

Community Health Needs Assessment

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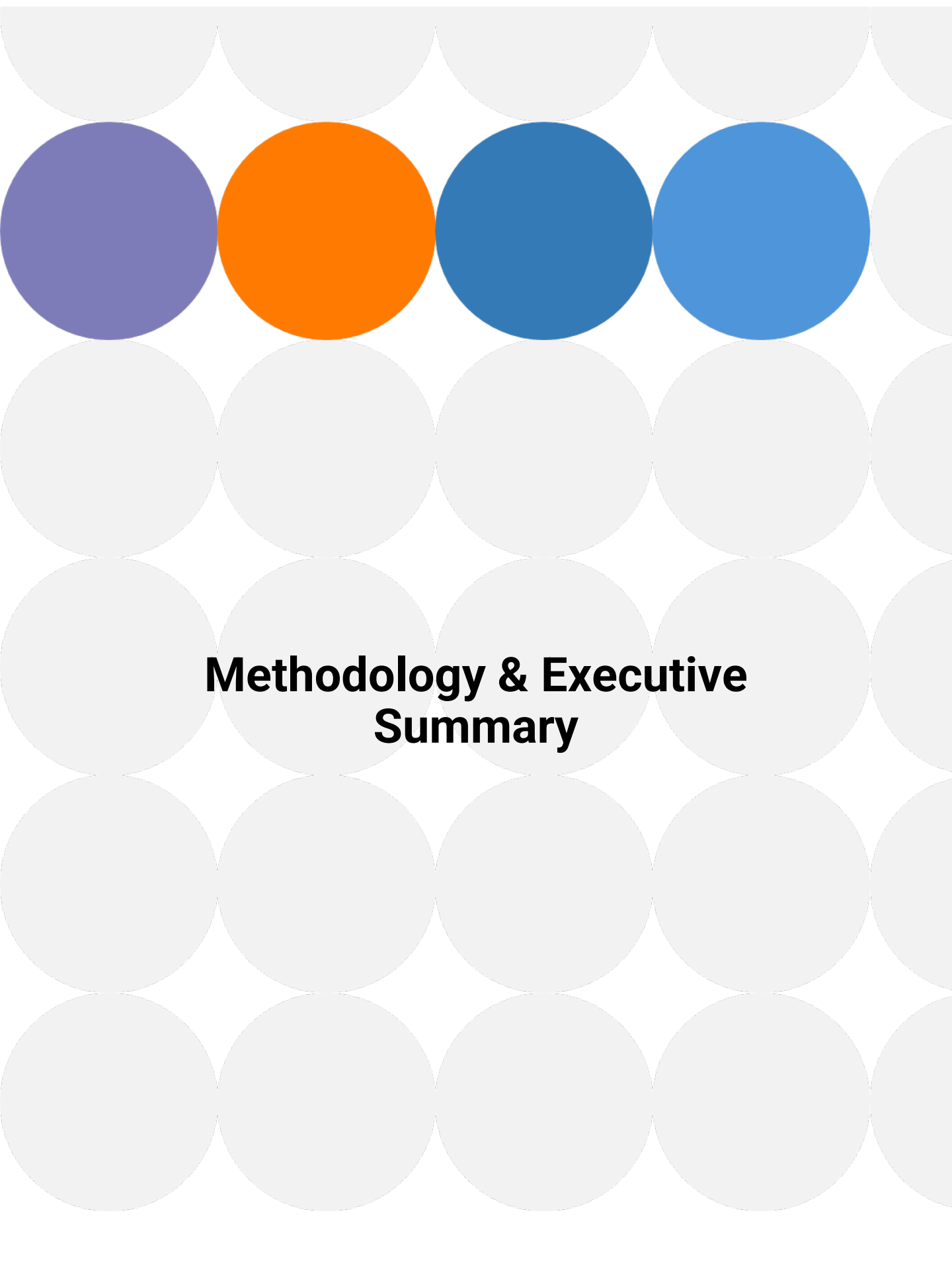
Agenda

01 Executive Summary & Methodology

02 Key Findings

03 Ward Level Benchmarking Data

04 District Level Benchmarking Data



Methodology & Executive Summary

Methodology

How We Approached the Community Health Needs Assessment

We sent out a survey to the survey population with a questionnaire outlining the needs they or their families may be experiencing. This was combined with two additional sources of supplemental data to capture the needs of the district and Community of Hope's (CoH) population. We then worked with CoH's team to identify their core services within their portfolio.

We have distilled our findings into a portfolio diagram assessing the core areas of need CoH is built to address, to partner with, and needs that are contextual, but out of scope. Additionally, we have developed key breakdowns of 9 buckets of need from all three scopes of the population.

Survey Methodology:

- Population size: Survey distributed amongst various clinics and partners of Community of Hope.
- Respondents: Over 1400 respondents from this survey was counted including our 104 responses from Spanish only speaking residents.
- Question criteria: This survey was built to identify the needs of those in each ward spanning gender housing security, economic, sociological factors that can impact healthcare.

Supplemental Data:

We brought in supplemental data to help provide a richer context to our survey data at the ward level and district data.

- Ward profiles: sourced directly from the publicly available census data
- District profile: sourced from the United Health Foundation America Health Rankings

Synthesis Methodology:

We looked across the key insights at the local population, ward level, and district level to provide a nuanced perspective across 9 core buckets of need.





Community of Hope Services

Healthcare

Healthcare is Community of Hope's core service and is broken down into the following service lines:

- **Medical services** including primary care, chronic disease management, pregnancy & new family support, sexual health and wellness, and refugee health
 - Maternal & Child Health is a core competency
- **Dental services** comprised of oral exams, X-rays and cleanings, fillings, dentures, extractions, and crowns
- **Emotional Wellness** services such as screening and assessments, short term counseling, individual psychotherapy services, family therapy, and substance use treatment
- **Pharmacy on site** to provide medications to patients

Housing

Community of Hope works across four key pillars to provide housing

- **Homelessness Prevention** for families at risk of losing housing
- **Temporary Housing** for those entering homelessness
- **Rapid Re-Housing** helping with short to medium term housing
- **Permanent Supportive Housing** through intensive case management

Community Support

Community of Hope provides supportive programs and community support through:

- **Family Success Center:** located within Ward 8 focusing on family-first community support

Our vision

Starts With *Hope*

With hope, one can accomplish anything. Families who struggle with poverty and homelessness can achieve their goals. They can overcome challenges like having no safe place to sleep, poor health, and unemployment, and enjoy connected families with happy and healthy children.

In 2024, Community of Hope reached 1,521 families overcoming or threatened by homelessness and about 15,716 patients in over 84,037 visits.

And we will keep working until everyone in Washington, DC is healthy, housed and hopeful.



1,521

End Family Homelessness



15,785

Eliminate Health Inequities



900

Navigate Resources



A Tale of Two Cities

The District of Columbia is a city divided along lines of geography, income, and race, where chronic disease, maternal health risk, and barriers to care are concentrated in the communities Community of Hope was built to serve.

Understanding the Underlying Need

Chronic disease is concentrated where resilience is thinnest.

Heart disease and cancer, the two leading causes of death in Washington, DC, do not distribute evenly across the city. Ward-level mortality maps show that both reach their highest intensity in Wards 5, 7, and 8³: the same communities where food insecurity, obesity, and transportation barriers compound the difficulty of managing long-term conditions. This requires primary care and chronic disease management services to be intentionally built for this exact challenge: sustained, trusted, neighborhood-level care that keeps patients engaged before conditions become emergencies.

Maternal health disparities are generational, and they are addressable.

The wards with the highest birth rates in DC also report the lowest rates of first-trimester prenatal care and the highest infant mortality³. 65% of expecting mothers rely on Medicaid¹. 21% are not receiving prenatal care at all¹. These are not intractable problems. They are failures of access and continuity: mothers who need care but cannot reach it, afford it, or sustain it across a pregnancy. Solving them requires community-based prenatal services that meet mothers where they are, Medicaid navigation that prevents coverage gaps, and wraparound support linking clinical care to housing, nutrition, and economic stability. This needs to be brought together through an integrated pathway connecting them in the wards where the need is greatest.

Access to care is not a supply problem. It is a proximity problem.

On paper, Washington, DC has nearly double the national average of primary care providers per capita². In practice, entire wards on the city's eastern border lack a hospital within their boundaries. Commute times exceed 35 minutes³. The missed appointment rate doubles when travel time exceeds 60 minutes¹. Closing this gap requires layered solutions: expanded clinic footprints and mobile health units in Wards 5, 7, and 8; integrated transportation assistance through medical ride programs or co-located services; and policy investment that draws providers into underserved geographies rather than concentrating them in the urban core. No single intervention closes a proximity gap this wide. It takes a network of clinical providers, public agencies, and community organizations operating with shared visibility into where patients are falling through..

1. *Community of Hope survey data*
2. *America Health Ranking data*
3. *Ward level census data*

Common Need Categories

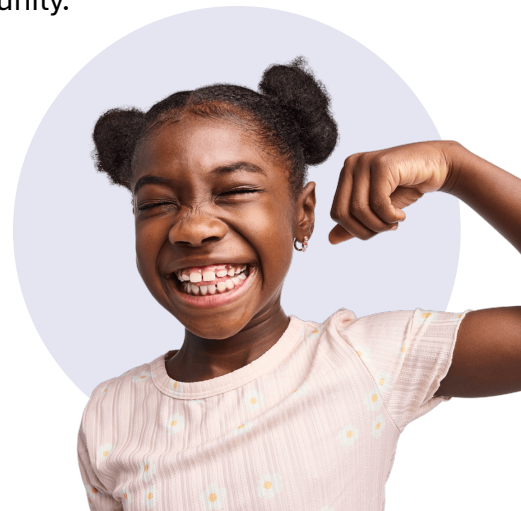
We have broken the individual measures and needs from across the CoH population survey, America Health Rankings, and Ward level analysis into the following buckets:

Clinical Needs

- **Access to Care:** The ability of individuals to obtain timely healthcare services when needed, regardless of geographic, financial, or systemic barriers.
- **Quality of Care:** The effectiveness, safety, and patient experience of healthcare services delivered across providers and geographies.
- **Chronic Conditions:** Long-term diseases, such as heart disease, cancer, and diabetes, that require sustained clinical management and drive preventable mortality.
- **Maternal Health:** The health and care continuum for mothers and infants, spanning prenatal access, birth outcomes, and postnatal support.
- **Sexual Health:** The prevalence and management of sexually transmitted infections and reproductive health risks across the population.

Non-Clinical Needs

- **Economic Factors:** Income, employment, housing stability, and financial security, conditions that shape a household's ability to meet basic needs and access care.
- **Social Factors:** Behavioral, psychological, and community conditions, including mental health, substance use, and social support, that influence health outcomes.
- **Transportation:** The availability, affordability, and proximity of transit options that determine a patient's ability to reach care.
- **Food Access & Nutrition:** The degree to which individuals and families can consistently obtain affordable, nutritious food within their community.



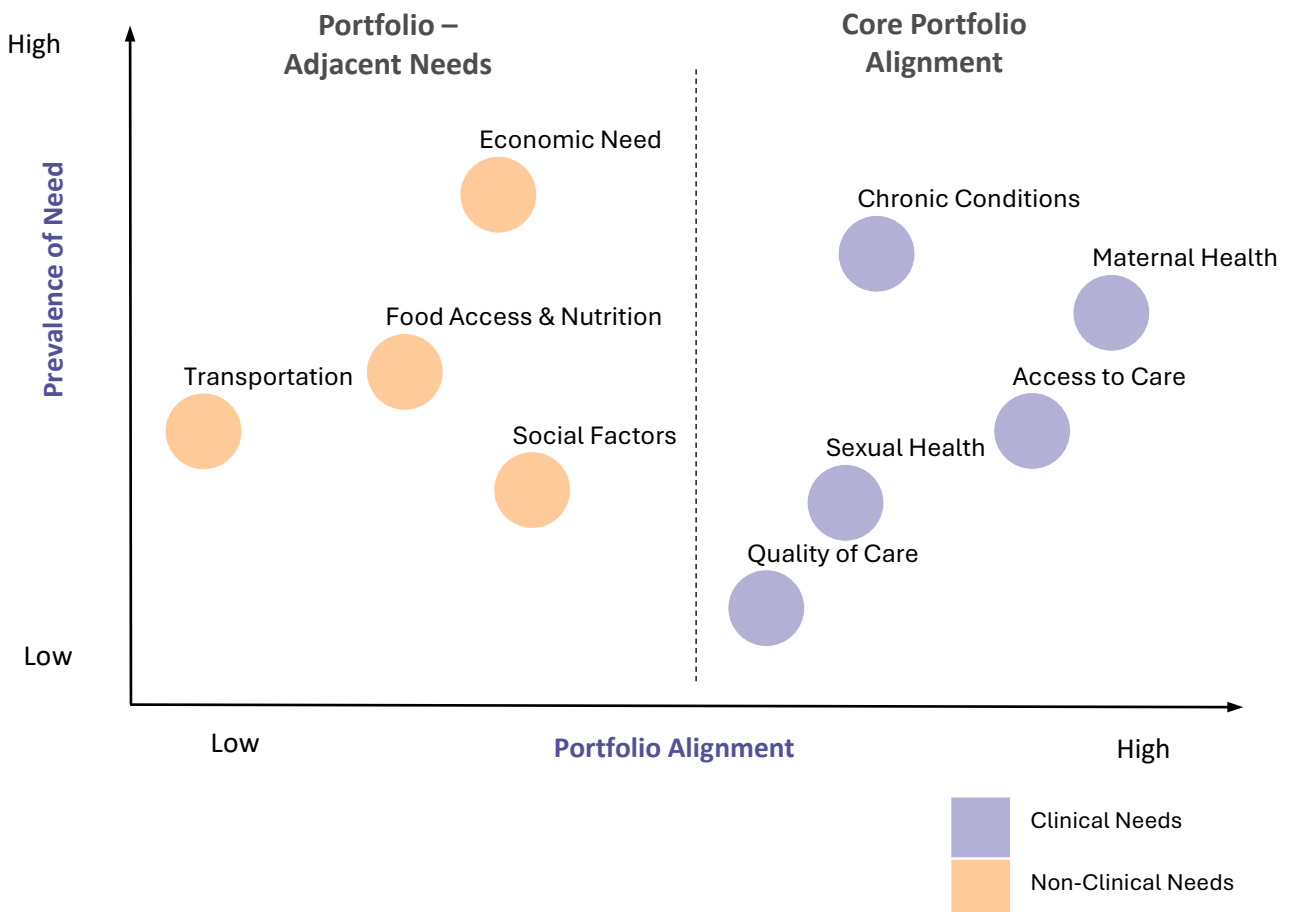
Community Needs & Portfolio Alignment

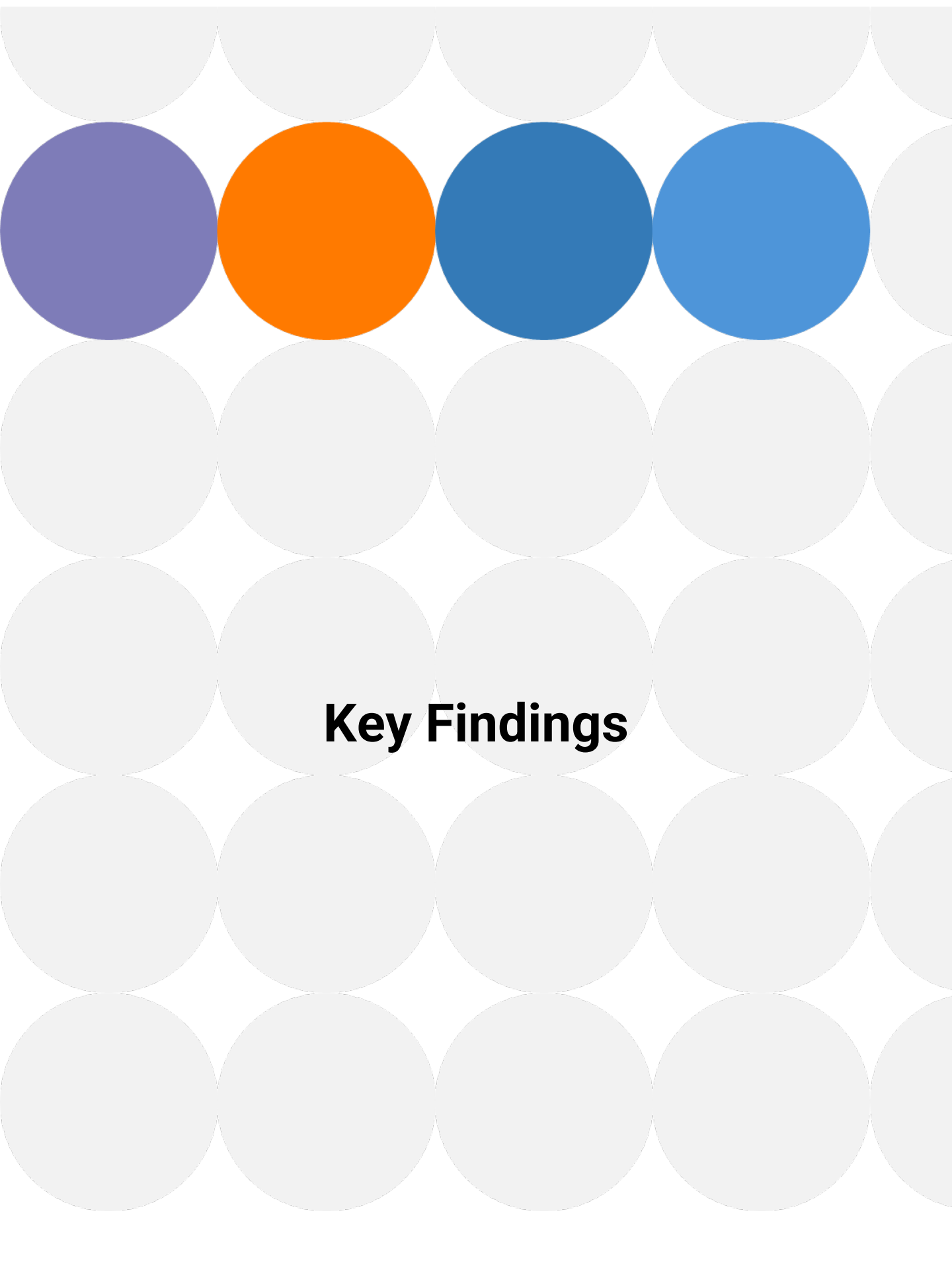
Interpreting identified needs through Community of Hope's mission, capacity, and existing service footprint

Portfolio – Adjacent Needs: Needs that materially affect outcomes for Community of Hope's population but are primarily addressed through partnerships, referrals, or coordination rather than direct service delivery.

Core Portfolio Alignment: Needs that Community of Hope is already addressing through existing services, where the data validates continued focus and highlights access, capacity, or efficiency pressures rather than gaps in mission.

Portfolio Alignment





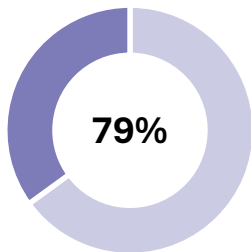
Key Findings

Maternal Health

Executive Summary

Maternal health in Washington, DC is characterized by persistent disparities concentrated in specific wards and populations. While Wards 5, 7, and 8 have the highest birth rates, they also fall below the District average for first-trimester prenatal care and experience the highest levels of infant mortality. District-wide, 10.8% of infants are born at low birth weight. Community of Hope survey findings reinforce these challenges, highlighting gaps in prenatal care access, transportation barriers, high Medicaid reliance, and economic vulnerability among expecting mothers.

Community of Hope Survey Responses



of expecting mothers (79 of 100) are currently seeing a provider

69%

of pregnant women (61 of 100) classify as low-income¹, and 41% are unemployed (41 of 100)

28%

of expecting mothers (38 of 136) rely on public transit as their primary mode of transportation²



27%

of pregnant women reported struggling with mental health challenges (25 of 94)

38%

of pregnant women reported housing instability (29 of 76), with 54% at risk of losing housing (15 of 28)

Ward Level Perspective

High birth rates compared to low prenatal care and high infant mortality

Wards 5, 7, and 8 have the highest birth rates in DC (3.9% average) at 4.3%, 4.8%, and 4.9%, respectively.

Yet with the highest birth rates, the same wards fall under the average (64%) for mothers receiving prenatal care in the first trimester.

Wards 7 and 8 also have the highest volumes of infant mortality (7 and 12 deaths, respectively, per annum).

America's Health Ranking

Washington, DC faces maternal health disparities

With **10.8% of infants born at low birth weight**. Despite relatively strong access to care (38.3% of women have a dedicated provider), living in areas of concentrated disadvantage (46.4%) and unemployment among women (73.7%) continue to drive risk.

¹Low-income is defined as <\$20,000k annually

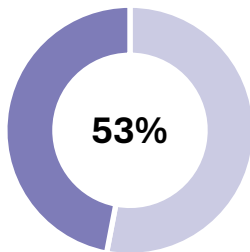
²Respondents may select multiple answers

Chronic Conditions

Executive Summary

Chronic conditions represent a substantial and uneven health burden across Washington, DC, driven primarily by heart disease and cancer, the District's leading causes of death. America's Health Rankings highlight higher-than-average premature mortality and a notable prevalence of obesity. Community of Hope survey results align with these trends, with 53% of respondents reporting at least one chronic condition, more than half of whom are concentrated in Wards 5, 7, and 8. Ward-level mortality patterns further demonstrate that deaths from heart disease and cancer are most concentrated in Wards 5, 7, and 8.

Community of Hope Survey Responses



53%
of total respondents (710 of 1,344)
indicated having a chronic condition

40%

of total chronic conditions reported were cardiovascular-related (278 of 702), making it the highest reported condition by 13%¹



44%

of respondents with cardiovascular conditions reside within Ward 8 (122 of 278), followed by 17% in Ward 7 (47 of 278)

64%

of respondents (73 of 114) within Ward 6 have chronic conditions, with the next highest concentration being 55% in Wards 3,² 7,³ and 8⁴

41%

of all chronic conditions reported are concentrated within Ward 8 (287 of 702), with the next highest being 18% in Ward 7 (124 of 702)

Ward Level Perspective

Conditions such as heart disease and cancer run rampant through the community

Ward-level mortality patterns show that chronic disease burden is not evenly distributed across DC. Age-adjusted mortality maps indicate that deaths from heart disease and cancer, the two leading causes of death citywide, occur across all wards but reach their highest intensity and concentration in Wards 5, 7, and 8. In these same wards, the largest female mortality volumes are from cancer.

America's Health Ranking

Washington, DC faces a substantial chronic disease burden

With **heart disease and cancer as the leading causes of death**, alongside **higher-than-average premature mortality** and **25.5% of adults living with obesity**, chronic conditions continue to drive poor health outcomes

¹The next highest is respiratory-related conditions at 27%

² 22 of 40

³124 of 225

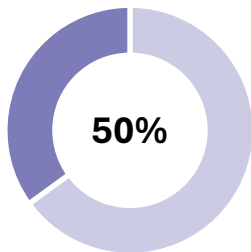
⁴ 287 of 523

Sexual Health

Executive Summary

Sexual health challenges remain pronounced and geographically concentrated across Washington, DC. America's Health Rankings show elevated rates of sexually transmitted infections. These risks are disproportionately concentrated in Wards 4, 5, 7, and 8. Community of Hope survey data reinforce these patterns, highlighting intersecting barriers such as inconsistent access to care, high reliance on public transportation, and mental health challenges, underscoring the need for targeted, integrated sexual health interventions in high-need wards.

Community of Hope Survey Responses



of male respondents (118 of 237) indicated having a chronic condition vs. 43% of female respondents (451 of 1,049)

30%

of female respondents (315 of 1,049) indicated having mental health challenges, vs. 21% of male respondents (49 of 237)

47%

of female respondents (493 of 1,049) indicated having a child, vs. 22% of men (53 of 237)



40%

of male respondents (107 of 237) reported food insecurity, vs. 38% of female (397 of 1,049)

68%

of male respondents (151 of 223) classify as low-income,¹ vs. 65% of female (619 of 948)

Ward Level Perspective

STDs are widespread in service area wards

While HIV and other sexually transmitted infections are present across DC, Wards 4, 5, 7, and 8 experience both higher prevalence of people living with HIV and higher rates of new diagnoses compared to other wards.

Additionally, in 2024, 42% of all new Chlamydia diagnoses occurred in Wards 7 and 8 alone, signaling disproportionate disease burden in these communities. Similar heavy concentration patterns are observed for Gonorrhea, Syphilis, and Hepatitis.

See [Slide 24](#) for analysis.

America's Health Ranking

Washington, DC faces persistent sexual health challenges

With **1,228 chlamydia cases per 100,000 residents** and **11.8% of adults reporting high-risk HIV behaviors**

¹Low-income is defined as <\$20,000k annually

Access to Care

Executive Summary

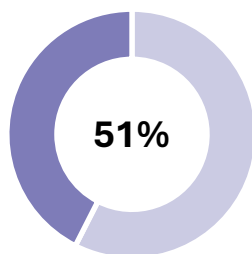
Access to care in Washington, DC reflects strong provider availability alongside persistent barriers to timely use. America's Health Rankings show relatively favorable access indicators, yet 8.7% of adults still avoid care due to cost. Community of Hope survey results highlight ongoing challenges, with only 51% of respondents consistently able to access care and 27% delaying or avoiding care in the past year. Housing instability, income constraints, transportation limitations, and the lack of nearby hospital facilities in some wards further contribute to uneven access across the District.

Ward Level Perspective

High provider volumes in DC, disparate access points

While DC has a high volume of providers, their geographic placement in the wards cause disparity. Some wards on the perimeter, like 6 or 7, do not have a hospital within their bounds. One could speculate that access to care challenges are shaped less by the presence of providers and more by structural and logistical barriers. Limited access to public transportation like a metro, when in the farther wards, make it more difficult to access care, especially if that care is in the city.

Community of Hope Survey Responses



51%
of respondents (605 of 1,180)
reported 'always' being able to
access healthcare

33%

of low-income¹ parents (117 of 361) indicated childcare access is difficult, vs. only 25% for those with income over \$20,000 (41 of 168)



27%

of respondents (315 of 1,187) indicated they delayed or avoided care in the past 12 months

46%

of respondents (116 of 491) indicated their housing situation made it harder for them to access healthcare

20%

higher missed appointment rate for unemployed respondents (177 of 316), vs. full- and part-time employed (153 of 432)

America's Health Ranking

Washington, DC shows mixed access to care outcomes

With **38.3% of adults reporting a dedicated health care provider** and **high provider availability**, yet **8.7% of adults avoiding care due to cost**

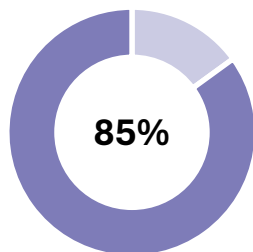
¹Low-income is defined as <\$20,000k annually

Quality of Care

Executive Summary

Quality of care in Washington, DC is generally strong but uneven across geographies. America's Health Rankings show high utilization of preventive services alongside elevated preventable, indicating gaps in effective care management. Community of Hope survey results reflect positive patient experience overall, though fewer respondents identified care quality and childcare experiences as key strengths. Ward-level patterns suggest that western wards benefit from greater provider access and better health outcomes compared to the eastern wards.

Community of Hope Survey Responses



of respondents (632 of 745) were identified as CoH 'Promoters,' giving CoH an NPS of 9-10¹

82%

of both Bellevue (173 of 212) and non-Bellevue (462 of 567) respondents reported CoH's services are 'Extremely Valuable'

14%

of comments (343 of 2523) shared successful experiences they've had with CoH



90%

of male respondents (114 of 126) reported CoH's services are 'Extremely Valuable', vs. 80% of female (519 of 651)

9%

of comments (231 of 2523) offered improvement opportunities for CoH, such as improving callback times

Ward Level Perspective

Western wards have more resources for better quality of care compared to the east

Correlated to access to care in the wards, western wards have higher access to providers; their mortality rates show positive outcomes.

Eastern border wards, like 5, 7, and 8 have far worse health outcomes (when referencing mortality), potentially due to 1) more limited access to care, 2) limited transportation, and 3) limited funding for care.

America's Health Ranking

Washington, DC shows strong but uneven quality of care outcomes

With **higher rates of preventive services** including **66.9% of adults receiving cancer screenings**, yet there are **elevated preventable hospitalizations (3,051 per 100,000 Medicare beneficiaries)**.

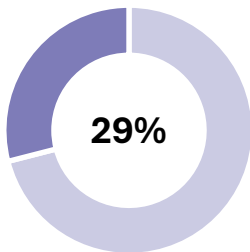
¹Highest possible score is 10

Transportation

Executive Summary

Transportation remains a meaningful barrier to care for Community of Hope's population, particularly in higher-need wards. America's Health Rankings indicate broader structural challenges tied to housing and transit instability, including homelessness, linking transportation constraints to affordability and mobility issues. Community of Hope survey data reinforce this burden with respondents identifying transportation or distance as their top care challenge. Ward-level patterns show that Wards 7 and 8 experience the longest commute times and greater reliance on driving and public transit.

Community of Hope Survey Responses



of respondents' (528 of 1822) primary mode of transportation is public transit, and only 12% use medical transportation (215 of 1,822)

28%

of respondents (327 of 1,161) commute longer than 30 minutes to their appointments

22%

of respondents (94 of 426) indicated their top care challenge as transportation / distance, the 2nd most-selected answer¹



52%

missed appointment rate for 30+ minute travel (173 of 326) vs. 39% (352 of 830) for <30-minute, 13% higher

21%

of parents with 60+ minute travel (27 of 128) indicated child care access is difficult, vs. only 13% for parents with <15 minute travel (238 of 355)

Ward Level Perspective

Longer transit times with lower access to transportation

Wards 7 and 8 show the highest reliance on driving alone and public transit, combined with the longest average commute times (nearly 35 minutes), suggesting greater transportation burden and fewer flexible options. With less modes of public transportation, residents in these wards must travel by car to get from location to location – yet under half of the population uses a car to get to work.

In contrast, central wards such as 1, 2, and 6 demonstrate higher rates of walking, shorter commute times, and greater multimodal access.

America's Health Ranking

Washington, DC faces transportation-related structural challenges

With **high housing and transit instability tied to homelessness (80 per 10,000 residents)**, transportation access remains closely linked to broader affordability and mobility barriers

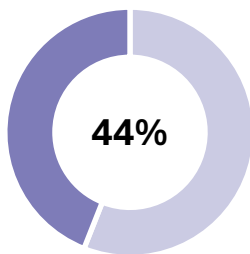
¹The 1st most-selected answer was 'Long Wait Times' at 25%

Food Access & Nutrition

Executive Summary

Food access and nutrition remain significant challenges for Community of Hope's population, driven by economic vulnerability and geographic inequities. Community of Hope survey data show that 44% of respondents experience food insecurity, with many being low-income. America's Health Rankings reinforce these challenges, with 8.8% of DC households experiencing food insecurity with the burden most acute in Ward 8 due to high SNAP enrollment and limited grocery access.

Community of Hope Survey Responses



of respondents (506 of 1,157) reported being worried about food security

39%

of respondents (449 of 1,157) indicated they have skipped meals due to costs

40%

of male respondents (107 of 237) indicated food security concerns, vs. 38% of women (397 of 1,049)



47%

food insecurity rate in Ward 8 (211 of 453), the largest absolute number of any ward

66%

of respondents (773 of 1,244) earn less than \$20,000/year, producing a population at high risk for food insecurity

Ward Level Perspective

High SNAP enrollment but limited grocery stores in affected wards

Access to nutrition varies significantly across wards. SNAP enrollment among children is highest in Wards 7 (11,674) and 8 (15,919) out of 40,722 total enrollees in DC, reflecting elevated levels of food insecurity and economic need in these communities.

At the same time, these wards face the highest population-to-grocery-store ratios in the District, more than double the DC average, (8,824 people), indicating reduced physical access to healthy food options.

America's Health Ranking

Washington, DC faces ongoing food access and nutrition challenges

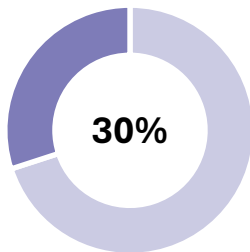
With **8.8% of households experiencing food insecurity** and only **75.3% of children living in food-sufficient households**

Social Factors

Executive Summary

Social and behavioral factors continue to drive health risk in Washington, DC, with the greatest burden concentrated in Wards 5, 7, and 8. Community of Hope survey results show that 30% of respondents experienced mental health challenges, while fear, stigma, substance use, unemployment, and limited appointment availability, especially for parents, create additional barriers to care. America's Health Rankings reinforce these challenges, with elevated adverse childhood experiences and frequent mental distress.

Community of Hope Survey Responses



30%
of respondents (365 of 1,227)
reported mental health challenges
in the past 12 months

23%

of respondents (254 of 1,086) reported facing housing instability with 46% of respondents (116 of 250) at risk of losing housing



72%

of children (293 of 406) use Medicaid based on parent status, with 50% of those parents (146 of 293) being unemployed

63%

of unemployed respondents reported being a parent/guardian (193 of 309)

48%

of low-income¹ respondents reported being a parent/guardian (328 of 677)

Ward Level Perspective

For social characteristics, like income, education, drug use, etc., Wards 5, 7, and 8 rank amongst the lowest neighborhoods in the country, especially compared to inner DC.

In Ward 8, ~87% of these residents have a high-school degree, 30.6% are below the poverty line, 20% of DC's youth are in this district alone, and there are significant drug overdoses contributing to the dramatic mortality rate.

Homelessness and food scarcity, especially at a young age, are harming this border Ward's future.

America's Health Ranking

Washington, DC faces persistent social health challenges

With **13.5% of children experiencing adverse childhood experiences** and **13.3% of adults reporting frequent mental distress**, social and emotional stressors continue to shape health outcomes

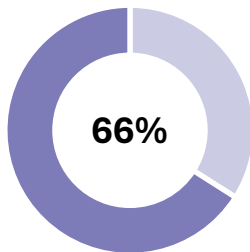
¹Low-income is defined as <\$20,000k annually

Economic Factors

Executive Summary

Economic instability is a key driver of need for Community of Hope's population, particularly among families with children. More than half of survey respondents earn less than \$20,000 annually. America's Health Rankings highlight severe income inequality in Washington, DC, alongside a high housing cost burden affecting more than one-third of households. These pressures are most concentrated in Wards 7 and 8, where poverty, child poverty, and housing burden are highest, reinforcing economic hardship as a contributor to health risk.

Community of Hope Survey Responses



of respondents (773 of 1,178) classify as low-income,¹ earning less than \$20,000/year

24%

of low-income¹ parents (49 of 225) report they find child healthcare difficult, vs. only 14% for \$20,000+ earners (19 of 134)



51%

missed appointment rate for low-income¹ respondents (685 of 1,083), vs. 28% for \$50k+ earners (35 of 126)

24%

of respondents (182 of 1,423) indicated being unemployed, the highest reported employment status²

61%

of pregnant women (61 of 88) classify as low-income¹ and 90% (65 of 100) use Medicaid

Ward Level Perspective

Ward poverty is exuberant in service-area wards

Across most wards, the median income for families with children is noticeably higher than overall median household income. Wards 7 and 8 are clear exception; Ward 7 shows only a modest difference of approximately \$1,050, while Ward 8's median income for families with children is lower than its overall median household income.

Poverty rates are highest in Wards 1, 5, 7, and 8, with particularly high concentrations of children living in poverty, reaching up to 41% in Ward 8.

America's Health Ranking

Washington, DC faces persistent economic challenges

Top earners made over **7× more** than the lowest earners and **elevated housing cost burden affect 36.6%** of households

¹Low-income is defined as <\$20,000k annually

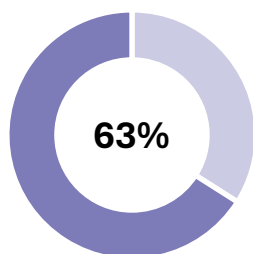
²The other employment status options include Employed Full-Time, Employed Part-Time, Retired, Unable to Work, Student, Self-Employed/Other

Bellevue Residents

Executive Summary

Bellevue residents experience a higher concentration of need, with elevated rates of low income, chronic conditions, housing instability, and food insecurity compared to non-Bellevue¹ respondents and other Ward 8² residents. Despite these increased barriers, Bellevue demonstrates higher than average engagement with healthcare and community resources, 82% of respondents rating Community of Hope services as ‘extremely valuable,’ reinforcing Bellevue as a high-need, high-engagement community where targeted investment is well positioned to drive impact.

Community of Hope Survey Responses



of Bellevue respondents (179 of 284) classify as low-income,³ with 47% (134 of 284) earning <\$10,000k annually

51%

of Bellevue respondents (37 of 72) are at risk of losing housing, and 18% (13 of 73) are homeless / unhoused

50%

of Bellevue respondents (148 of 296) are worried about food security, and 42% (125 of 296) have skipped meals due to cost



58%

of Bellevue respondents (194 of 335) have chronic conditions, 6% (407 of 783) higher than non-Bellevue respondents and 3% (76 of 139) higher than other Ward 8 respondents

28%

of Bellevue respondents (83 of 298) reported facing mental health challenges, 3% lower than both non-Bellevue (221 of 720) and other Ward 8 respondents (40 of 130)

Cross-Ward Analysis

Bellevue residents face higher insecurities than peers

Bellevue’s risk of housing loss is currently 6% (69 of 154) higher than non-Bellevue residents and 14% (10 of 27) higher than other Ward 8 residents.

Similarly, Bellevue’s homeless / unhoused rate is 12% (9 of 147) higher than non-Bellevue residents and 4% (4 of 29) higher than other Ward 8 residents.

Further, Bellevue respondents’ food security worries and rate of skipped meals is 9% (295 of 722) and 6% (261 of 721) higher than non-Bellevue respondents, respectively.

Resident Engagement

Bellevue residents are actively using available resources

13% (63 of 477) of Bellevue respondents use medical transportation⁴ and 35% (97 of 281) use Family Success Center services.

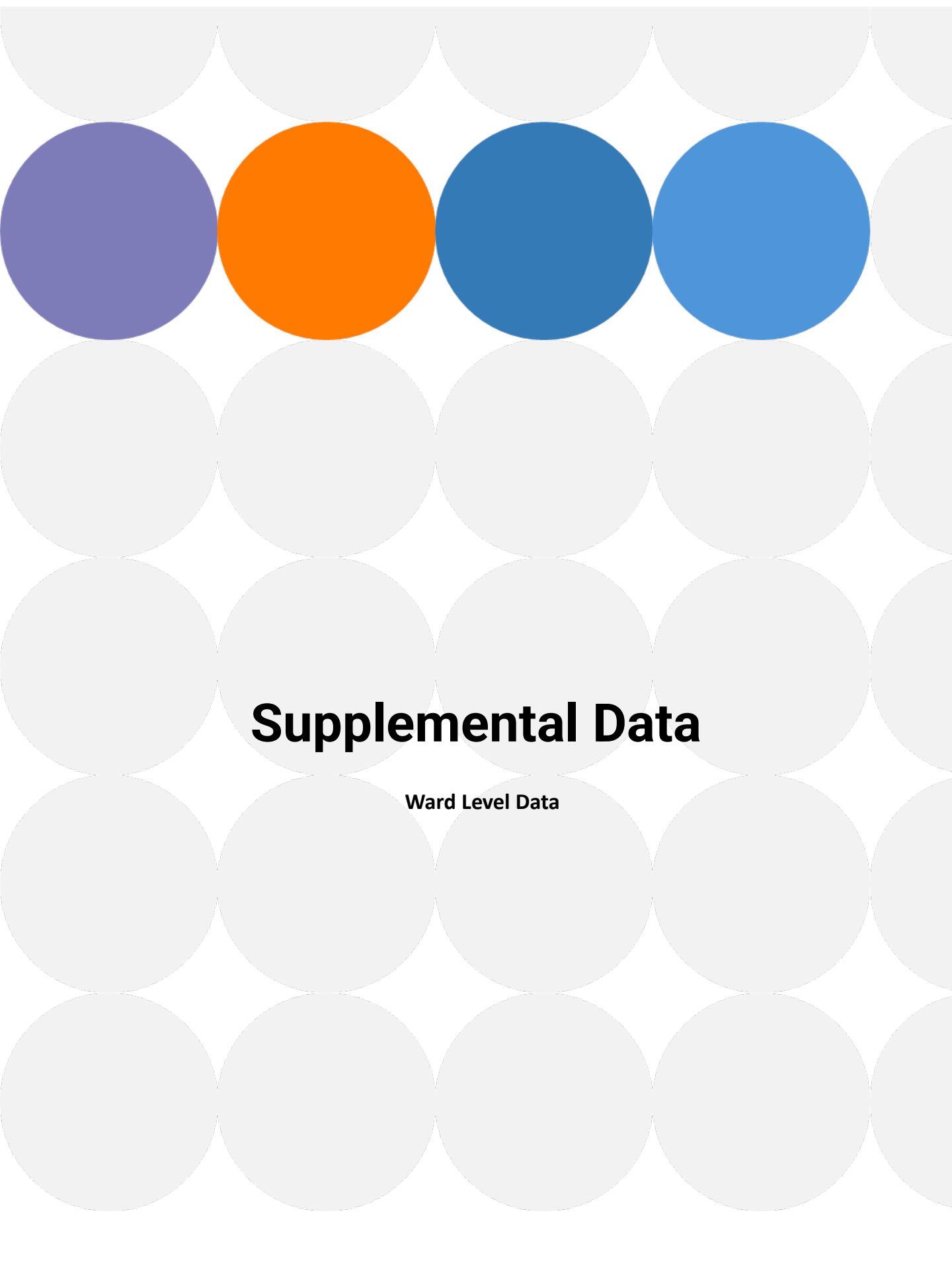
Additionally, 59% (176 of 297) of Bellevue respondents reported ‘always’ being able to access healthcare, 10% higher than both non-Bellevue (347 of 716) and other Ward 8 residents (61 of 125).

¹ Non-Bellevue calculated as average of all wards excl. Bellevue respondents

² Other Ward 8 calculated as average of Ward 8 excl. Bellevue respondents

³ Low-income is defined as <\$20,000k annually

⁴ Respondents could select multiple options



Supplemental Data

Ward Level Data

Ward Maternity, Maternal Care, & Family Data Points

This slide presents a ward-level snapshot of maternal, infant, and family indicators across Washington, DC, combining population, fertility, prenatal care, infant mortality, and child housing instability data. By comparing wards side-by-side alongside District averages, the slide highlights meaningful geographic variation in maternal and family health conditions, with several indicators clustering more heavily in specific wards.

	Population (ACS 2024)	Teen Birth Rates (per 1000) (DC Kids)	Birth Rate of Women in DC	Students experiencing homelessness in this ward's schools (DC Kids)	Infant Mortality	Prenatal Care in First Trimester
Ward 1	81,010	13	4.1%	1358	<5	62%
Ward 2	80,347	2	2.1%	377	<5	68%
Ward 3	81,004	1	3.6%	147	<5	69%
Ward 4	85,682	29	5.3%	1189	<5	65%
Ward 5	90,611	15	4.3%	2356	<5	64%
Ward 6	84,376	8	2.8%	502	5	71%
Ward 7	90,540	20	4.8%	1870	7	58%
Ward 8	87,724	27	4.9%	1830	12	61%
DC	681,294	115	3.9% (avg)	9629	N/A	64% (avg)

1

There are **higher teen birth rates** and **birth rates overall** in the **service area wards** compared to the rest of DC.

2

While the **rest of the district** has lower birth rates overall, they also have **little to no infant mortality**, especially when comparing data to **wards 6, 7, and 8**, who had **much of the volume** in the city.

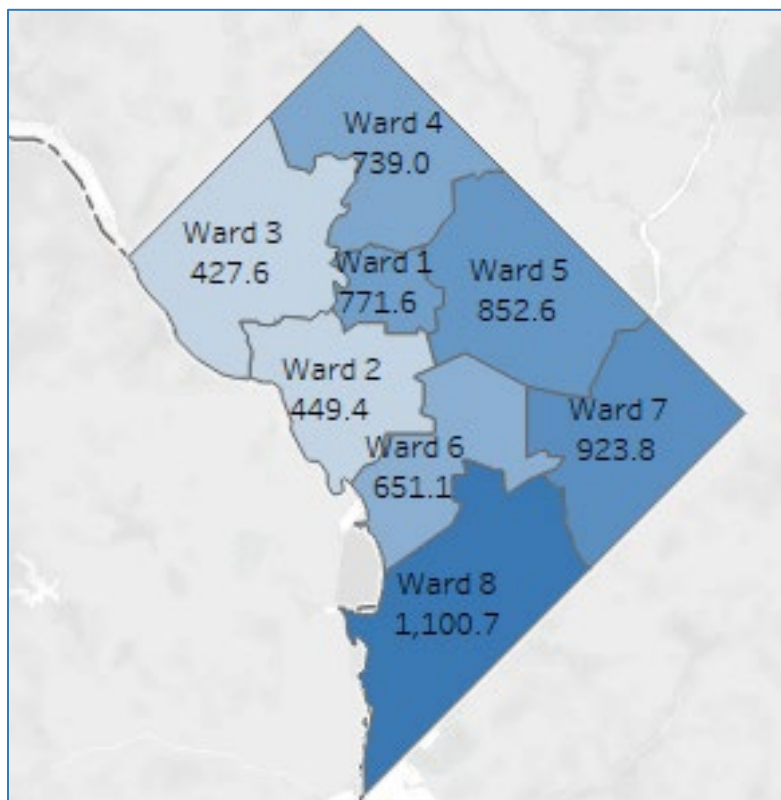
3

Wards 1, 7, and 8 also fall **below the DC average** for **women receiving prenatal care** in the first trimester; care that could prevent infant mortality had the mother's received the care they needed, earlier.

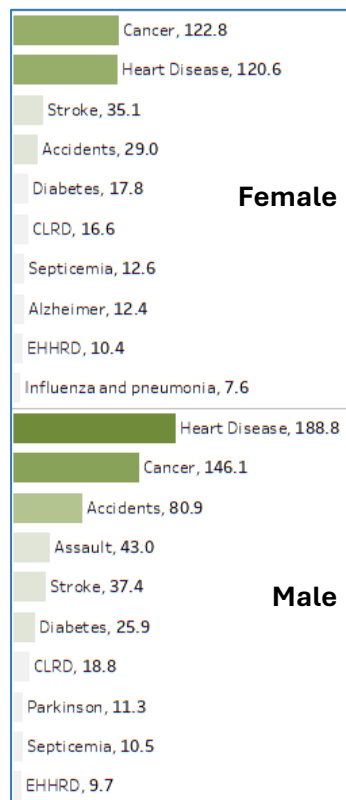
Mortality Rates Across DC

Heart disease and cancer are the leading causes of death in Washington, DC, driving the highest age-adjusted mortality rates in Wards 5, 7, and 8. Ward 8 alone reports a rate of 1,100.7 per 100,000—more than double that of Ward 3 (427.6). Males face significantly higher mortality from heart disease (188.8 vs. 120.6 for females), while cancer is the top killer among women (122.8). These persistent geographic and demographic disparities underscore the need for targeted intervention in the District's eastern wards.

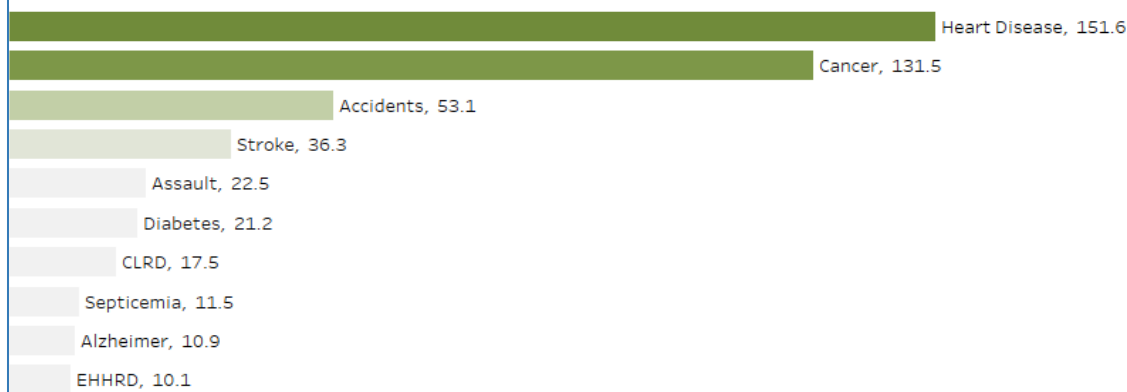
Age-Adjusted Death Rate by Ward, DC, 2024



Leading Causes of Death; Age-Adjusted Death Rate by Sex, DC



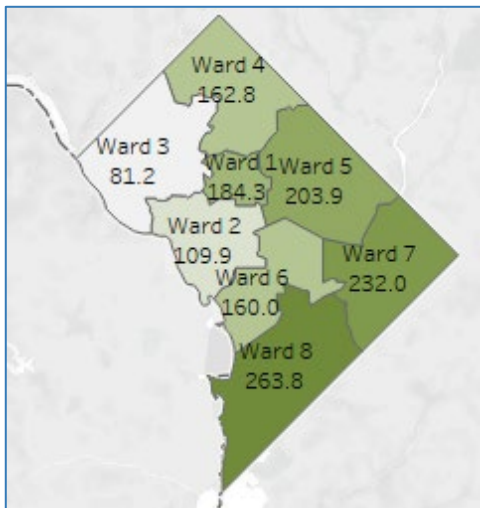
Leading Causes of Death Age-Adjusted Death Rate by Year, District of Columbia, 2024



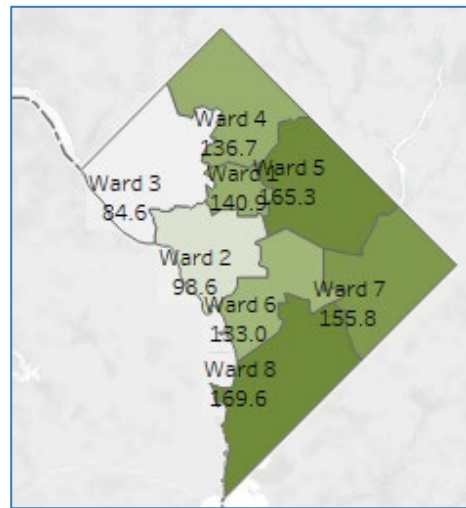


Mortality Rates Across DC

Heart disease (#1) and cancer (#2) are the two leading causes of death in Washington, DC. While cases occur across all wards, the maps show the highest intensity and concentration of mortality in Wards 5, 7, and 8, highlighting longstanding geographic disparities in chronic disease burden.

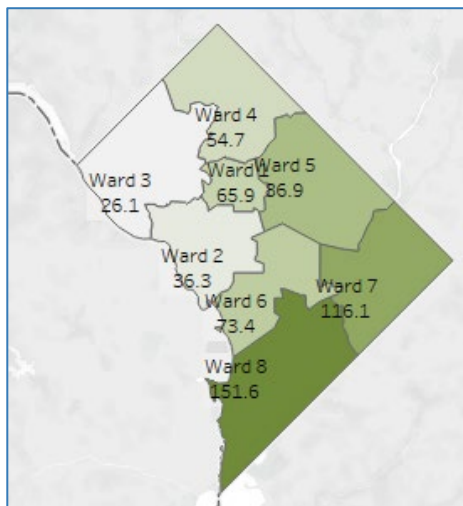


Heart Disease, Age-Adjusted Death Rate by Ward, District of Columbia, 2020 - 2024

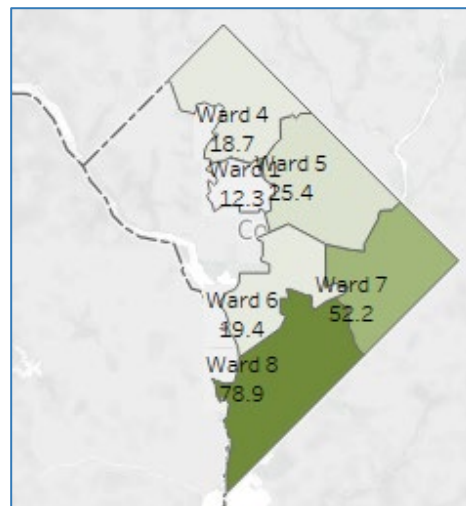


Cancer, Age-Adjusted Death Rate by Ward, District of Columbia, 2020 - 2024

Concentrated Mortality: The next two leading causes of death, accidents (#3) and assault (#5), show a more concentrated geographic pattern. Unlike heart disease and cancer, these causes are less evenly distributed across the city, with mortality outcomes clustering more sharply in specific wards, signaling targeted areas of elevated risk.



Accidents, Age-Adjusted Death Rate by Ward, District of Columbia, 2020 - 2024

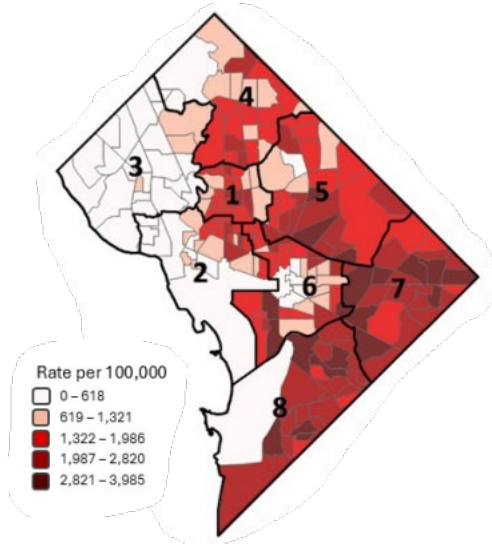


Assault, Age-Adjusted Death Rate by Ward, District of Columbia, 2020 - 2024

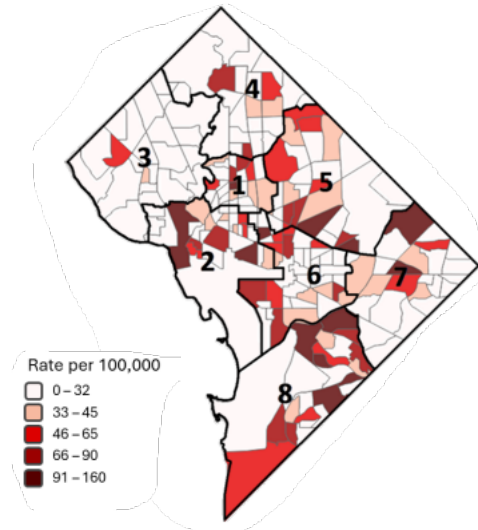
Sexual Health in DC

11,842 people live with HIV across DC, today...

People Living with HIV in DC
69% were Black People



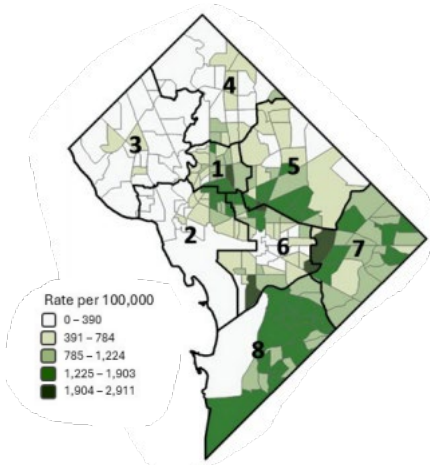
New Diagnoses of HIV in DC
1,051 infections (20-24)



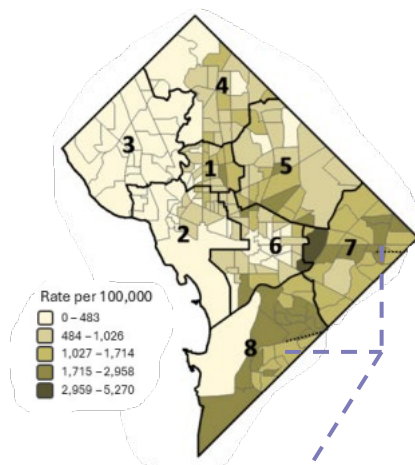
While there is a presence of HIV across the district, highlighted Wards 4, 5, 7, and 8 have high prevalence of existing HIV cases, as well as a higher than average rate of new diagnoses. (There were 192 diagnoses in 2024.)

Beyond HIV, other STDs also concern the highlighted Wards...

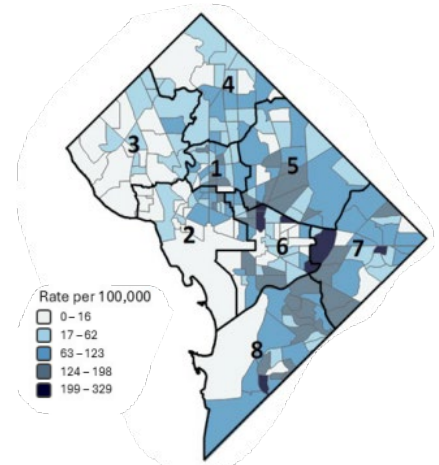
Gonorrhea Infections
24,870 infections (20-24)



Chlamydia Infections
37,016 infections (20-24)



Syphilis Infections
3,475 infections (20-24)



42% of all infections
were in **Wards 7 or 8.**

Ward Economic Mobility & Food Access Data

This slide highlights disparities in economic stability and access to basic needs across Washington, DC. It shows that wards with lower household and family incomes also experience higher poverty rates and a greater share of children living in poverty, particularly in Wards 7 and 8. At the same time, these wards have the highest levels of SNAP enrollment among children and the highest population-to-grocery-store ratios, indicating compounding challenges related to both food affordability and physical access to healthy food options.

Income & Poverty Rates

	Median HH Income (ACS)	Median Income Families w/ Children (DC Action)	Poverty Rate (ACS)	Children (Under 18) in Poverty	High Housing Cost Burden (DC Action)
Ward 1	\$132,588	\$194,896	13%	29%	31%
Ward 2	\$132,753	\$250,000+	11%	6%	34%
Ward 3	\$144,877	\$250,000+	7.7%	4%	31%
Ward 4	\$127,583	\$220,133	10.9%	15%	33%
Ward 5	\$102,771	\$159,250	14.9%	17%	37%
Ward 6	\$138,170	\$246,714	10.5%	15%	33%
Ward 7	\$71,088	\$72,228	22.9%	31%	42%
Ward 8	\$52,769	\$47,108	30.6%	41%	48%

Access to Nutrition & Basic Needs

	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8	DC
SNAP Children Enrollment	3,255	969	596	5,156	6,483	3,749	11,674	15,919	40,722
Population per Grocery Store	6,111	5,993	4,991	7,825	14,938	8,077	22,468	29,014	8,824 (AVG)

1

Families with children in DC show much higher median incomes compared to the house-hold median income data; that is, for most wards except 7 and 8. Ward 8 sees lower income when children are in the household.

2

While the poverty rate is high across DC compared to the rest of the US (12.5%), it is exceptionally high in service area wards 5, 7, and 8. Furthermore, a significant amount of these wards' children are also in poverty.

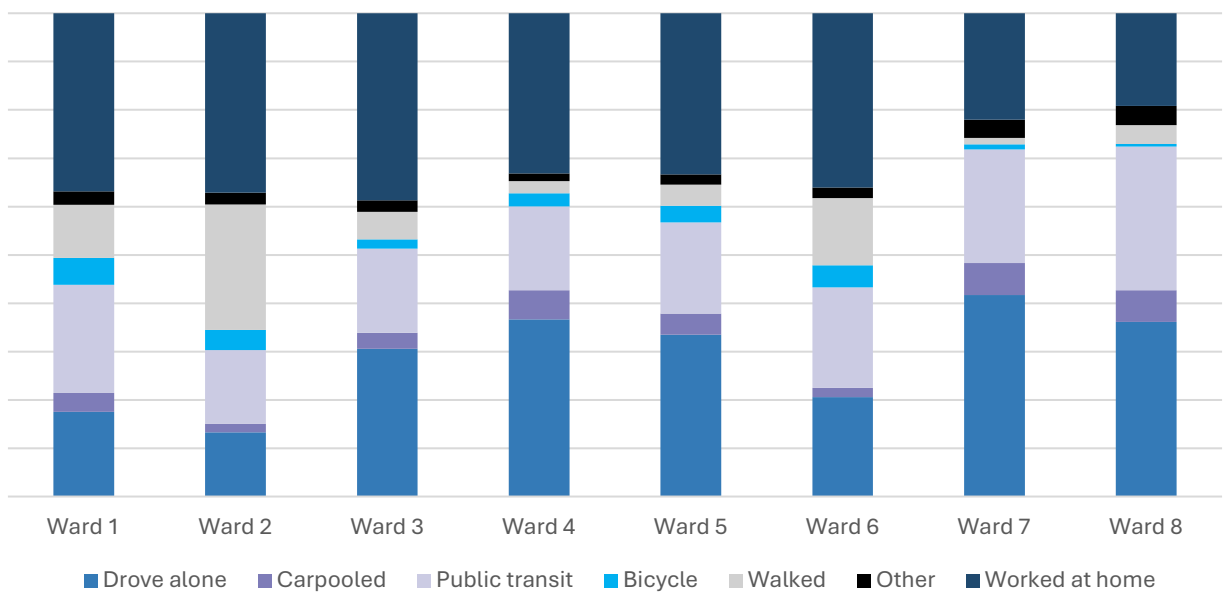
3

When analyzing access to nutrition, wards 7 and 8 see high SNAP enrollment for children (which aligns with the high rates of poverty), while also seeing a higher population per grocery store (which implies lower access to food overall).

Ward Commuter Benchmarking

This slide illustrates how residents across Washington, DC commute to work, highlighting variation in transportation mode by ward. The data show meaningful differences in reliance on personal vehicles, public transit, walking, and remote work, with several wards exhibiting longer average commute times and greater dependence on fewer transportation options.

Mode of Transportation by Ward

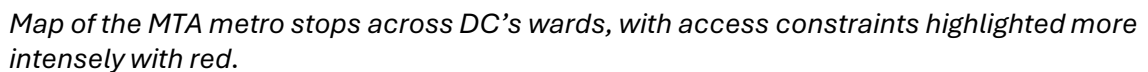


Drove alone
Carpooled
Public transit
Bicycle
Walked
Other
Worked at home

Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
17.5%	13.3%	30.6%	36.7%	33.5%	20.6%	41.7%	36.2%
3.9%	1.8%	3.3%	6.0%	4.4%	1.9%	6.6%	6.5%
22.4%	15.2%	17.4%	17.4%	18.9%	20.8%	23.5%	29.8%
5.5%	4.2%	1.9%	2.7%	3.4%	4.6%	1.1%	0.5%
11.0%	25.9%	5.7%	2.5%	4.4%	13.9%	1.3%	3.9%
2.8%	2.5%	2.4%	1.6%	2.1%	2.2%	3.8%	4.0%
36.8%	37.1%	38.7%	33.2%	33.4%	36.1%	22.0%	19.2%

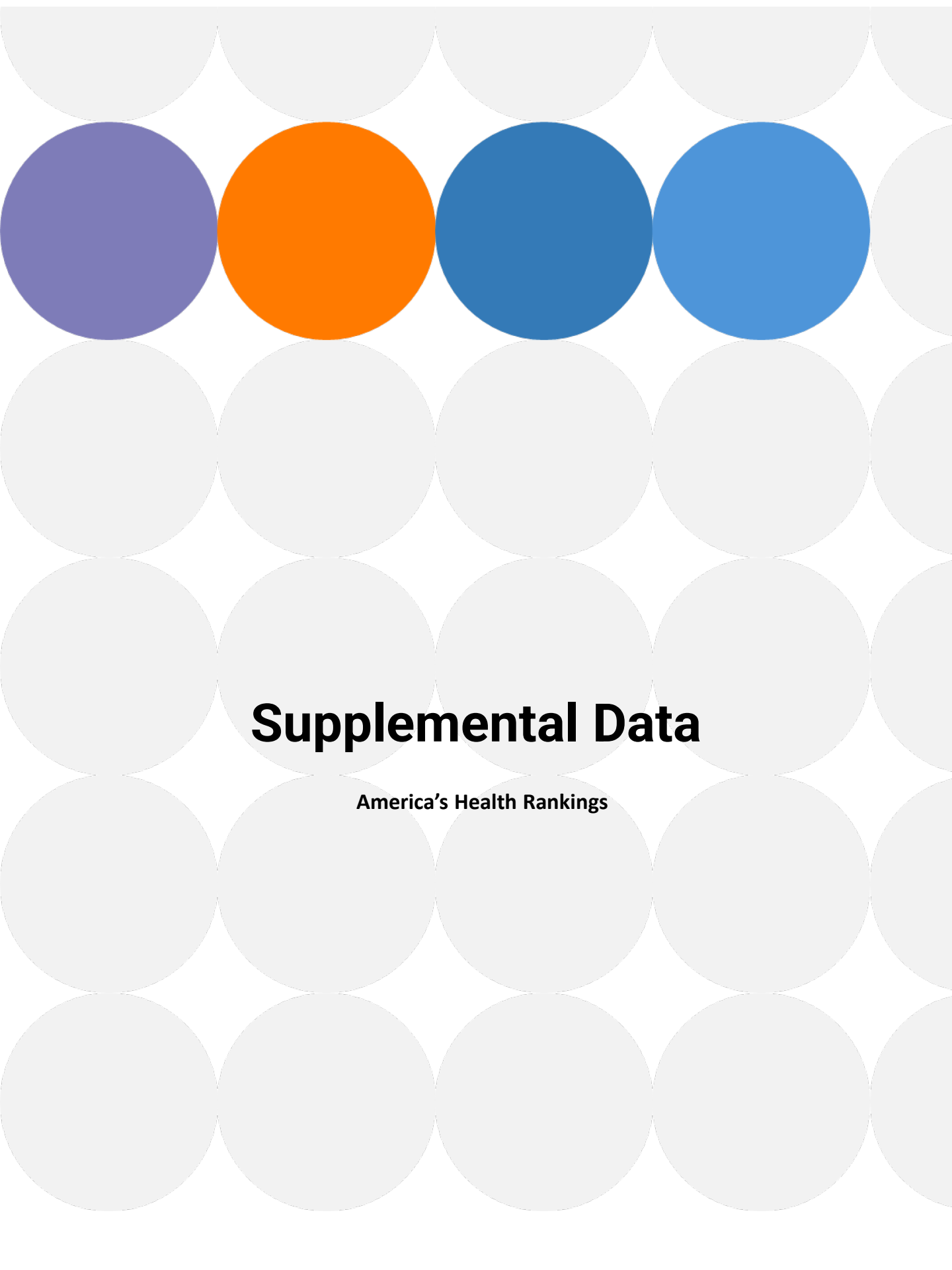
Mean travel time to work (min)

Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
28.9	24.9	27.5	32.4	31.9	26.2	34.9	34.8



The map provides a spatial view of where care is currently available across the city, helping to contextualize access patterns relative to community need and population distribution.





Supplemental Data

America's Health Rankings



America Health Rankings

Advancing the Health of our Nation Through Action
Grounded in Data

50+

Data Sources

250+

Measures

About AHR: As the longest running state-by-state analysis of our nation's health, America's Health Rankings® provides actionable, data-driven insights to inform public policy, research and news reporting in a platform produced by the United Health Foundation.

How We Use AHR Resources

We use these sources as a benchmark to understand the needs and opportunities for Community of Hope at the District-wide level.

- **2025 Annual Report:** 36th Annual Report highlights recent progress and emerging challenges at both the national and state levels, offering a comprehensive picture of health and well-being, while also examining health trends among specific populations, including those living in rural areas.
- **2025 Health of Women and Children Report:** This report shows encouraging gains in women and children's health and well-being, but concerning mortality trends across populations



2025 Annual Report: D.C. Profile

Summary

Strengths

- High prevalence of food sufficiency among children
- High prevalence of neighborhood amenities
- High prevalence of women with a dedicated health care provider

Challenges

- High percentage of low birth weight infants
- Low percentage of households with children that have high-speed internet
- High prevalence of unemployment among women

Key Findings

Uninsured

67%▲

from 2.7% to 4.5% of the population between 2023 and 2024.

Firearm Deaths

45%▲

from 22.9 to 33.1 deaths per 100,000 population between 2022 and 2023.

Smoking

33%▼

from 12.7% to 8.5% of adults between 2019 and 2024.

Colorectal Cancer Screening

18%▲

from 61.7% to 72.6% of adults ages 45-75 between 2022 and 2024.

Premature Death

13%▼

from 10,783 to 9,352 years lost before age 75 per 100,000 population between 2021 and 2023.

Homelessness

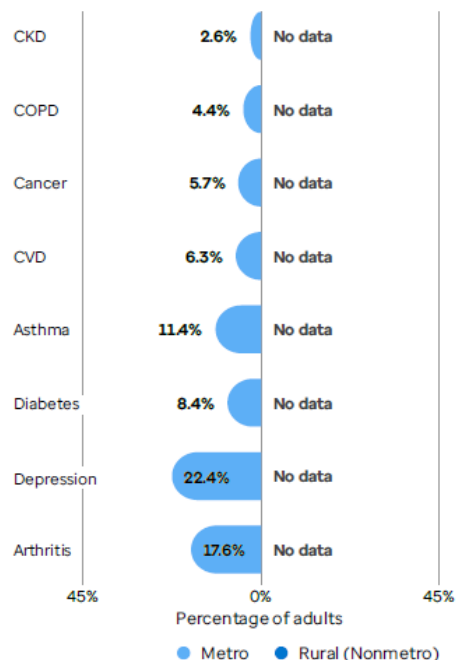
10%▲

from 72.5 to 80.0 people per 10,000 population between 2023 and 2024.

Multiple Chronic Conditions

Prevalence by Metropolitan Status in 2024

Components



*Significant based on 95% confidence intervals.

Source: U.S. HHS, CDC, Behavioral Risk Factor Surveillance System, 2024.

Notes: Order of conditions based on U.S. prevalence. CKD=chronic kidney disease, COPD=chronic obstructive pulmonary disease, CVD=cardiovascular diseases.

2025 Annual Report: Measures

Social and Economic Factors		D.C. Value	U.S. Value
Community and Family Safety	Firearm Deaths (Deaths per 100,000 population)	33.1	14.0
	Homicide (Deaths per 100,000 population)	29.7	6.7
	Occupational Fatalities (Deaths per 100,000 workers)	-	4.2
	Public Health Funding (Dollars per person)	\$1,084	\$124
Economic Resources	Economic Hardship Index (1-100)	-	-
	Food Insecurity (% of households)	8.8%	12.2%
	Income Inequality (8020 ratio)	7.52	4.85
Social Support & Engagement	Adverse Childhood Experiences (% of children ages 0-17)	13.5%	14.1%
	High-Speed Internet (% of household)	93.9%	94.6%
	Residential Segregation – Black/White (Index from 0-100)	67	-
	Volunteerism (% of population ages 16+)	35.8%	28.3%
	Voter Participation (% of U.S. citizens age 18+)	71.2%	58.8%
Clinical Care		D.C. Value	U.S. Value
Access to Care	Avoided Care Due to Cost (% of adults)	8.7%	11.5%
	Dental Care Provider (per100,000 population)	109.8	66.3
	Mental Health Providers (per100,000 population)	777.1	362.6
	Primary Care Providers (per100,000 population)	548.9	291.4
	Uninsured (% of total population)	4.5%	8.2%
Preventive Clinical Services	Cancer Screenings (% of adults aged 40-75)	66.9%	64.5%
	Childhood Immunizations (% of 3-year birth cohort)	71.2%	66.9%
	Dental Visit	71.8%	67.5%
	Flu Vaccination	55.6%	41.3%
	HPV vaccination	75.8%	62.9%
Quality of Care	Dedicated Health Care Provider	38.3%	30.4%
	Preventable Hospitalizations (Discharges per 100,000 Medicare beneficiaries age 18+)	3,051	2,768

2025 Annual Report: Measures

Health Outcomes		D.C. Value	U.S. Value
Behavioral Health	Drug Deaths (Deaths per 100,000 population)	62.9	31.4
	Excessive Drinking (% of adults)	27.2%	17.0%
	Frequent Mental Distress (% of adults)	13.3%	15.6%
	Non-Medical Drug Use (% of adults)	14.3%	16.8%
Mortality	Premature Death (Years lost before age 75 per 100,000 population)	9,325	7,862
	Premature Death Racial Disparity (Ratio of highest rate to white rate)	6.1	1.9
Physical Health	Frequent Physical Distress (% of adults)	8.4%	13.0%
	Low Birth Weight (% of live births)	10.8%	8.6%
	Low Birth Weight Racial Disparity	2.7	2.1
	Multiple Chronic Conditions (% of adults)	6.6%	11.3%
	Obesity (% of adults)	25.5%	34.2%
Behaviors		D.C. Value	U.S. Value
Nutrition and Physical Activity	Exercise (% of adults)	38.3%	30.4%
	Fruit and Vegetable Consumption (% of adults)	13.5%	7.4%
	Physical Inactivity (% of adults)	13.9%	21.8%
Sexual Health	Chlamydia (Cases per 1000,000 population)	1,228	492
	High-Risk HIV Behaviors (% of adults)	11.8%	5.6%
	Teen Births (per 1,000)	12.3	13.1
Sleep Health	Insufficient Sleep (% of adults)	31.9%	35.5%
Smoking & Tobacco Use	E-Cigarette Use (% of adults)	4.8%	8.0%
	Smoking (% of adults)	8.5%	11.6%
Physical Environment		D.C. Value	U.S. Value
Housing & Transit	Homelessness (People per 10,000 population)	80.0	22.6
	Housing Cost Burden (% of households)	36.6%	32.0%
	Housing with Lead Risk (% of housing stock)	30.5%	16.1%
	Severe Housing Problems (% of occupied housing units)	19.7%	16.8%



2025 Health of Women and Children Report: D.C. Profile

Strengths

- High prevalence of food sufficiency among children
- High prevalence of neighborhood amenities
- High prevalence of women with a dedicated health care provider

Challenges

- High percentage of low birth weight infants
- Low percentage of households with children that have high-speed internet
- High prevalence of unemployment among women

Key Findings

Drug Deaths

82%▲

from 116 to 211 deaths per 100,000 women ages 20-44 between 2017-2019 and 2021-2023.

Smoking During Pregnancy

65%▼

from 2.3% to 0.8% of women with a recent live birth between 2019 and 2023.

Child Mortality

39%▲

from 29.7 to 41.3 deaths per 100,000 children ages 1-19 between 2017-2019 and 2021-2023.

Early Childhood Education

23%▲

from 73.0% to 90.1% of children ages 3-4 between 2021 and 2023.

Women - Social and Economic Factors

Community and Family Safety

Firearm Deaths

7.0

6.2

Injury Deaths

40.8

51.9

Intimate Partner Violence before Pregnancy

-

-

Economic Resources

Concentrated Disadvantage

46.4%

25.9%

Food Insecurity

8.8%

12.2%

Gender Pay Gap

86.0%

81.1%

Poverty

12.2%

14.9%

Unemployment

73.7%

37.8%

Social Support & Engagement

Infant Child Care Affordability

67

Residential Segregation – Black/White

67

Voter Participation

72.7%

60.0%

2025 Health of Women and Children Report: D.C. Profile

Children - Social and Economic Factors		D.C. Value	U.S. Value
Community & Family Safety	Child Victimization	10.0	7.4
	Firearm Deaths	18.9	5.9
	Injury Deaths	31.8	18.7
Economic Resources	Children in Poverty	17.1%	16.0%
	Children in Poverty – Racial Disparity	-	3.0
	Food Sufficiency	75.3%	66.6%
	Students Experiencing Homelessness	6.6%	2.4%
Education	WIC Coverage	46.0%	52.2%
	Early Childhood Education	90.1%	48.5%
	Fourth Grade Reading Proficiency	29.6%	30.5%
	High School Completion	92.7%	89.8%
Social Support and Engagement	Adult Mentor	85.1%	88.0%
	Adverse Childhood Experiences	13.5%	14.1%
	Foster Care Instability	31.8%	15.2%
	High-Speed Internet	93.9%	96.0%
	Neighborhood Amenities	73.5%	38.2%
	Reading, Singing, or Storytelling	75.3%	59.7%

Women & Children – Physical Environment		D.C. Value	U.S. Value
Air and water quality	Air Pollution	8.8	8.6
	Drinking Water Violations	1.5	2.8
	Household Smoke	8.5%	10.3%
Climate & Health	Climate Policies	3	-
	Transportation Energy Use	2.6	8.4
Housing & Transportation	Drive Alone to Work – Women	26.1%	67.3%
	Housing Cost Burden – Households with Children	27.8%	31.1%
	Housing with Lead Risk	30.3%	16.4%



<https://www.communityofhopedc.org>

Community of Hope's mission is to improve health, end homelessness, and partner with communities to make Washington, DC more equitable. With hope, one can accomplish anything. Families who struggle with poverty and homelessness can achieve their goals. They can overcome challenges like having no safe place to sleep, poor health, and unemployment, and enjoy connected families with happy and healthy children.