

Annual Report & Action Plan

2017-2019



Government of the District of Columbia
Department of Health

LETTER FROM THE DIRECTOR

Dear District Residents and Partners,

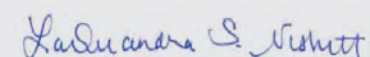
In 2016, the *DC Healthy People 2020 (DC HP2020) Framework* was released as our shared community health improvement agenda. Through the DC HP2020 development process, a multi-sector collaborative prioritized health outcome objectives and recommended evidence-based strategies to achieve the biggest population health impact. It is our hope that stakeholders and community members will use the DC HP2020 Framework and this *Annual Report and Action Plan* to:

- Support shared goals to achieve collective health improvements
- Facilitate continued cross-sector collaboration to implement and support the recommended evidence-based strategies
- Align our work to achieve health equity by addressing the underlying social and structural determinants of health

We invite you to share this report and encourage you to participate in the implementation of the action plan toward our 2020 targets. Stakeholder and community input will continue to guide our work and the ongoing monitoring of DC Healthy People 2020. We are committed to engaging everyone to create environments in which every District resident has the ability to attain the highest level of health.

Thank you for your continued interest, support, and commitment to improving the health and wellness of residents of the District of Columbia.

Sincerely,



LaQuandra S. Nesbitt, MD, MPH

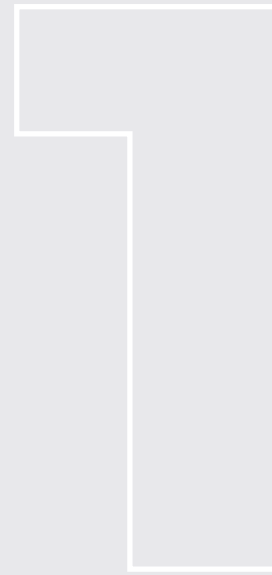
Director,

District of Columbia Department of Health



Introduction

The *DC Healthy People 2020 Framework Report*, released in 2016, established three key priorities in our collective efforts to improve population health in the District: **Mental Health and Mental Disorders, Injury and Violence Prevention, and Access to Health Services**. The methodology for setting these priority topic areas used four criteria: stakeholder input, community input, National Healthy People 2020 relevance, and disease burden. It also emphasized the need to support health equity by addressing the social and structural determinants of health. Finally, the Data Development Agenda highlighted areas where data improvements were needed to better understand resident population health. This *Annual Report and Action Plan* updates key health outcome objectives and highlights work being done in the community to implement the recommended strategies and make the biggest population health impact.



Mental Health & Mental Disorders (MHMD)

Leading Health Indicator

- › Reduce the proportion of adolescents aged 12 to 17 years who experience major depressive episodes (MDEs)



PRIORITY AREA 1

DC Healthy People 2020 2017-2019

Goals

- 1 **Mental health is supported through trauma prevention.**
- 2 **Those experiencing mental disorders have access to accurate and timely diagnosis and treatment.**
- 3 **All have access to appropriate and high quality mental health services.**

Mental Health and Mental Disorders is the highest priority topic area. The DC Healthy People 2020 development process was built on the 2014 DC Community Health Needs Assessment, additional data analyses and trends, and continuous stakeholder and community engagement. The results revealed the importance of addressing the persistent and wide-ranging challenges mental health and mental disorders present in our community. Objectives and strategies were framed around the three high-level MHMD goals: prevention, appropriate diagnosis, and access to quality treatment services.

The DC Department of Behavioral Health and key partners are leading the way to implement data-driven interventions that improve mental health outcomes. Much of the work is focused on improving care coordination between primary care and behavioral health care services. One example of a current priority action is the DC Healthy Communities Collaborative’s systematic review of recent District-wide capacity assessments and evaluations of mental health services for adults and children. They plan to convene stakeholders in 2018 to finalize and release recommendations.

Mental Health and Mental Disorders

Targeted Objectives

- 1 Reduce the proportion of adolescents aged 12 to 17 years who experience major depressive episodes (MDEs) (MHMD-2)
- 2 Increase the proportion of persons with co-occurring substance use and mental disorders who receive treatment for both disorders (MHMD-4)

Targeted Strategies

- > Screen for and improve surveillance around childhood trauma.* (MHMD-II)
- > Increase the proportion of primary care physician office visits where patients are screened for depression. (MHMD-III)

Priority Actions	Indicator(s)	Responsible Parties	Time Frame
1. Systematic review of mental health service needs assessments and submission of policy recommendations	Percent of recommendations that are implemented	DCHCC	2017 - 2019
2. Continue foster and in-home care mental health screening and referrals for children	Percent of referrals successfully linked to care	DBH, CFSA	2017 -
3. Increase routine mental health screening in pediatric primary care	Percent of well-child visits that bill CPT codes 96127 or 96161	DC Collaborative/ DC MAP	2017 - 2019

*Priority Data Development Agenda Activity



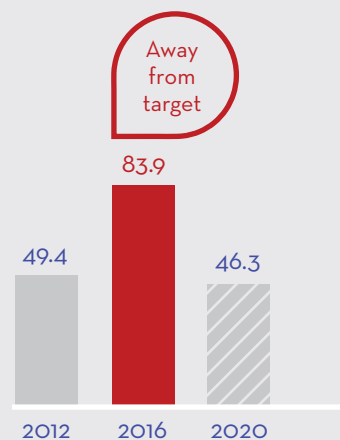


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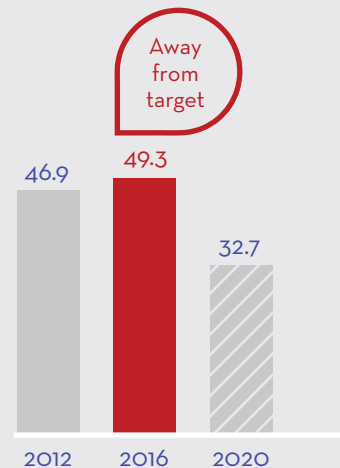
Injury and Violence Prevention (IVP)

Leading Health Indicator

> Reduce fatal injuries (per 100,000)



> Reduce homicide rate among 20-24 year olds (per 100,000)



PRIORITY AREA 2



Goal

- 1 **Safe environments support that unintentional injuries and violence (physical, sexual, and emotional) are rare and responded to appropriately.**

Injury and Violence Prevention is a key public health issue that is especially relevant in the District of Columbia, where overall, homicides are the 8th leading cause of death and accidents are the 3rd leading cause of death (2015). The public health approach to violence prevention applies a focus on the social determinants of health to ensure that the root causes of violence, including education, economic stability, housing, criminal justice, social services, and environmental justice, are addressed holistically.

The *Safer, Stronger DC* initiative, coordinated and supported by the newly opened Office of Neighborhood Safety and Engagement, brings government stakeholders (including the Department of Health, Public Schools, Police, Behavioral Health, and others), private businesses, non-profit organizations, faith-based organizations, and community representatives together to work in alignment to improve key violence-related health objectives. In July 2017, the Safer, Stronger DC initiative provided a total of \$1.5 million in community grants to 33 DC community organizations to implement youth enrichment, violence prevention/mediation, mentoring, and family support programs. The next round of grants, an additional \$1.4 million, will be awarded for Fiscal Year 2018.

Injury and Violence Prevention

Targeted Objectives

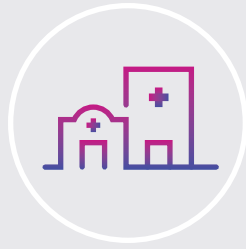
- 1 Decrease homicide rate *(IVP-1.1)*
- 2 Reduce firearm-related death *(IVP-1.2)*
- 3 Prevent an increase in fall-related deaths *(IVP-2.2)*
- 4 Decrease pedestrian deaths *(IVP-4.1)*
- 5 Decrease deaths associated with motor vehicles *(IVP-4.2)*

Targeted Strategies

- > Prioritize transportation infrastructure improvements related to bicycle and pedestrian safety using injury and crash data. *(IVP-1)*

Priority Actions	Indicator(s)	Responsible Parties	Time Frame
1. Continue the Anonymous Tip Line and Firearm Tip Reward Program	Number of illegal guns recovered	MPD	2017 -
2. Continue the DC Falls Free Coalition and Safe at Home program	Rate of hospital admissions due to falls	DCOA, DCHD	2017 -
3. Continue to implement Vision Zero	Percent of action plan strategies completed or in progress on schedule	EOM, DDOT	2017 - 2019



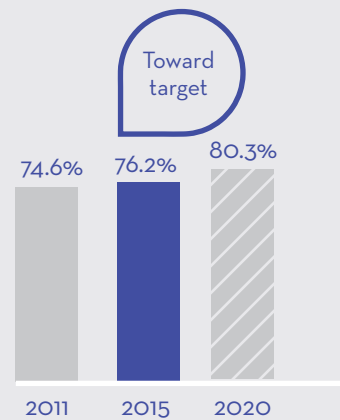


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Access to Health Services (AHS)

Leading Health Indicator

- > Increase percentage of residents who receive preventive care



PRIORITY AREA 3



Goals

- 1 Every District resident has access to affordable, person-centric, and quality health care services in an appropriate setting.

Access to Health Services is vital for support of long-lasting interventions such as vaccines and treatment regimens for chronic disease. These services must be appropriate in quantity and quality and the health care system must be structured to minimize barriers to those seeking care. As outlined in the *DC Health Systems Plan*, released in 2017, social determinants of health represent the most critical barrier to full engagement in primary care services. Care coordination and service integration were identified as targeted areas for improvement.

The DC Department of Health Care Finance (DHCF), together with other healthcare and government partners, launched the My Health GPS program, which links DC Medicaid beneficiaries who have multiple chronic conditions to a patient-centered medical home. The program provides wraparound services and incentivizes innovative patient engagement tactics to improve health outcomes. In the first three months of the program launch, My Health GPS enrolled (including informed consent, biopsychosocial assessment, and care plan development) 2,600 residents.

Access to Health Services

Targeted Objectives

- 1 Reduce percentage of residents without a place of care (AHS-1)
- 2 Increase percentage of residents who receive preventive care (AHS-2)
- 3 Reduce non-emergent emergency room (ER) visit rate (AHS-3)
- 4 Reduce non-emergent use of emergency medical services (EMS) (AHS-5)
- 5 Reduce percentage of hospitals with long emergency department wait times (AHS-5)

Targeted Strategies

- > Implement and test an integrated clinical network to improve care by transferring chronically ill patients who rely on emergency room visits for health care to patient-centered medical homes. (AHS-1)
- > Improve care coordination (e.g. behavioral health and dental health integrated into primary care). (AHS-V)

Priority Actions	Indicator(s)	Responsible Parties	Time Frame
1. Finalize a Primary Care Needs Assessment	Needs Assessment published	DOH	2017 - 2018
2. Implement My Health GPS	All cause hospital readmission within 30 days*	DHCF, FQHCs, PCPs, MCOs, DOH, DBH, FEMS, DHS	2017 -
3. Implement a nurse triage line	Nurse triage line incorporated into the 911 system	FEMS, DHCF, OUC,EOM	Mar 2018 - Sep 2018

*Full Indicator List (pp. 16-19)



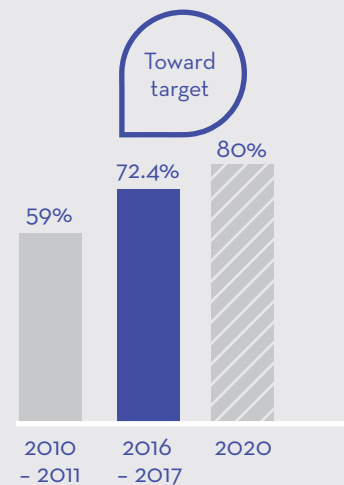


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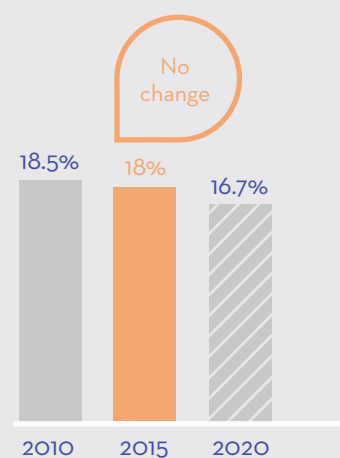
Social Determinants of Health

Leading Health Indicator

> Increase the 4-year high school graduation rate



> Decrease proportion of persons living in poverty



PRIORITY AREA 4



DC Healthy People 2020 | 2017-2019

Goal

- 1 Achieve health equity by addressing social determinants of health and structural/system-level inequities.

Social and structural determinants of health play a larger role in our health outcomes than any other individual factor. Focusing our efforts in this area has been proven to create the largest impact on population health improvement. The DC Department of Health's Office of Health Equity is releasing an inaugural Health Equity Report to re-frame how we have traditionally thought about public health and health equity and to provide a baseline assessment and opportunities for health improvement in the District of Columbia. DC Healthy People 2020 supports and guides partners in equity work across sectors so that all residents can achieve their highest level of health.

In 2016, the DC Department of Healthcare Finance and partners developed the *State Health Innovation Plan* to link health service payments to outcomes and support a person-centered approach to care delivery. The report details the District's plan to improve consumer health outcomes and increase health equity by addressing social determinants of health, and focusing on prevention and care management. By 2021, the city will reinvest savings from the system redesign to increase impact.

Social Determinants of Health

Targeted Objectives

- 1 Decrease proportion of households that spend more than 30% of income on housing (SDH2)
- 2 Decrease unemployment rate (SDH-4)

Targeted Strategies

- > Increase multi-sector public, private and non-profit partnerships to further population health improvement through a coordinated focus on social determinants of health and health equity. (SDH-1)
- > Increase minimum wage to living wage. (MICH-1)
- > Support mixed-income development and the production of affordable working and living space. (SDH-IV)

Priority Actions	Indicator(s)	Responsible Parties	Time Frame
1. Implement Neighborhood Prosperity Fund	Percent Unemployed	DMPED	2017 -
2. Establish Housing Preservation Fund	Percent of affordable housing units preserved	DHCD, EOM	2017 -
3. Increase the minimum wage to \$15/hour	Legislation passed	EOM	2017
4. Finalize a State Health Innovation Plan	Report published	DHCF	2017
5. Develop a Health Equity Report	Report published	DOH	2017 - 2018





Data Development Agenda Actions

Goal

- 1 To improve quality and reliability of a broad set of key population-level health data.

The Data Development Agenda is an appendix to the DC Healthy People 2020 Framework that outlines priority areas for data infrastructure improvements. Already, strides have been made to improve available health outcome data on District residents. For example, DOH has begun implementing the Pregnancy Risk Assessment and Monitoring System (PRAMS), a survey of mothers who have recently given birth. PRAMS data will allow for deeper analysis of maternal, infant and child health trends in the District of Columbia, a topic area that continues to experience disparate outcomes. The objectives listed in the data development agenda on the following page have been identified during the DC Healthy People 2020 development process as indicators that would be useful to monitor over time, but that lack a quality and timely data source. It is important to highlight and support actions that improve data infrastructure for future monitoring of key health outcome data.

Data Development Agenda

Targeted Objectives

Foreign-Born Populations

- 1 Increase linguistically and culturally competent care.* (also in Access to Health Services)¹ (3)
- 2 Increase surveillance of foreign-born individuals' health status. (10)

Injury and Violence Prevention (IVP)

- 3 Decrease intimate partner violence.* (17)
- 4 Decrease sexual violence.*¹ (18)
- 5 Increase the number of states and the District of Columbia that link data on violent deaths from death certificates, law enforcement, etc.* (9)

LGBT Health

- 6 Increase the number of population-based data systems used to monitor Healthy People 2020 objectives which collect data on (or for) transgender populations. (LGBTH-1)
- 7 Increase the number of population-based data systems

used to monitor Healthy People 2020 Objectives which collect data on (or for) lesbian, gay, and bisexual populations. (LGBTH-2)

Oral Health

- 8 Reduce the proportion of children and adolescents with untreated dental decay. (31)
- 9 Reduce the proportion of children and adolescents who have dental caries in their primary or permanent teeth. (32)
- 10 Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year. (33)
- 11 Increase the proportion of children and adolescents who have received dental sealants on their molar teeth. (34)

Tobacco Use

- 12 Reduce the proportion of children aged 3 to 11 years exposed to secondhand smoke. (40)

Priority Actions	Targeted Objectives	Responsible Parties	Time Frame
1. Implement PRAMS	Foreign-born populations, IVP, Oral Health, Tobacco Use	DOH	2017 -
2. Increase BRFSS data infrastructure	LGBTH	DOH	2017 -
3. Build a Trauma Registry	IVP	DOH	2017 -
4. Build a Violent Death Reporting System	IVP	DOH, OCME, MPD	2017 -
5. Implement an Oral Health Surveillance System	Oral Health	DOH, DHCR, DCPCA, DCPS, OSSE	2017 -

*Priority Data Development Agenda Activity



LOOKING FORWARD

This Annual Report and Action Plan serves to monitor Leading Health Indicator data points (Appendix A) and highlight priority actions underway in the implementation of the DC Healthy People 2020 Framework. Looking forward, our shared community agenda will be re-evaluated and updated periodically to ensure our priorities are in line with health outcome trend data and District resident and stakeholder values and experiences. Ongoing stakeholder and resident involvement in DC HP2020 implementation will allow for sharing of best practices and data monitoring activities in order to better align District initiatives and achieve sustained improvements in population health.

The results for our most recent year data are mixed. In some areas, for example diabetes management and childhood vaccination rates, we are moving positively in the direction of our 2020 targets. We've even reached some of our 2020 goals early, including reducing early initiation of tobacco use among adolescents and increasing the 4-year high school graduation rate, the latter of which has a revised 2020 target to improve alignment with city-wide goals. However, there is still considerable work left to do in order to turn the curve on indicators that are moving away from their targets and shrink the disparate outcomes disproportionately affecting residents who experience racial and economic disparities, and who live in certain neighborhoods of the District.

Leading Health Indicator Chart

Data Notes and Sources are included in Appendix B

● Getting Worse ● Improving ● 2020 Target Met ● Little/No Change ● New Data/No Data

Number	Leading Health Indicator	Baseline (Year)	Recent (Year)	Target (2020)	Status
1. Mental Health and Mental Disorders					
MHMD-2	Reduce the proportion of adolescents aged 12 to 17 years who experience major depressive episodes (MDEs)	6.9% (2010)	10.0% (2015)	5.8%	●
2. Injury and Violence Prevention					
AH-1.1	Reduce homicide rate among 20-24 year olds (per 100,000)	46.9 (2012)	49.3 (2016)	32.7	●
IVP-2	Reduce fatal injuries (per 100,000)	49.4 (2012)	83.9 (2016)	46.3	●
3. Access to Health Services					
AHS-2	Increase percentage of residents who receive preventive care	74.6% (2011)	76.2% (2015)	80.3%	●
4. Nutrition, Weight Status and Physical Activity					
NWP-2	Decrease the number of food deserts	9 (2014)	6 (2015)	0	●
NWP-4.1	Reduce the proportion of children and adolescents who are considered obese	20.6% (11/12)	19.5% (16/17)	14.5%	●

Number	Leading Health Indicator	Baseline (Year)	Recent (Year)	Target (2020)	Status
5. Clinical Preventive Services					
C-5	Increase early detection for cancer (% in situ or local)	48.4% (2010)	55.2% (2014)	57.0%	●
D-4	Reduce the proportion of persons with poor control of diabetes	37.1% (2013)	33.8% (2015)	27.2%	●
HDS-4.1	Increase the proportion of adults with hypertension whose blood pressure is under control	55.7% (2013)	61.9% (2015)	77.4%	●
IID-2.2	Increase the percentage of children aged 19 to 35 months who receive the recommended doses of vaccinations	66.2% (2010)	76.3% (2015)	80.7%	●
6. Social Determinants of Health					
AH-2.1	Increase the 4-year high school graduation rate	59% (10/11)	72.4% (16/17)	80%	●
SDH-4	Decrease proportion of persons living in poverty	18.5% (2010)	18.0% (2015)	16.7%	●
7. Substance Use					
MHMD-4	Increase the proportion of persons with co-occurring substance use and mental disorders who receive treatment for both disorders	N/A	N/A	TBD	○
8. Oral Health					
OH-2	Increase percentage of residents who receive preventive dental care	71.1% (2012)	72.5% (2015)	78.2%	●

● Getting Worse ● Improving ● 2020 Target Met ● Little/No Change ● New Data/No Data

Number	Leading Health Indicator	Baseline (Year)	Recent (Year)	Target (2020)	Status
9. HIV					
HIV-2	Reduce the number of new annual HIV infections in all ages	889 (2010)	347 (2016)	196	●
10. Maternal, Infant and Child Health/Perinatal Health					
MICH-1	Decrease infant mortality rate (per 1,000 live births)	8.0 (2010)	7.1 (2016)	6.0	●
MICH-2.1	Decrease total preterm births	11.0% (2011)	10.8% (2016)	6.5%	●
11. Tobacco Use					
TU-4	Reduce the early initiation of the use of tobacco products among children and adolescents in grades 9-12	8.3% (2010)	7.0% (2015)	7.5%	●
12. Older Adults					
OA-1	Improve overall health of older adults (50+)	73.6% (2011)	78.5% (2015)	90%	●
13. LGBTQ Health					
LGBTH-3	Decrease the percentage of youth in grades 9-12 who were threatened or hurt because someone thought they were gay, lesbian, or bisexual	10.7% (2010)	16.5% (2015)	4.2%	●

Appendix B

Data Sources & Notes

Priority Topic Area	Health Indicator Data Source		Notes & Descriptions
Mental Health and Mental Disorders	MHMD-2	NSDUH	
Injury and Violence Prevention	AH-1.1	Vital Records	Minor changes in earlier data points due to use of intercensal populations, updated baselines.
	IVP-2		
Access to Health Services	AHS-2	BRFSS	
Nutrition, Weight Status and Physical Activity	NWP-2	USDA	Change in data source for NWP-4.1; updated baseline, updated target to match HP2020.
	NWP-4.1	Universal Health Certificate	
Clinical Preventive Services	C-5	DC Cancer Registry	C-5 Includes female breast, prostate, colorectal, and lung bronchus cancers. Change in data source for D-4 and HDS-4.1; updated baselines and targets.
	D-4	UDS	
	HDS-4.1		
Social Determinants of Health	IID-2.2	National Immunization Survey	
	AH-2.1	OSSE	Doesn't include IEP graduation rate. Updated target to reflect "A Capital Commitment Strategic Plan"
SDH-4	Department of Labor		
Substance Use	MHMD-4	GAIN-SS	Currently awaiting the GAIN-SS system launch to collect this information.
Oral Health	OH-2	BRFSS	
HIV	HIV-2	DOH-HAHSTA	Target aligns with 90-90-90-50 Plan
Maternal, Infant and Child Health/Perinatal Health	MICH-1	Vital Records	
	MICH-2.1		
Tobacco Use	TU-4	YRBS	
Older Adults	OA-1	BRFSS	
LGBTQ Health	LGBTH-3	YRBS	

Glossary

BRFSS	Behavioral Risk Factor Surveillance System
CFSA	DC Child and Family Services Agency
CPT	Current Procedural Terminology
DBH	DC Department of Behavioral Health
DC Collaborative	DC Collaborative for Mental Health in Pediatric Primary Care
DC HP2020	District of Columbia Healthy People 2020DC
DC MAP	DC Mental Health Access in Pediatrics
HCC	District of Columbia Healthy Communities Collaborative
DCOA	DC Office of Aging
DDOT	DC Department of Transportation
DHCD	DC Department of Housing and Community Development
DHCF	DC Department of Healthcare Finance
DHS	DC Department of Human Services
DMPED	DC Office of the Deputy Mayor for Planning and Economic Development
DOH	DC Department of Health
EOM	DC Executive Office of the Mayor
FEMS	DC Fire and Emergency Medical Services
FQHC	Federally Qualified Health Center
GAIN-SS	Global Appraisal of Individual Needs-Short Screener
HAHSTA	HIV/AIDS, Hepatitis, STD, and Tuberculosis Administration
HP2020	National Healthy People 2020
MCO	Managed Care Organization
MDE	Major Depressive Episode
MPD	DC Metropolitan Police Department
NSDUH	National Survey on Drug Use and Health
OCME	DC Office of the Chief Medical Examiner
OHE	Office of Health Equity
OSSE	DC Office of the State Superintendent for Education
OUC	DC Office of Unified Communications
PCP	Primary Care Provider
PRAMS	Pregnancy Risk Assessment and Monitoring System
UDS	Uniform Data System
YRBS	Youth Risk Behavior Survey

Topic Area Abbreviations

AHS	Access to Health Services
AH	Adolescent Health
C	Cancer
D	Diabetes
HDS	Heart Disease and Stroke
HIV	Human Immunodeficiency Virus
IID	Immunization and Infectious Diseases
IVP	Injury and Violence Prevention
LGBTH	Lesbian, Gay, Bisexual and Transgender Health
MICH	Maternal, Infant and Child Health
MHMD	Mental Health and Mental Disorders
NWP	Nutrition, Weight Status and Physical Activity
OA	Older Adults
OH	Oral Health
SDH	Social Determinants of Health
TU	Tobacco Use

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