DISTRICT OF COLUMBIA

MENTAL HEALTH SERVICES

2010–2016

Mental health services are provided by government, professional, or community organizations that aid in the prevention and treatment of psychological, emotional, and relational issues as well as access to therapy and psychiatry services.

THE NEED

42.6%

participants discussed mental health as an indicator of healthy communities and an important target of intervention for health care organizations.

RECOMMENDATIONS FOR SERVICES WERE BROAD

psychological, emotional, and relational issues as well as access to therapy and psychiatry services

! Participants expressed concern about reducing the stigma associated with seeking mental health services.

QUALITATIVE FINDINGS

"Mental health is such an important component of health in general, and having a full and productive life; it's good that we as a society are starting to embrace its significance in everyone's lives."

STIGMA ASSOCIATED
with seeking mental health servies

INADEQUATE SCREENING
leads to missed identification

LACK OF PATIENT COMPLIANCE
results in reoccurring episodes

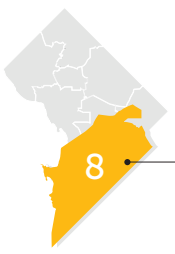
CONCERN ABOUT SUBSTANCE ABUSE
among DC residents

LACK OF SPECIFIC SERVICES
such as pediatric psychiatric services

QUANTITATIVE FINDINGS

Selected DC Health Status and Utilization Indicators Related to Mental Health

Several mental health indicators revealed that the prevalence of mental health diagnoses is high with large disparities across place and race.



More than 20% of DC adults are diagnosed with depression; the **highest prevalence is in Ward 8 (28%)** and lowest prevalence in Wards 4 and 5 (about 15%).

More than 17% of DC seniors expressed feeling lonely, sad, or isolated. Seniors living in Ward 2 appear to be the loneliest, most sad, and isolated (23.1%) especially in comparison to seniors living in Ward 3 (10.3%).

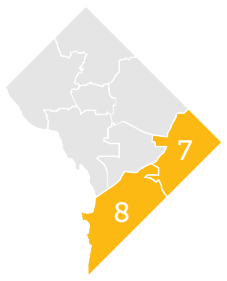
TOP 5

Mental health diagnoses, such as mood disorders, schizophrenia and other psychotic disorders are in the top five reasons for hospital admissions at: United Medical Center, Providence Hospital, Children's National Health System, Howard University Hospital, and George Washington University Hospital.

Distribution of Selected DC Assets Related to Mental Health

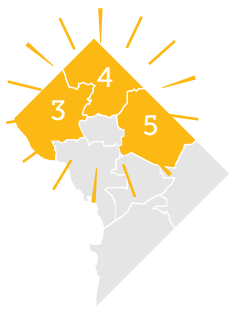
Mental health resources are distributed unevenly across the city, but there are many assets – such as recreation centers and community clinics – that can help address mental health gaps.

Wards 7 and 8 are designated as **mental health professional shortage** areas.



Mental health **resources** for **children** are concentrated around **Ward 2** while **most children live in Wards 4, 7, 8.**

Aging services are concentrated in **Ward 2** whereas **older adults are concentrated in Wards 3, 4, and 5.**



For more information, visit **www.dchealthmatters.org**

DISTRICT OF COLUMBIA

QUANTITATIVE DATA 2010–2016

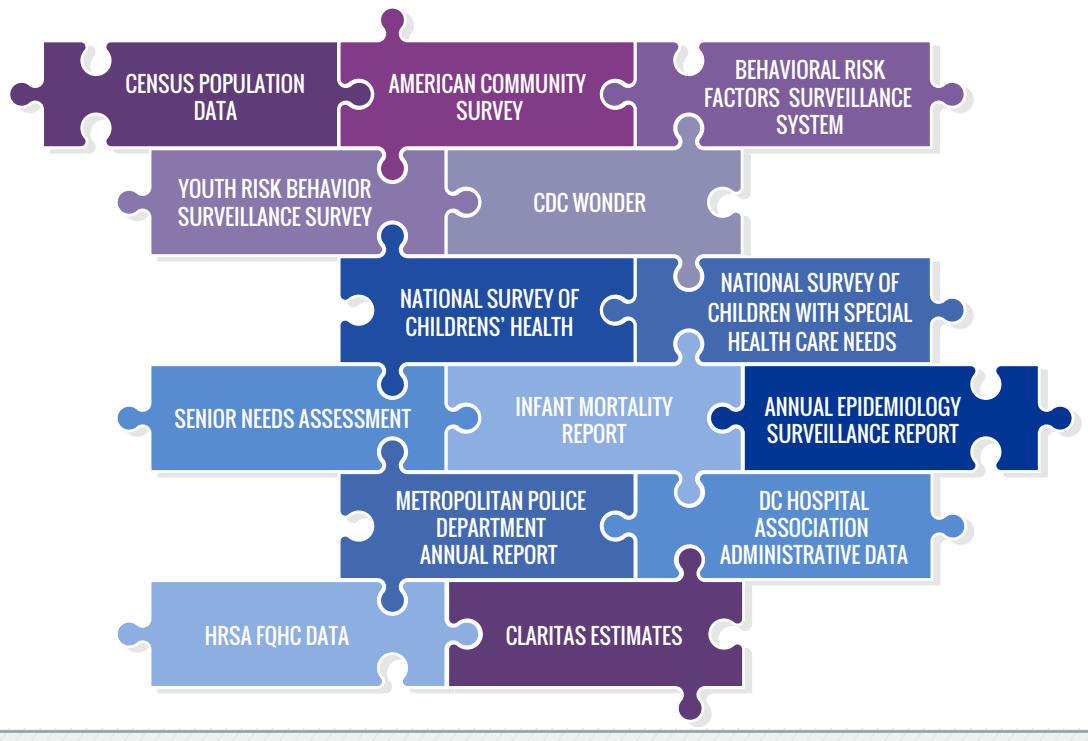
Quantitative data consisted of Census population data, health status and behavior survey data, surveillance reports, and health care provider administrative data. A large amount of the quantitative data was obtained from our DC Health Matters web portal that serves as a clearinghouse of community health metrics and related data.

QUANTITATIVE DATA SOURCES

Census, American Community Survey, and Claritas data provide sociodemographic information

Survey and surveillance data produce the leading health indicators, based on the Healthy People 2020 framework

Hospital and community health center administrative data provide a snapshot of healthcare utilization among residents according to characteristics such as race, age, sex, and geographic location



DC HEALTHY PEOPLE 2020

In order to organize the large volume of quantitative data, we borrowed the nationally accepted **Healthy People 2020** leading health indicators framework developed within the Department of Health and Human Services.

The Healthy People initiative provides science-based, national objectives for improving the health of all Americans over the next 10 years.

GOALS

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

We aligned our quantitative data with the **Healthy People 2020** priority topic areas:

1. Access to care
2. Clinical preventive services
3. Environmental quality
4. Injury and violence
5. Maternal, infant, and child health
6. Mental health
7. Nutrition, physical activity, and obesity
8. Oral health
9. Reproductive and sexual health
10. Social determinants
11. Substance abuse
12. Tobacco
13. Chronic disease

DC HEALTH MATTERS PORTAL

DC Health Matters.org

A large amount of the quantitative data was obtained from our DC Health Matters web portal that serves as a clearinghouse of community health metrics and related data.

Find these statistics and more on DCHealthMatters.org

DISTRICT OF COLUMBIA
ASSESSMENT METHODS 2010–2016

Over an 18-month period (September 2015 through March 2016), the Collaborative worked to design the assessment, collect and analyze data, meet with community stakeholders, and draft the final report.

The District of Columbia Healthy Communities Collaborative

QUALITATIVE METHODS:

D A T A

THREE methods →

DATA COLLECTION METHODS

- Interviews
- Focus Groups
- Town Halls
- Online Surveys

Semi-structured format
Discussion between community members and our staff/facilitators

Constant-comparison analysis
Themes among participants' experiences and perspectives

1 REPETITION

2 IDENTIFYING similarities and differences present in data

3 SORTING themes into conceptually-similar priority areas

QUANTITATIVE METHODS:

Used several data sources:

- ✔ Census population data
- ✔ Health status and survey data
- ✔ Surveillance Reports
- ✔ Health and provider administrative data

→ This allowed us to gain a sense of general health status and behavior among DC residents →

Healthy People 2020

To organize this data, used the Healthy People 2020 leading health indicator framework

PRESSING HEALTH NEEDS IDENTIFIED

Analysis of qualitative data revealed list of pressing health needs

1. Care Coordination
2. Food Insecurity
3. Bring Care to the Community
4. Mental Health
5. Health Literacy
6. Healthy Behaviors
7. Health Data Dissemination
8. Community Violence
9. Cultural Competency

The **Hanlon approach** was used to prioritize this list of needs into a shorter list

PRIORITIZATION PROCESS

The Hanlon method is a widely used and referenced quantitative tool that ranks health-related needs based on select weighted criteria.

The Hanlon method has three major objectives:

1. to allow decision-makers to identify explicit factors to be considered in setting priorities
2. to organize the factors into groups that are weighted relative to each other
3. to allow the factors to be modified as needed and scored individually

STEP 1:
Collaborative Members Receive Initial List of Community-Defined Needs

STEP 2:
Collaborative Members Rank Community Needs Individually Using Set Criteria

STEP 3:
Collaborative Engages in a Group Prioritization Activity to Select Priority Needs

STEP 4:
Collaborative Leadership Presents List of Priority Needs to the Community Advisory Board (CAB) for Feedack

PRIORITY AREAS DETERMINED

Four priority areas emerged as the focus of the Collaborative's Community Health Improvement Plan:

- MENTAL HEALTH
- PLACE-BASED CARE
- CARE COORDINATION
- HEALTH LITERACY

For more information, visit **www.dchealthmatters.org**

DISTRICT OF COLUMBIA

QUALITATIVE DATA SOURCES 2010–2016

Under the guidance of our qualitative research experts, Collaborative leadership led the vast majority of qualitative data collection initiatives. This process strengthened the Collaborative's relationship with community stakeholders through the meaningful interactions and conversations. We rely on these strong relationships as we respond to the identified community needs.

QUALITATIVE **DATA SOURCES**

COMMUNITY STAKEHOLDER PERSPECTIVES were a **critical component** of this assessment

COMMUNITY DROVE THE COLLECTION OF THE QUALITATIVE DATA

Our qualitative data consisted of semi-structured dialogues with community stakeholders to obtain their perspectives on health in DC.

The voice of the COMMUNITY

How do community members define a healthy community?
Do community members understand social determinants of health and health inequities ?

COLLABORATIVE MEMBERS' **COMBINED EXPERTISE**

Each Collaborative member contributed to the assessment in their own way, each playing to their own strengths.

- Individuals with advanced public health research expertise and data analytics skills led the CHNA design and data effort
- Community engagement experts ensured that the voice of our communities was well represented
- Trained facilitators supported our qualitative data collection
- Policy experts connected emerging findings to policy initiatives

A **BALANCED PERSPECTIVE**

In order to obtain **a balanced perspective on community health**, we gave careful consideration to recruiting community participants.

SOCIAL SERVICES GOVERNMENT GROUPS/AGENCIES
HEALTH EDUCATION TRANSPORTATION ADVOCACY DC RESIDENTS

COMMUNITY DEFINED NEEDS

9 community-defined needs emerged from the qualitative data (in order of importance):

1. Care Coordination
2. Food Insecurity
3. Bring Care to the Community
4. Mental Health
5. Health Literacy
6. Healthy Behaviors
7. Health Data Dissemination
8. Community Violence
9. Cultural Competency

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DISTRICT OF COLUMBIA
POPULATION, AGE, RACE, ECONOMY & EDUCATION 2010–2016

As part of the Affordable Care Act, all non-profit hospitals are required by the IRS to conduct a comprehensive Community Health Needs Assessment (CHNA) every three years or be subject to a large excise tax. This infographic provides basic information about the CHNA process and requirements.

POPULATION

11%

The **DC POPULATION** has grown 11% from 601,723 to **666,395**

The populations of each of the wards increased from 2010 to 2015 with the largest growth in **Ward 6**

AGE

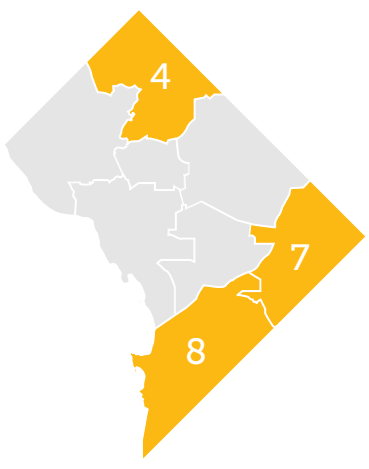
The **AGE COMPOSITION** of the DC population is:

- 6% Ages 0-4
- 12% Ages 5-17
- 47% Ages 18-44
- 23% Ages 45-64
- 12% Ages 65+

20% increase for children | The largest population growth is for children and older adults | 18% increase for older adults

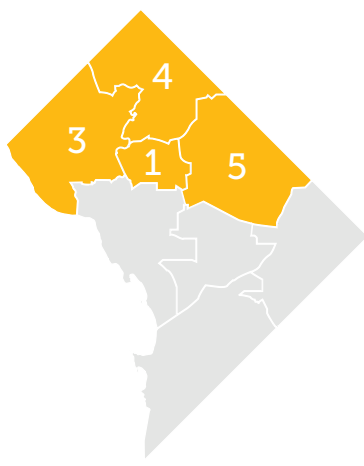
About 35% of children reside in **Wards 7 & 8**

50% of children reside in **Wards 4, 7 & 8**



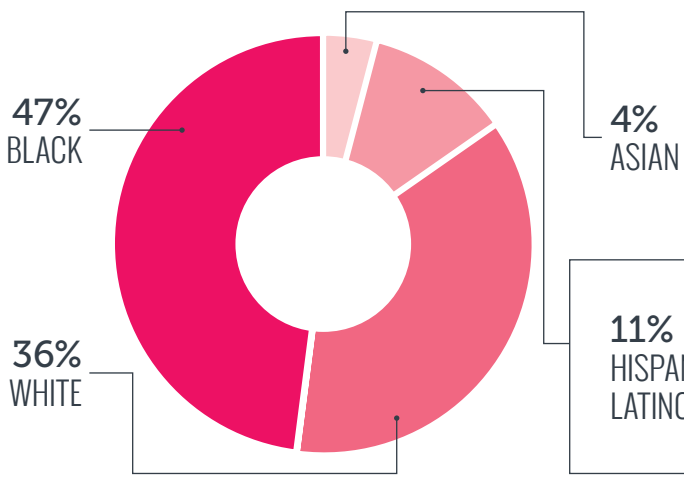
About half (49%) of older adults live in **Wards 3, 4 & 5**

Only 8% of older adults live in **Ward 1**



RACE

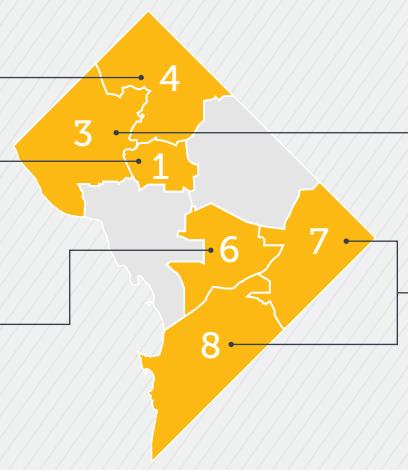
DC remains a **DIVERSE CITY** with the following racial composition:



The percentage of Black residents has been decreasing. In 2010, Blacks comprised 50% of population. In 2015, Blacks dropped to 46.6% of population.

Since 2010, the largest population increase has been in the Hispanic group, with a 33% growth. Hispanics now represent more than 10% of the DC population.

Some wards are fairly diverse, while the composition of other wards is not diverse:



Wards 1 and 4 both are about 20% Hispanic/Latino (comprising about 43% of the Hispanic/Latino population)

Ward 3 is more than 75% White

Ward 6 has a fairly equal composition of White and Black residents (43%)

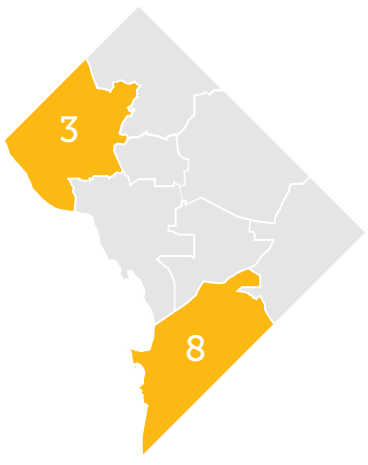
Wards 7 and 8 are both more than 90% Black

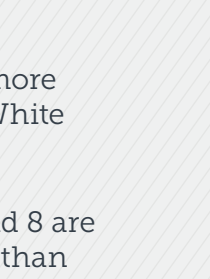
ECONOMY

poverty level | unemployment rate

The unemployment rate is 7.5%

Median household INCOME IS $70,354





The **unemployment rate** in Ward 8 is nearly twice the citywide average and nearly 3 times higher than Ward 3.

A large percentage (19%) of DC residents continue to live in poverty—virtually unchanged since 2010.

Poverty affects Blacks disproportionately, 27.6%, compared to 8.3% in Whites.

Nearly 30% of children live below the federal poverty level. 40.2% of Black children live below poverty level, compared to 4.9% of White children

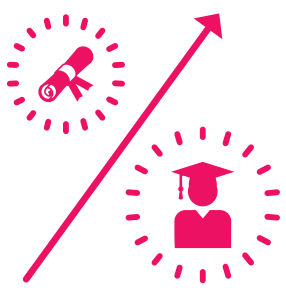
Median household income for Whites is more than 2.5 higher than Blacks. Median household income for Whites is almost twice higher than Hispanics.

Black residents have highest rate of unemployment (20%), almost 5 times higher than White and twice as high as Hispanic.

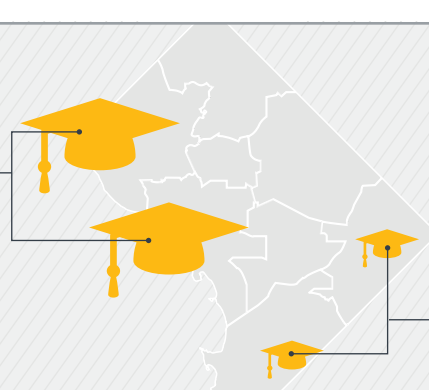
Median household income in Ward 3 (highest, $116,001) is more than 3 times that of **Ward 8 (lowest, $36,722)**.

EDUCATION

DC is home to more college graduates in 2015 than 2010, 208,824 to 246,384. **An 18% increase since 2010.**



Wards 2 and 3 have the highest percentage of college graduates (77% and 85%, respectively).



Wards 7 & 8 have the lowest percentage of college graduates (~16%).

COMMUNITY ASSETS

A community asset is anything that can be used to improve the quality of life in a community. **DC's strongest asset is our people.** DC is home to many passionate, activist-minded individuals who work tirelessly towards creating a socially just and equitable society.

Spotlight on a few of DC's assets:

Places of Worship are well-distributed across the city, but are especially well-established in Wards 7 and 8.

Recreation Centers are trusted gathering venues. The Town Hall Education Arts Recreation Campus (THEARC) is a thriving 110,000 square foot facility in Ward 8.

Public Schools DC is home to 111 public schools and 52 charter schools.

Grocery Stores and farmer's markets are underway in several areas of the city; however, food deserts are a serious concern. One-quarter of the city's population lives in Wards 7 and 8 where there are only three full-service grocery stores and three farmer's markets.

Park Space makes up 20% of DC's land area. The Trust for Public Land ranks DC sixth out of 60 cities based on size, accessibility, and the amount each city spends on park systems for programs and maintenance.

Pharmacies are particularly important in populations with high rates of chronic illness. In DC, pharmacies are concentrated in Ward 2, despite Wards 7 and 8 being home to many residents living with chronic illness.

For more information, visit **www.dchealthmatters.org**