward "In the past 3 months, how many times have you fallen?", BRFSS 2012

	One or More (N=716) 27.6 (24.9-30.3)
Total	27.6 (24.9-30.3)
Gender	
Male	23.9 (20.1-27.7)
Female	30.8 (27.1-34.5)
Age	
18-24	*
25-34	*
35-44	*
45-54	25.0 (20.3-29.7)
55-64	30.8 (25.2-36.3)
65 or older	27.5 (23.9-31.1)
Race/Ethnicity	
White, non-Hispanic	30.3 (27.0-33.7)
Black, non-Hispanic	27.1 (23.4-30.8)
Hispanic	-
Other	25.7 (13.3-38.0)
Education	
Less than High School	34.4 (24.4-44.4)
High School Graduate	25.3 (19.9-30.7)
Some College or Technical School	24.3 (18.7-29.9)
College Graduate	27.7 (24.9-30.5)
Income	
Less than $15,000	33.1 (24.9-41.4)
$15,000-$24,999	30.8 (21.2-40.5)
$25,000-$34,999	28.2 (15.6-40.8)
$35,000-$49,999	27.4 (19.4-35.3)
$50,000 or more	25.9 (22.8-29.1)
Ward	
Ward 1	32.7 (22.3-43.2)
Ward 2	32.4 (23.1-41.8)
Ward 3	24.2 (19.9-28.6)
Ward 4	25.9 (19.6-32.2)
Ward 5	28.3 (20.6-36.0)
Ward 6	29.5 (22.4-36.6)
Ward 7	25.0 (17.3-32.7)
Ward 8	28.7 (19.2-38.3)

Estimates marked with a "" have been suppressed due to either the Relative Standard Error (RSE) >30, cell size <50 or numerator is <20.*

Table 14. Falls Injury by Demographics and Ward "How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor?", BRFSS 2012

	One or More
Total	**45.4 (39.4-51.3)**
Gender	
Male	37.7 (28.7-46.7)
Female	50.5 (42.8-58.1)
Age	
18-24	*
25-34	*
35-44	*
45-54	46.3 (35.7-56.9)
55-64	51.6 (40.0-63.2)
65 or older	38.6 (30.9-46.4)
Race/Ethnicity	
White, non-Hispanic	34.3 (28.3-40.3)
Black, non-Hispanic	49.1 (40.9-57.3)
Hispanic	-
Other	54.2 (27.0-81.4)
Education	
Less than High School	62.6 (45.0-80.2)
High School Graduate	52.1 (40.2-64.0)
Some College or Technical School	49.8 (36.5-63.0)
College Graduate	31.5 (26.5-36.4)
Income	
Less than $15,000	64.1 (50.7-77.5)
$15,000-$24,999	59.2 (40.0-78.4)
$25,000-$34,999	50.8 (23.6-78.1)
$35,000-$49,999	38.5 (23.3-53.8)
$50,000 or more	31.0 (24.6-37.4)
Ward	
Ward 1	43.8 (23.1-64.5)
Ward 2	33.3 (15.4-51.3)
Ward 3	38.6 (29.4-47.8)
Ward 4	21.3 (10.5-32.1)
Ward 5	43.7 (26.9-60.5)
Ward 6	49.6 (36.3-62.9)
Ward 7	60.0 (43.4-76.5)
Ward 8	65.6 (47.0-84.3)

Estimates marked with a "" have been suppressed due to either the Relative Standard Error (RSE) >30, cell size <50 or numerator is <20.*

Table 15. HIV Testing by Demographics and Ward "Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth", BRFSS 2012

	No
Total	33.7 (31.2-36.4)
Gender	
Male	31.9 (28.2-35.9)
Female	35.4 (31.8-39.1)
Age	
18-24	50.9 (40.9-61.0)
25-34	22.7 (17.2-28.2)
35-44	18.3 (14.1-23.4)
45-54	17.3 (13.9-21.3)
55-64	36.9 (31.8-42.2)
65 or older	66.5 (62.6-70.4)
Race/Ethnicity	
White, non-Hispanic	41.3 (36.9-45.9)
Black, non-Hispanic	22.9 (20.3-25.7)
Other*	35.7 (25.4-47.4)
Hispanic	49.2 (38.7-59.9)
Education	
Less than High School	35.2 (26.5-45.0)
High School Graduate	27.3 (21.5-33.1)
Some College or Technical School	32.7 (26.7-39.3)
College Graduate	36.1 (32.8-39.7)
Income	
Less than $15,000	28.1 (20.9-36.6)
$15,000-$24,999	32.4 (25.2-40.5)
$25,000-$34,999	32.1 (22.3-43.6)
$35,000-$49,999	34.7 (27.0-43.3)
$50,000 or more	35.1 (31.5-38.9)
Ward	
Ward 1	20.3 (12.0-28.6)
Ward 2	34.6 (24.7-44.4)
Ward 3	47.9 (41.4-54.5)
Ward 4	35.4 (28.4-42.4)
Ward 5	28.6 (22.4-34.8)
Ward 6	29.7 (21.8-37.5)
Ward 7	23.1 (17.5-28.8)
Ward 8	16.0 (10.9-21.1)

Table 16. HIV Risk by Demographics and Ward "I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one. You have used intravenous drugs in the past year. You have been treated for a sexually transmitted or venereal disease in the past year. You have given or received money or drugs in exchange for sex in the past year. You had anal sex without a condom in the past year. Do any of these situations apply to you?", BRFSS 2012

	Yes
Total	**7.7 (6.0-9.4)**
Gender	
Male	9.8 (7.1-12.5)
Female	5.8 (4.0-8.3)
Age	
18-24	11.4 (5.5-17.3)
25-34	10.9 (6.6-15.1)
35-44	7.5 (4.8-11.5)
45-54	7.2 (4.7-11.0)
55-64	5.8 (2.5-12.8)
65 or older	0.9 (0.5-1.7)
Race/Ethnicity	
White, non-Hispanic	5.9 (3.6-8.4)
Black, non-Hispanic	9.4 (6.5-11.7)
Education	
Less than High School	12.5 (5.0-20.2)
High School Graduate	9.7 (5.9-13.3)
Some College or Technical School	6.7 (3.1-10.4)
College Graduate	6.1 (4.1-8.2)
Income	
Less than $15,000	7.7 (3.8-11.8)
$15,000-$24,999	15.2 (8.0-22.6)
$25,000-$34,999	*
$35,000-$49,999	9.6 (2.9-16.6)
$50,000 or more	4.6 (2.8-6.3)
Ward	
Ward 1	8.9 (2.3-15.5)
Ward 2	5.2 (0.8-9.5)
Ward 3	1.0 (0.2-1.7)
Ward 4	5.9 (2.0-9.9)
Ward 5	4.3 (1.0-7.6)
Ward 6	13.2 (6.1-20.3)
Ward 7	10.7 (4.6-16.9)
Ward 8	9.6 (3.8-15.4)

Estimates marked with a "" have been suppressed due to either the Relative Standard Error (RSE) >30, cell size <50 or numerator is <20.*

Table 17. Seasonal Flu Shot/Spray by Demographics and Ward "During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?", BRFSS 2012

	No
Total	63.1(60.1-65.0)
Gender	
Male	65.3 (60.9-68.2)
Female	61.6 (57.4-64.2)
Age	
18-24	77.6 (68.0-84.1)
25-34	66.8 (60.5-72.4)
35-44	66.0 (60.2-71.1)
45-54	65.6 (59.9-70.3)
55-64	56.2 (50.5-61.0)
65 or older	43.3 (38.9-46.7)
Race/Ethnicity	
White, non-Hispanic	54.8 (50.4-59.0)
Black, non-Hispanic	68.2 (63.4-70.1)
Other*	*
Hispanic	*
Education	
Less than High School	69.3 (60.8-76.6)
High School Graduate	70.8 (64.7-75.7)
Some College or Technical School	66.7 (59.7-71.2)
College Graduate	56.8 (53.0-59.9)
Income	
Less than $15,000	70.3 (62.9-76.8)
$15,000-$24,999	76.8 (71.6-82.1)
$25,000-$34,999	65.7 (55.5-75.6)
$35,000-$49,999	68.0 (60.3-75.4)
$50,000 or more	56.2 (52.3-59.6)
Ward	
Ward 1	56.5 (46.8-66.1)
Ward 2	50.1 (40.6-59.6)
Ward 3	40.8 (34.4-47.2)
Ward 4	66.1 (59.2-72.9)
Ward 5	69.2 (63.0-75.4)
Ward 6	55.0 (46.6-63.4)
Ward 7	65.0 (57.4-72.5)
Ward 8	66.3 (58.8-73.9)

Estimates marked with a "" have been suppressed due to either the Relative Standard Error (RSE) >30, cell size <50 or numerator is <20.*

Table 18. Pneumonia Shot by Demographics and Ward "A pneumonia shot or a pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?", BRFSS 2012

	No
Total	**71.9 (69.5-74.2)**
Gender	
Male	58.1 (54.2-62.0)
Female	64.0 (60.6-67.4)
Age	
18-24	62.9 (53.1-72.6)
25-34	66.6 (60.7-72.6)
35-44	67.6 (62.4-72.8)
45-54	69.1 (64.1-74.2)
55-64	65.4 (60.5-70.2)
65 or older	33.2 (29.4-37.1)
Race/Ethnicity	
White, non-Hispanic	58.6 (54.3-62.8)
Black, non-Hispanic	63.3 (59.9-66.8)
Other*	*
Hispanic	*
Education	
Less than High School	73.3 (66.6-80.0)
High School Graduate	61.0 (55.0-67.0)
Some College or Technical School	53.1 (46.7-59.5)
College Graduate	62.1 (58.8-65.3)
Income	
Less than $15,000	61.8 (54.2-69.3)
$15,000-$24,999	65.0 (57.8-72.2)
$25,000-$34,999	63.9 (53.3-74.6)
$35,000-$49,999	59.6 (51.0-68.2)
$50,000 or more	60.7 (57.2-64.3)
Ward	
Ward 1	*
Ward 2	52.8 (43.5-62.2)
Ward 3	56.3 (50.3-62.4)
Ward 4	54.6 (47.1-62.1)
Ward 5	67.8 (53.9-69.2)
Ward 6	61.5 (53.9-69.2)
Ward 7	59.8 (51.9-67.7)
Ward 8	65.0 (57.1-72.9)

Estimates marked with a "" have been suppressed due to either the Relative Standard Error (RSE) >30, cell size <50 or numerator is <20.*

Table 19. Breast Cancer Screening by Demographics and Ward Women respondents aged 40+ who have had a mammogram in the past two years, BRFSS 2012

	No
Total	**19.6 (16.8-22.4)**
Age	
40-44	38.5 (27.4-49.7)
45-54	16.4 (11.7-21.1)
55-64	15.1 (10.5-19.7)
65 or older	17.6 (13.8-21.5)
Race/Ethnicity	
White, non-Hispanic	23.2 (19.1-27.5)
Black, non-Hispanic	18.2 (15.1-23.0)
Hispanic	*
Other	*
Education	
Less than High School	22.6 (12.4-32.8)
High School Graduate	16.9 (11.1-22.8)
Some College or Technical School	20.2 (14.1-26.2)
College Graduate	18.9 (15.6-22.1)
Income	
Less than $15,000	21.6 (12.4-30.9)
$15,000-$24,999	19.4 (12.1-26.6)
$25,000-$34,999	21.1 (8.9-33.4)
$35,000-$49,999	22.8 (13.5-32.2)
$50,000 or more	18.5 (14.7-22.2)
Ward	
Ward 1	19.5 (10.2-28.8)
Ward 2	25.7 (13.9-37.4)
Ward 3	19.1 (13.2-24.9)
Ward 4	18.9 (15.6-25.2
Ward 5	16.6 (9.8-23.5)
Ward 6	15.9 (10.0-21.7)
Ward 7	21.6 (11.8-31.4)
Ward 8	20.4 (9.8-31.0)

Estimates marked with a "" have been suppressed due to either the Relative Standard Error (RSE) >30, cell size <50 or numerator is <20.*

Table 20. Breast Cancer Screening by Demographics and Ward Women respondents aged 50+ who have had a mammogram in the past two years, BRFSS 2012

	No
Total	16.3 (13.6-19.0)
Age	
50-54	15.4 (9.3-21.5)
55-64	15.1 (10.5-19.7)
65 or older	17.6 (13.8-21.5)
Race/Ethnicity	
White, non-Hispanic	19.6 (15.5-23.6)
Black, non-Hispanic	14.7 (11.6-18.5)
Hispanic	*
Other	*
Education	
Less than High School	*
High School Graduate	14.6 (9.4-19.9)
Some College or Technical School	16.3 (10.8-21.9)
College Graduate	15.6 (12.5-18.6)
Income	
Less than $15,000	15.8 (7.3-24.2)
$15,000-$24,999	18.0 (10.5-25.5)
$25,000-$34,999	*
$35,000-$49,999	20.3 (10.9-29.7)
$50,000 or more	14.1 (10.8-17.3)
Ward	
Ward 1	*
Ward 2	21.3 (10.8-31.8)
Ward 3	15.2 (9.3-21.1)
Ward 4	19.5 (125-26.6)
Ward 5	11.4 (5.4-17.3)
Ward 6	16.6 (10.0-23.2)
Ward 7	16.4 (7.8-24.9)
Ward 8	*

Estimates marked with a "" have been suppressed due to either the Relative Standard Error (RSE) >30, cell size <50 or numerator is <20.*

Table 21. Pap Test by Demographics and Ward Women respondents aged 18+ who have had a pap test in the past three years, BRFSS 2012

	No
Total	18.8 (14.9-22.7)
Age	
18-24	44.8 (29.9-59.7)
25-34	10.8 (5.4-16.3)
35-44	11.9 (5.5-18.3)
45-54	*
55-64	14.7 (3.7-25.7)
65 or older	30.0 (23.5-36.4)
Race/Ethnicity	
White, non-Hispanic	16.4 (10.0-22.7)
Black, non-Hispanic	16.2 (12.5-22.1)
Hispanic	*
Other	*
Education	
Less than High School	37.5 (20.0-54.9)
High School Graduate	25.8 (15.0-36.6)
Some College or Technical School	22.1 (13.2-31.0)
College Graduate	11.2 (7.5-14.9)
Income	
Less than $15,000	20.8 (10.1-31.5)
$15,000-$24,999	22.7 (11.4-34.0)
$25,000-$34,999	25.3 (10.1-40.4)
$35,000-$49,999	20.2 (7.9-32.6)
$50,000 or more	13.9 (8.5-19.3)
Ward	
Ward 1	34.2 (18.6-49.7)
Ward 2	12.5 (4.3-20.6)
Ward 3	16.1 (6.0-26.3)
Ward 4	16.2 (6.6-25.8)
Ward 5	8.9 (2.7-15.2)
Ward 6	16.6 (5.5-27.8)
Ward 7	14.6 (3.8-25.4)
Ward 8	4.7 (0.4-9.1)

Estimates marked with a "" have been suppressed due to either the Relative Standard Error (RSE) >30, cell size <50 or numerator is <20.*

Table 22. Last Visited Dentist by Demographics and Ward "How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists", BRFSS 2012

	One year or more
Total	**28.1 (25.7-30.5)**
Gender	
Male	30.2 (26.6-33.9)
Female	26.3 (23.1-29.5)
Age	
18-24	23.3 (15.2-31.4)
25-34	32.5 (26.7-38.4)
35-44	22.5 (17.7-27.3)
45-54	25.9 (20.5-21.3)
55-64	29.3 (23.8-34.7)
65 or older	33.2 (29.2-37.1)
Race/Ethnicity	
White, non-Hispanic	21.1 (17.3-24.9)
Black, non-Hispanic	34.0 (30.6-37.4)
Hispanic	30.9 (20.2-41.6)
Other	29.3 (20.1-38.6)
Education	
Less than High School	41.5 (32.5-50.5)
High School Graduate	34.8 (29.4-40.3)
Some College or Technical School	28.1 (22.7-33.5)
College Graduate	21.8 (18.7-24.9)
Income	
Less than $15,000	33.6 (26.6-40.6)
$15,000-$24,999	38.9 (31.4-46.5)
$25,000-$34,999	35.9 (25.7-46.0)
$35,000-$49,999	38.0 (29.0-47.0)
$50,000 or more	19.3 (16.2-22.3)

Table 23. BMI by Demographics and Ward Three categories of Body Mass Index (BMI), BRFSS 2012

	Overweight	Obese
Total	30.0 (27.7-32.4)	21.9 (19.8-24.0)
Gender		
Male	35.9 (32.2-39.6)	17.9 (15.2-20.9)
Female	24.6 (21.5-27.5)	25.5 (22.7-28.8)
Age		
18-24	24.8 (16.5-33.1)	16.0 (9.0-23.0)
25-34	23.0 (17.6-28.4)	15.7 (11.5-20.0)
35-44	31.7 (26.3-37.1)	22.7 (18.1-28.5)
45-54	34.2 (28.8-39.3)	30.9 (25.7-36.4)
55-64	32.6 (27.9-37.7)	32.0 (27.9-37.8)
65 or older	38.0 (34.3-41.7)	19.1 (16.3-22.0)
Race/Ethnicity		
White, non-Hispanic	26.9 (23.4-30.6)	9.6 (7.4-11.8)
Black, non-Hispanic	34.7 (31.2-38.1)	33.7 (30.1-36.9)
Hispanic	25.3 (15.9-34.6)	24.9 (15.5-34.3)
Other	22.6 (13.8-31.5)	16.4 (8.8-24.0)
Education		
Less than High School	28.0 (20.9-36.3)	31.6 (23.3-39.9)
High School Graduate	34.5 (29.2-40.2)	32.6 (27.3-37.9)
Some College or Technical School	29.0 (23.9-34.8)	27.9 (22.5-33.2)
College Graduate	29.1 (26.0-32.2)	12.2 (10.3-14.1)
Income		
Less than $15,000	30.9 (23.7-38.3)	26.8 (20.2-32.7)
$15,000-$24,999	27.5 (21.2-33.7)	28.5 (21.7-35.2)
$25,000-$34,999	28.9 (19.4-37.6)	24.1 (15.8-32.8)
$35,000-$49,999	30.3 (21.7-38.1)	22.6 (16.6-28.8)
$50,000 or more	30.4 (27.1-33.7)	15.8 (13.4-18.5)
Ward		
Ward 1	26.3 (18.9-33.5)	19.4 (12.4-26.3)
Ward 2	30.8(21.7-39.3)	10.4 (5.7-15.3)
Ward 3	30.3 (25.2-36.2)	11.8 (7.1-16.7)
Ward 4	34.6 (27.6-41.8)	28.4 (21.8-35.0)
Ward 5	34.0 (27.4-40.4)	29.5 (22.7-36.3)
Ward 6	37.0 (28.4-44.4)	18.4 (13.3-24.3)
Ward 7	36.3 (27.9-43.8)	36.2 (28.9-44.2)
Ward 8	33.0 (25.3-40.7)	34.9 (27.1-42.8)

Table 24. Physical Activity by Demographics and Ward "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? ", BRFSS 2012

	No
Total	**17.4 (15.6-19.2)**
Gender	
Male	17.6 (14.7-20.5)
Female	17.3 (15.0-19.5)
Age	
18-24	*
25-34	9.2 (5.9-12.4)
35-44	14.0 (9.8-18.2)
45-54	21.9 (17.2-26.5)
55-64	21.2 (17.9-25.1)
65 or older	31.3 (27.6-35.0)
Race/Ethnicity	
White, non-Hispanic	6.6 (4.9-8.4)
Black, non-Hispanic	28.0 (24.9-31.3)
Hispanic	14.4 (7.3-21.5)
Other	16.9 (8.9-24.9)
Education	
Less than High School	35.9 (27.8-44.0)
High School Graduate	26.8 (22.3-31.4)
Some College or Technical School	17.0 (13.0-21.0)
College Graduate	8.3 (6.7-9.9)
Income	
Less than $15,000	28.2 (21.5-34.8)
$15,000-$24,999	26.6 (20.4-32.8)
$25,000-$34,999	24.0 (16.1-31.8)
$35,000-$49,999	17.7 (12.2-23.2)
$50,000 or more	8.9 (7.2-10.9)
Ward	
Ward 1	14.5 (8.9-20.0)
Ward 2	14.1 (6.6-21.5)
Ward 3	9.3 (6.3-12.3)
Ward 4	17.1 (12.5-21.6)
Ward 5	17.5 (13.0-22.0)
Ward 6	16.3 (10.8-21.9)
Ward 7	27.0 (20.7-33.2)
Ward 8	28.3 (21.2-35.3)

Estimates marked with a "" have been suppressed due to either the Relative Standard Error (RSE) >30, cell size <50 or numerator is <20.*

Table 25. PSA Test by Demographics and Ward Male respondents aged 40+who have had a PSA test in the past 2 years, BRFSS 2012

	No
Total	**55.5 (51.1-60.0)**
Age	
40-44	84.9 (76.7-93.1)
45-54	62.8 (53.6-71.9)
55-64	49.9 (41.7-58.1)
65 or older	31.2 (24.4-38.0)
Race/Ethnicity	
White, non-Hispanic	50.8 (44.8-56.2)
Black, non-Hispanic	56.8 (50.4-63.3)
Hispanic	*
Other	*
Education	
Less than High School	64.8 (50.0-79.6)
High School Graduate	67.5 (58.3-76.7)
Some College or Technical School	44.0 (32.7-55.3)
College Graduate	51.6 (46.6-56.5)
Income	
Less than $15,000	58.3 (44.4-72.1)
$15,000-$24,999	62.9 (50.6-75.2)
$25,000-$34,999	*
$35,000-$49,999	45.5 (25.9-65.0)
$50,000 or more	51.4 (45.9-56.9)
Ward	
Ward 1	53.4 (39.4-67.4)
Ward 2	49.4 (34.0-64.8)
Ward 3	52.3 (43.6-61.0)
Ward 4	42.8 (30.8-54.8)
Ward 5	52.3 (39.2-65.5)
Ward 6	58.5 (46.8-70.2)
Ward 7	58.4 (44.0-72.8)
Ward 8	70.8 (56.1-85.6)

Estimates marked with a "" have been suppressed due to either the Relative Standard Error (RSE) >30, cell size <50 or numerator is <20.*

Table 26. Adults Who Are Current Smokers by Demographics and Ward Calculated Variable, BRFSS 2012

	Yes
Total	**19.6 (17.3-21.9)**
Gender	
Male	22.6 (19.0-26.1)
Female	17.0 (14.0-20.0)
Age	
18-24	21.9 (13.7-30.1)
25-34	16.6 (11.8-21.5)
35-44	19.7 (14.7-24.7)
45-54	30.0 (24.0-35.9)
55-64	23.5 (18.4-28.9)
65 or older	8.2 (5.8-10.7)
Race/Ethnicity	
White, non-Hispanic	10.7 (7.7-13.8)
Black, non-Hispanic	29.1 (25.5-32.7)
Hispanic	21.7 (11.4-32.0)
Other	13.4 (7.9-21.8)
Education	
Less than High School	42.8 (33.5-52.1)
High School Graduate	33.4 (27.8-39.1)
Some College or Technical School	17.6 (12.7-22.1)
College Graduate	8.9 (6.7-11.1)
Income	
Less than $15,000	35.6 (28.2-43.2)
$15,000-$24,999	32.2 (24.4-40.0)
$25,000-$34,999	24.8 (14.7-33.5)
$35,000-$49,999	17.7 (9.9-25.6)
$50,000 or more	9.0 (7.0-11.6)
Ward	
Ward 1	19.6 (11.2-26.5)
Ward 2	9.6 (4.9-14.5)
Ward 3	5.9 (2.3-9.4)
Ward 4	18.9 (12.4-25.5)
Ward 5	21.2 (14.6-27.8)
Ward 6	16.5 (10.2-22.7)
Ward 7	30.8 (22.5-39.1)
Ward 8	36.9 (28.8-45.0)

Table 27. Cessation of Smoking by Demographics and Ward "During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?", BRFSS 2012

	Yes
Total	**69.8 (63.7-75.8)**
Gender	
Male	66.3 (57.7-75.0)
Female	73.7 (65.5-81.9)
Age	
18-24	87.8 (75.6-99.9)
25-34	64.4 (48.0-80.7)
35-44	70.4 (57.7-83.1)
45-54	70.2 (57.9-82.6)
55-64	61.7 (49.4-74.1)
65 or older	56.0 (39.8-72.1)
Race/Ethnicity	
White, non-Hispanic	57.6 (42.5-72.8)
Black, non-Hispanic	73.3 (66.6-80.1)
Hispanic	75.1 (51.4-98.7)
Other	67.1 (43.0-91.1)
Education	
Less than High School	75.2 (61.1-88.3)
High School Graduate	75.3 (67.0-83.6)
Some College or Technical School	59.6 (44.8-74.4)
College Graduate	63.5 (51.1-75.9)
Income	
Less than $15,000	77.2 (67.3-87.1)
$15,000-$24,999	68.9 (54.6-83.2)
$25,000-$34,999	83.1 (68.9-97.3)
$35,000-$49,999	44.8 (20.6-69.0)
$50,000 or more	64.9 (53.1-76.7)
Ward	
Ward 1	70.3 (52.3-88.3)
Ward 2	48.0 (22.8-73.3)
Ward 3	38.0 (7.6-68.3)
Ward 4	72.8 (58.1-87.6)
Ward 5	71.3 (56.2-86.3)
Ward 6	68.9 (50.0-87.9)
Ward 7	84.0 (71.2-96.7)
Ward 8	75.4 (62.5-88.3)

Table 28. Arthritis by Demographics and Ward Respondents who have had a doctor diagnose them as having some form of arthritis, BRFSS 2012

	Diagnosed with Arthritis
Total	**18.2 (16.6-17.8)**
Gender	
Male	15.0 (12.5-17.4)
Female	21.0 (18.8-23.2)
Age	
18-24	*
25-34	*
35-44	9.0 (5.4-12.6)
45-54	24.5 (19.3-29.7)
55-64	32.0 (27.5-36.5)
65 or older	51.5 (47.7-55.4)
Race/Ethnicity	
White, non-Hispanic	11.9 (10.3-13.5)
Black, non-Hispanic	25.2 (22.3-27.9)
Hispanic	13.1 (6.3-19.9)
Other	16.7 (9.6-23.8)
Education	
Less than High School	30.7 (23.3-38.2)
High School Graduate	19.7 (16.1-23.4)
Some College or Technical School	20.4 (16.2-24.6)
College Graduate	13.0 (11.5-14.4)
Income	
Less than $15,000	23.4 (17.8-29.1)
$15,000-$24,999	19.5 (14.8-24.2)
$25,000-$34,999	18.0 (11.6-24.5)
$35,000-$49,999	21.4 (14.7-28.1)
$50,000 or more	14.1 (12.2-15.9)
Ward	
Ward 1	16.0 (10.6-21.5)
Ward 2	19.8 (14.0-25.6)
Ward 3	20.3 (16.4-24.3)
Ward 4	20.4 (15.9-24.8)
Ward 5	24.2 (18.9-29.5)
Ward 6	16.5 (12.1-20.9)
Ward 7	23.9 (17.9-29.9)
Ward 8	25.7 (19.0-32.5)

Estimates marked with a "*" have been suppressed due to either the Relative Standard Error (RSE) >30, cell size <50 or numerator is <20.

Table 29. Asthma by Demographics and Ward "Has a doctor, nurse, or other professional ever told you that you had asthma?", BRFSS 2012

	Yes
Total	14.7 (12.8-16.6)
Gender	
Male	11.5 (9.0-14.0)
Female	17.4 (14.7-20.2)
Age	
18-24	16.4 (9.5-23.3)
25-34	17.2 (12.5-21.9)
35-44	13.1 (9.3-16.9)
45-54	15.0 (11.1-19.0)
55-64	13.4 (10.0-16.9)
65 or older	11.2 (9.1-13.3)
Race/Ethnicity	
White, non-Hispanic	11.4 (8.6-14.2)
Black, non-Hispanic	18.8 (15.3-21.2)
Hispanic	*
Other	14.0 (6.8-21.1)
Education	
Less than High School	19.5 (12.9-26.1)
High School Graduate	17.2 (12.6-21.9)
Some College or Technical School	14.6 (10.4-18.9)
College Graduate	12.4 (10.0-14.8)
Income	
Less than $15,000	18.0 (12.5-23.6)
$15,000-$24,999	20.7 (14.4-27.0)
$25,000-$34,999	12.7 (6.1-19.2)
$35,000-$49,999	13.4 (6.9-20.0)
$50,000 or more	12.5 (9.9-15.2)
Ward	
Ward 1	20.0 (11.4-28.6)
Ward 2	13.9 (7.4-20.4)
Ward 3	10.3 (7.4-13.2)
Ward 4	15.7 (10.4-21.0)
Ward 5	14.8 (9.4-20.2)
Ward 6	14.1 (8.6-19.6)
Ward 7	20.6 (13.8-27.5)
Ward 8	14.5 (9.0-20.0)

Estimates marked with a "" have been suppressed due to either the Relative Standard Error (RSE) >30, cell size <50 or numerator is <20.*

Table 30. Cancer by Demographics and Ward "Has a doctor, nurse, or other health professional ever told you that you had any of the following? [Other Cancer], BRFSS 2012

	Yes
Total	4.6 (3.8-5.3)
Gender	
Male	4.3 (3.2-5.4)
Female	4.8 (3.8-5.7)
Age	
18-24	*
25-34	*
35-44	*
45-54	3.3 (2.0-4.7)
55-64	8.6 (6.3-10.8)
65 or older	15.8 (13.3-18.4)
Race/Ethnicity	
White, non-Hispanic	4.6 (3.6-5.7)
Black, non-Hispanic	4.9 (3.7-6.0)
Hispanic	*
Other	*
Education	
Less than High School	4.6 (1.6-7.5)
High School Graduate	3.1 (2.0-4.3)
Some College or Technical School	5.1 (3.4-6.8)
College Graduate	4.9 (3.9-5.9)
Income	
Less than $15,000	3.2 (1.7-4.7)
$15,000-$24,999	4.1 (2.5-5.7)
$25,000-$34,999	*)
$35,000-$49,999	7.9 (4.2-11.7)
$50,000 or more	4.4 (3.5-5.3)
Ward	
Ward 1	*
Ward 2	5.1 (2.7-7.5)
Ward 3	8.0 (5.6-10.4)
Ward 4	5.8 (3.8-7.9)
Ward 5	5.5 (3.2-7.8)
Ward 6	4.2 (2.5-6.0)
Ward 7	3.8 (2.0-5.7)
Ward 8	3.5 (1.7-5.4)

Estimates marked with a "" have been suppressed due to either the Relative Standard Error (RSE) >30, cell size <50 or numerator is <20.*

Table 31. Angina or Coronary Heart Disease by Demographics and Ward "Has a doctor, nurse, or other professional ever told you that you had angina or coronary heart disease?", BRFSS 2012

	Yes
Total	**3.1 (2.5-3.8)**
Gender	
Male	3.8 (2.7-4.9)
Female	2.5 (1.8-3.3)
Age	
18-24	*
25-34	*
35-44	*
45-54	*
55-64	4.3 (2.5-6.0)
65 or older	11.9 (9.1-14.6)
Race/Ethnicity	
White, non-Hispanic	1.9 (1.4-2.5)
Black, non-Hispanic	4.7 (3.4-6.0)
Hispanic	*
Other	*
Education	
Less than High School	6.6 (3.1-10.1)
High School Graduate	4.0 (2.3-5.7)
Some College or Technical School	2.4 (1.2-3.5)
College Graduate	2.1 (1.6-2.6)
Income	
Less than $15,000	4.2 (2.1-6.2)
$15,000-$24,999	3.3 (1.6-5.1)
$25,000-$34,999	3.8 (0.4-7.3)
$35,000-$49,999	3.7 (1.1-6.4)
$50,000 or more	2.1 (1.6-2.7)
Ward	
Ward 1	*
Ward 2	*
Ward 3	3.4 (2.2-4.6)
Ward 4	3.0 (1.4-4.5)
Ward 5	5.4 (2.2-8.7)
Ward 6	*
Ward 7	*
Ward 8	5.7 (2.2-9.1)

Estimates marked with a "" have been suppressed due to either the Relative Standard Error (RSE) >30, cell size <50 or numerator is <20.*

Table 32. Heart Attack by Demographics and Ward "Has a doctor, nurse, or other professional ever told you that you had a heart attack, also called a myocardial infarction", BRFSS 2012

	Yes
Total	**3.1 (2.4-3.9)**
Gender	
Male	3.6 (2.4-4.8)
Female	2.7 (1.8-3.7)
Age	
18-24	*
25-34	*
35-44	*
45-54	*
55-64	5.1 (3.0-7.2)
65 or older	9.6 (7.0-12.2)
Race/Ethnicity	
White, non-Hispanic	1.6 (0.7-2.6)
Black, non-Hispanic	4.9 (3.5-6.2)
Other*	*
Hispanic	*
Education	
Less than High School	7.2 (3.3-11.1)
High School Graduate	4.1 (2.5-5.6)
Some College or Technical School	3.1 (1.7-4.6)
College Graduate	1.7 (0.8-2.5)
Income	
Less than $15,000	4.1 (2.2-6.1)
$15,000-$24,999	4.5 (2.3-6.8)
$25,000-$34,999	*
$35,000-$49,999	*
$50,000 or more	1.8 (0.8-2.7)
Ward	
Ward 1	*
Ward 2	*
Ward 3	*
Ward 4	*
Ward 5	5.4 (2.5-8.3)
Ward 6	3.7 (1.7-5.7)
Ward 7	4.1 (1.7-6.4)
Ward 8	5.2 (2.5-8.0)

Estimates marked with a "" have been suppressed due to either the Relative Standard Error (RSE) >30, cell size <50 or numerator is <20.*

Table 33. Stroke by Demographics and Ward "Has a doctor, nurse, or other professional ever told you that you had a stroke?", BRFSS 2012

	Yes
Total	3.2 (2.4-4.1)
Gender	
Male	2.8 (1.8-3.7)
Female	3.6 (2.2-4.9)
Age	
18-24	*
25-34	*
35-44	*
45-54	*
55-64	7.5 (2.9-12.1)
65 or older	10.0 (7.3-12.6)
Race/Ethnicity	
White, non-Hispanic	0.8 (0.4-1.2)
Black, non-Hispanic	5.5 (4.2-6.9)
Hispanic	*
Other	*
Education	
Less than High School	11.2 (5.5-16.8)
High School Graduate	3.8 (2.4-5.2)
Some College or Technical School	2.9 (1.5-4.2)
College Graduate	1.0 (0.6-1.3)
Income	
Less than $15,000	5.2 (2.9-7.6)
$15,000-$24,999	6.2 (1.6-10.7)
$25,000-$34,999	*
$35,000-$49,999	*
$50,000 or more	0.8 (0.5-1.3)

Estimates marked with a "" have been suppressed due to either the Relative Standard Error (RSE) >30, cell size <50 or numerator is <20.*

Table 34. COPD by Demographics and Ward "Has a doctor, nurse, or other health professional ever told you that you had any of the following? [Chronic Obstructive Pulmonary Disease, Emphysema or Chronic Bronchitis], BRFSS 2012

	Yes
Total	**4.5 (3.6-5.5)**
Gender	
Male	3.3 (2.0-4.6)
Female	5.4 (4.1-6.8)
Age	
18-24	*
25-34	*
35-44	*
45-54	4.4 (2.1-6.7)
55-64	8.9 (5.7-12.0)
65 or older	7.8 (6.0-9.6)
Race/Ethnicity	
White, non-Hispanic	1.3 (1.0-1.9)
Black, non-Hispanic	8.0 (6.2-10.2)
Hispanic	*
Other	*
Education	
Less than High School	9.7 (5.1-14.2)
High School Graduate	7.6 (5.1-10.0)
Some College or Technical School	4.7 (2.3-7.1)
College Graduate	1.6 (1.1-2.1)
Income	
Less than $15,000	8.0 (5.0-11.1)
$15,000-$24,999	7.6 (4.2-10.9)
$25,000-$34,999	*
$35,000-$49,999	4.8 (1.0-8.7)
$50,000 or more	1.6 (1.0-2.1)
Ward	
Ward 1	*
Ward 2	*
Ward 3	*
Ward 4	*
Ward 5	3.2 (1.6-4.8)
Ward 6	3.9 (2.2-5.7)
Ward 7	9.0 (4.3-13.6)
Ward 8	6.5 (3.1-9.8)

Estimates marked with a "" have been suppressed due to either the Relative Standard Error (RSE) >30, cell size <50 or numerator is <20.*

Table 35. Depressive Disorder by Demographics and Ward "Has a doctor, nurse, or other professional ever told you that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?", BRFSS 2012

	Yes
Total	**16.3 (14.4-18.3)**
Gender	
Male	13.6 (10.9-16.2)
Female	18.8 (15.9-21.6)
Age	
18-24	*
25-34	15.5 (11.1-19.9)
35-44	15.8 (11.4-20.3)
45-54	25.0 (19.6-30.3)
55-64	18.6 (15.0-22.1)
65 or older	10.5 (8.3-12.6)
Race/Ethnicity	
White, non-Hispanic	16.3 (13.1-19.4)
Black, non-Hispanic	16.3 (13.2-18.5)
Hispanic	*
Other	*
Education	
Less than High School	20.0 (13.3-26.8)
High School Graduate	18.8 (13.8-23.8)
Some College or Technical School	16.8 (12.4-21.3)
College Graduate	14.1 (11..7-16.6)
Income	
Less than $15,000	24.3 (17.8-30.8)
$15,000-$24,999	18.8 (13.1-24.5)
$25,000-$34,999	20.9 (12.1-29.7)
$35,000-$49,999	12.9 (6.2-19.6)
$50,000 or more	12.9 (10.4-15.5)
Ward	
Ward 1	20.0 (12.2-27.7)
Ward 2	14.8 (9.3-20.2)
Ward 3	16.8 (11.7-22.0)
Ward 4	18.9 (12.7-25.0)
Ward 5	12.2 (7.4-16.9)
Ward 6	11.7 (7.1-16.2)
Ward 7	17.9 (11.6-24.2)
Ward 8	18.0 (11.9-24.1)

Estimates marked with a "" have been suppressed due to either the Relative Standard Error (RSE) >30, cell size <50 or numerator is <20.*

Table 36. Diabetes by Demographics and Ward "Has a doctor, nurse, or other professional ever told you that you have diabetes?", BRFSS 2012

	Yes
Total	**8.2 (7.1-9.3)**
Gender	
Male	8.1 (6.3-9.9)
Female	8.3 (6.9-9.8)
Age	
18-24	*
25-34	*
35-44	*
45-54	10.4 (6.4-14.5)
55-64	17.9 (14.2-21.6)
65 or older	20.9 (17.9-23.9)
Race/Ethnicity	
White, non-Hispanic	2.2 (1.4-3.0)
Black, non-Hispanic	14.2 (12.3-16.4)
Hispanic	*
Other	*
Education	
Less than High School	18.8 (12.8-24.8)
High School Graduate	13.0 (9.9-16.1)
Some College or Technical School	7.8 (5.9-9.7)
College Graduate	3.5 (2.6-4.3)
Income	
Less than $15,000	11.7 (8.0-15.5)
$15,000-$24,999	13.8 (9.4-18.1)
$25,000-$34,999	7.7 (9.4-18.1)
$35,000-$49,999	13.4 (4.3-11.1)
$50,000 or more	3.9 (2.9-4.9)
Ward	
Ward 1	8.0 (4.2-11.7)
Ward 2	5.6 (2.9-8.3)
Ward 3	3.8 (2.1-5.5)
Ward 4	8.8 (6.2-11.4)
Ward 5	14.4 (9.5-10.1)
Ward 6	7.2 (4.3-10.1)
Ward 7	14.1 (9.6-18.6)
Ward 8	14.0 (9.2-18.7)

Estimates marked with a "" have been suppressed due to either the Relative Standard Error (RSE) >30, cell size <50 or numerator is <20.*

Table 37. Kidney Disease by Demographics and Ward "Has a doctor, nurse, or other health professional ever told you that you had any of the following? [Kidney Disease], BRFSS 2012

	Yes
Total	**2.5 (1.7-3.2)**
Gender	
Male	2.7 (1.6-3.7)
Female	2.2 (1.3-3.2)
Age	
18-24	*
25-34	*
35-44	*
45-54	*
55-64	2.6 (1.1-4.1)
65 or older	7.4 (5.2-9.6)
Race/Ethnicity	
White, non-Hispanic	1.1 (0.6-1.9)
Black, non-Hispanic	4.0 (2.8-5.6)
Hispanic	*
Other	*
Education	
Less than High School	6.9 (2.8-11.0)
High School Graduate	3.0 (1.3-4.7)
Some College or Technical School	1.7 (0.8-2.6)
College Graduate	1.2 (0.6-1.8)
Income	
Less than $15,000	2.9 (1.3-4.6)
$15,000-$24,999	5.0 (1.6-8.5)
$25,000-$34,999	*
$35,000-$49,999	*
$50,000 or more	1.1 (0.6-1.6)

Estimates marked with a "" have been suppressed due to either the Relative Standard Error (RSE) >30, cell size <50 or numerator is <20.*

Table 38. Skin Cancer by Demographics and Ward "Has a doctor, nurse, or other health professional ever told you that you had any of the following? [Skin Cancer], BRFSS 2012

	Yes
Total	**2.3 (1.8-2.8)**
Gender	
Male	2.8 (2.0-3.5)
Female	2.0 (1.3-2.6)
Age	
18-24	*
25-34	*
35-44	*
45-54	*
55-64	3.9 (2.6-5.2)
65 or older	8.0 (6.3-7.8)
Race/Ethnicity	
White, non-Hispanic	4.9 (3.8-6.0)
Black, non-Hispanic	*
Other*	*
Hispanic	*

Estimates marked with a "" have been suppressed due to either the Relative Standard Error (RSE) >30, cell size <50 or numerator is <20.*

Table 39. Vision Trouble by Demographics and Ward "Do you have any trouble seeing, even when wearing glasses or contact lenses?", BRFSS 2012

	Yes
Total	**15.1 (13.4-17.0)**
Gender	
Male	14.4 (11.8-17.0)
Female	15.8 (13.3-18.4)
Age	
18-24	14.1 (7.7-20.5)
25-34	8.6 (5.2-12.0)
35-44	10.0 (6.5-13.5)
45-54	23.3 (18.9-28.5)
55-64	18.5 (14.0-24.0)
65 or older	21.6 (18.4-25.1)
Race/Ethnicity	
White, non-Hispanic	9.8 (7.3-12.3)
Black, non-Hispanic	19.3 (16.6-22.0)
Hispanic	20.0 (10.8-29.2)
Other	14.3 (7.6-21.0)
Education	
Less than High School	25.2 (18.4-32.9)
High School Graduate	20.9 (16.2-25.7)
Some College or Technical School	14.1 (10.2-18.0)
College Graduate	10.5 (8.4-12.5)
Income	
Less than $15,000	23.6 (17.8-30.0)
$15,000-$24,999	20.0 (13.9-26.1)
$25,000-$34,999	13.7 (7.3-20.1)
$35,000-$49,999	11.0 (6.6-15.3)
$50,000 or more	11.2 (8.8-13.7)
Ward	
Ward 1	15.1 (8.2-22.0)
Ward 2	13.4 (7.0-19.8)
Ward 3	9.1 (6.4-11.8)
Ward 4	15.1 (9.9-20.2)
Ward 5	17.3 (11.9-22.6)
Ward 6	18.9 (12.2-25.5)
Ward 7	18.0 (12.6-23.4)
Ward 8	18.2 (12.5-23.8)