# *Health Status and Health Care Access*

## In Ward 7's Deanwood, Marshall Heights and Ft. Dupont Park Neighborhoods

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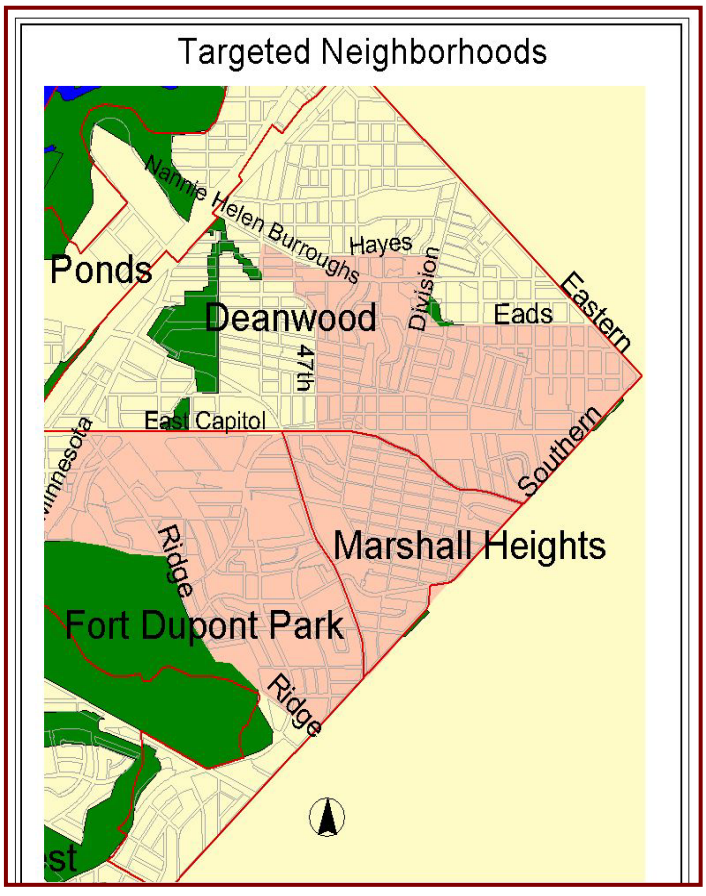
**Neighborhood Fact Sheet 4 – January 2005**

### Summary of Key Findings

- In 2002, 69 percent of District births were to mothers who had received adequate prenatal care, compared to 58 percent of births East of the River and 55 percent in the Deanwood, Marshall Heights and Ft. Dupont Park.
- The infant mortality rate for the District overall dropped from 12.5 to 11.5 deaths per 1,000 births between 1998 and 2002. While ward 7 saw a drop in infant mortality overall, one of the target neighborhoods—Ft. Dupont Park—experienced an increase in infant mortality.
- Heart disease and cancer are the most common causes of death for the District overall, as well as for residents of ward 7 and the target neighborhoods.
- Alcohol is the most commonly used drug in the District. One third of all youth ages 12 to 17 reported using alcohol. In wards 7 and 8, however, current alcohol use is second and third lowest among all wards.
- Approximately half of all District residents live in neighborhoods with shortages of primary medical care providers and one third are "medically vulnerable." Between 1999 and 2001, as many as 14 percent of all District residents and 12 percent of children were not covered by health insurance.



This report focuses on resident health and the extent of access to health care services in three Ward 7 neighborhoods: Deanwood, Marshall Heights, and Ft. Dupont Park. Where possible, it compares the situation of families in these neighborhoods to those in ward 7 and in the District of Columbia as a whole. We describe demographic and health trends for youth and adults, and summarize information from District-based health related studies. Overall, the residents of Deanwood, Marshall Heights and Ft. Dupont Park face significant challenges in health outcomes and access to quality care.

The three focus neighborhoods in this report are defined by nine census tracts, according to the DC Office of Tax and Revenue. This area is bounded by Southern Avenue, north to Hayes Street, and from Eastern Avenue, west to Minnesota Avenue.

*Data and Definitions*

Numerous studies and data sources were consulted for the content of this brief. The District of Columbia Primary Care Association's 2003 update provided insight to medical access in the District. The 2000 Household Survey on Substance Abuse, administered by the DC Department of Health explained the extent of tobacco, alcohol and illegal drug use. A Rand Corporation study provided data about the District's uninsured population, as did a 3-year time span from the Current Population Survey. Anecdotal evidence of medical access experiences were furnished from two studies; one in which residents East of the River were interviewed and another targeting DC's Latino population. Unfortunately, these studies do not include neighborhood-specific information, but only report data summarized at the city or ward levels.

In addition, neighborhood-level indicators from NeighborhoodInfo DC have been used to compare the three focus neighborhoods of Deanwood, Marshall Heights and Ft. Dupont Park with ward 7 and the District. For this purpose, we relied primarily on data from Census 2000 and on vital statistics data (births and deaths) provided by the State Center for Health Statistics. In the District, vital statistics data are kept by the State Center for Health Statistics. These data can be used to track annual trends in births and birth outcomes, prenatal care, and mortality rates at the neighborhood level.

**Economic Well-Being**

A key factor in accessing health care services is economic well-being. Low-income populations have a difficult time obtaining adequate health insurance and services (table 1). Often the unemployed and underemployed do not have private insurance. Even those with jobs may lack coverage as their employer may not offer it, and it is too expensive to purchase.

Many families living in ward 7 and in Deanwood, Marshall Heights and Ft. Dupont Park have an economic status that puts them at a disadvantage relative to other District residents. According to the 2000 Census, the unemployment rate for ward 7 was 14 percent compared to 11 percent in the District overall. This was a 5 point increase from 1990, when the unemployment rate in ward 7 was 8.1 percent. While no more recent unemployment statistics are available for ward 7 or specific neighborhoods, unemployment overall in the District has increased from 6.4 to 7.0 percent between 2001 and 2003.[1]

Ward 7 residents are more likely to be in poverty than those in many other parts of the city, a problem that disproportionately affects families with children. A quarter of ward 7 residents were below the poverty level in 2000, and 37 percent of children were in poverty. Half of all children in the focus neighborhoods were below poverty in 2000; this was an increase of 9 percentage points since 1990.

**Table 1: Persons by Insurance Status District of Columbia, 2002-03[2]**

| | Persons | Percent |
|---|---|---|
| Employer | 293,350 | 52 |
| Individual | 25,720 | 5 |
| Medicaid | 104,820 | 19 |
| Medicare | 60,300 | 11 |
| Uninsured | 76,840 | 14 |
| Total | 561,020 | 100 |

[1] Bureau of Labor Statistics, Local Area Unemployment Statistics, Unemployment Rates for States, 2001 and 2003.

[2] Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on pooled March 2003 and 2004 Current Population Surveys. http://www.statehealthfacts.org

Although the total number of children in the city has changed little over the past 10 years, there were 7,044 children receiving TANF in ward 7 in 2003, down from 8,248 children in 1998, a 15 percent drop. District-wide there was a drop of 16.5 percent, from 39,232 in 1998 to 32,745 in 2003. At the same point in time, however, the State Child Health Insurance Program (SCHIP) began to enroll children and their families. Between December 1998 and December 1999 nearly 4,700 were enrolled in CHIP.[3]

Over the decade, there were little significant drops or surges in the elderly population, another group vulnerable to lapses in health care coverage. About 12 percent of the District population is age 65 or older, according to Census 2000. This share of elderly population is similar East of the River (10 percent), in ward 7 (14 percent), and in the focus neighborhoods (13 percent).

**Births**

The number of births in the District remained nearly the same from 1998 to 2002—dropping slightly from 7,678 to 7,494 total births over this period, a decline of 2 percent (table 2). Total births dropped 13 percent for the population East of the River, however, from 2,676 in 1998 to 2,322 in 2002. Most of this change occurred in ward 7, where there were 1,086 births in 1998 and 922 in 2002, a 15 percent decrease. Ward 8 saw a 12 percent drop, from1,614 births in 1998 to 1,420 in 2002. By comparison, wards 2 and 3 experienced 15 percent and 13 percent increases in the number of births during this period. Among the neighborhoods focused on in this report, Marshall Heights saw the largest decline in births—31 percent from 1998 to 2002. Deanwood births dropped by 23 percent, while Ft. Dupont Park births decreased 24 percent.

Teenage mothers are a group that have particular health care needs and, because they are more likely to be economically disadvantaged, are vulnerable to lack of health coverage. According to the National Center for Health Statistics (NCHS), which compiles similar data for the entire U.S., national teen birth rates have declined to historically low levels in recent years.[4] From a rate of 61.8 births for every 1,000 women between the ages of 15 and 18 in 1991 to 43.0 births per 1,000 women in 2002, the United States teen birth rate dropped 30 percent. In 1991, NCHS found that the teen birth rate for the District was 109.6 per 1,000, almost twice the national average. By 2002, however, the rate had dropped to 69.1 per 1,000.

Current local data on teen births are consistent with those reported by the NCHS. Between 1998 and 2002, the number of teen births dropped 18 percent for the District as a whole, 22.0 percent for Ward 7, and 20 percent for areas East of the River. Two target neighborhoods, Deanwood and Fort Dupont Park, saw significant change in teen births, with 32 and 30 percent declines respectively over the five years. The Marshall Heights neighborhood, however, experienced a smaller decline of 8 percent. A substantial decline was seen in ward 8 where teen births dropped by 21 percent.

**Table 2: Changes in Total and Teen Births**
**District of Columbia, 1998-2002**

| **Total Births** | **1998** | **2002** | **Percentage Change** |
|---|---|---|---|
| District of Columbia | 7,678 | 7,494 | -2 |
| East of the River | 2,676 | 2,322 | -13 |
| Deanwood | 172 | 133 | -2 |
| Marshall Heights | 140 | 96 | -31 |
| Ft. Dupont Park | 214 | 162 | -24 |
| **Teen Births** | **1998** | **2002** | **Percentage Change** |
| District of Columbia | 1,172 | 956 | -18 |
| East of the River | 544 | 434 | -20 |
| Deanwood | 38 | 26 | -32 |
| Marshall Heights | 25 | 23 | -8 |
| Ft. Dupont Park | 47 | 33 | -30 |

Prenatal care has been shown to promote child and maternal health during and after pregnancy. Adequacy of prenatal care is typically measured by the *Kessner index*, which considers the length of gestation, timing of the first prenatal care visit, and the total number of care

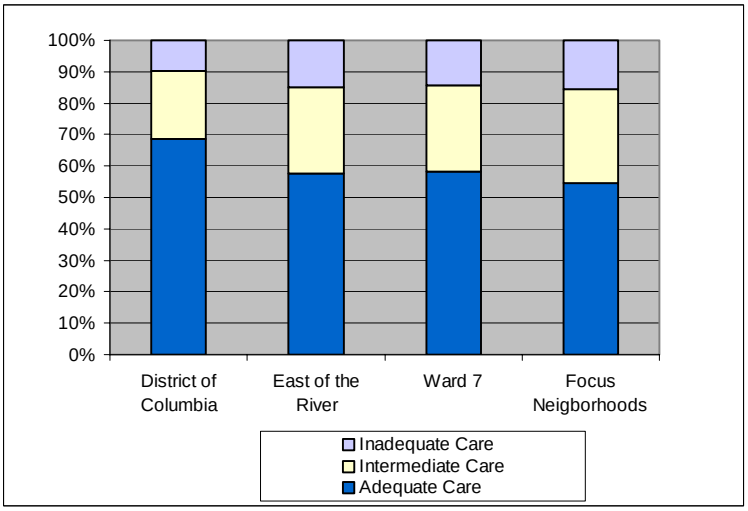
[3] CHIP Program Enrollment: December 1998 to 1999. Vernon K. Smith PhD for the Kaiser Commission on Medicaid and the Uninsured. Appendix Table 1.

[4] Births: Final Data for 2002. Joyce A. Martin MPH, et al. National Vital Statistics Report Vol. 52 Num 10 2003.

visits made by an expectant mother.[5] Index values are reported in three levels: adequate, intermediate, and inadequate care. According to the vital statistics data for 2002 (figure 1), more than two thirds (69 percent) of all births in the District were to mothers who had received adequate prenatal care, indicating that these mothers began doctor visits early in their pregnancies and had regular visits during gestation. East of the River, 58 percent of mothers received adequate care, mirroring 59 percent of mothers in ward 7 overall.[6]

In Deanwood, Marshall Heights and Ft. Dupont Park, a large share of mothers received only intermediate or inadequate prenatal care. About 30 percent of births in these neighborhoods were to mothers who received intermediate level care, while 15 percent of births received inadequate care. Fifty-four (54) percent of mothers in these neighborhoods had adequate prenatal care—15 percentage points below the District average. The percentages of mothers receiving adequate prenatal care are virtually identical for all focus neighborhoods ranging from 53 to 56 percent.

**Figure 1 – Percent Births with Adequate Prenatal Care District of Columbia, 2002**




The vital statistics data can also be used to obtain the infant mortality rate—the number of children dying within the first year after birth as a proportion of the total number of live births. Between 1998 and 2002, infant mortality declined overall in the District. The District infant mortality rate was 12.5 per 1,000 births in 1998; by 2002 it had dropped to 11.5. Ward 7 saw a rise in its infant mortality rate, from 15.6 to 17.2 deaths per 1,000 births in 2002, a 10 percent difference between 1998 and 2002. At 17.2 in 2002, ward 7's rate ranked last of the eight wards. Lowest was ward 3 with a rate of 5.3. Ward 8 ranked second: with a percent decrease of 12, its rate was 9.3 in 2002.

The infant mortality rate East of the River dropped, mostly due to ward 8's drop from 10.5 to 9.3 deaths per 1,000 births between 1998 and 2002. In Ft. Dupont Park infant mortality rose substantially. Here the infant mortality rate grew from 9.4 in 1998 to 30.9 in 2002. On the positive side in Marshall Heights, no infants died in the first year after birth in 2002. Further, Deanwood decreased its infant mortality rate—from 29.4 in 1998 to 23.0 in 2002.

**Leading Causes of Death**

The vital statistics data for the District of Columbia also include records of individual deaths along with their causes. In 2002, 5,779 deaths were reported in the District, 882 of which (15 percent) were persons who had been living in ward 7. Cancer and heart disease were among the leading causes of death both in the District overall and in ward 7 (figure 2). The most common cause of death was heart disease, which was responsible for 24 percent of all deaths in the District and 23 percent of all deaths in ward 7 in 2002. This was closely followed by cancer-related deaths, at 22 percent for the District and 21 percent for ward 7. These were also the two most common causes of deaths in Deanwood, Marshall Heights and Ft. Dupont Park.

HIV-related causes were responsible for 3.8 percent of all deaths in the District of Columbia in 2002. Between 1998 and 2002, the number of HIV-related deaths in the District decreased from 244 to 217. In ward 7, the number of HIV-related deaths declined from 38 to 24 during the same period. In the focus neighborhoods, HIV-related deaths dropped from 16 in 1998 to 9 in 2002.

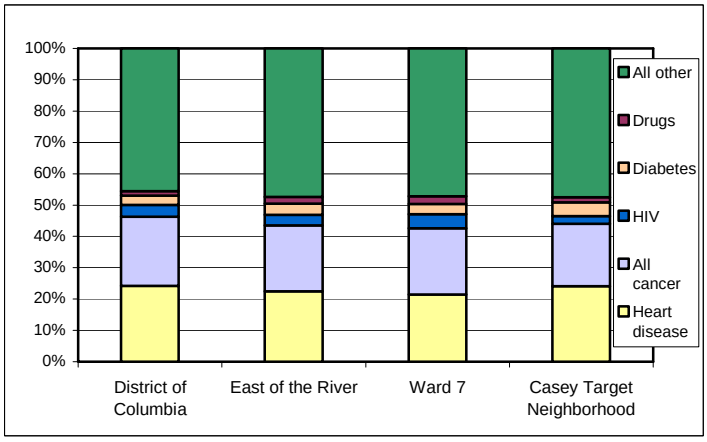
[5] The Kessner Index is a measure of the *quantity* of prenatal care received and does not address the *quality* of care mothers may have been given during their visits (http://www.tdh.state.tx.us/bvs/stats95/text/kessner.htm).

[6] About 16 percent of births in the 2002 vital statistics data do not report the level of prenatal care. These births have been excluded from the percentages.

The number of deaths related to diabetes decreased slightly in the District, from 185 to 175 between 1998 and 2002. Ward 5 saw a jump while the others remained stable or dropped slightly. In ward 7, the number of diabetes-related deaths decreased from 36 to 33. Similarly, in the focus neighborhoods there were 14 deaths attributed to diabetes in 1998 compared to 16 in 2002.

Although constituting only 1.4 percent of all deaths in 2002, drug-related deaths nearly doubled from 1998 to 2002 for the city as a whole. In 1998 there were 53 deaths related to drugs in the District; by 2002 that number had increased to 80. Similar increases were experienced East of the River (21 to 32 drug-related deaths from 1998 to 2002), in ward 7 (10 to 18 drug-related deaths) and in the focus neighborhoods (3 to 6 drug related deaths).

**Figure 2 – Percent Deaths by Cause**
**District of Columbia, 2002**




## Drug and Substance Abuse

In 2000, the District of Columbia Department of Health (DCDH) commissioned a survey to determine the extent of substance abuse among District residents. A total of 1,535 non-institutionalized households were chosen at random and respondents were selected among persons 12 years and older living in those households. The study concentrated on questions relating to the use of tobacco products, alcohol, and illegal drugs. Focusing on both current use (use in the prior month) and lifetime use, the survey was able to provide a snapshot of substance abuse concerns for the District's eight wards, as well as demographic patterns of usage over time.

The DCDH study confirmed that alcohol was the most used drug in the District. Most District residents reported using alcohol at some point in their lifetime, with nearly 50 percent reporting current use. Overall, wards 7 and 8 were second and third lowest for current alcohol use at 40 percent. Wards 2 and 3 had the highest reporting current use, at nearly 80 percent for each. For those not of legal age, consumption of alcohol was still prevalent. At the time of the study, one-third of District youth ages 12 to 17 reported using alcohol. Youth reporting of use was highest in ward 3 and lowest in wards 6 and 7.

Although tobacco puts users at greater risk for lung cancer, heart disease and other maladies over their lifetime, many continue to smoke and many start smoking each year. Overall, 25 percent of District residents were considered current smokers and 71 percent of all District residents had smoked at least one cigarette in their lifetime, according to the DCDH study. Young adults under 25 and adults ages 25 to 34 were the most likely to be current smokers—32 percent and 26 percent of these age groups smoked tobacco, respectively. The DCDH study found that 35 percent of ward 7 residents had used cigarettes in the month prior to the survey and were considered to be current smokers. This was second highest only to ward 8, which was over 40 percent.[7]

Current illicit drug use at the time of the DCDH survey was greater than 12 percent for ward 7 and 11 percent for ward 8. They ranked fourth and fifth behind wards 2, 5, and 1, respectively, which averaged greater than 13 percent. Marijuana was the most frequently used drug in the District, with the second being cocaine and crack cocaine. At the time of the study, 17 percent of 18 to 24 years olds reported current marijuana use; 25 to 34 year olds were the next age group most likely to use marijuana, with about 13 percent reporting current use. The study suggests, however, that marijuana use peaks during the ages of 18 to 24 because persons over 35 were least likely to be current users.[8] Cocaine use peaks later in life, however. The study findings point to a peak in use between the ages of 25 and 34, with 5 percent of this age group citing current use. Only 3 percent of those aged 18 to 24 were current cocaine users, and 2.25 percent age 35 and older indicated current use.

[7] District of Columbia Department of Health, Addiction Prevention and Recovery Administration (DCDH APRA). 2000 Household Survey.

[8] DCDH APRA 2000

## Medical Access

The previous sections have documented the extent of health problems and health risk behaviors among the District's population. This section discusses what is known about the availability of accessible medical care. One of the main motivations for conducting the DCDH substance abuse study, cited above, was to estimate the need for treatment due to abuse and dependence.[9] Other health outcomes require access to services for wellness, detection and prevention.

While most people who work obtain health coverage through their employer, a number of government-subsidized programs exist to meet the needs of those not covered by employment-based insurance. Traditional Medicaid benefits are offered to individuals and families at or below 100% of the federal poverty level (table 3). Additional eligibility is granted for families with children at or below 200% of the federal poverty level (a number of other categorical waivers expand Medicaid access to District residents). An estimated 19% (104,820) of District residents are insured through Medicaid. Nonetheless, 14% (76,840) District residents remain uninsured.

**Table 3: 2004 Federal Poverty Limits[10]**

| | Annual Household Income | |
|---|---|---|
| **Size of Family Unit** | **100% Poverty** | **200% Poverty** |
| 1 | $9,310 | $18,620 |
| 2 | $12,490 | $24,980 |
| 3 | $15,670 | $31,340 |
| 4 | $18,850 | $37,700 |
| 5 | $22,030 | $44,060 |
| 6 | $25,210 | $50,420 |
| 7 | $28,390 | $56,780 |
| 8 | $31,570 | $63,140 |

Researchers have found that lack of health insurance leads to inadequate care and delayed detection of disease.[11] The American College of Physicians notes that "uninsured Americans experience a generally higher mortality rate, are three times more likely than privately-insured individuals to experience adverse health outcomes and are four times as likely to require avoidable hospitalizations and emergency hospital care than their insured counterparts."[12]

The Primary Care Association (PCA) of the District of Columbia recently released an update on health care for the medically vulnerable. They found that approximately half of District residents live in neighborhoods defined as federally-designated primary care Health Professional Shortage Areas (HPSA). Several criteria are used to define an HPSA, such as whether the population to physician ratio is in excess of 3,500:1 and the area "has unusually high needs for primary care services," such as would be indicated by a large number of infant deaths or births to women ages 15 to 44. Also considered is the distance and inaccessibility of physicians in the area.[13] For the District, the designated HPSAs had higher poverty, lower incomes, and more racial and ethnic minorities than other neighborhoods.[14]

The District PCA also found that approximately 210,000 District residents (37 percent of the total population) were "medically vulnerable" because they were "low income, uninsured, have difficulty accessing needed health care services, and depend on government health programs."[15] Their figures state that 131,219 District residents (23 percent) were Medicaid recipients, 16,000 (3 percent) relied on Medicare, 22,650 (4 percent) were taking

[9] DCDH APRA 2000, Pg 3

[10] http://aspe.hhs.gov/poverty/04poverty.shtml

[11] *Assessing the New Federalism* Discussion Paper No. 03-02 Does the Health Care Safety Net Narrow the Access Gap? Brenda Spillman, Stephen Zuckerman, and Bowen Garrett

[12] No Health Insurance? It's Enough to Make You Sick. American College of Physicians, 2000. Quoted in Spillman, Zuckerman, and Garrett.

[13] Designation criteria for Health Professional Shortage area see US Department of Health and Human Services Bureau of Health Professions (http://bhpr.hrsa.gov/shortage/hpsacritpcm.htm).

[14] Primary Care Safety Net: Health Care Services for the Medically Vulnerable in the District of Columbia. 2003 Update, District of Columbia Primary Care Association (DC PCA).

[15] DC PCA 2003, p. 8.

advantage of DC Healthcare Alliance, and 40,000 (7 percent) were uninsured.[16] The number of uninsured could be higher, however, than estimated by the PCA. The Current Population Survey indicates that, on average, 14 percent of District residents and 12 percent of children under 18 years old were uninsured between 1999 and 2001.

Even when people are eligible for and enrolled in health care programs, such as Medicaid, this does not mean they are receiving adequate care. Researchers at Georgetown University and the Urban Institute recently conducted a focus group study of residents in wards 7 and 8 to learn about their experiences accessing services under Medicaid and the DC Healthcare Alliance. The study authors conducted six focus groups in August 2002 made up of ward 7 and 8 residents. Two focus groups were conducted with mothers of children enrolled in Medicaid; two groups consisted of disabled and elderly residents; and two groups were with uninsured residents. The authors noted that people living East of the River face significant health problems, pointing at the fact that more people die from cancer and diabetes in ward 7 than any other ward in the city and that ward 8 has the highest number of infant deaths.

While mothers with children who used Medicaid gave overall positive reviews of providers and services, the focus group participants stated that travel time and wait times were of concern, as were specialist referrals.[17] Elderly and disabled focus group participants were more likely to have established good relationships with a physician than in other focus groups. Nevertheless, they expressed a desire that more doctors accept Medicaid and that Medicaid coverage include dental care. For uninsured residents, lack of information was a problem as it was found that many did not know they could be covered by the Health Alliance. Furthermore, even those who were enrolled in the Alliance were often unaware of the details of their coverage. The uninsured also reported problems with inattentive primary care providers, long waiting times for services, and difficulties obtaining referrals.[18]

The study included several recommendations based on the information provided in the focus groups. The authors suggested conducting more research on the barriers to accessing health care for persons East of the River, streamlining the physician referral process for Medicaid and the Alliance participants, funding dental care and medications for elderly and disabled Medicaid beneficiaries, and launching more a coordinated, effective public education campaign for all public health programs.

Recently, another assessment of DC's health care access targeted the Latino population and compared their experiences with other DC residents. The Latino adults surveyed were three times less likely to be insured as compared to their African American and white counterparts.[19] Many use clinics and outpatient departments as primary locations of care. Latinos were also less likely to have a particular doctor and many had gone without medical care the previous year. The authors cited language as a potential barrier to access; indeed, 42% of DC's Latino adults reported communication difficulties due language barriers. Most DC Latinos are foreign born, and English is a second language for many.

Although many cited language as a barrier to care, Latinos were more likely to have a favorable view of health care services and of the DC government's job at addressing health care problems as compared to African Americans and whites. Fewer Latinos believed that access to care, cost of care, and cost of health insurance were big problems. These favorable opinions may be attributed to "experiences in their country of origin where medical resources are more limited than in the U.S."[20]

## So What?

Government subsidized health care is a crucial part of medical services East of the River and the city as a whole. Are recent expansions of coverage under Medicaid partly responsible for positive trends, such as a decreasing infant mortality rate in Deanwood? Or does the decrease in total births better explain this trend? Regardless, there is still progress to be made. On this same indicator, infant

[16] DC PCA 2003.

[17] Accessing Care Under Medicaid and the DC Healthcare Alliance: Experience of Residents East of the River. December 2002 Stephanie Lewis, JD MHSA, Paul Offner, p.8.

[18] Offner 2002, p.12.

[19] Uninsured and Underserved: The Health Care Experiences of Latinos in the Nation's Capitol. December 2004. Aragon, Regina and Marsha Lillie-Blanton, p.3.

[20] Aragon and Lillie-Blanton 2004, p.4.

mortality rate, the Fort Dupont Park neighborhood saw an increase from 9.4 in 1998 to 30.9 in 2002. In addition, while alcohol use in wards 7 and 8 was second and third lowest in the District, cigarettes usage was higher in ward 7 and 8 than any other ward.

These trends, some positive and some negative, suggest a continued need for monitoring these conditions, and expanding the scope of information collected. There is still a gap in the health care "safety net," particularly for children and their families. How big is that gap and what impact is it having on health outcomes? In addition, important variations exist from neighborhood to neighborhood in health care access, and health outcomes. Gathering data on the insured and uninsured at sub-city geographies, such as ward or cluster, would enable a targeted response in the areas with the most need.

We believe that information can and should be used to inform and mobilize stakeholders. We will work with community groups to understand what this data means for their efforts to improve conditions in their neighborhoods. Discussions will include questions concerning: what might be a possible explanation for what the data show; how can we use the data to hold all of us accountable for our respective roles; what actions can be taken to improve these neighborhoods; and, what other indicators should we be tracking?

**About NeighborhoodInfo DC**
NeighborhoodInfo DC is a partnership of the Urban Institute and the Washington DC Local Initiatives Support Corporation (LISC). NeighborhoodInfo DC provides current and reliable neighborhood-level data and analysis to improve strategic decision-making by government and community organizations in the District of Columbia. The goal of NeighborhoodInfo DC is to democratize data for use as a tool in civic engagement.

For more information, visit us at:
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