

Unrealized Health Potential: A Snapshot of the District of Columbia



UNREALIZED HEALTH POTENTIAL AMONG CHILDREN

Based on two important indicators of health, infant mortality and children's general health status, children in the District of Columbia are not as healthy as they could be. The levels of health for most District of Columbia children fall short of levels for children in the most-advantaged subgroups in D.C. and across the country. This snapshot describes these gaps as well as the social factors that are linked with these differences in health.

INFANT MORTALITY

The District of Columbia ranks 51st based on the size of the gap in infant mortality by mother's education, when comparing the current overall D.C. rate of 11.0 deaths per 1,000 live births with the lower rate—3.7 deaths per 1,000 live births—seen among infants born to D.C.'s most-educated mothers. If the District of Columbia achieved this lower rate overall, infant mortality in D.C. would be close to the *national benchmark* of 3.2 deaths per 1,000 live births—the lowest infant mortality rate seen in any state among babies born to mothers with 16 or more years of schooling. Despite the relatively low infant mortality rates seen for babies born to the most-educated mothers and to non-Hispanic white mothers in the District of Columbia, rates in other

maternal education and racial or ethnic groups did not meet the national benchmark.

CHILDREN'S GENERAL HEALTH STATUS

The District of Columbia ranks 45th among states based on the size of the gap in children's general health status by family income, when comparing the current overall rate of 17.4 percent of children in less than optimal health with the lower rate—6.4 percent—seen among children in higher-income families. Even if the District of Columbia achieved this lower rate overall, its rate would still exceed the *national benchmark* for children's general health status of 3.5 percent—the lowest rate of less than optimal health seen in any state among children in families that both were higher income and practiced healthy behaviors. In the District of Columbia, the general health status of children in almost all income, education and racial or ethnic groups did not meet the national benchmark.

SOCIAL FACTORS AFFECTING CHILDREN'S HEALTH

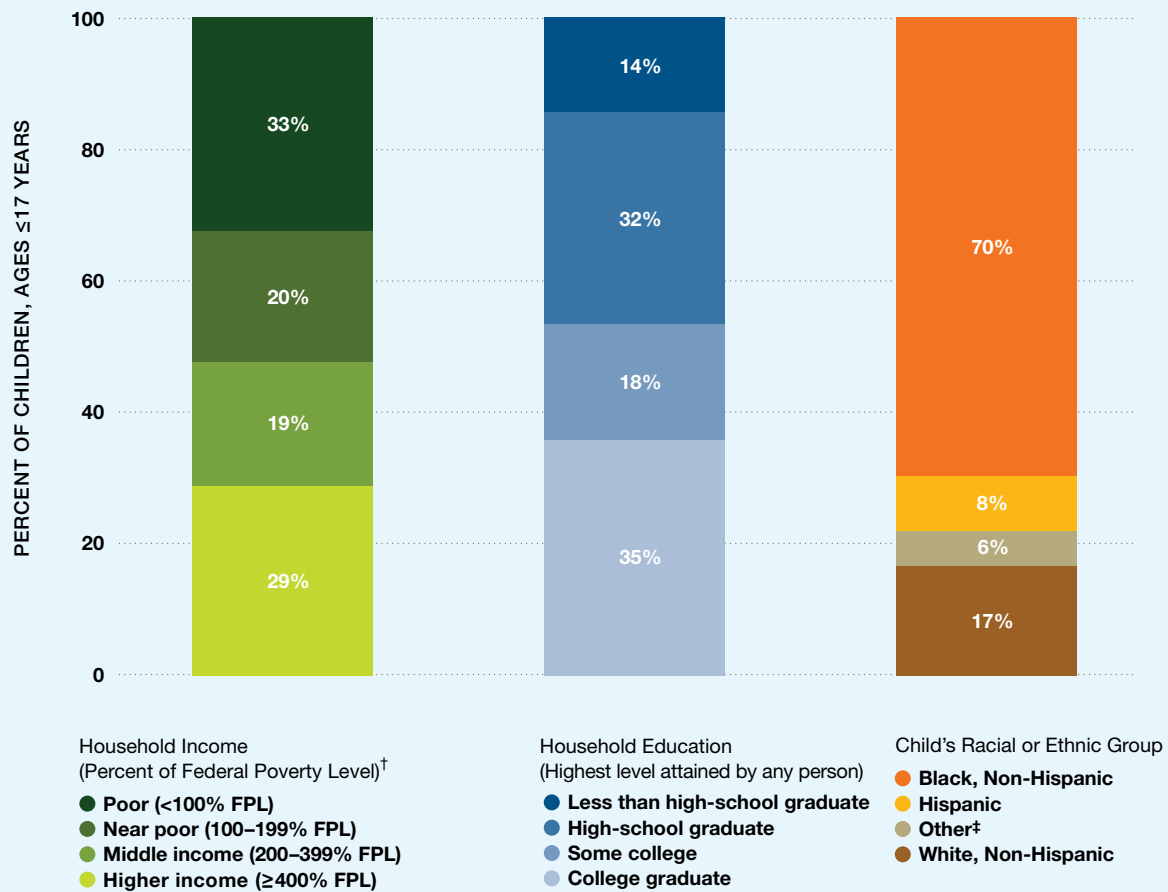
Social factors such as income, education and racial or ethnic group can greatly affect a child's health. This snapshot describes these factors and how they are linked with infant mortality and children's general health status in the District of Columbia.



DISTRICT OF COLUMBIA: Social Factors Affecting Children's Health

Health during childhood is powerfully linked with social factors such as the income and education levels of a child's family and his or her racial or ethnic group. This snapshot of children ages 17 years or younger in the District of Columbia shows that:

- More than half of the District of Columbia's children live in poor or near-poor households, one fifth live in middle-income households and more than one fourth live in higher-income households.
- Nearly one half of children in the District of Columbia live in households where no one has education beyond high school, nearly one fifth live with at least one person who has attended but not completed college and one third live with at least one college graduate.
- Over two thirds of the District of Columbia's children are non-Hispanic black, 17 percent are non-Hispanic white and 8 percent are Hispanic.



Prepared for the RWJF Commission to Build a Healthier America by the Center on Social Disparities in Health at the University of California, San Francisco.

Source: 2006 American Community Survey (for data on income and racial or ethnic group); 2005–2007 Current Population Survey (for education data).

[†] Guidelines set by the U.S. government for the amount of income providing a bare minimum of food, clothing, transportation, shelter and other necessities.

In 2006, the U.S. FPL was \$16,079 for a family of three and \$20,614 for a family of four.

[‡] "Other" includes children in any other racial or ethnic group or in more than one group.

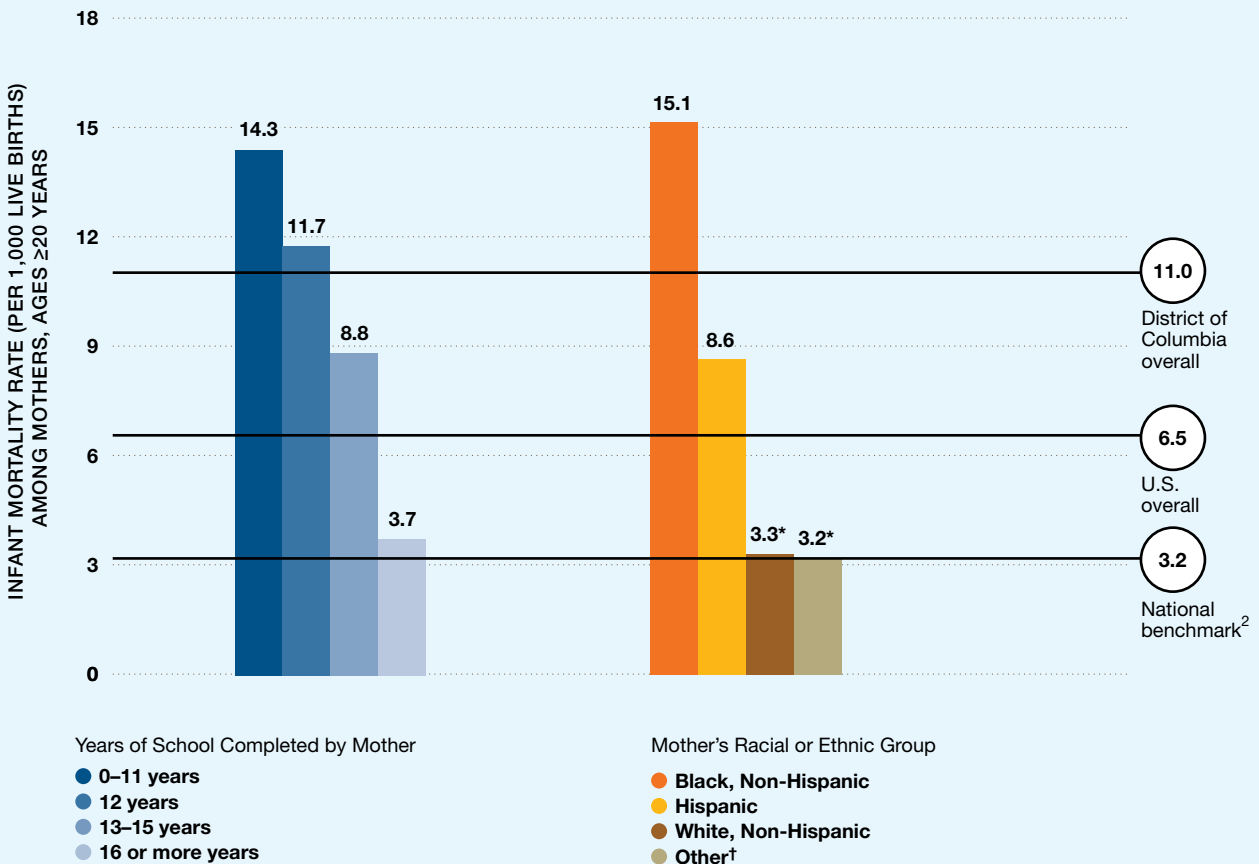
DISTRICT OF COLUMBIA: Gaps in Infant Mortality

Infant mortality rates¹—a key indicator of overall health—vary by mother’s education and racial or ethnic group in the District of Columbia.

- Compared with babies born to the most-educated mothers, babies born to mothers with less education appear more likely to die before reaching their first birthdays. The infant mortality rate among babies born to mothers with less than 12 years of education is nearly four times the rate for babies born to mothers with 16 or more years of schooling.

- The infant mortality rate among babies born to non-Hispanic black mothers is 4.6 times that for babies born to non-Hispanic white mothers. Although the infant mortality rate appears higher in babies born to Hispanic mothers compared with babies born to non-Hispanic white mothers, this difference is not statistically significant.

Comparing the District of Columbia’s experience against the national benchmark² for infant mortality reveals unrealized health potential among District of Columbia babies. Infants in many groups could do better.



Prepared for the RWJF Commission to Build a Healthier America by the Center on Social Disparities in Health at the University of California, San Francisco.

Source: 2000-2002 Period Linked Birth/Infant Death Data Set.

1 The number of deaths in the first year of life per 1,000 live births.

2 The national benchmark for infant mortality represents the level of mortality that should be attainable for all infants in every state. The benchmark used here—3.2 deaths per 1,000 live births, seen in New Jersey and Washington state—is the lowest statistically-reliable rate among babies born to the most-educated mothers in any state.

* Rate based on fewer than 20 infant deaths and considered statistically unreliable.

† Defined as any other or unknown racial or ethnic group, including any group representing fewer than 3 percent of all infants born in the state during 2000-2002.

DISTRICT OF COLUMBIA: Gaps in Children's General Health Status

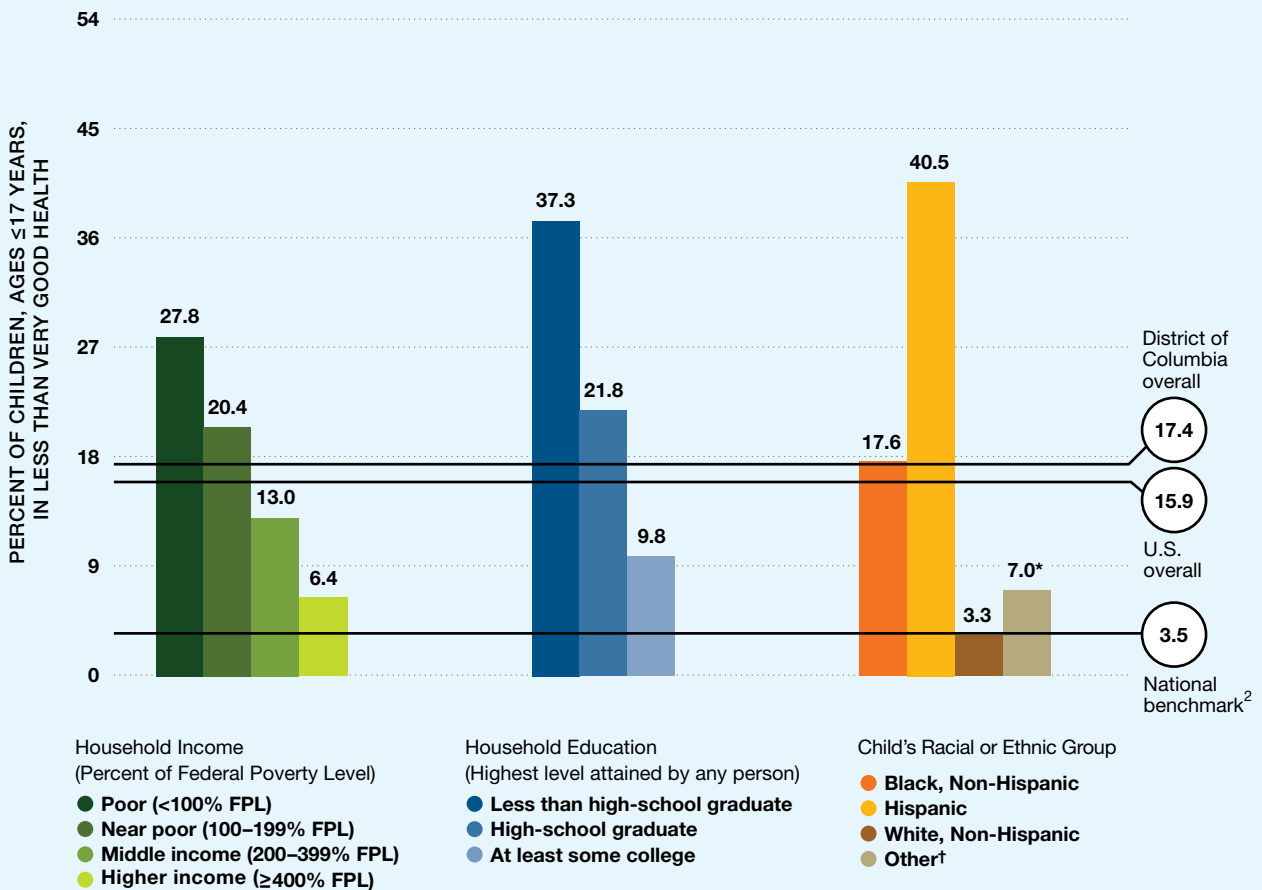
Within the District of Columbia, children's general health status¹ varies by family income and education and by racial or ethnic group. Children in the least-advantaged groups typically experience the worst health, but even children in middle-class families are less healthy than those with greater advantages.

- Children in poor families are over four times as likely and children in middle-income families are twice as likely to be in less than optimal health as children in higher-income families.
- Children in households where no one has completed high school are nearly four times as likely to be in less

than optimal health as children living with an adult who has completed some college.

- Hispanic children are over 12 times as likely and non-Hispanic black children are over five times as likely as non-Hispanic white children to be in less than optimal health.

Comparing the District of Columbia's experience against the national benchmark² reveals unrealized health potential among District of Columbia children in every income, education and racial or ethnic group, except non-Hispanic white children.



Prepared for the RWJF Commission to Build a Healthier America by the Center on Social Disparities in Health at the University of California, San Francisco.
Source: 2003 National Survey of Children's Health.

1 Based on parental assessment and measured as poor, fair, good, very good or excellent. Health reported as less than very good was considered to be less than optimal.
2 The national benchmark for children's general health status represents the level of health that should be attainable for all children in every state. The benchmark used here—3.5 percent of children with health that was less than very good, seen in Colorado—is the lowest statistically-reliable rate observed in any state among children whose families were not only higher income but also practiced healthy behaviors (i.e., non-smokers and at least one person who exercised regularly).

* Rate has a relative standard error greater than 30 percent and is considered statistically unreliable.

† Defined as any other or more than one racial or ethnic group, including any group with fewer than 3 percent of children in the state in 2003.