

### Health Priorities

The District of Columbia Department of Health (DC DOH) has identified the following health priorities for the general population of the District of Columbia:

Health Priorities for the General Population
Infant mortality
Cancer
Cardiovascular disease
Diabetes
HIV/AIDS

### Overview

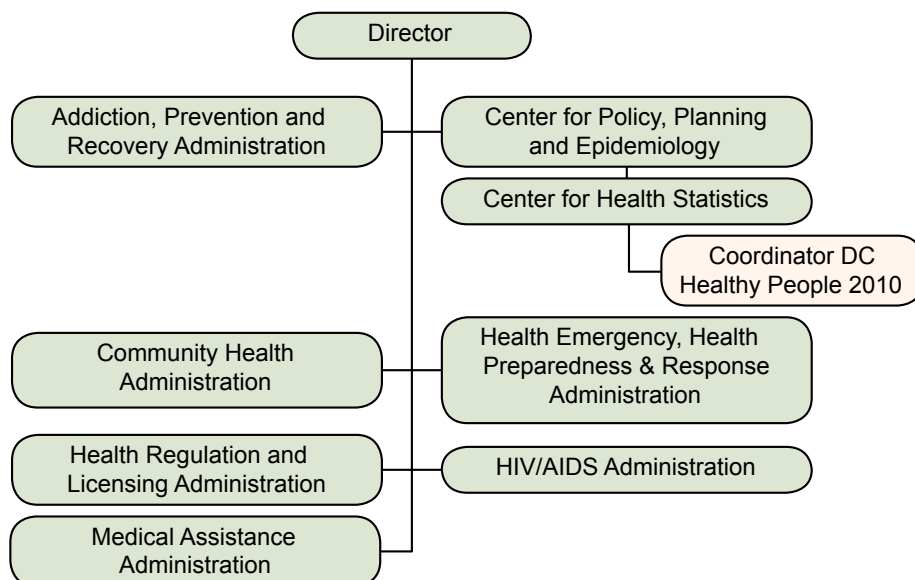
	Funding for MH/HD Activities	Personnel Dedicated to MH/HD	MH/HD Unit	MH/HD Advisory Body	State MH/HD Legislation or Mandate	MH/HD Strategic Plan	Evaluation of MH/HD Activities
District of Columbia	✗	✓	✗	✓	✗	✓	✓
Total Affirmative Responses out of 46	30	38	36	36	27	36	39

### Organization, Infrastructure and Resources

The Coordinator for the DC Healthy People 2010 Plan (DCHP2010 Coordinator) orchestrates DC Healthy People 2010-related health disparities activities across the District of Columbia Department of Health (DC DOH). Although not represented in the snapshot; multiple program offices within the DC DOH address health disparities explicitly through their activities

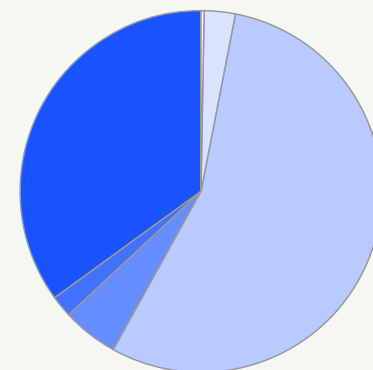
The following is a simplified organizational chart that demonstrates the location of the DCHP2010 Coordinator - the state's health disparities focal point - in relation to the Health Official and other key public health offices:

#### District of Columbia Department of Health



Total State Population:  
581,530

#### Racial Distribution



- American Indian/Alaskan Native (0.3%)
- Asian (3%)
- Black/African American (55%)
- Native Hawaiian/Pacific Islander (0%)
- Other Race (5%)
- Two or More Races (2%)
- White (35%)

#### Hispanic/Latino Ethnic Distribution



- Hispanic/Latino Ethnicity (8%)
- Non-Hispanic/Latino Ethnicity (92%)

*Note: People can self-identify as members of any racial group in the Census, as well as report having Hispanic/Latino ethnicity.*

Source: 2006 American Community Survey, US Census Bureau

## Strategic Planning

The District of Columbia Department of Health has incorporated national goals and measures to reduce health disparities into its Healthy People 2010 Plan. The goals, objectives and strategies of the District plan are focused on improving the health of District residents by eliminating health disparities and extending their years of healthy life by 2010.

### Focus Areas and Goals

The DC HP2010 Plan selected 21 different focus areas in which health disparities between its sub-populations were found to be most pronounced: asthma, cancer, diabetes, disabilities, emergency medical services, environmental health, health care finance, heart disease/stroke, HIV/AIDS, immunization, injury and violence prevention, maternal/infant/child health, mental health/disorders, nutrition and healthy weight, pediatric dental care, primary care, public health infrastructure, sexually transmitted diseases, substance abuse, tobacco and tuberculosis.

Goals and objectives for each of the 21 focus areas are grouped according to four principal priorities:

1. Promote healthy behaviors
2. Promote healthy and safe communities
3. Improve access to quality health care services
4. Prevent and reduce diseases and disorders

### Measurement: Health Indicators

Ten leading health indicators were also selected to measure progress on the DC Plan when compared against baseline data for each area. Indicators were chosen based on their ability to motivate action, availability of data to measure their progress, and their relevance to broader public health issues. The 10 indicators include:

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

Each indicator is used to measure progress and outcomes in each health focus area of the plan where applicable. Program staff may use the indicators as guides in formulating objectives for their implementation plans which are posted at [www.dchealth.dc.gov](http://www.dchealth.dc.gov). The DOH plans to express progress in eliminating disparities according to the methods recommended by experts to the DC Health Disparities Advisory Committee. This measurement effort is a new activity that the program liaisons and their epidemiologists were asked to include in their DC Healthy People 2010 reports.

## Human Capital Investments

The following staff dedicates all or part of their work hours to DCHP2010 health disparities activities at the DC DOH:

Job Category	Total Number Dedicated to MH/HD	% of Work Hours Each Spends on MH/HD Activities
Policy or Program Officer	1	100%
Epidemiologist	3	25%

### Partnerships

- Health disparities activities are conducted and coordinated across multiple DC DOH program offices including: Behavioral/Mental Health; Alcohol, Tobacco and Other Drugs (ATOD); Chronic Disease; Public Health Preparedness; Epidemiology; Infectious Disease; Maternal and Child Health; Oral Health; Primary Care; and Public Information.
- DC DOH maintains partnerships with an array of external entities active in health disparities including: local and federal agencies, advisory bodies, community and non-profit organizations, schools, universities and professional associations.

## Financial Investments

Although the DC DOH does not allocate financial resources specifically for health disparities activities, block grants provide funding for activities related to the DC Healthy People 2010 objectives and goals. For the District of Columbia, DC Healthy People 2010 has always been an unfunded mandate that has been realized in the State Center for Health Statistics/ Research and Analysis Division. This Division has the primary responsibility for the program analysis, serves as the coordinator and coordinates the DC Health Disparities Advisory Committee, and serves as the liaison to the federal Office of Minority Health.

## Activities

In addition to the activities listed below, the DC DOH is working with an external Health Disparities Advisory Committee to produce a report for the Director on recommended “best practices” to eliminate health disparities (in seven priority areas – six designated by former Surgeon General Dr. Satcher and the Clinton administration in 1999 and the seventh – Violence - which has been identified by the District to be a critical issue in the District.

### Infant Mortality Initiative

In order to better understand and reduce high rates of infant mortality for African Americans in the District, detailed statistics on the mothers of infants who die, specific causes of infant death, and geographic and demographic trends are needed. These data will be collected by DC DOH, and findings will be presented in an infant health report card that will demonstrate disparity ratios and assign grades for each region and health provider in the District. The Initiative will also examine current infant health initiatives in the District and determine if any have been successful in reducing infant mortality. Other national and international, evidence-based infant mortality interventions will also be considered as possible resources for replication in the District. The Initiative will then create incentives that encourage African American women in the District to enroll in Healthy Start and complete prenatal care regimens at local community health centers.

### Partners and Funding

Mary’s Center for Maternal and Child Health - \$250,000; Healthy Babies, Inc. - \$150,000; CareFirst Blue Cross Blue Shield Foundation - \$250,000; Community Based Providers (TBD) - \$437,000; First Candle/SIDS Alliance - Donation of 15,000 cribs and educational materials

### Activity Outcomes

Measureable reduction in infant mortality for African American babies and improved pregnancy outcomes for African American women in the District of Columbia

### Evaluation Methods

Infant mortality and prenatal care data analysis, literature search and key informant interviews on evidence-based infant mortality interventions, monitoring enrollment of African American mothers in Healthy Start and completion of prenatal care at community health centers

## Activities continued...

### Cardiovascular Disease Initiative

African American and Hispanic residents in the District of Columbia suffer disproportionate illness and death from cardiovascular disease (CVD). The DC DOH will concentrate on reducing modifiable risk factors for CVD such as obesity, physical inactivity, diabetes, inadequate nutrition, smoking and hypertension among these populations, as a way of lowering rates of CVD. As in other DC DOH disparities initiatives, it will perform data analyses that will identify CVD mortality, morbidity and risk factors across the District; and the DC DOH will seek evidence-based CVD interventions for replication. Once these activities are completed and before launching pilot CVD programs, the DC DOH will coordinate its relevant divisions to develop a comprehensive CVD strategy, seek expert opinion on it, and collect input from target populations on the strategies.

### Partners and Funding

American Heart Association - \$80,000; Howard University Hospital - \$600,000; Medstar/Washington Hospital Center Foundation - \$75,000; Various Community-Based Organizations - \$10,000

### Activity Outcomes

Better understanding of the state of CVD in the District, at-risk populations, and evidence-based interventions to reduce the incidence and prevalence of CVD for District residents

### Evaluation Methods

Data analysis, literature review, expert opinion and multi-ethnic focus groups

### Cancer Disparities Initiative

The DC DOH seeks to reduce health disparities in cancer for District residents through a systematic analysis of data on cancer risk factors, morbidity and mortality rates captured in the DC DOH Cancer Registry and Behavioral Risk Factors Surveillance System. The analysis will identify at-risk groups with disproportionately high rates of certain types of cancer and permit the DC DOH to focus their cancer prevention, screening and early detection interventions on these populations and particular cancers. The DC DOH will also examine successful, culturally appropriate cancer interventions identified by the National Cancer Institute's Center for Research in Cancer Health Disparities to replicate and apply in the District for this purpose.

### Partners and Funding

American Lung Association/DC - \$10 million; DC Cancer Consortium - \$20 million; Georgetown University/Capital Breast Care Center - \$250,000; Howard University Prostrate Cancer Center - \$250,000; Various Faith-Based and Neighborhood Based Community Groups - \$50,000

### Activity Outcomes

Cancer disparity maps, evidence-based cancer interventions and reductions in cancer rates for at-risk populations in the District of Columbia

### Evaluation Methods

Data analysis and literature review of population-specific, evidence based cancer interventions

The primary contact for health disparities in the District of Columbia is:

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[http://doh.dc.gov/doh/cwp/view,a,1370,q,574815,dohNav\\_GID,1787,dohNav,\[33139\].asp](http://doh.dc.gov/doh/cwp/view,a,1370,q,574815,dohNav_GID,1787,dohNav,[33139].asp)

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