

Health of Boston: A Neighborhood Focus



2012-2013



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Building a Healthy Boston

Health of Boston 2012-2013

A Neighborhood Focus

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Introduction

Welcome to the *Health of Boston 2012-2013: A Neighborhood Focus!*

Since 1996, the Health of Boston reports have been commissioned annually to provide information about the health of city of Boston residents. As the title suggests, this year's report provides a closer look at the health of Boston's neighborhoods. In addition to demographic and socioeconomic data, the report presents approximately 30 health indicators by year and by racial/ethnic group for Boston overall and for each of the 15 Boston neighborhoods recognized in past HOB reports, plus the North End and Chinatown, as the data permits. These indicators were selected based on specific public health relevance and data availability. There are many other important health indicators not presented in this report that the Boston Public Health Commission will present in other reports and presentations. As always, we welcome requests for these data as well as more targeted requests for the indicator data presented in this report.

Health of Boston 2012-2013: A Neighborhood Focus looks quite different from past Health of Boston reports. A number of format changes were utilized to frame the data. In particular, data tables were incorporated throughout the health indicator sections in order to efficiently present extensive trend and racial/ethnic data for Boston overall and individual Boston neighborhoods.

As with previous Health of Boston reports, this report does not attempt to identify causality or make policy recommendations. Instead, it provides descriptive information intended to stimulate dialogue among individuals and within our communities.

Report Overview

The report begins with an executive summary and some notes to the readers, then proceeds with three sections (Health Equity, Demographic Profile, and Socioeconomic Profile) that offer a presentation of many social, economic, and environmental factors that are recognized to have profound influence on the health experience of individuals and populations, collectively referred to as Social Determinants of Health. Taken together, social determinants of health help provide a necessary foundation for understanding factors influencing the differences in health experience across various groups and smaller populations within the city as a whole. For many years, Health of Boston reports have revealed significant racial/ethnic health differences often referred to as racial/ethnic "health disparities" or "health inequities". In short, Asian and White Boston residents tend to have much better health experiences than their Black and Latino neighbors. Social determinants of health provide necessary context for understanding and addressing these differences. These three sections of the report provide the social determinant framework for the health data that follow.

The Boston Health Indicators section presents approximately 30 health indicators including data on select birth outcomes, health-related behaviors, disease incidence, hospitalizations, emergency department visits, and causes of death. These data are presented in trend tables that show rate changes over time and race/ethnicity tables that show rates by racial/ethnic group. Important differences are presented as bulleted highlights below the tables.

Next, the report presents the most comprehensive presentation of Boston neighborhood-level data to date. For each neighborhood, there are charts that describe demographic and socioeconomic characteristics, and health indicator tables in the same format as for Boston overall.

The report concludes with technical notes, a description of data sources and limitations, and a glossary.

We hope you enjoy the report and find the information presented here useful in our collective aim to live, learn, and nurture healthier individuals and communities.

EXECUTIVE SUMMARY

Health of Boston 2012-2013: A Neighborhood Focus provides extensive information about the health of city of Boston residents. In addition to demographic and socioeconomic data, the report presents health trends and racial/ethnic comparisons spanning approximately 30 health indicators for Boston overall and by Boston neighborhood. The report does not identify causality or make policy recommendations, but instead, provides descriptive information intended to encourage informed dialogue. What follows is a brief summary of some of the descriptive information presented within the report.

Health Equity

As you review the sections that follow, you will notice significant differences between the health of Boston's residents of color and the health of White residents. White residents, on average, enjoy better health than Black and Latino residents. These differences in health based on race are systemic, avoidable, unfair, and unjust; therefore, are referred to as health inequities. Health inequities are the result of multiple factors at the individual, community, and societal levels working together to create inequitable access, opportunities, and experiences based on race. Health inequities are found across multiple health conditions.

There are many factors at the individual and community levels that impact health – individual factors, such as biology and personal behaviors; relationships such as family and social networks; and social and physical environments of where one lives, works, and plays. While we often think first about biology, individual behavior, and health care access as the most important determinants of health, in actuality community-level factors, such as housing, education, environmental exposure, public safety, employment and income, are strong predictors of health. These features of one's social and physical environment are called the social determinants of health.

When examining how these factors contribute to health inequities, it is important to understand how experiences within the individual and community context differ by race. Health-promoting resources are distributed unevenly across the city and follow patterns of racial segregation and poverty concentration. This inequitable distribution of resources, coupled with residential segregation, results in people of color often living in neighborhoods where there is less access to conditions and opportunities that promote health, such as fresh fruits and vegetables, open green space, quality housing, and employment. Understanding the pathways and mechanisms through which social conditions affect health and contribute to health inequities is fundamental to understanding the health of populations.

Boston: Demographic Profile

In 2010, Boston had 617,594 residents. The overall population of Boston increased 5% between 2000 and 2010. During that time, the number of Latino residents and Asian residents increased by 27% and 25%, respectively. While English was the language most frequently reported being spoken at home, 35% of Boston residents ages 5 and over reported speaking a language other than English at home. Among the languages other than English spoken at home, Spanish (including Spanish Creole) was the most widely spoken language (15% of all homes), followed by French (including Patois, Cajun, and French Creole) (5%), Chinese (4%), Portuguese (including Portuguese Creole) (2%), and Vietnamese (2%).

Boston: Socioeconomic Profile

Socioeconomic status (SES) is a measure of an individual's or family's economic and social position relative to others based on income, education, and occupation. Low socioeconomic status is associated with limited access to regular health care, adequate housing, quality education, nutritious food, recreational opportunities, and other resources associated with a healthy lifestyle. The socioeconomic status of Boston residents varies dramatically by race/ethnicity, gender, and age. Key points from the socioeconomic status section in this report include the following in 2010:

- Sixty percent of female-headed households with children under age 5 had income below the poverty level compared with 18% for all family households in Boston
- The median annual household income for Latino households was \$23,243 compared with \$61,636 for White households
- The percentage of Boston residents with less than a high school diploma or GED was significantly higher among Latino adults (32%), Asian adults (24%) and Black adults (20%) compared with White adults (7%)
- Black male residents had an unemployment rate of 32% – almost four times the rate of 9% for White male residents
- More than 7,600 homeless individuals were counted in Boston in 2011; 33% of these individuals were children

Boston Health Indicators: Trends

Analysis of select Boston health indicators over time revealed progress or sustained improvement in a number of key public health priority areas:

- The adolescent birth rate for Boston female residents ages 15-17 decreased 9% from 2005 to 2010 and the overall percentage of preterm births among all Boston resident births decreased from 11% in 2005 to a preliminary 9% in 2010.
- The 5-year rolling average infant death rate for Black infants declined 11% from the period 2001-2005 to 2006-2010, based on preliminary data, compared to a decline of 8% for Boston overall. Between the periods of 2001-2005 and 2006-2010, the 5-year rolling averages for infant death rates for most of Boston neighborhoods also declined.
- Boston's stroke-related death rate decreased 15% from 2005 to 2010 based on preliminary death data for 2010.
- Boston's heart disease hospitalization rate decreased 10% from 2005 to 2011 and the heart disease death rate decreased 16% from 2005 to 2010 based on preliminary death data for 2010.
- From 2001 to 2011, the percentage of Boston public high school students who reported smoking cigarettes decreased. Similarly, the percentage of Boston adult residents who reported smoking cigarettes decreased from 2001 to 2010.
- From 2001 to 2011, the percentage of Boston public high school students who reported persistent sadness (feeling sad, blue, or depressed every day for two weeks straight during the past year) decreased.

Analysis of other select Boston health indicators over time suggest continued need for improvement:

- Though similar to the US overall, based on preliminary data, Boston's 5-year rolling average for its infant death rate remains higher than the IMR for Massachusetts overall for the period of 2006-2010.
- From 2001 to 2011, the percentage of public high school students getting regular physical activity during the past week and the percentage reporting excessive alcohol consumption (binge drinking) during the past month remained statistically similar.
- From 2007 to 2011, the percentage of public high school students who reported drinking one or more sodas per day and the percentage considered obese remained statistically similar.
- From 2001 to 2010, the percentage of Boston adult residents considered obese (whose body mass index or BMI is 30 or more) increased.
- The percentage of Boston adults who reported getting regular physical activity, having asthma, having diabetes, and having persistent sadness (being sad, blue or depressed 15 or more days during the past month) remained statistically similar from 2001 to 2010.

Boston Health Indicators: Racial/Ethnic Group Comparisons

Comparisons of racial/ethnic health indicator data show Boston's Black and Latino residents continue to experience higher levels of chronic disease, mortality, and poorer health outcomes compared with White and Asian residents. Compared to Boston's White residents, Black and Latino residents had higher rates of:

- Births to adolescent females
- Low birth weight births
- Infant deaths
- Asthma emergency department visits among children less than 5 years old
- Heart disease hospitalizations
- Cerebrovascular disease (including stroke)-related hospitalizations
- Diabetes hospitalizations
- Nonfatal gunshot and stabbing injuries resulting in emergency department visits
- Homicide
- Adult obesity (based on self-reported height and weight)
- Adults who self-reported having persistent sadness (feeling sad, blue or depressed 15 or more of the past 30 days)

Neighborhood Profiles and Health Indicators

Where one lives contributes to shaping health behaviors and influencing one's health. In this year's Health of Boston, there is a much bigger emphasis on neighborhood-level data than in past years. Boston's neighborhoods vary in population characteristics and socioeconomic circumstances. As a result, for each neighborhood there are graphs, where data permits, that describe the population's gender and age distribution, household type, family poverty status, housing tenure (rental vs. owner-occupied), and educational attainment.

Neighborhood-level racial/ethnic distribution data exist in the Boston Demographic Profile section to allow for comparisons with Boston overall, other neighborhoods, and over time. In addition, there is a map for each neighborhood that identifies locations of known community assets. Finally, each neighborhood presents health indicator tables in the same format as for Boston overall: indicators over time and by racial/ethnic group.

Neighborhood Health Indicators: Trends

Similar to Boston overall, an analysis of neighborhood select health indicators over time reveals progress for several key public health priority areas:

- According to preliminary death data for 2010, from 2005 to 2010, Mattapan and Roxbury experienced the greatest decrease in their adolescent birth rates for females ages 15-17 among Boston neighborhoods. The decrease for Mattapan was 55% and for Roxbury 40%. Roslindale and North Dorchester experienced the greatest decrease in preterm births, 40% and 27% respectively, from 2005 to 2010.
- Based on preliminary death data for 2010, between 2005 and 2010, heart disease hospitalization rates and heart disease death rates decreased for the majority of Boston neighborhoods. Decreases in rates for heart disease hospitalization ranged from 4% to 31%. The greatest decreases occurred for residents of Charlestown (30%) and South Boston (31%). Rates for both Mattapan and North Dorchester increased 30% and 9%, respectively.
- Heart disease death rates also decreased for most of Boston neighborhoods. According to preliminary death data for 2010, between 2005 and 2010, decreases ranged, decreases for heart disease death rates ranged from less than 1% to 57%, with the North End and Jamaica Plain experiencing the greatest decreases of 57% and 36% respectively, followed by Mattapan and Back Bay with 34% each. North Dorchester was the only neighborhood whose heart disease death rate increased, although the increase was small (4%).
- Almost all of Boston neighborhoods experienced a decrease in asthma emergency department visits between 2005 and 2011 for children under the age of five. The greatest decreases occurred for South Boston (56%), Hyde Park (39%), and Roxbury (36%). Allston/Brighton, East Boston, and Fenway experienced increases of 23%, 27%, and 38% respectively.

The entire *Health of Boston 2012-2013: A Neighborhood Focus* will be available on the Boston Public Health Commission's website at www.bphc.org.

Boston Data Summary Table											
Boston Health Indicators	Year	TOTAL ¹		Asian		Black		Latino		White	
		#	%	#	%	#	%	#	%	#	%
2010 Population											
Total	2010	617,594	100%	55,028	8.9%	138,073	22.4%	107,917	17.5%	290,312	47.0%
Gender:											
Males	2010	295,951	47.9%	26,121	47.5%	63,107	45.7%	52,411	48.6%	142,045	48.9%
Females	2010	321,643	52.1%	28,907	52.5%	74,966	54.3%	55,506	51.4%	148,267	51.1%
Age Group:											
Under 18	2010	103,710	16.8%	7,138	13.0%	34,431	24.9%	31,209	28.9%	23,923	8.2%
18-64	2010	451,647	73.1%	42,332	76.9%	89,242	64.6%	71,313	66.1%	231,134	79.6%
65 & over	2010	62,237	10.1%	5,558	10.1%	14,400	10.4%	5,395	5.0%	35,255	12.1%
Maternal/Child Indicators											
Adolescent Birth Rate (per 1,000 females ages 15-17)	2010	Rate	Year	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Rate
	2010	18.8	2010	7.7	17.7	30.4	11.3	3.4			
Low Birth Weight Births (percent of live births)	2010	9.4%	2010	8.9%	12.4%	8.7%	7.9%				
Preterm Births (percent of live births)	2010	9.4%	2010	9.1%	11.8%	8.7%	8.3%				
Elevated Blood Lead Levels (percent of children testing positive)	2011	0.7%	NA	NA	NA	NA	NA				
Mortality Rates											
Infant Deaths (per 1,000 live births)	Years Combined	Rate	Years Combined	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Rate
	2006-2010	5.9	2006-2010	3.0	10.9	6.1	3.4				
Homicide (per 100,000 residents)	2010	9.4	2009-2010	n<5	26.3	11.3	0.9				
Substance Abuse Deaths (per 100,000 residents)	2010	31.0	2009-2010	8.3	36.7	19.2	39.9				
Suicide (per 100,000 residents)	2010	7.9	2008-2010	4.2	5.4	3.7	9.4				
Leading Cause of Death: Cancer (per 100,000 residents)	2010	181.6	2010	146.7	220.8	114.4	188.6				
Leading Cause of Death: Diseases of the Heart (per 100,000 residents)	2010	139.1	2010	51.5	156.7	76.9	155.7				
Leading Cause of Death: Cerebrovascular Disease Deaths (incl. Stroke) (per 100,000 residents)	2010	34.6	2010	31.7	45.9	40.0	31.1				

*Age-adjusted rates

¹Includes other race/ethnicity

Gray text represents rates based on counts less than 20 and should be interpreted with caution. Black text represents rates based on counts of at least 20. Birth and death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes. For data source information see end of the Executive Summary section.

Boston Health Indicators	Year	TOTAL ¹		Year	Asian		Black		Latino		White	
		Rate	C.I.		Rate	Rate	Rate	Rate	Rate	Rate	Rate	Rate
Hospitalizations and ED Visits												
Asthma Emergency Department Visits (per 1,000 children under age 5)	2011	22.9		2011	11.6		42.1		24.3		7.5	
Heart Disease Hospitalizations* (per 1,000 residents)	2011	10.5		2011	4.3		13.6		11.5		9.6	
Diabetes Hospitalizations* (per 1,000 residents)	2011	2.1		2011	0.6		4.1		3.2		1.2	
Cerebrovascular Disease Hospitalizations (incl. Stroke)* (per 1,000 residents)	2011	2.4		2011	2.2		3.4		2.5		2.0	
Nonfatal Gunshot/Stabbing Hospitalizations and ED Visits* (per 1,000 residents)	2011	0.7		2011	0.1		2.2		0.9		0.2	
Communicable Disease Rates												
Chlamydia Incidence (per 100,000 residents)	2011	766.7		NA ²	NA ²		NA ²		NA ²		NA ²	
Hepatitis C Incidence (per 100,000 residents ages 15-25)	2010	55.5		2010	NA		33.4		20.2		67.1	
Boston Behavioral Risk Factors												
Smoking		%	C.I.	Years Combined	%	C.I.	%	C.I.	%	C.I.	%	C.I.
Regular Physical Activity	2010	16%	(14.0-17.3)	2006, 2008, 2010	6%	(2.1-9.2)	16%	(13.8-18.6)	16%	(13.0-19.6)	17%	(15.0-18.0)
Asthma Prevalence	2010	57%	(54.7-59.3)	2006, 2008, 2010	49%	(40.5-57.4)	51%	(47.0-54.3)	47%	(42.6-51.8)	64%	(62.0-65.6)
Diabetes Prevalence	2010	11%	(9.5-12.4)	2006, 2008, 2010	5%	(1.7-8.5)	15%	(12.5-17.5)	12%	(9.4-14.2)	9%	(8.4-10.5)
Obesity	2010	6%	(5.4-7.0)	2006, 2008, 2010	2%	(0.6-3.2)	9%	(8.1-10.7)	6%	(4.8-7.5)	5%	(4.1-5.1)
Persistent Sadness	2010	21%	(18.9-22.7)	2006, 2008, 2010	8%	(3.1-13.7)	32%	(29.1-35.6)	26%	(21.8-30.0)	16%	(14.4-17.0)
Youth Survey Health Indicators		%	C.I.	Years Combined	%	C.I.	%	C.I.	%	C.I.	%	C.I.
Cigarette Smoking	2011	10%	(8.0-12.0)	2007, 2009, 2011	7%	(4.9-9.9)	6%	(3.9-7.6)	8%	(6.3-10.0)	22%	(16.2-28.0)
Regular Physical Activity	2011	29%	(26.0-32.3)	2007, 2009, 2011	21%	(16.0-26.2)	29%	(26.4-32.1)	26%	(23.6-29.3)	36%	(31.4-39.9)
1+ Soda Consumption Daily	2011	24%	(19.8-28.2)	2007, 2009, 2011	20%	(15.1-24.2)	29%	(26.0-32.0)	25%	(22.3-28.2)	25%	(21.4-29.3)
Excessive Alcohol Consumption	2011	17%	(13.3-19.9)	2007, 2009, 2011	11%	(7.3-15.1)	12%	(9.8-14.3)	20%	(17.1-23.3)	31%	(25.5-35.7)
Obesity	2011	14%	(11.7-16.9)	2007, 2009, 2011	7%	(4.0-10.0)	15%	(12.5-17.3)	16%	(13.9-18.9)	13%	(9.5-16.3)
Persistent Sadness	2011	25%	(20.6-28.9)	2007, 2009, 2011	23%	(18.3-27.9)	25%	(22.4-28.0)	30%	(27.5-33.5)	21%	(16.7-24.5)

* Age-adjusted rates

¹ Includes other race/ethnicity

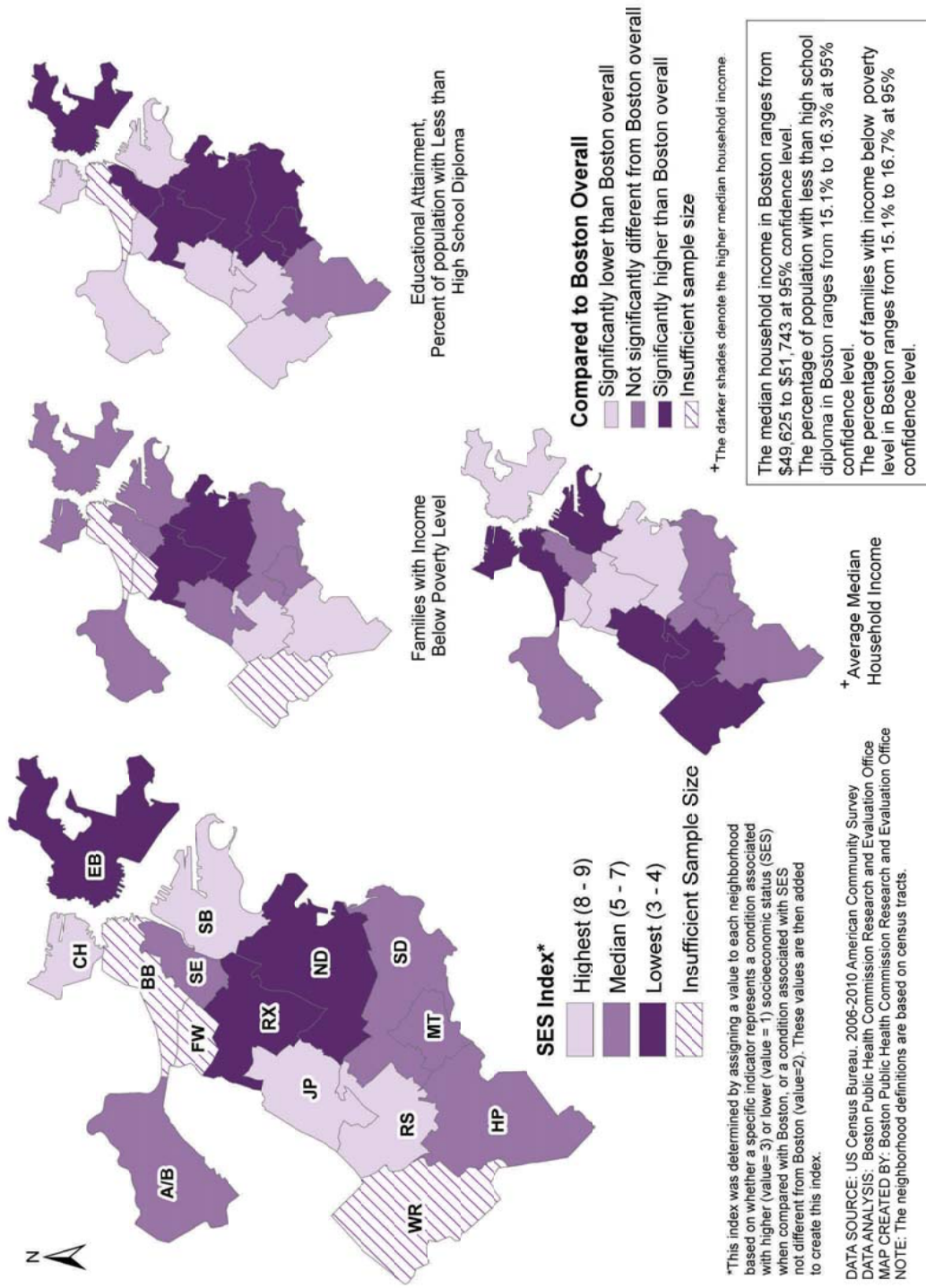
² Rate by race/ethnicity is not presented due to high percentage of missing data.

Gray text represents rates based on counts less than 20 and should be interpreted with caution. Black text represents rates based on counts of at least 20.

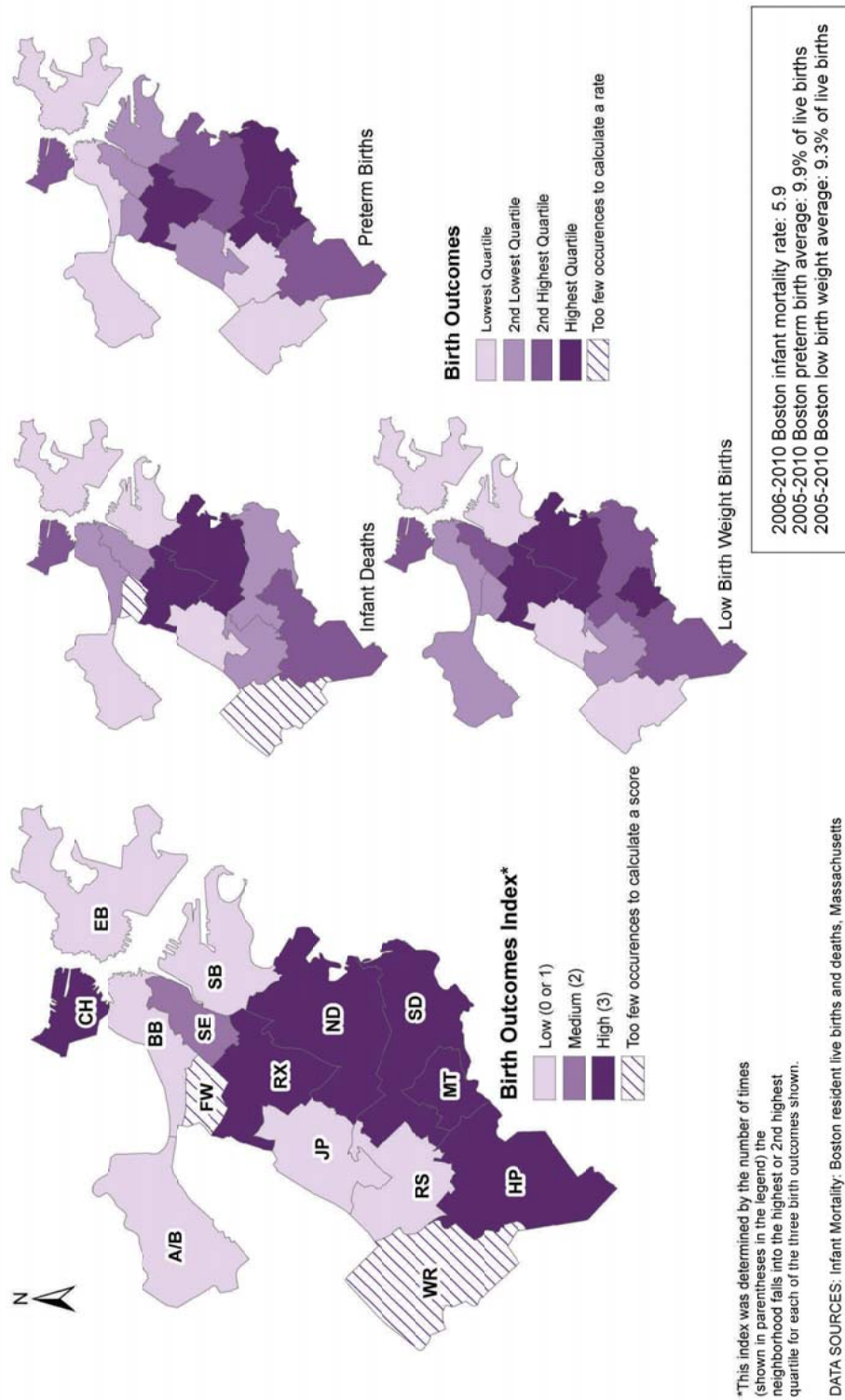
Birth and death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of the Executive Summary section.

Map 1 Socioeconomic Status, 2006-2010

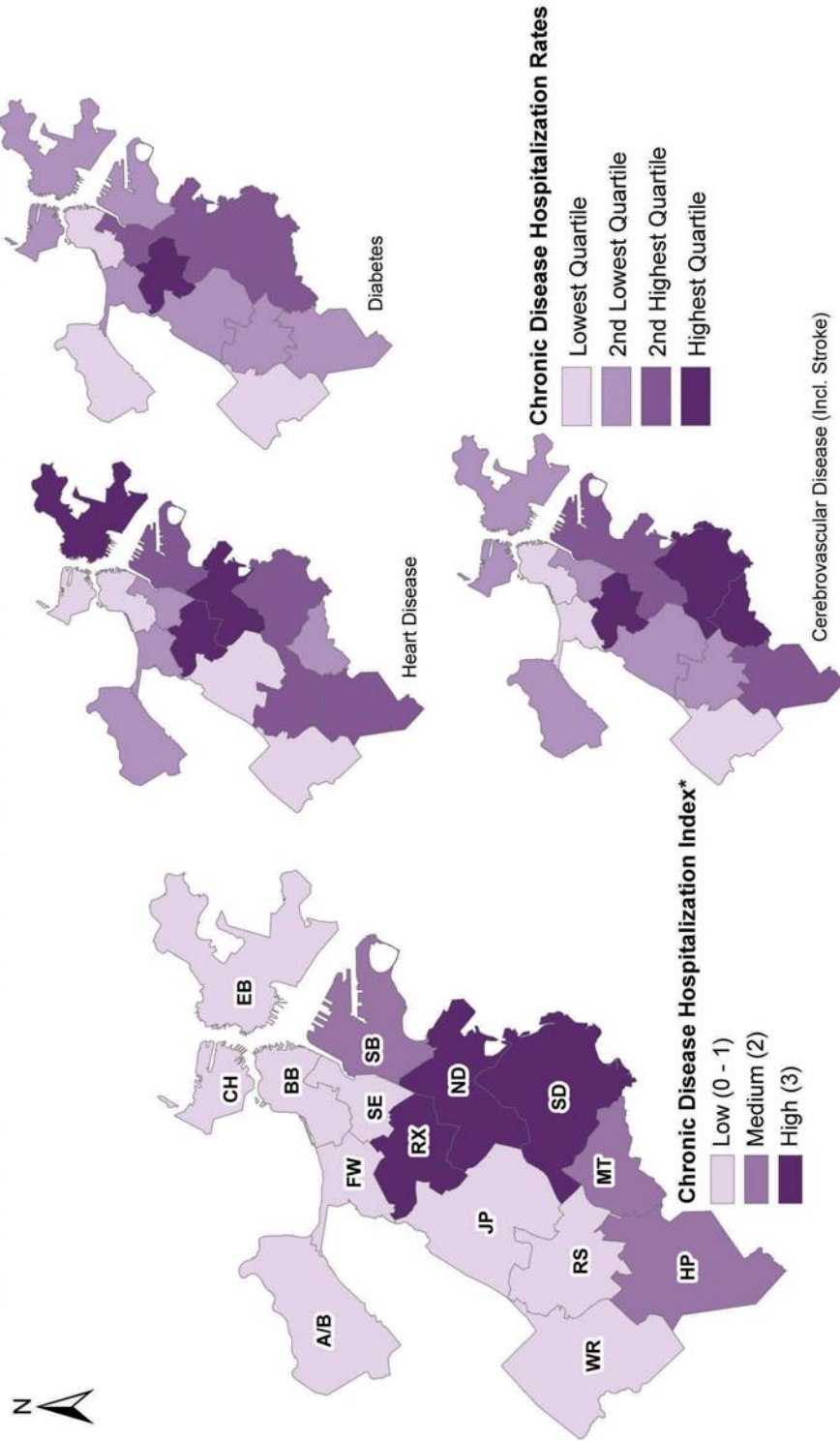


Map 2 Birth Outcomes, Boston, 2005-2010 Average Annual Rates



*This index was determined by the number of times (shown in parentheses in the legend) the neighborhood falls into the highest or 2nd highest quartile for each of the three birth outcomes shown.

Map 3 Chronic Disease Hospitalization, Boston, 2005-2011 Average Annual Rates

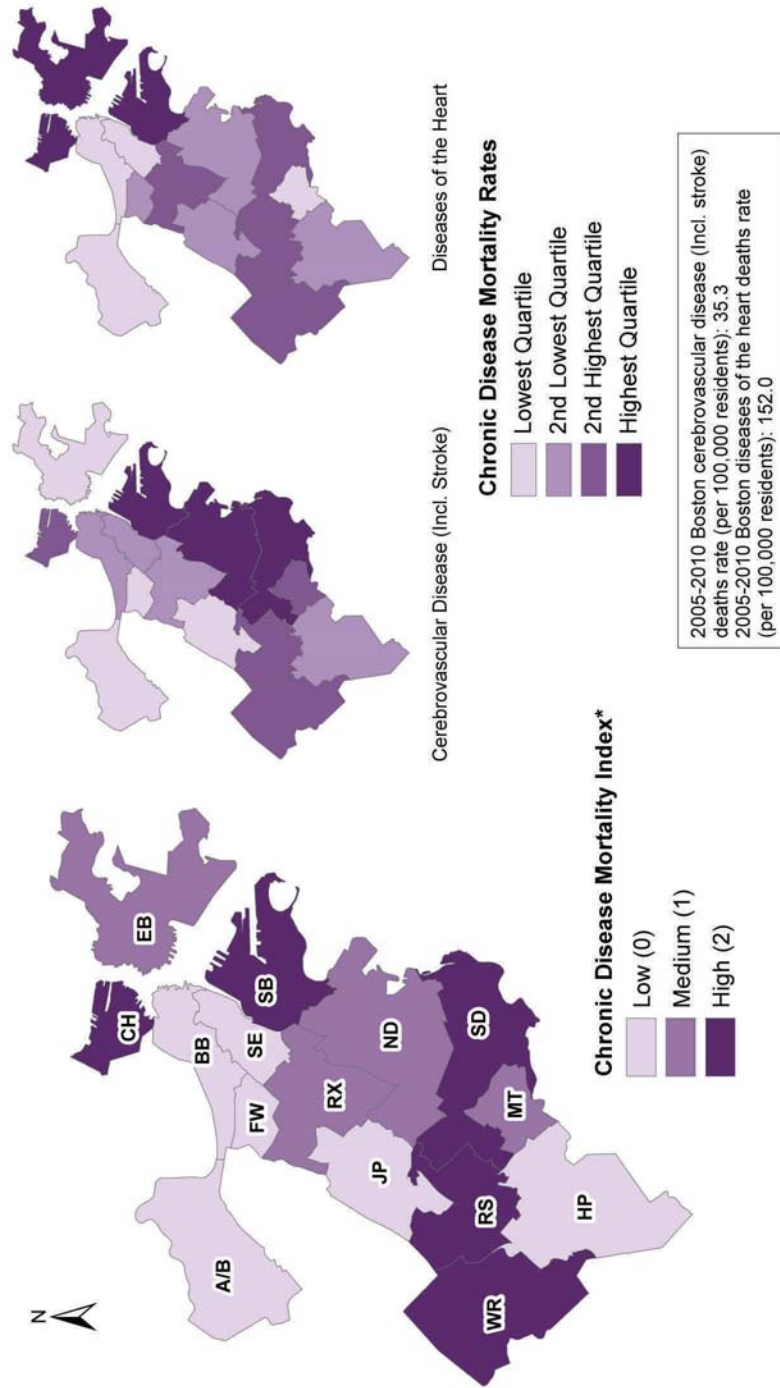


*This index are determined by the number of times (shown in parentheses in the legend) the neighborhood falls into the highest or 2nd highest quartile for each of the three chronic diseases shown.

DATA SOURCE: Inpatient Hospital Discharge Database, Massachusetts Center for Health Information and Analysis
 DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office
 MAP CREATED BY: Boston Public Health Commission Research and Evaluation Office
 NOTE: Data are presented as age-adjusted rates.
 For specific ICD-9 codes, please see Glossary.
 The neighborhood definitions are based on zip codes.

2005-2011 Boston heart disease hospitalization rate (per 1,000 residents): 11.2
 2005-2011 Boston diabetes hospitalization rate (per 1,000 residents): 2.3
 2005-2011 Boston cerebrovascular (Incl. stroke) hospitalization rate (per 1,000 residents): 2.5

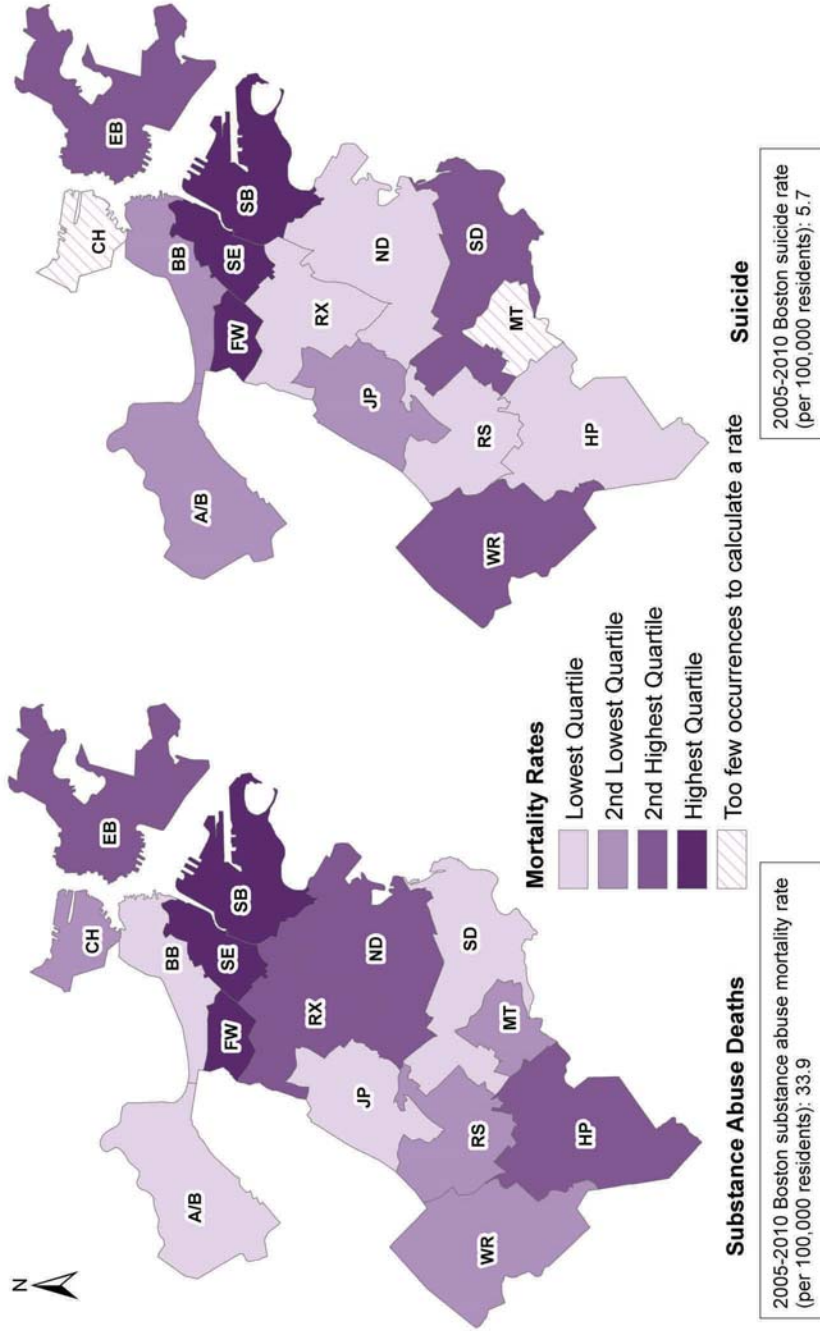
Map 4 Chronic Disease Deaths, Boston, 2005-2010 Average Annual Rates



*This index was determined by the number of times (shown in parentheses in the legend) the neighborhood falls into the highest or 2nd highest quartile for each of the two chronic diseases shown.

DATA SOURCE: Boston Resident Deaths, Massachusetts Department of Public Health
 DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office
 MAP CREATED BY: Boston Public Health Commission Research and Evaluation Office
 NOTE: Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes. Data are presented as age-adjusted rates.
 For specific ICD-10 codes, please see Glossary.
 The neighborhood definitions are based on census tracts.

Map 5 Substance Abuse Deaths and Suicide, Boston, 2005-2010 Average Annual Rates



DATA SOURCE: Boston Resident Deaths, Massachusetts Department of Public Health
 DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office
 MAP CREATED BY: Boston Public Health Commission Research and Evaluation Office
 NOTE: Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes. Data are presented as age-adjusted rates.
 For specific ICD-10 codes, please see Glossary.
 The neighborhood definitions are based on census tracts.

Executive Summary Notes, Data Sources, and Data Analysis

Boston Data Summary Table

DATA SOURCES:

2010 Population: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

Adolescent Birth Rate, Low Birth Weight Births, and Preterm Births: Boston resident live births, Massachusetts Department of Public Health

Elevated Blood Lead Levels: Boston Public Health Commission Office of Environmental Health

Infant Deaths: Boston Resident Live Births and Deaths, Massachusetts Department of Public Health

Homicide, Substance Abuse Deaths, Suicide, and Leading Causes of Death: Boston Resident Deaths, Massachusetts Department of Public Health

Asthma Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Heart Disease Hospitalizations, Diabetes Hospitalizations, and Cerebrovascular Disease

Hospitalizations (Incl. Stroke): Inpatient Hospital Discharge Database, Massachusetts Center for Health Information and Analysis

Nonfatal Gunshot/Stabbing Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Chlamydia Incidence: Massachusetts Department of Public Health, STD Division

Hepatitis C Incidence: Communicable Disease Database, Boston Public Health Commission, Communicable Disease Control Division

Boston Behavioral Risk Factors: Boston Behavioral Risk Factor Survey, 2006, 2008, and 2010, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission

Youth Survey Health Indicators: Youth Risk Behavior Survey, 2007, 2009, and 2011, Youth Risk Behavioral Surveillance System (YRBS), Centers for Disease Control and Prevention (CDC)

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Maps 1-5

ABBREVIATIONS KEY: A/B=Allston/Brighton, BB=Back Bay (includes Beacon Hill, Downtown, North End, and the West End), CH=Charlestown, EB=East Boston, FW=Fenway, HP=Hyde Park, JP=Jamaica Plain, MT=Mattapan, ND=North Dorchester, RS=Roslindale, RX=Roxbury, SB=South Boston, SD=South Dorchester, SE=South End (includes Chinatown), and WR=West Roxbury

NOTE TO READERS

What's the difference between census type data and survey data?

Census type data sources include the U.S. Census, birth data, death data, hospitalization data, and emergency department data. These data sets are created by collecting information from the entire Boston population rather than sampling a subset of the Boston population. The information collected from these data sets reflects the true frequency of events rather than estimates of the true frequency, since information from every single person was accounted for in the data set.

Survey type data sources include the American Community Survey, the Boston Behavioral Risk Factor Surveillance System, and the Youth Risk Behavioral Surveillance System. These data sets are created by collecting information from a randomly selected subset of the Boston population, or sample, which can then be adjusted statistically (or weighted) to make estimates about how the entire Boston population might have responded to the same survey questions if every single person had been interviewed. Projecting these statistical estimates onto the entire population introduces a degree of uncertainty about how well the sample data reflects the true frequency of events in the entire population. This degree of uncertainty is often referred to as "margin of error" or "confidence interval" in order to emphasize that the true frequency exists within a range of values with 95% certainty. For this report, the confidence intervals for the estimates presented are used to make determinations about whether estimates differ from one another significantly.

When describing survey data, how do we determine if one percentage is higher or lower than another?

As introduced in the previous question, survey data drawn from a randomly selected subset, or sample, of the population generates point estimates, or percentages, of how likely the rate found in the sample population reflects the true rate of the entire population if every single person were accounted for. In order to determine whether two point estimates differ significantly from each other, the confidence intervals, or margin of error surrounding each estimate must be compared. If the confidence intervals have overlapping values, then we cannot say with 95% certainty that the two estimates differ significantly. If the confidence intervals do not have overlapping values, then we can say with 95% certainty that one estimate is higher or lower than the other. This determination is often referred to as "statistical significance." In this report, when the text refers to estimates as "higher" or "lower" than each other, it means that these estimates are *statistically significantly* different from each other with 95% certainty.

There are other statistical tests not used for this report that could reveal statistically significant differences in some cases where confidence intervals overlap slightly.

Rates drawn from census type data sources do not routinely undergo statistical testing, since the rates themselves are considered *true* values for the entire population rather than *estimates* of the true values based on a sample of the population. This means that the difference in values is interpreted as the true change from year to year or between different groups.

Making a determination about whether these differences are important, or meaningful, includes interpreting the social context in which these data were collected in any given year, changes in how data were categorized or reported, city-wide programs that may have affected event occurrence, etc.

In some instances, a test of significance is used to determine if the difference between two rates drawn from census type data is unlikely due to random chance. This is likely to occur when the difference is considered important and the number of events or cases is extremely small relative to the size of the population.

What do the terms "insufficient sample size", " $n < 5$ " and " $n < 7$ " mean?

In the section notes, the phrase *insufficient sample size* is used to describe data points that are not presented. This occurs when the stratification of survey data by population groups results in a sample that is too small to calculate reliable point estimates. In addition, to protect the confidentiality of respondents, data are not presented when the sample size is too small.

The notation, $n < 5$, is used when there are fewer than five occurrences of an event (for example, births, deaths, new cases of a disease) and thus a rate could not be presented. The notation, $n < 7$, is used when there are fewer than 7 occurrences of an event such as ED visits or hospitalizations. In some instances, combining several years of data increases the sample size enough for data to be reported.

Why are some rates and percentages in health indicator tables presented in a gray color?

This is an indication that those rates or percentages were based on counts of less than 20 and their results should be interpreted with caution.

Why do we sometimes combine several years of data?

In certain instances, when there are fewer than five cases or an insufficient sample size in a given year, we combine data from two or more years in order to permit the calculation and presentation of a rate or point estimate. In this report, the title of a chart, or table, indicates whether two or more years of data have been combined.

How do we define neighborhood boundaries in this report?

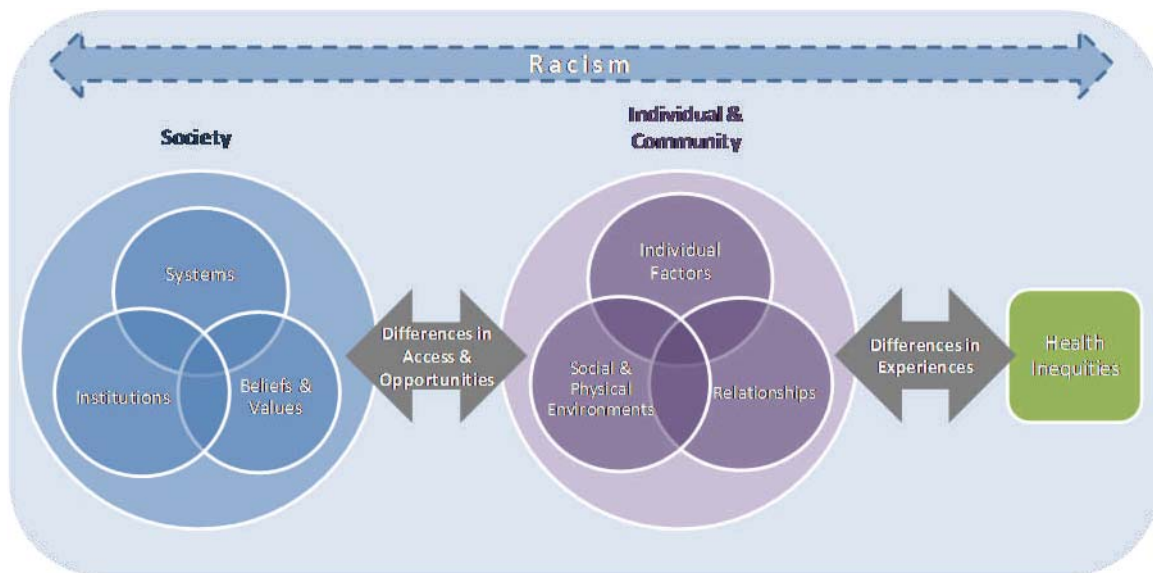
Neighborhoods can be defined in a number of ways. In this report, zip codes and census tracts are used to identify neighborhood boundaries since this information is often collected with Boston health data. Most graphs and maps presenting neighborhood data use neighborhood definitions based on zip codes, but graphs, maps, and tables which include birth data, death data, American Community Survey data, and Census data rely on census tracts to define neighborhoods. In this report, the census tracts are those from the 2010 Census.

Why are some of the data older than other data?

The most recent data available are presented in this report: some are older than others, and the availability varies by source. Several factors determine when data are available including the frequency of data collection, the post-collection cleaning and verification process, and resources available to manage and analyze the data.

Health Equity

The *Health of Boston 2012-2013: A Neighborhood Focus* report provides a comprehensive view of the health of Boston residents. As you review the sections that follow, you will notice significant differences between the health of Boston's residents of color and the health of White residents. White residents, on average, enjoy better health than Black and Latino residents. These differences in health based on race are systemic, avoidable, unfair and unjust; therefore, are referred to as health inequities. Health inequities are the result of multiple factors at the individual, community, and societal levels working together to create inequitable access, opportunities, and experiences based on race. The following framework represents these multiple factors and the relationships among them.



Health Inequities

Health inequities are found throughout the life cycle and across multiple health conditions such as birth and asthma ED visits for children, and mortality for specific types of disease overall. For example, according to preliminary death data for 2010, the stroke death rate for Black residents was about one and a half times and for Latino residents, one and a third times the rate for White residents.

Infant mortality is accepted internationally as a reliable indicator of the health status of a population [1]. Groups in which the infant mortality rate (IMR) is high invariably face high levels of other health problems. In Boston, for the period 2006-2010, the 5-year rolling average for infant deaths was 10.9 for Black infants and 6.1 for Latino infants per 1,000 live births, based on preliminary death and birth data for 2010. The rate for Black infants was 3 times higher than the rate of 3.4 for White infants. The rate for Latino infants was 1.8 times higher than the rate for White infants.

Individual & Community Context

There are many factors at the individual and community levels that impact health – individual factors, such as biology and personal behaviors; relationships such as family and social networks; and social and physical environments of where one lives, works, and plays. While we

often think first about biology, individual behavior, and health care access as the most important determinants of health, in actuality community level factors such as housing, education, environmental exposure, public safety, employment and income are actually *stronger predictors of health than any of the individual factors*. These features of one's social and physical environment are called the *social determinants of health* [2].

Social determinants of health can be divided into three core areas: economic conditions, environmental and neighborhood conditions, and social conditions.

Economic conditions include employment, income, education, and wealth. Socioeconomic status has long been recognized as a key predictor of health [3]. When considering its relationship to health, socioeconomic position creates a social gradient in which health improves as socioeconomic status rises [4].

Physical environment and neighborhood conditions include food access, parks and open space, housing, air quality, liquor and tobacco advertisements, and transportation. These conditions work alone and in concert with each other to affect health. Individuals who live in areas with poor air quality experience higher rates of asthma. Lack of grocery stores that sell affordable fresh produce and the lack of safe and affordable places to engage in physical activity contribute to poor diets, obesity, and diabetes [5].

Social conditions include neighborhood safety, social networks, social capital, and civic engagement. Negative social conditions like exposure to racism and neighborhood violence lead to chronic stress. Stress is directly linked to chronic disease, particularly hypertension and heart disease [6]. Research has shown that supportive social networks can serve as a buffer to stress and depression, which in turn, protect against physical and mental illness [7].

When examining how these factors contribute to health inequities, it is important to understand how experiences within the individual and community context differ by race. Health-promoting resources are distributed unevenly across the city and follow patterns of racial segregation and poverty concentration. Resource-rich neighborhoods, which are also predominantly White and more affluent, provide ample opportunities for individuals to make healthy choices and have conditions that positively impact health. Resource-poor neighborhoods, which are also predominantly communities of color and less affluent, often offer fewer opportunities and conditions needed for good health. This inequitable distribution of resources, coupled with residential segregation, results in people of color often living in neighborhoods where there is less access to healthy conditions and opportunities, such as fresh fruits and vegetables, open green space, quality housing, and employment.

The social determinants of health affect individuals at each stage of life, and individuals have differential access and opportunities to healthy social conditions depending on their race. Understanding the pathways and mechanisms through which social conditions affect health and contribute to health inequities is fundamental to understanding the health of populations.

Societal Context

Society is organized and characterized by a number of factors that impact the health and well-being of communities in a number of ways. Most broadly, US society is defined by its economic and political systems – capitalism and representative democracy, respectively. In many ways, these systems dictate how power, wealth, and influence are distributed across communities. In addition to these large systems, there are smaller systems that define different societal sectors, including health care, education, media, finance, social services, and justice. Each of these systems, in turn, are characterized by specific institutions – e.g., hospitals, schools, newspapers, banks, community organizations, and courts. It is through these institutions that individuals and communities primarily interact with the larger systems. None of these systems or institutions operate in a

neutral way; they are all influenced by the dominant beliefs and values of the US, including individualism, personal responsibility, and freedom of choice. There are also a number of dominant discriminatory beliefs, such as racism, that influence the way systems operate.

While individuals may not be able to feel their impact directly, all of these societal factors affect the way people live. Systems and institutions shape the opportunities and resources available in communities through their policies and practices. For example, financial aid policies at academic institutions greatly impact the opportunities and resources available to students for higher education. However, policies and practice across institutions do not impact individuals and communities equally; people of color persistently have been shown to have less access to opportunities and resources that promote health and well-being, compared to White people. The influence of racism on our dominant beliefs and values, which inform the policies and practices of all institutions contribute to the unequal distributions of critical health promoting resources.

Racism

In the United States, racism plays a significant role in creating and perpetuating health inequities. Social inequities, such as poverty, segregation, and lack of educational and employment opportunities, have origins in discriminatory laws, policies, and practices that have historically denied people of color the right to earn income, own property, and accumulate wealth. All forms of racism – structural, institutional, interpersonal, and internalized – contribute to persistent inequities, with people of color disproportionately affected by poor health outcomes, compared to their White counterparts [8]. Understanding the multiple pathways through which racism shapes factors at all levels within society and communities, including socioeconomic status, health behaviors, neighborhood environment, and individual experiences of stress, is essential in addressing racial inequities in health.

At the structural level, racial inequality is perpetuated through a system of allocating social privilege using public policies and institutional practices. At the institutional level, unfair organizational policies and practices affect access to goods, services, and opportunities, including healthcare. At the interpersonal level, prejudice, discrimination, and unconscious bias affect the way people of all races perceive and interact with each other, intentionally and unintentionally. Internalized racism manifests as internalized oppression for people of color and can cause stress, depression, and feelings of inadequacy. White people internalize beliefs of superiority, which affects the way they perceive and interact with each other and with people of color.

Approaches to Achieving Health Equity

Health inequities will persist as long as social, economic, and environmental resources are distributed unfairly and unequally. Approaches to reducing health inequity may only be effective if they are built on the understanding that social, economic, and environmental inequity are root causes of health inequity, and that improving social, economic, and environmental conditions is essential to improving health outcomes. Strategies must address inequities in education, employment, income, housing, neighborhood safety, recreational opportunities, environmental hazards, and healthy food access, through policy, systems, and environmental change efforts [9]. In addition, these strategies must be rooted on the values of racial justice – equity, inclusion, transformation, sustainability, and integrity.

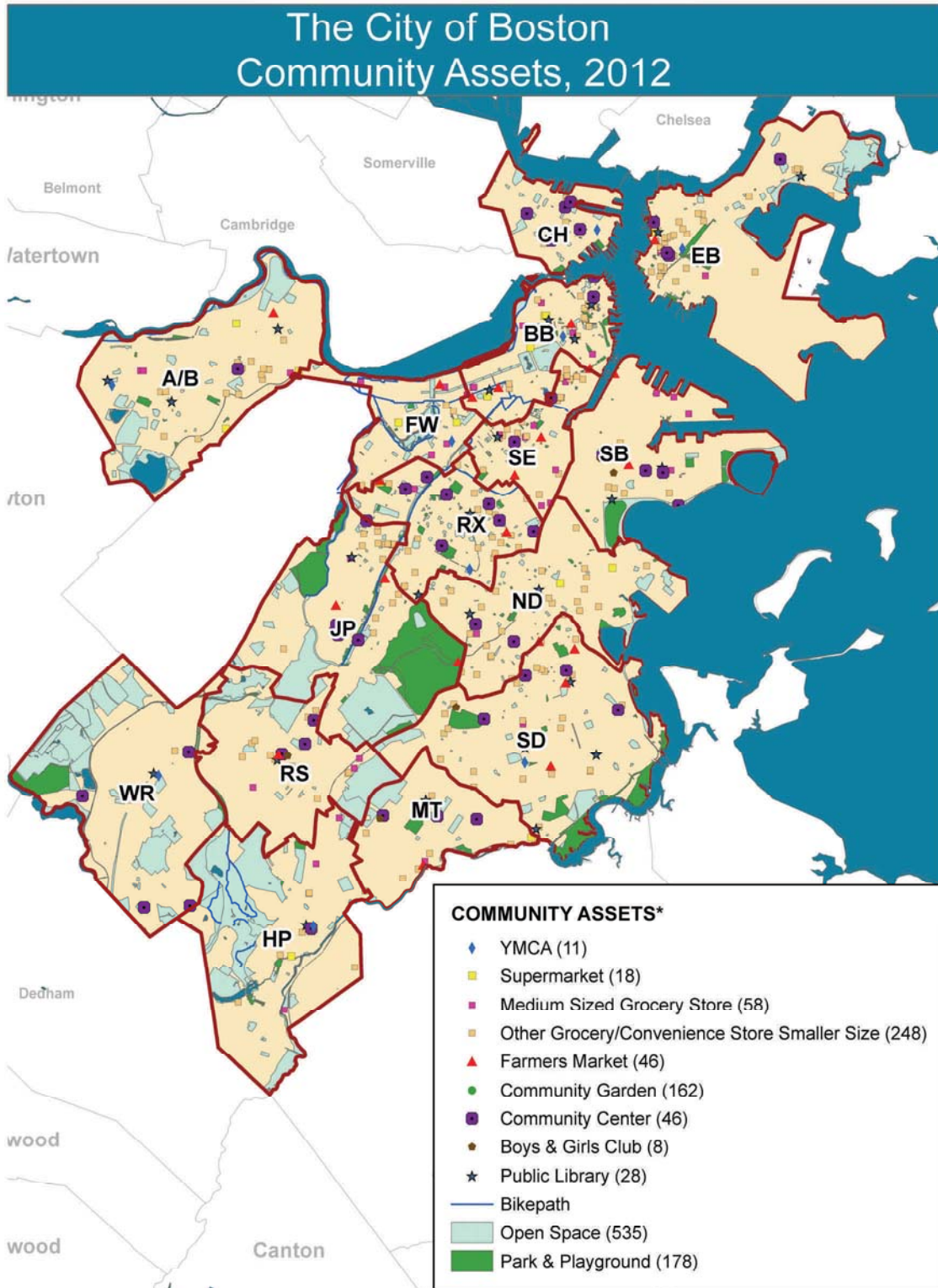
Addressing root causes of health inequities requires a long-term commitment to comprehensive multi-level and multisectoral strategies to change the social determinants of health and advance racial justice. Broad coalitions of public, private, nonprofit, and community stakeholders are required to change community structures. In order to do this work effectively, resident voices are essential; residents should define the assets and challenges of their communities, identify the possible solutions, and participate in the implementation of those solutions [10]. It is this model of building partnerships with community residents, community-based organizations, and large institutions that is essential to promoting system and policy level change to promote health in all Boston communities.

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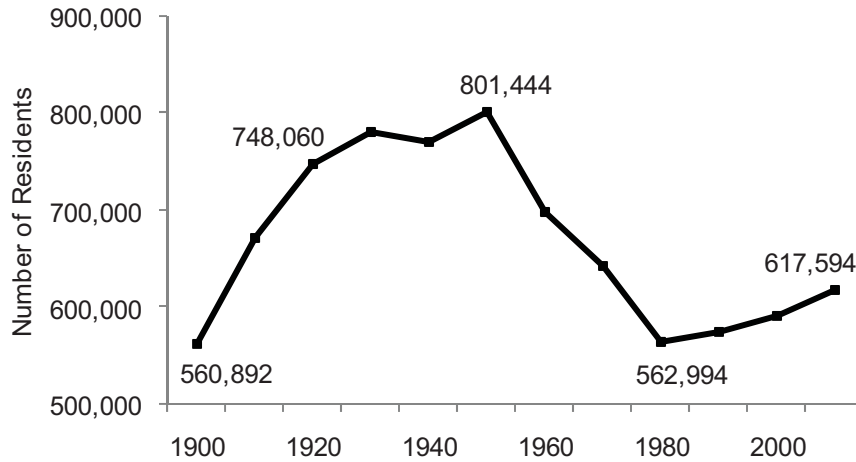
Boston



*Count of each asset in parentheses

Demographics

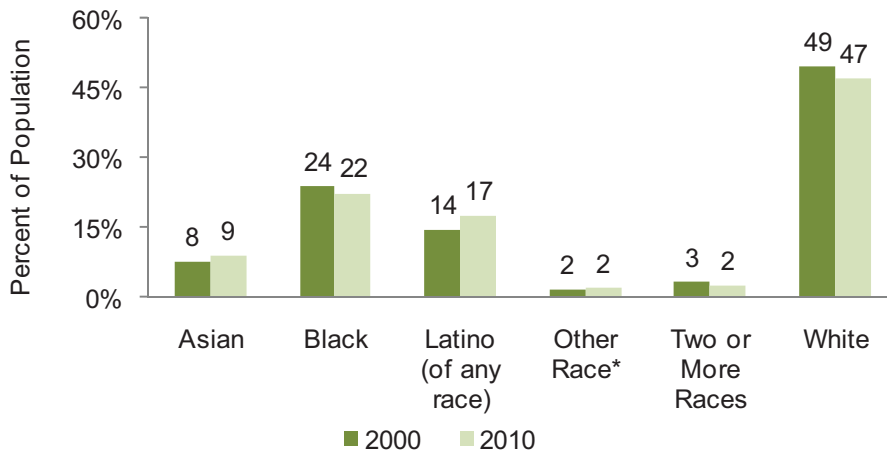
Figure 1.1 Population, Boston, 1900-2010



DATA SOURCES: Decennial Censuses, U.S. Department of Commerce, Bureau of the Census, 1900-2010

In 2010, Boston had 617,594 residents, which made it the most populous city in Massachusetts. Data from the decennial censuses demonstrate that the population of Boston has varied dramatically over the past 110 years, reaching a high point of 801,444 residents in 1950. In 2010, 52% of the Boston population was female (data not shown). The population of Boston increased 4.8% between 2000 and 2010.

Figure 1.2 Population by Race/Ethnicity, Boston, 2000 and 2010



* Includes American Indians/Alaskan Natives, Native Hawaiians/Other Pacific Islanders, and Some Other Races.

DATA SOURCES: Census 2000 and 2010, US Department of Commerce, Bureau of the Census, American Fact Finder

The percentage of Asian and Latino residents increased from 2000 to 2010 while the percentage of Black and White residents decreased over the same time period.

Figure 1.3 Population by Race/Ethnicity and Year, 1980-2010						
Year	Not Latino					Latino (of any Race)
	Asian	Black	Other Race*	Two or More Races	White	
2010	8.9%	22.4%	1.8%	2.4%	47.0%	17.5%
2009	7.5%	21.7%	1.6%	1.7%	51.2%	16.3%
2008	8.2%	21.6%	1.7%	1.5%	50.8%	16.2%
2007	8.6%	21.2%	2.0%	1.5%	49.8%	16.9%
2006	8.0%	23.4%	2.1%	1.4%	50.2%	14.9%
2005	8.7%	23.5%	3.3%	1.2%	48.6%	14.7%
2004	8.9%	26.4%	1.9%	1.3%	47.3%	14.3%
2003	8.3%	26.7%	0.5%	1.4%	48.5%	14.5%
2002	7.6%	26.8%	1.6%	0.9%	48.3%	14.8%
2001	7.2%	25.7%	1.8%	1.1%	52.3%	11.9%
2000	7.5%	23.8%	1.7%	3.1%	49.5%	14.4%
1990	5.2%	24.0%	1.3%	†	59.1%	10.4%
1980	2.7%	21.7%	1.3%	†	67.9%	6.4%

* Includes American Indians/Alaskan Natives and Some Other Races

† Prior to the 2000 census, data were not collected on whether individuals identified as belonging to two or more races.

DATA SOURCES: Decennial Censuses, US Department of Commerce, Bureau of the Census, 1980-2010; U.S. Census Bureau, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009 American Community Surveys

The population of Boston has become increasingly diverse over time. While 67.9% of Boston residents were White in 1980, this percentage fell to slightly less than a majority (49.5%) by 2000. Much of the diversification in the population of Boston is due to an increase in the Latino population relative to the overall population of Boston, which nearly tripled between 1980 and 2010.

Note: The 2000 Census was the first to offer respondents the option of identifying as belonging to more than one race. Therefore, census data from before 2000 are not strictly comparable to census data in 2000 and beyond. Nonetheless, these data provide good estimates of the changes in the racial and ethnic composition of Boston.

Neighborhood	Figure 1.4 Population by Neighborhood, Boston, 2000 and 2010		
	2000	2010	% change
BOSTON	589,141	617,594	+4.8%
Allston/Brighton	69,648	74,997	+7.7%
Back Bay*	48,349	50,889	+5.3%
Charlestown	15,195	16,439	+8.2%
Chinatown	9,196	12,843	+39.7%
East Boston	38,413	40,508	+5.5%
Fenway	29,823	32,415	+8.7%
Hyde Park	34,420	34,218	-0.6%
Jamaica Plain	29,482	30,081	+2.0%
Mattapan	19,724	18,010	-8.7%
North Dorchester	83,212	81,214	-2.4%
North End	12,114	13,480	+11.3%
Roslindale	35,047	32,896	-6.1%
Roxbury	50,349	59,640	+18.5%
South Boston	29,938	33,674	+12.5%
South Dorchester	45,291	43,870	-3.1%
South End†	33,502	40,732	+21.6%
West Roxbury	26,108	27,476	+5.2%

* Includes Beacon Hill, Downtown, the North End, and the West End

† Includes Chinatown

DATA SOURCES: Census 2000 and 2010, US Department of Commerce, Bureau of the Census, American Fact Finder

The overall population of Boston increased by 4.8% between 2000 and 2010.

Among neighborhoods, Chinatown, the South End, and Roxbury experienced the greatest increases in population (39.7%, 21.6%, and 18.5%, respectively) while Mattapan, Roslindale, and South Dorchester experienced the greatest decreases in population (-8.7%, -6.1%, and -3.1%, respectively).

Figure 1.5a Population by Neighborhood and Race/Ethnicity (%), Boston, 2000 and 2010

Neighborhood	Total Population		Asian		Black		Latino		White		Other Race*		Two or More Races	
	2000	2010	2000	2010	2000	2010	2000	2010	2000	2010	2000	2010	2000	2010
	Count	Count	%	%	%	%	%	%	%	%	%	%	%	%
BOSTON	589,141	617,594	7.5%	8.9%	23.8%	22.4%	14.4%	17.5%	49.5%	47.0%	1.7%	1.8%	3.1%	2.4%
Allston/Brighton	69,648	74,997	13.8%	15.4%	4.5%	4.6%	9.1%	9.9%	68.7%	66.1%	1.3%	1.5%	2.6%	2.4%
Back Bay†	48,349	50,889	7.2%	10.3%	3.0%	3.4%	4.2%	5.5%	83.6%	78.6%	0.3%	0.4%	1.6%	1.8%
Charlestown	15,195	16,439	5.0%	8.2%	3.5%	4.6%	11.6%	9.7%	78.6%	75.8%	0.3%	0.5%	0.9%	1.2%
Chinatown	9,196	12,843	57.0%	45.6%	6.5%	5.3%	5.2%	5.3%	29.4%	41.9%	0.5%	0.3%	1.4%	1.7%
East Boston	38,413	40,508	4.0%	3.5%	3.1%	3.2%	39.0%	52.9%	49.7%	37.2%	1.3%	1.8%	2.9%	1.5%
Fenway	29,823	32,415	12.1%	15.3%	8.4%	6.4%	8.8%	8.5%	67.4%	66.7%	0.7%	0.5%	2.6%	2.6%
Hyde Park	34,420	34,218	1.6%	1.7%	39.2%	46.9%	13.5%	20.8%	42.0%	27.5%	0.7%	1.1%	3.1%	2.2%
Jamaica Plain	29,482	30,081	3.1%	4.3%	14.0%	11.6%	28.7%	24.6%	51.2%	56.3%	0.6%	0.7%	2.4%	2.5%
Mattapan	19,724	18,010	0.7%	0.5%	83.6%	81.1%	7.4%	12.7%	2.6%	2.3%	0.7%	0.9%	5.1%	2.4%
North Dorchester	83,212	81,214	8.9%	9.9%	44.4%	41.7%	16.8%	20.0%	18.4%	17.1%	6.1%	6.8%	5.4%	4.4%
North End	12,114	13,480	2.7%	4.0%	1.7%	2.2%	2.9%	4.1%	91.5%	88.1%	0.2%	0.5%	1.1%	1.1%
Roslindale	35,047	32,896	3.9%	3.6%	13.8%	16.7%	18.4%	22.6%	60.0%	54.1%	0.6%	0.9%	3.2%	2.2%
Roxbury	50,349	59,640	4.7%	5.8%	52.5%	42.7%	21.8%	26.2%	15.4%	21.2%	1.8%	1.6%	3.8%	2.5%
South Boston	29,938	33,674	3.9%	4.9%	2.5%	4.7%	7.5%	9.9%	84.6%	78.8%	0.4%	0.5%	1.2%	1.2%
South Dorchester	45,291	43,870	6.0%	6.8%	47.5%	47.3%	8.4%	12.2%	32.8%	29.0%	1.3%	2.0%	3.8%	2.7%
South End‡	33,502	40,732	22.9%	23.1%	15.0%	10.9%	11.8%	11.1%	47.6%	52.3%	0.7%	0.6%	2.1%	2.0%
West Roxbury	26,108	27,476	3.8%	6.7%	6.4%	10.5%	4.8%	8.9%	82.9%	71.8%	0.5%	0.5%	1.7%	1.6%

* Includes American Indians/Alaskan Natives and Some Other Races
 † Includes Beacon Hill, Downtown, the North End, and the West End
 ‡ Includes Chinatown

DATA SOURCES: Census 2000 and 2010, US Department of Commerce, Bureau of the Census, American Fact Finder

Figure 1.5b Population Counts by Neighborhood and Race/Ethnicity, Boston, 2000 and 2010

NH	Asian			Black			Latino			White			Other Race*			Two or More Races		
	2000	2010	% change	2000	2010	% change	2000	2010	% change	2000	2010	% change	2000	2010	% change	2000	2010	% change
	Count	Count		Count	Count		Count	Count		Count	Count		Count	Count		Count	Count	
BOS	44,280	55,028	+24.3%	140,305	138,073	-1.6%	85,089	107,917	+26.8%	291,561	290,312	-0.4%	9,732	11,305	+16.2%	18,174	14,959	-21.5%
AB	9,611	11,568	+20.4%	3,110	3,431	+10.3%	6,336	7,440	+17.4%	47,835	49,569	+3.6%	933	1,154	+23.7%	1,823	1,835	+0.7%
BB†	3,463	5,220	+50.7%	1,456	1,710	+17.4%	2,042	2,811	+37.7%	40,433	40,005	-1.1%	166	221	+33.1%	789	922	+14.4%
CT	761	1,344	+76.6%	539	764	+41.7%	1,764	1,591	-9.8%	11,946	12,458	+4.3%	46	80	+73.9%	139	202	+31.2%
CH	5,243	5,852	+11.6%	596	677	+13.6%	482	678	+40.7%	2,703	5,383	+99.1%	45	34	-24.4%	127	219	+42.0%
EB	1,553	1,413	-9.0%	1,177	1,283	+9.0%	14,990	21,419	+42.9%	19,078	15,051	-21.1%	511	724	+41.7%	1,104	618	-78.6%
FW	3,597	4,970	+38.2%	2,511	2,083	-17.0%	2,631	2,742	+4.2%	20,091	21,625	+7.6%	222	155	-30.2%	771	840	+8.2%
HP	554	565	+2.0%	13,487	16,041	+18.9%	4,634	7,102	+53.3%	14,442	9,406	-34.9%	243	367	+51.0%	1,060	737	-43.8%
JP	901	1,300	+44.3%	4,142	3,501	-15.5%	8,466	7,394	-12.7%	15,082	16,923	+12.2%	179	212	+18.4%	712	751	+5.2%
MT	140	95	-32.1%	16,480	14,609	-11.4%	1,456	2,287	+57.1%	513	417	-18.7%	135	163	+20.7%	1,000	439	-127.8%
ND	7,425	8,028	+8.1%	36,914	33,891	-8.2%	13,942	16,259	+16.6%	15,329	13,925	-9.2%	5,079	5,544	+9.2%	4,523	3,567	-26.8%
NE	329	537	+63.2%	203	303	+49.3%	351	547	+55.8%	11,082	11,876	+7.2%	20	65	+225.0%	129	152	+15.1%
RS	1,374	1,169	-14.9%	4,851	5,483	+13.0%	6,456	7,429	+15.1%	21,015	17,803	-15.3%	213	292	+37.1%	1,138	720	-58.1%
RX	2,361	3,470	+47.0%	26,421	25,448	-3.7%	10,988	15,626	+42.2%	7,760	12,665	+63.2%	930	966	+3.9%	1,889	1,465	-28.9%
SB	1,161	1,642	+41.4%	741	1,572	+112.1%	2,235	3,345	+49.7%	25,316	26,538	+4.8%	118	176	+49.2%	367	401	+8.5%
SD	2,721	2,983	+9.6%	21,523	20,746	-3.6%	3,827	5,348	+39.7%	14,876	12,743	-14.3%	611	871	+42.6%	1,733	1,179	-47.0%
SE‡	7,668	9,408	+22.7%	5,033	4,424	-12.1%	3,947	4,539	+15.0%	15,947	21,297	+33.5%	220	238	+8.2%	687	826	+16.8%
WR	985	1,844	+87.2%	1,676	2,883	+72.0%	1,255	2,451	+95.3%	21,638	19,722	-8.9%	121	127	+5.0%	433	449	+3.6%

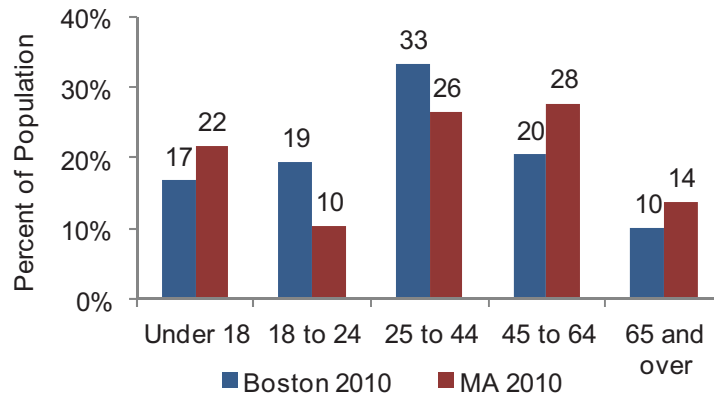
* Includes American Indians/Alaskan Natives and Some Other Races

† Includes Beacon Hill, Downtown, the North End, and the West End

‡ Includes Chinatown

DATA SOURCES: Census 2000 and 2010, US Department of Commerce, Bureau of the Census, American Fact Finder

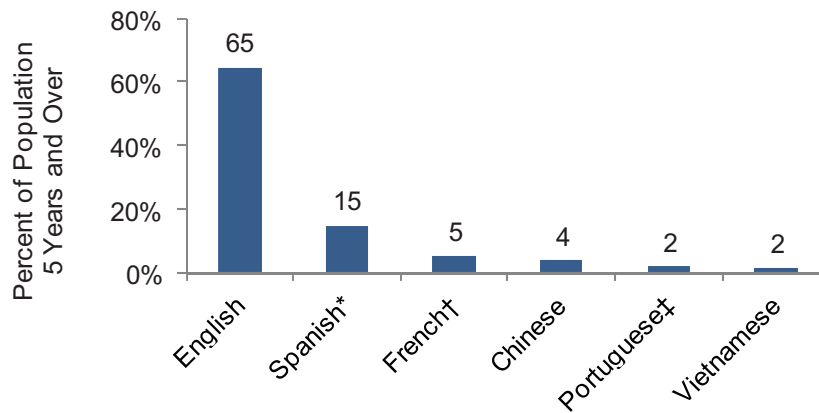
Figure 1.6 Population by Age Group, Boston and Massachusetts Overall, 2010



DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

Boston has a higher percentage of adults ages 18-24 and 25-44 compared with Massachusetts overall. A higher percentage of Massachusetts residents are younger than 18 and older than 44 as compared with Boston .

Figure 1.7 Most Frequently Reported Languages Spoken at Home, Boston, 2010



* Spanish includes Spanish Creole

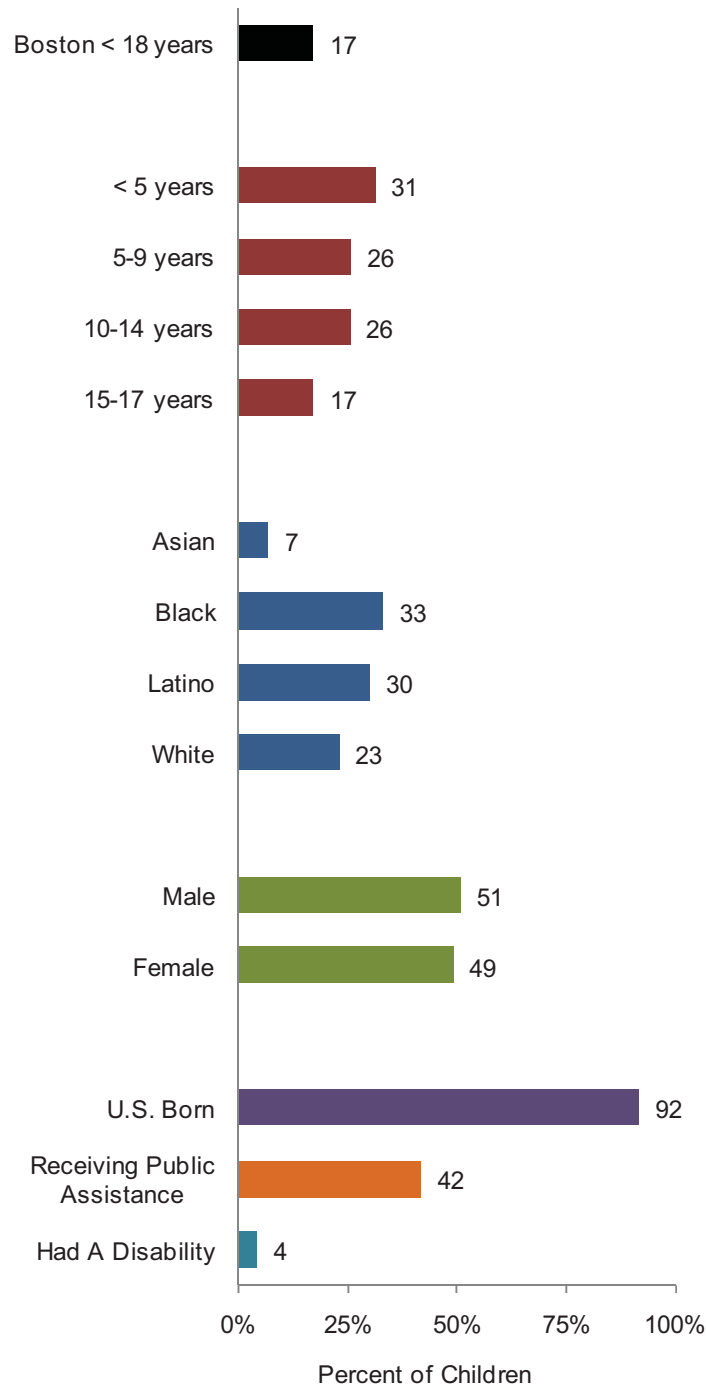
† French includes Patois, Cajun, and French Creole

‡ Portuguese includes Portuguese Creole

DATA SOURCE: US Census Bureau, 2010 American Community Survey

While English was the language most frequently reported being spoken at home, 35% of Boston residents ages 5 and over reported speaking a language other than English at home. Among the languages other than English spoken at home, Spanish (including Spanish Creole) (15%) was the most widely spoken language, followed by French (including Patois, Cajun, and French Creole) (5%), Chinese (4%), Portuguese (including Portuguese Creole) (2%), and Vietnamese (2%).

Figure 1.8 Children by Selected Indicators, Boston, 2010



DATA SOURCES: Census 2010, US Department of Commerce, Bureau of the Census, American Fact Finder; US Census Bureau, 2010 American Community Survey

Seventeen percent of Boston residents are less than 18 years of age. Children less than 5 years of age made up the greatest percentage of children while 15-17 year olds made up the smallest percentage of children. One-third of children in Boston are Black, 30% are Latino, 23% are White, and 7% are Asian. Ninety-two percent of Boston children were born in the United States, 42% receive public assistance, and 4% have a disability.

Boston Demographics, Notes, and Data Analysis

Figure 1.1 Population, Boston, 1900-2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 1.2 Population by Race/Ethnicity, Boston, 2000 and 2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 1.3 Population by Race/Ethnicity and Year, 1980-2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 1.4 Population by Neighborhood, Boston, 2000 and 2010

NOTE: Due to changes in census tract definitions for some neighborhoods, comparisons between 2000 and 2010 data are not strictly comparable. Nonetheless, these data provide good estimates of the changes in the racial and ethnic composition of neighborhoods within Boston.

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 1.5a, 1.5b Population by Neighborhood and Race/Ethnicity, Boston, 2000 and 2010

NOTE: Due to changes in census tract definitions for some neighborhoods, comparisons between 2000 and 2010 data are not strictly comparable. Nonetheless, these data provide good estimates of the changes in the racial and ethnic composition of neighborhoods within Boston.

ABBREVIATIONS KEY: A/B=Allston/Brighton, BB=Back Bay (includes Beacon Hill, Downtown, the North End, and the West End), CH=Charlestown, EB=East Boston, FW=Fenway, HP=Hyde Park, JP=Jamaica Plain, MT=Mattapan, ND=North Dorchester, RS=Roslindale, RX=Roxbury, SB=South Boston, SD=South Dorchester, SE=South End (includes Chinatown), and WR=West Roxbury

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 1.6 Population by Age Group, Boston and Massachusetts Overall, 2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 1.7 Most Frequently Reported Languages Spoken at Home, Boston, 2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

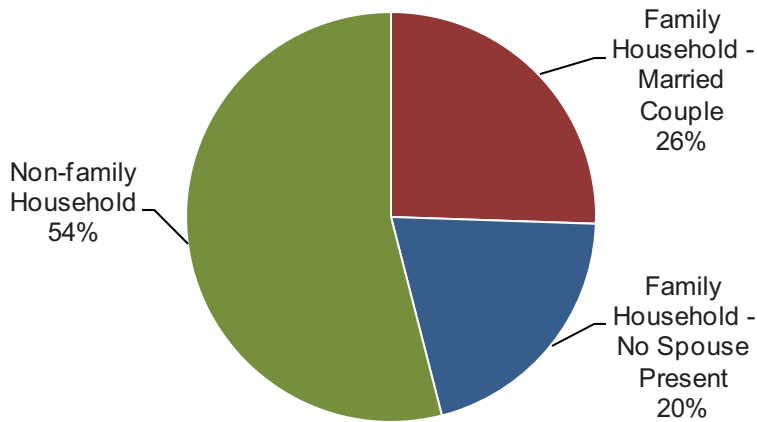
Figure 1.78 Children by Selected Indicators, Boston, 2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

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Socioeconomic Profile

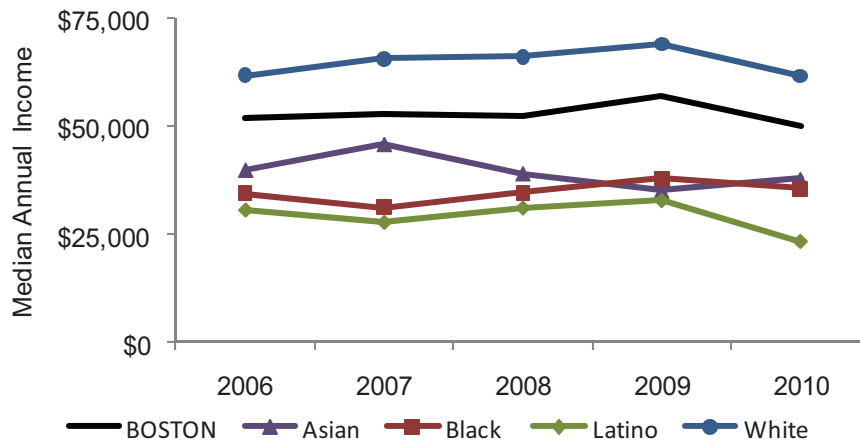
Figure 2.1 Type of Household, Boston, 2010



DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

In 2010, 46% of all households in Boston consisted of families. The census defines a family household as one in which there is at least one person living in the household who is related by marriage, blood, or adoption to the householder (head of household). Of all households, an estimated 26% were married couple families, that is, the householder was living with a spouse.

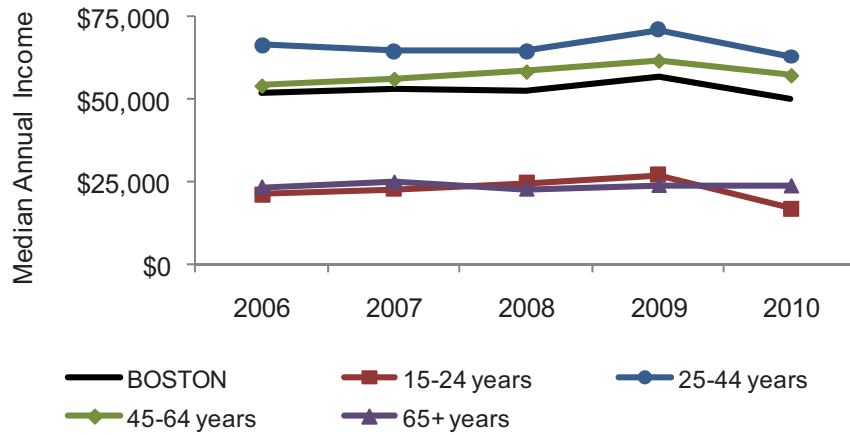
Figure 2.2 Median Annual Household Income by Race/Ethnicity, Boston, 2006-2010



DATA SOURCES: U.S. Census Bureau, 2006, 2007, 2008, 2009, and 2010 American Community Surveys

In 2010, the estimated median annual household income of Boston residents was \$49,893. Latino and White resident households experienced a decrease in median annual household income from 2009 to 2010. In 2010, Latino resident households had a significantly lower median annual household income compared to all other racial/ethnic groups. For all years, White resident households had a substantially higher estimated median annual household income in comparison to Asian, Black, and Latino resident households.

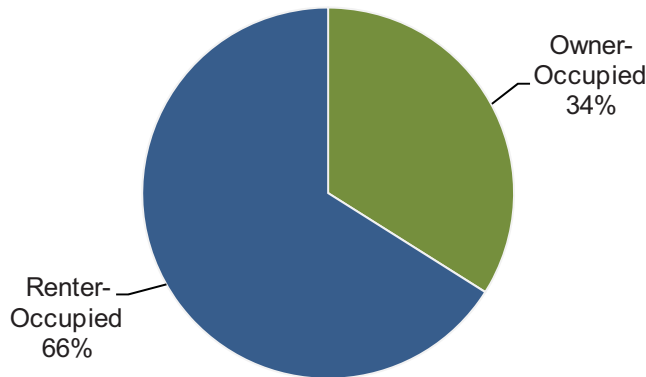
Figure 2.3 Median Annual Household Income by Age, Boston, 2006-2010



DATA SOURCES: U.S. Census Bureau, 2006, 2007, 2008, 2009, and 2010 American Community Surveys

From 2009 to 2010, households in which the head of the household was 25-44 years of age experienced a significant decrease in median annual household income. Among the age groups, households in which the head of the household was 15-24 years of age or 65 years and over consistently experienced the lowest median annual income. For every year, households in which the head of the household was 25-44 years of age had a significantly higher median annual household income than all other age groups.

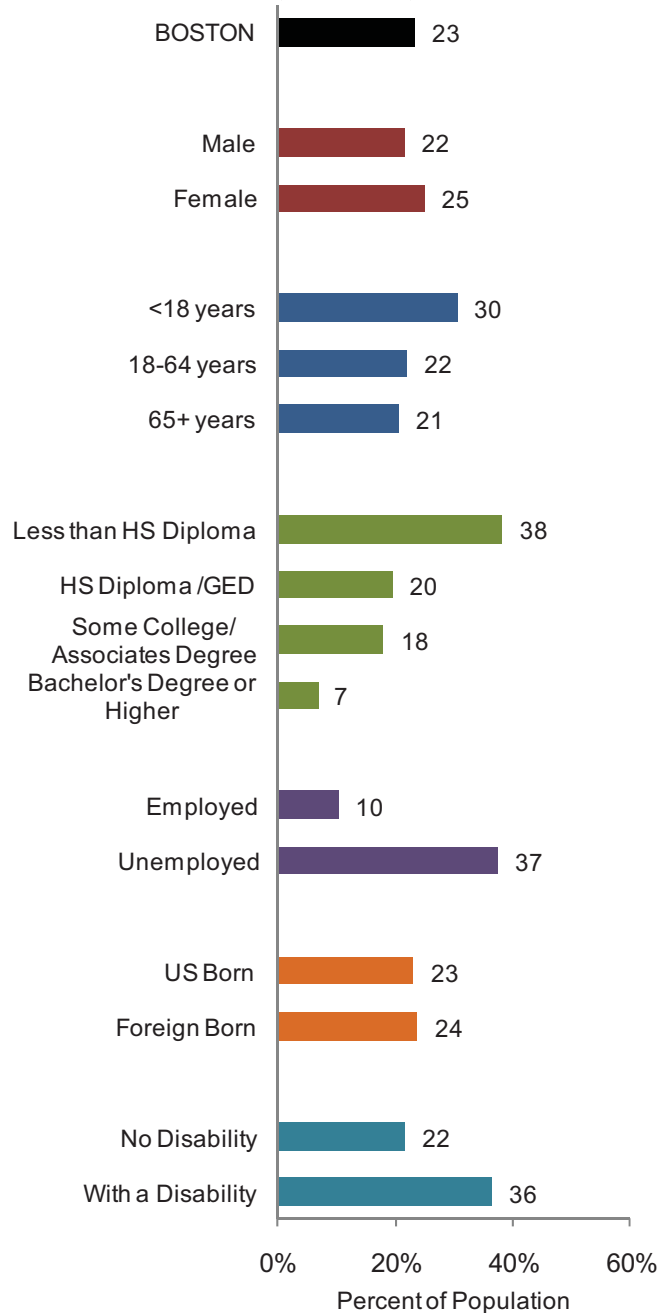
Figure 2.4 Housing Tenure, Boston, 2010



DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

In 2010, a majority (66%) of occupied housing units in Boston were renter-occupied whereas 34% were owner-occupied.

Figure 2.5 Population Living Below Poverty Level by Selected Indicators, Boston, 2010

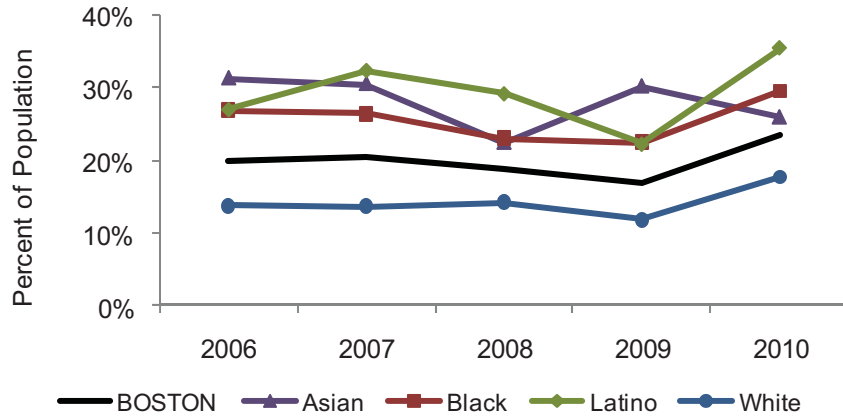


DATA SOURCE: U.S. Census Bureau, 2010 American Community Survey

In 2010, an estimated 23% of Boston residents lived below the poverty level. A higher percentage of residents (over the age of 25) with less than a HS school diploma lived below the poverty level when compared with residents with higher levels of education.

Also, a smaller percentage of residents with a Bachelor’s degree or higher lived below the poverty level compared with residents at lower education levels. Significant differences were also seen by disability status, gender, and age (specifically for residents under the age of 18). The percentage of residents living in poverty was similar with respect to place of birth.

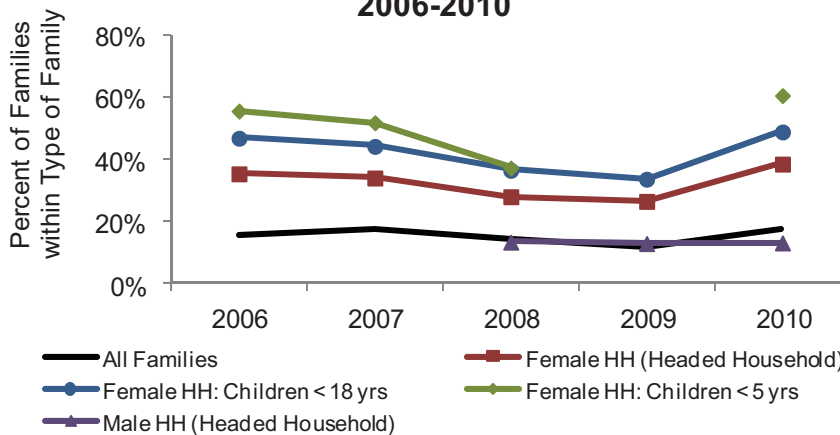
Figure 2.6 Population Living Below Poverty Level by Race/Ethnicity, Boston, 2006-2010



DATA SOURCES: U.S. Census Bureau, 2006, 2007, 2008, 2009, and 2010 American Community Surveys

In 2010, an estimated 23% of Boston residents had an income that fell below the poverty line. The percentage of individuals living below the poverty level remained fairly constant for Boston overall from 2006-2009 but increased from 2009-2010. There have been fluctuations in the percentage Asian and Latino residents living below the poverty line. For all years shown, a lower percentage of White Boston residents were living below the poverty level compared to all other racial/ethnic groups.

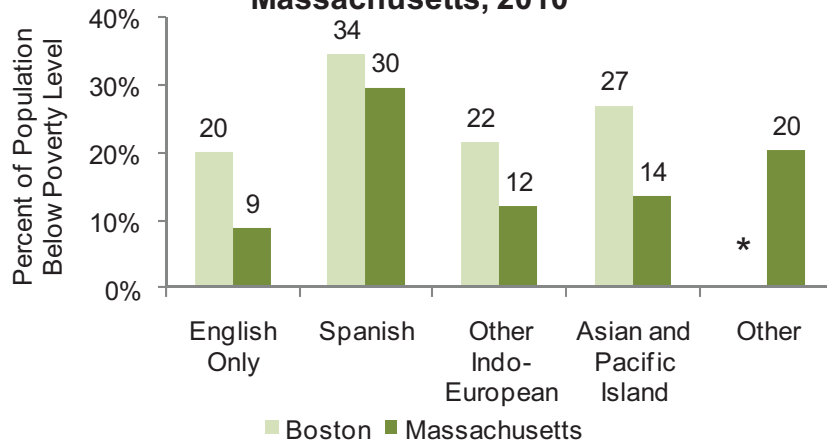
Figure 2.7 Families with Income Below Poverty Level by Family Type, Boston, 2006-2010



DATA SOURCES: U.S. Census Bureau, 2006, 2007, 2008, 2009, and 2010 American Community Surveys

From 2006 to 2010, the estimated percentage of all families and male-headed households (2008-2010) with income below the poverty level has consistently remained below 20%. The estimated percentages of female-headed households, female-headed households with children under age 18, and female-headed households with children under age five with income below poverty level were consistently above 20%. From 2009 to 2010, the percentage of female-headed households and female-headed households with children under age 18 living under poverty increased.

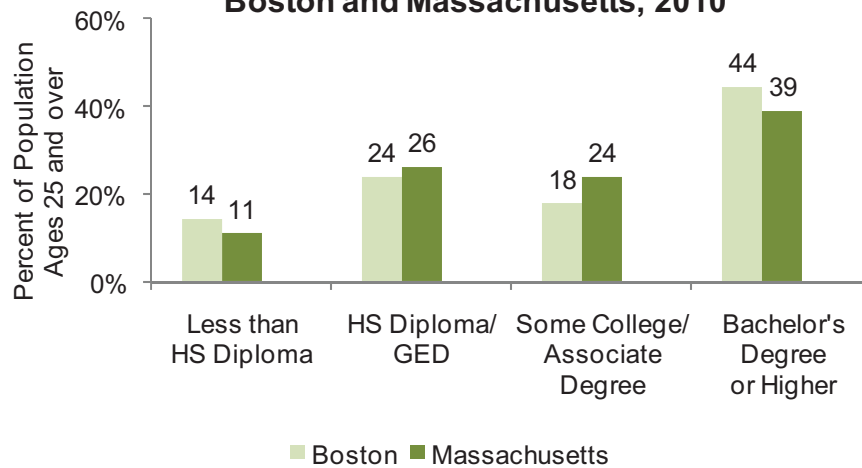
Figure 2.8 Poverty Status by Language Spoken at Home, Boston and Massachusetts, 2010



*Insufficient sample size
 DATA SOURCE: U.S. Census Bureau, 2010 American Community Survey

In 2010, 20% of the Boston population that spoke English at home lived below the poverty level as compared to 9% in Massachusetts overall. The percentage of the Boston population living below the poverty level was lower for English speakers compared to speakers of Spanish and Asian and Pacific Islander languages. In Massachusetts, the percentage of residents living below the poverty level was lower for English speakers compared to speakers of Spanish, Asian and Pacific Islander languages, and other Indo European languages.

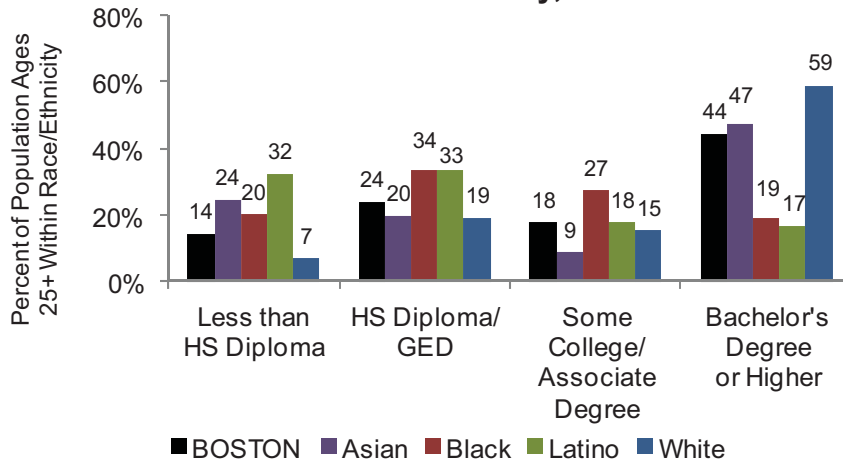
Figure 2.9 Educational Attainment, Boston and Massachusetts, 2010



DATA SOURCE: U.S. Census Bureau, 2010 American Community Survey

When comparing Boston and Massachusetts estimates for residents ages 25 and older by education level, higher percentages of Massachusetts residents had obtained a high school diploma/GED and completed some college or an associate degree compared to Boston residents in 2010. However, a lower percentage of Massachusetts residents had a Bachelor's degree or higher compared to Boston residents.

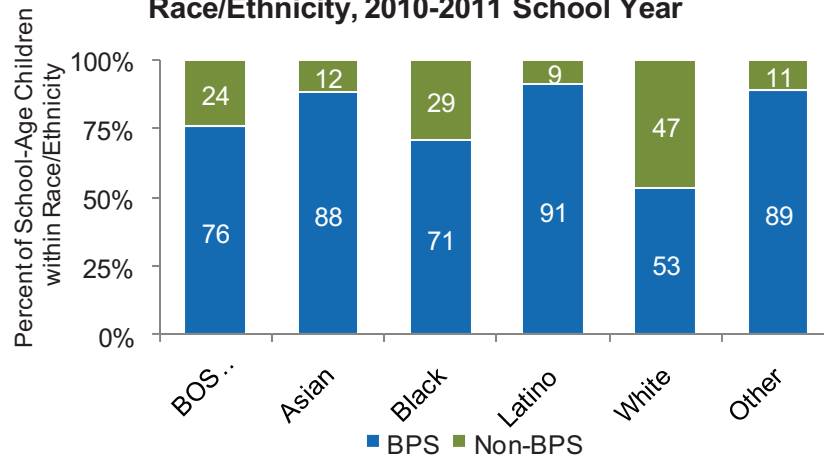
Figure 2.10 Educational Attainment by Race/Ethnicity, 2010



DATA SOURCE: U.S. Census Bureau, 2010 American Community Survey

In 2010, there were racial/ethnic differences in the estimates of educational attainment of Boston residents. Fourteen percent of Boston residents ages 25 and older had less than a high school diploma or GED. The percentage of Boston residents with less than a high school diploma or GED was significantly higher among Latino adults (32%), Asian adults (24%) and Black adults (20%) compared to Boston overall (14%). In contrast, the percentage of adults who attained a Bachelors degree or higher was lower for Black (19%) and Latino (17%) adults compared to Boston overall.

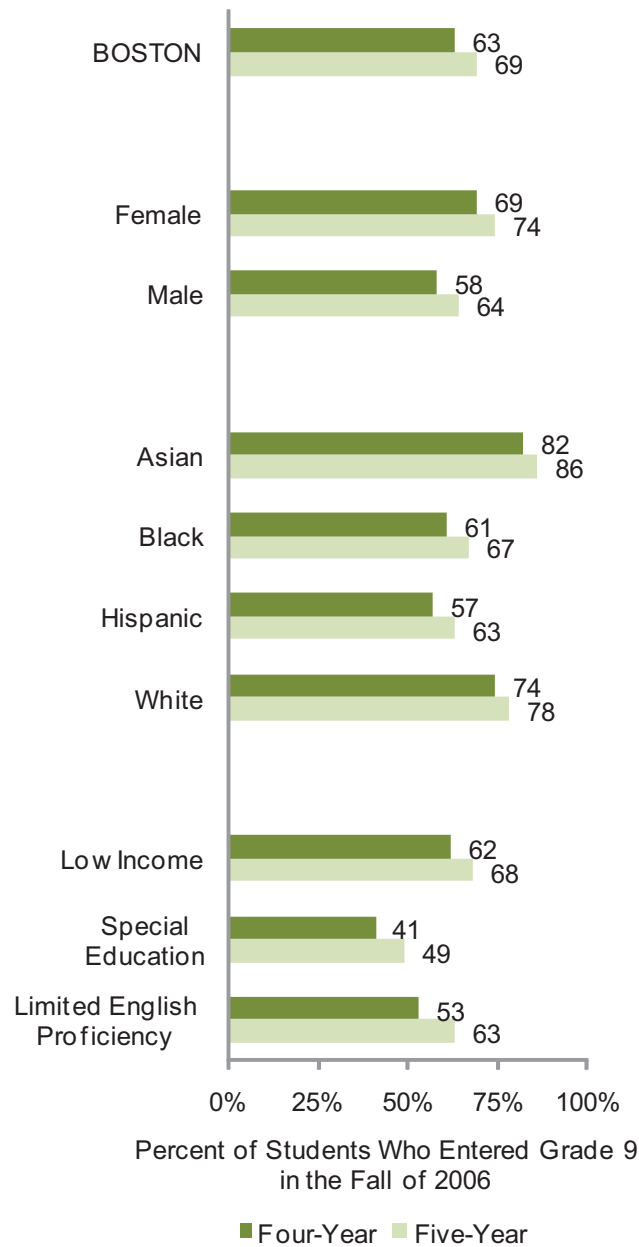
Figure 2.11 Boston School-Age Children Attending School by Type of School and Race/Ethnicity, 2010-2011 School Year



DATA SOURCE: Boston Public Schools at a Glance 2010-2011

The majority of Asian and Latino youth attended school within the Boston public schools system, 88% and 91%, respectively. By comparison, roughly half (53%) of White youth in Boston attended public schools.

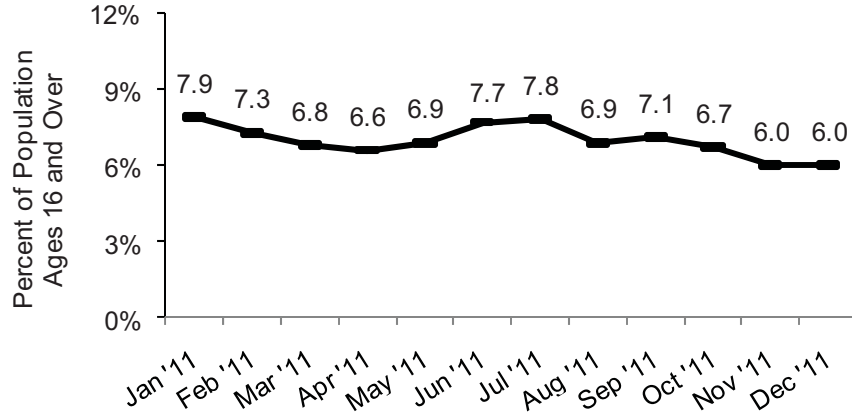
**Figure 2.12 Boston Public Schools
Four-Year and Five-Year High
School Graduation Rates, Class of
2010**



DATA SOURCE: Boston Public Schools, 2011

The class of 2010 is defined as students who began high school in the fall of 2006 plus transfers into BPS minus transfers out of BPS and deaths. After four years, 63% of the class of 2010 had graduated. With an additional year, the graduation rate increased to 69%. Asian students had the highest graduation rates at both four and five years. Black and Latino students showed the largest increases in graduation from four to five years of schooling. Special education students and limited English proficiency students benefitted most from an additional year of high school. The graduation rate for special education students and limited English proficiency students increased by 8 and 10 percentage points respectively.

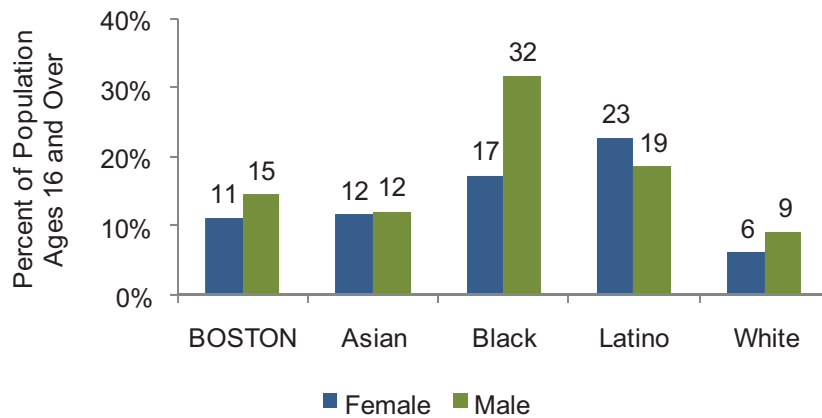
Figure 2.13 Boston Unemployment Rate, January 2011 - December 2011



DATA SOURCE: U.S. Department of Labor, Bureau of Labor Statistics

The monthly unemployment rate for Boston in both November and December 2011 was 6.0, the lowest level since 2008. Between January and December 2011, the unemployment rate decreased by 24%.

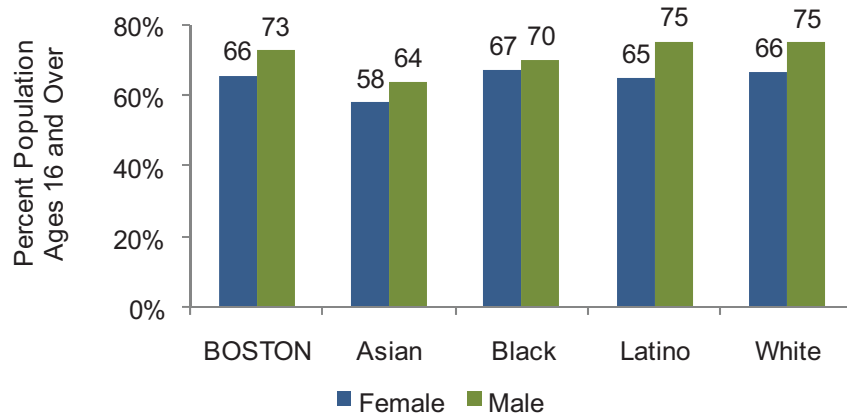
Figure 2.14 Unemployment Rate by Race/Ethnicity and Gender, Boston, 2010



DATA SOURCE: US Census Bureau, 2010 American Community Survey

Female Latino residents had an unemployment rate of 23% which was significantly higher compared to females in Boston overall. Among males, Black male residents had an unemployment rate of 32% which was significantly higher compared to all other racial/ethnic groups.

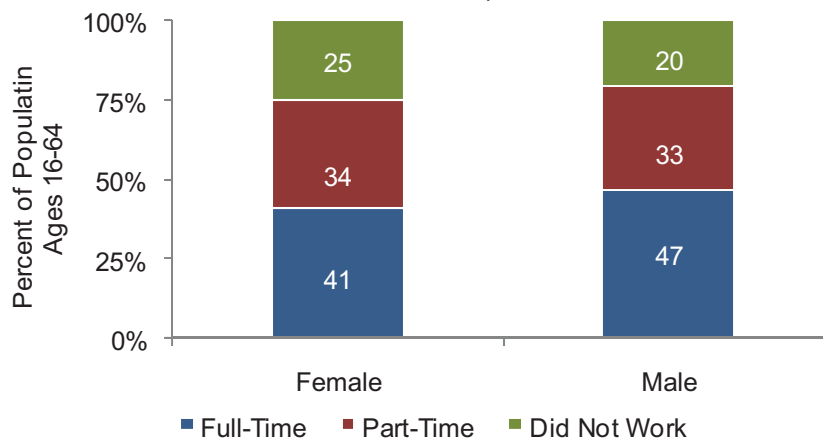
Figure 2.15 Labor Force Participation Rate by Race/Ethnicity and Gender, Boston, 2010



DATA SOURCE: U.S. Census Bureau, 2010 American Community Survey

Among Asian and Black residents, there were no significant differences between male and female participation in the labor force. Among Latino and White residents, a significantly higher percentage of males participated in the labor force compared to their female counterparts.

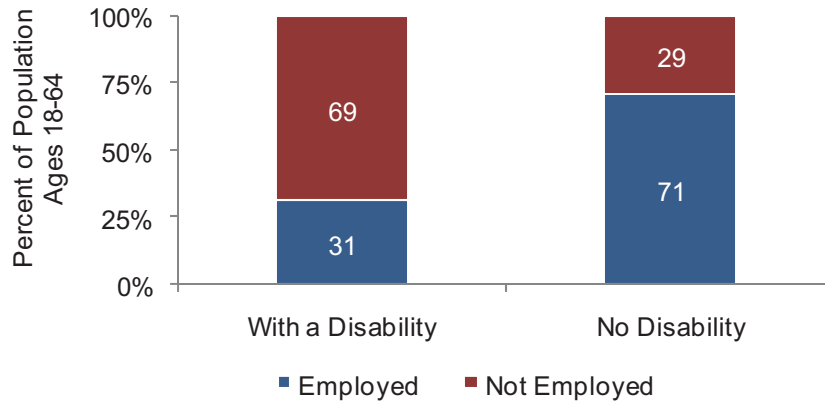
Figure 2.16 Employment Status by Gender, Boston, 2010



DATA SOURCE: U.S. Census Bureau, 2010 American Community Survey

In 2010, an estimated 41% of females ages 16 to 64 were employed full-time, while 47% of males were employed full-time.

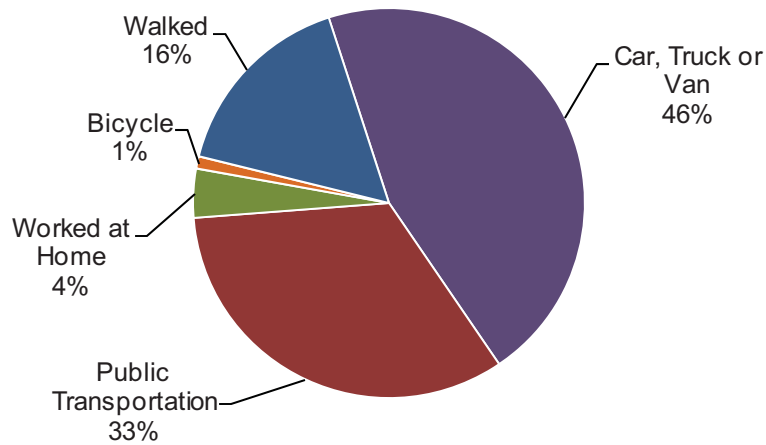
Figure 2.17 Employment Status by Disability Status, Boston, 2010



DATA SOURCE: U.S. Census Bureau, 2010 American Community Survey

In 2010, 31% of the population between the ages of 18 and 64 with a disability were employed, whereas 71% of those without a disability were employed.

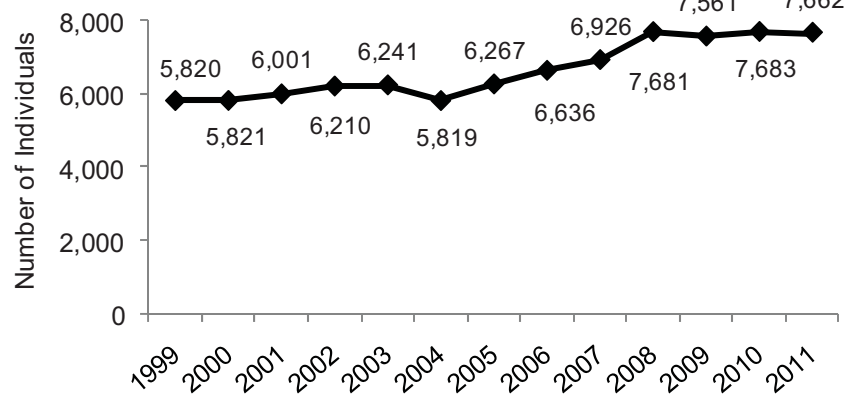
Figure 2.18 Workers' Means of Transportation to Workplace, Boston, 2010



DATA SOURCE: U.S. Census Bureau, 2010 American Community Survey

In 2010, an estimated 46% of Boston's employed residents drove to work in a car, truck, or van. Thirty-three percent of working residents relied on public transportation and 16% walked to work.

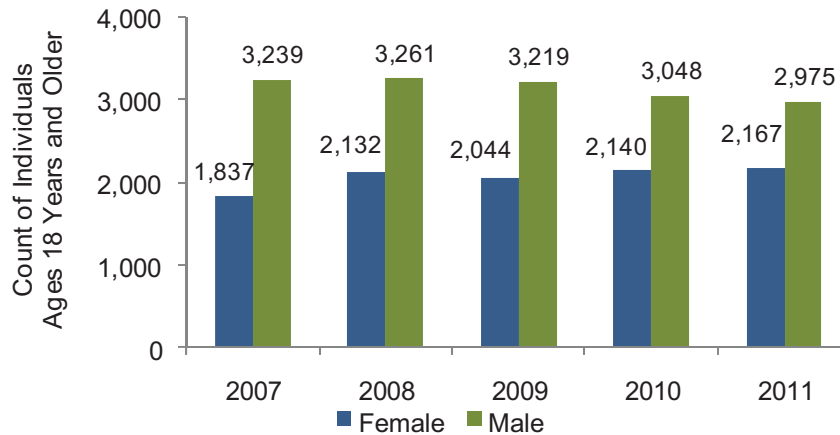
Figure 2.19 Homeless Count by Year, Boston, 1999-2011



DATA SOURCE: Homeless Counts, City of Boston Emergency Shelter

More than 7,600 homeless individuals were counted in Boston in 2011. Since 2004, the number of homeless individuals has increased 32%.

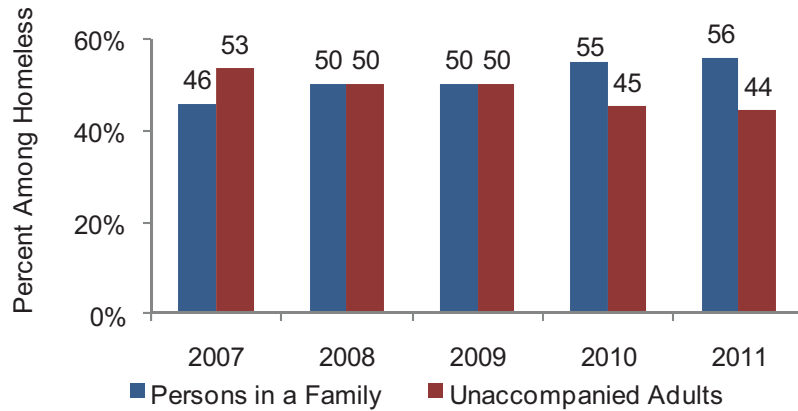
Figure 2.20 Homeless Adults by Gender and Year, Boston, 2007-2011



DATA SOURCE: Homeless Counts, City of Boston Emergency Shelter

Since 2007, there have consistently been higher numbers of adult male homeless individuals compared to adult female homeless individuals, however, the number of adult females has increased 18% since 2007.

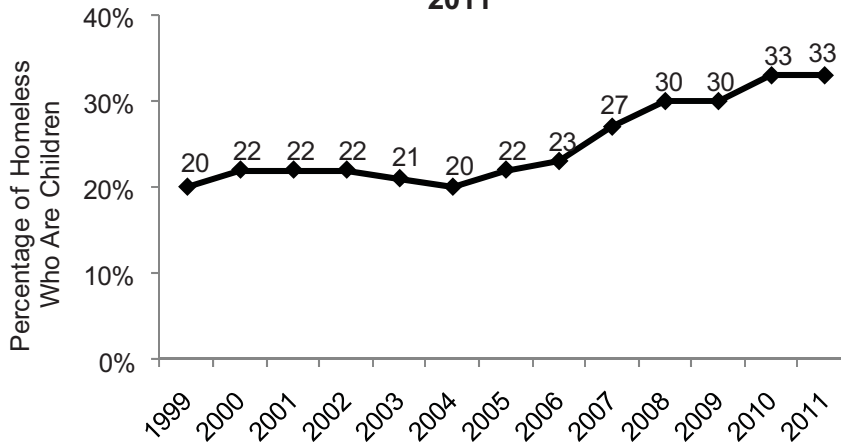
Figure 2.21 Homeless Families and Unaccompanied Adults, Boston, 2007-2011



DATA SOURCE: Homeless Counts, City of Boston Emergency Shelter

From 2007 to 2011, the percentage of homeless individuals that belonged to a family increased by 22%. In 2011, the percentage of homeless individuals that belonged to a family (56%) was higher than the percentage of homeless individuals who lived unaccompanied (44%).

Figure 2.22 Homeless Children, Boston, 1999-2011



DATA SOURCE: Homeless Counts, City of Boston Emergency Shelter

In 2011, 33% of Boston’s homeless were children. Since 2004, there has been a steady increase in the percentage of homeless individuals who were children.

Boston Socioeconomic Profile Notes, and Data Analysis

Figure 2.1 Type of Household, Boston, 2010

NOTE: Data are estimates based on the American Community Survey.

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 2.2 Median Annual Household Income by Race/Ethnicity, Boston, 2006-2010

NOTE: Data are estimates based on the American Community Survey. A family household (usually referred to as a “family”) consists of a householder (formerly referred to as head of house) and individuals living in the household who are related to the householder by birth, marriage, or adoption. People in a household who are related to the householder are regarded as members of the family. Non-related individuals who live in the household are not considered as part of the family. In comparison, a household includes all related and unrelated individuals who occupy a housing unit. Individuals who live alone are considered a household of one. Annual family income is the total annual pre-tax money income from all family members over the age of 15. It includes wages and salary, as well as income received from sources such as unemployment insurance, child support, and dividends from investments. Annual household income is defined the same as annual family income, except that it includes the annual income of all individuals over 15 residing in the housing unit. Median annual family income and median annual household income refers to the amount which divides the group in half; that is, half of the households will fall above the median and half will fall below the median.

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 2.3 Median Annual Household Income by Age, Boston, 2006-2010

NOTE: Data are estimates based on the American Community Survey. A family household (usually referred to as a “family”) consists of a householder (formerly referred to as head of house) and individuals living in the household who are related to the householder by birth, marriage, or adoption. People in a household who are related to the householder are regarded as members of the family. Non-related individuals who live in the household are not considered as part of the family. In comparison, a household includes all related and unrelated individuals who occupy a housing unit. Individuals who live alone are considered a household of one. Annual family income is the total annual pre-tax money income from all family members over the age of 15. It includes wages and salary, as well as income received from sources such as unemployment insurance, child support, and dividends from investments. Annual household income is defined the same as annual family income, except that it includes the annual income of all individuals over 15 residing in the housing unit. Median annual family income and median annual household income refers to the amount which divides the group in half; that is, half of the households will fall above the median and half will fall below the median.

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 2.4 Housing Tenure, Boston, 2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 2.5 Population Living Below Poverty Level by Selected Indicators, Boston, 2010

NOTE: Data are estimates based on the American Community Survey. Poverty statistics in ACS products adhere to the standards specified by the Office of Management and Budget in Statistical Policy Directive 14. The Census Bureau uses a set of dollar value thresholds that vary by family size and composition to determine who is in poverty. Further, poverty thresholds for people living alone or with nonrelatives (unrelated individuals) vary by age (under 65 years or 65 years and older). The poverty thresholds for two-person families also vary by the age of the householder. If a family’s total income is less than the dollar value of the appropriate threshold, then that family and every individual in it are

considered to be in poverty. Similarly, if an unrelated individual's total income is less than the appropriate threshold, then that individual is considered to be in poverty.

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 2.6 Population Living Below Poverty Level by Race/Ethnicity, Boston, 2006-2010

NOTE: Data are estimates based on the American Community Survey. People who identify their origin as Latino may be of any race. Poverty statistics in ACS products adhere to the standards specified by the Office of Management and Budget in Statistical Policy Directive 14. The Census Bureau uses a set of dollar value thresholds that vary by family size and composition to determine who is in poverty. Further, poverty thresholds for people living alone or with nonrelatives (unrelated individuals) vary by age (under 65 years or 65 years and older). The poverty thresholds for two-person families also vary by the age of the householder. If a family's total income is less than the dollar value of the appropriate threshold, then that family and every individual in it are considered to be in poverty. Similarly, if an unrelated individual's total income is less than the appropriate threshold, then that individual is considered to be in poverty.

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 2.7 Families with Income Below Poverty Level by Family Type, Boston, 2006-2010

NOTE. Data are estimates based on the American Community Survey. Percentages for female headed households with children < 5 years in 2009 and male headed households for 2006-2007 are not presented due to an insufficient sample sizes. Poverty statistics in ACS products adhere to the standards specified by the Office of Management and Budget in Statistical Policy Directive 14. The Census Bureau uses a set of dollar value thresholds that vary by family size and composition to determine who is in poverty. Further, poverty thresholds for people living alone or with nonrelatives (unrelated individuals) vary by age (under 65 years or 65 years and older). The poverty thresholds for two-person families also vary by the age of the householder. If a family's total income is less than the dollar value of the appropriate threshold, then that family and every individual in it are considered to be in poverty. Similarly, if an unrelated individual's total income is less than the appropriate threshold, then that individual is considered to be in poverty. Female head of household: In 1980, the U.S. Census replaced the term "head of household" with "householder." The census uses the term "householder" to refer to the individual in whose name the housing unit is owned or rented (if a unit is co-owned or rented, either individual may be called the "householder." If no such person resides in the unit, any adult may be considered the "householder." Families in which a female is responsible for the care of children is inferred through the census category, "female householder, no husband present, with children." Families in which a male is responsible for the care of children is inferred through the census category, "male householder, no wife present, with children."

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 2.8 Poverty Status by Language Spoken at Home, Boston and Massachusetts, 2010

NOTE: Data are estimates based on the American Community Survey. Poverty statistics in ACS products adhere to the standards specified by the Office of Management and Budget in Statistical Policy Directive 14. The Census Bureau uses a set of dollar value thresholds that vary by family size and composition to determine who is in poverty. Further, poverty thresholds for people living alone or with nonrelatives (unrelated individuals) vary by age (under 65 years or 65 years and older). The poverty thresholds for two-person families also vary by the age of the householder. If a family's total income is less than the dollar value of the appropriate threshold, then that family and every individual in it are considered to be in poverty. Similarly, if an unrelated individual's total income is less than the appropriate threshold, then that individual is considered to be in poverty.

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 2.9 Educational Attainment, Boston and Massachusetts, 2010

NOTE: Data are estimates based on the American Community Survey.

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 2.10 Educational Attainment by Race/Ethnicity, Boston, 2010

NOTE: Data are estimates based on the American Community Survey.

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 2.11 Boston School-Age Children Attending School by Type of School and Race/Ethnicity, 2010-2011 School Year

NOTE: Data are estimates based on the Boston Public Schools at a Glance 2010-2011.

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 2.12 Boston Public Schools Four- and Five-Year High School Graduation Rates, Class of 2010

NOTE: A student is considered low-income if they meet any one of the following criteria: 1) The student is eligible for free or reduced price lunch, 2) The student receives Transitional Aid to Families benefits, or 3) The student is eligible for food stamps.

GRAPHIC CREATED BY: Boston Public Health Commission Research and Evaluation Office

DATA ANALYSIS: Boston Public Schools, Office of Research, Assessment, & Evaluation

GRAPHIC CREATED BY: Boston Public Health Commission Research and Evaluation Office

DATA ANALYSIS: Boston Public Schools, Office of Research, Assessment, & Evaluation

Figure 2.13 Boston Unemployment Rate, January 2011 – December 2011

NOTE: The unemployment rate for December is preliminary data. The labor force and unemployment data are based on the same concepts and definitions as those used for the official national estimates obtained from the Current Population Survey (CPS), a sample survey of households that is conducted for the Bureau of Labor Statistics (BLS) by the U.S. Census Bureau. The LAUS program measures employment and unemployment on a place-of-residence basis. The universe for each consists of individuals who are not in the military and not in an institution. Employed persons are those who did any work at all for pay or profit in the reference week (the week including the 12th of the month) or worked 15 hours or more without pay in a family business or farm, plus those not working who had a job from which they were temporarily absent, whether or not paid, for such reasons as labor-management dispute, illness or vacation. Unemployed persons are those who were not employed during the reference week (based on the definition above), had actively looked for a job sometime in the 4-week period ending with the reference week, and were currently available for work; persons on layoff expecting recall need not be looking for work to be counted as unemployed. The civilian labor force is the sum of employed and unemployed persons. The unemployment rate is calculated as the number of unemployed/civilian labor force multiplied by 100.

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 2.14 Unemployment Rate by Race/Ethnicity and Gender, Boston, 2010

NOTE: Data are estimates based on the American Community Survey. The federal Bureau of Labor Statistics conducts monthly household surveys to gather national, state and local employment data. The survey uses the following definitions in calculating employment-related rates. Individuals who are not in the military and not in an institution are part of this survey. Individuals with jobs are considered employed. Jobs can be part-time and temporary and includes unpaid work done on behalf of a family enterprise. Individuals are considered unemployed if they did not have a job, but are available for work and are looking for a job. The civilian labor force consists of individuals who are either employed or unemployed. Individuals who are not employed and not looking for work are not in the civilian labor force.

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 2.15 Labor Force Participation Rate by Race/Ethnicity and Gender, Boston, 2010

NOTE: Data are estimates based on the American Community Survey. The federal Bureau of Labor Statistics conducts monthly household surveys to gather national, state and local employment data. The survey uses the following definitions in calculating employment-related rates. Individuals who are not in the military and not in an institution are part of this survey. Individuals with jobs are considered employed. Jobs can be part-time and temporary and includes unpaid work done on behalf of a family

enterprise. Individuals are considered unemployed if they did not have a job, but are available for work and are looking for a job. The civilian labor force consists of individuals who are either employed or unemployed. Individuals who are not employed and not looking for work are not in the civilian labor force. The survey defines labor force participation rate (LFPR) as a proportion of the civilian population who are either employed or unemployed. The LFPR is calculated as the number of employed and unemployed/civilian population multiplied by 100.

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 2.16 Employment Status by Gender, Boston, 2010

NOTE: Data are estimates based on the American Community Survey.

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 2.17 Employment Status by Disability Status, Boston, 2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 2.18 Workers' Means of Transportation to Workplace, Boston, 2010

NOTE: Data are estimates based on the American Community Survey.

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 2.19 Homeless Count by Year, Boston, 1999-2011

GRAPHIC CREATED BY: Boston Public Health Commission Research and Evaluation Office

DATA ANALYSIS: City of Boston Emergency Shelter

Figure 2.20 Homeless Adults by Gender, Boston, 2007-2011

GRAPHIC CREATED BY: Boston Public Health Commission Research and Evaluation Office

DATA ANALYSIS: City of Boston Emergency Shelter

Figure 2.21 Homeless Families and Unaccompanied Adults, Boston, 2007-2011

GRAPHIC CREATED BY: Boston Public Health Commission Research and Evaluation Office

DATA ANALYSIS: City of Boston Emergency Shelter

Figure 2.22 Homeless Children, Boston, 1999-2011

GRAPHIC CREATED BY: Boston Public Health Commission Research and Evaluation Office

DATA ANALYSIS: City of Boston Emergency Shelter

Selected Health Indicators

Figure 3.1a Selected Health Indicators, Boston, Massachusetts, and United States									
Selected Health Indicators	Boston							MA	US
	2005	2006	2007	2008	2009	2010	2011		
Adolescent Birth Rate (per 1,000 females ages 15-17)	20.6	22.1	23.0	19.7	16.0	18.8	NA	NA	17.3 ¹
Low Birth Weight Births (percentage of live births)	9.6%	9.0%	9.6%	9.3%	8.9%	9.4%	NA	7.8% ²	8.2% ¹
Preterm Births (percentage of live births)	10.9%	9.6%	10.7%	9.7%	9.3%	9.4%	NA	8.7% ²	12.0% ¹
Asthma Emergency Department Visits (per 1,000 children under age 5)	30.7	35.4	34.1	37.3	29.9	30.3	22.9	NA	NA
Elevated Blood Lead Levels (percent of children testing positive)	2.2%	2.0%	1.6%	1.2%	1.2%	0.9%	0.7%	0.4% ¹	0.6% ¹
Chlamydia Incidence (per 100,000 residents)	NA	NA	NA	NA	677.2	718.7	766.7	319.7 ¹	426.0 ¹
Hepatitis C Incidence (per 100,000 residents ages 15-25)	NA	42.9	52.2	48.9	29.1	55.5	NA	NA	NA
Heart Disease Hospitalizations* (per 1,000 residents)	11.7	11.6	11.2	11.2	11.0	10.8	10.5	NA	13.1 ²
Diabetes Hospitalizations* (per 1,000 residents)	2.1	2.3	2.4	2.4	2.3	2.2	2.1	NA	2.2 ²
Cerebrovascular Disease Hospitalizations (Incl. Stroke)* (per 1,000 residents)	2.5	2.6	2.5	2.5	2.5	2.6	2.4	NA	3.2 ²
Nonfatal Gunshot/Stabbing Emergency Department Visits* (per 1,000 residents)	0.9	1.0	1.0	0.9	0.9	0.9	0.7	NA	NA
Cerebrovascular Disease Deaths (Incl. Stroke)* (per 100,000 residents)	40.5	39.9	33.2	32.9	30.5	34.6	NA	32.2 ²	39.0 ¹
Homicide* (per 100,000 residents)	8.4	7.5	8.1	8.2	5.7	9.4	NA	2.8 ²	6.0 ¹
Substance Abuse Deaths* (per 100,000 residents)	29.3	38.8	39.1	31.8	33.4	31.0	NA	NA	NA
Suicide* (per 100,000 residents)	4.0	5.0	5.2	5.3	6.7	7.9	NA	7.7 ²	12.1 ¹

¹Data for 2010²Data for 2009

*Age-adjusted rates

Birth and death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

The adolescent birth rate for Boston female residents ages 15-17 decreased 9% from 2005 to 2010. The overall percentage of preterm births among all Boston resident births decreased from 10.9% in 2005 to 9.4% in 2010. The 5-year rolling average for the Boston infant death rate during the period 2006-2010 is lower than that of the United States (see Figure 3.1b). Boston's heart disease hospitalization rate decreased 10% from 2005 to 2010. Boston's cerebrovascular disease death rate (which includes stroke) decreased 15% from 2005 to 2010 while the heart disease death rate decreased 16% from 2005 to 2010. From 2009 to 2010 (see Figure 3.1c), the homicide rate increased 65% (from 5.8 to 9.4 deaths per 100,000 residents).

Figure 3.1b Selected Health Indicators, Boston, Massachusetts, and United States								
Selected Health Indicators	Boston						MA [†]	US
	2001-2005	2002-2006	2003-2007	2004-2008	2005-2009	2006-2010	2006-2010	2006-2010
Total Infant Deaths (per 1,000 live births)	6.4	6.0	5.9	6.1	6.2	5.9	4.8	6.7
Asian Infant Deaths (per 1,000 live births)	1.7	n<5	2.0	2.7	4.4	3.0	3.1	3.7
Black Infant Deaths (per 1,000 live births)	12.3	12.2	11.9	12.0	11.1	10.9	9.8	13.2
Latino Infant Deaths (per 1,000 live births)	5.7	5.2	5.2	6.0	5.8	6.1	6.9	5.6
White Infant Deaths (per 1,000 live births)	3.6	3.3	3.1	3.2	3.9	3.4	3.9	5.4

*Rates are presented as rolling averages.

†Preliminary

Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 3.1c Selected Health Indicators, Boston, Massachusetts, and United States		
Leading Causes of Death, 2005-2010		
Cancer	Rate*	Count
2005	190.7	992
2006	181.4	944
2007	178.8	930
2008	178.9	927
2009	177.0	935
2010	181.6	951
MA 2009	174.0	13,042
US 2010[†]	172.5	573,855
Diseases of the Heart	Rate*	Count
2005	165.7	868
2006	153.8	813
2007	152.2	803
2008	150.9	801
2009	150.5	797
2010	139.1	749
MA 2009	155.2	12,333
US 2010[†]	178.5	595,444
Cerebrovascular Disease (incl. Stroke)	Rate*	Count
2005	40.5	213
2006	39.9	209
2007	33.2	175
2008	32.9	174
2009	30.5	163
2010	34.6	182
MA 2009	32.2	2,552
US 2010[†]	39.0	129,180

* Age-adjusted rate per 100,000 residents

[†] Preliminary rate for 2010

Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 3.2 Selected Youth Survey Health Indicators, Boston						
Selected Youth Survey Health Indicators	Percentage of Public High School Students and Confidence Intervals (CI)					
	2001	2003	2005	2007	2009	2011
Cigarette Smoking						
Percent	15%	13%	15%	7%	10%	10%
CI	(13.1-17.6)	(11.1-15.1)	(13.4-17.1)	(6.1-8.8)	(6.6-14.0)	(8.0-12.0)
Regular Physical Activity						
Percent	NA	NA	NA	30%	27%	29%
CI				(26.9-32.6)	(23.4-29.8)	(26.0-32.3)
1+ Soda Consumption Daily						
Percent	NA	NA	NA	27%	28%	24%
CI				(24.9-29.7)	(25.3-30.9)	(19.8-28.2)
Excessive Alcohol Consumption						
Percent	18%	16%	15%	19%	18%	17%
CI	(15.4-20.7)	(13.5-18.0)	(13.1-17.6)	(15.7-21.4)	(13.8-21.3)	(13.3-19.9)
Obesity						
Percent	NA	NA	NA	15%	15%	14%
CI				(12.5-16.5)	(12.4-17.7)	(11.7-16.9)
Persistent Sadness						
Percent	33%	29%	30%	26%	29%	25%
CI	(29.9-35.5)	(26.3-31.8)	(27.8-32.4)	(23.6-28.8)	(26.1-31.5)	(20.6-28.9)

DATA SOURCE: Youth Risk Behavior Survey, 2001, 2003, 2005, 2007, 2009, and 2011, Youth Risk Behavioral Surveillance System (YRBS), Centers for Disease Control and Prevention (CDC)

From 2001 to 2011, the percentage of Boston public high school students who reported smoking cigarettes decreased. From 2001 to 2011, the percentage of Boston public high school students who reported persistent sadness (feeling sad, blue, or depressed every day for two weeks straight during the past year) also decreased. During the same period, excessive alcohol consumption (binge drinking) during the past month remained statistically similar. From 2007 to 2011, the percentage of students who reported drinking one or more sodas per day and the percentage of students considered obese remained statistically similar. The percentage of students who reported getting regular physical activity during the past week also remained statistically similar from 2007 to 2011.

Figure 3.3 Selected Adult Survey Health Indicators, Boston						
Selected Adult Survey Health Indicators	Percentage of Adult Residents and Confidence Intervals (CI)					
	2001	2003	2005	2006	2008	2010
Cigarette Smoking						
Percent	24%	20%	17%	16%	15%	16%
CI	(20.4-27.2)	(17.6-23.0)	(14.6-18.7)	(14.4-18.3)	(13.1-17.6)	(14.0-17.3)
Regular Physical Activity						
Percent	54%	60%	53%	59%	56%	57%
CI	(49.7-57.7)	(56.7-63.1)	(50.5-56.0)	(56.0-61.4)	(52.7-58.9)	(54.7-59.3)
Asthma						
Percent	11%	9%	9%	11%	10%	11%
CI	(8.0-14.2)	(6.9-10.9)	(8.0-10.9)	(9.6-13.0)	(8.7-11.8)	(9.5-12.4)
Diabetes						
Percent	6%	6%	7%	6%	6%	6%
CI	(4.7-8.3)	(4.7-7.6)	(5.7-7.9)	(4.8-6.4)	(4.7-6.4)	(5.4-7.0)
Obesity						
Percent	17%	18%	17%	19%	23%	21%
CI	(14.2-19.8)	(15.7-21.2)	(14.8-18.8)	(16.8-20.7)	(20.8-26.1)	(18.9-22.7)
Persistent Sadness						
Percent	8%	8%	7%	10%	9%	9%
CI	(6.0-10.0)	(6.1-9.9)	(5.9-8.5)	(8.8-11.9)	(7.9-11.0)	(8.1-10.7)

DATA SOURCE: Boston Behavioral Risk Factor Survey, 2001, 2003, 2005, 2006, 2008, and 2010, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission

From 2001 to 2010, the percentage of Boston adult residents who reported smoking cigarettes decreased. From 2001 to 2010, the percentage of Boston adult residents considered obese (whose body mass index or BMI is 30 or more) increased. The percentage of Boston adults who reported getting regular physical activity, having asthma, having diabetes, and having persistent sadness (being sad, blue or depressed 15 or more days during the past month) remained statistically similar from 2001 to 2010.

Figure 3.4a Selected Health Indicators by Race/Ethnicity, Boston					
Selected Health Indicators	Years	Average Annual Rates			
		Asian	Black	Latino	White
Adolescent Birth Rate (per 1,000 females ages 15-17)	2010	7.7	17.7	30.4	11.3
Low Birth Weight Births (percentage of live births)	2010	8.9%	12.4%	8.7%	7.9%
Preterm Births (percentage of live births)	2010	9.1%	11.8%	8.7%	8.3%
Infant Deaths (per 1,000 live births)	2009-2010	4.1	7.6	6.4	3.3
Asthma Emergency Department Visits (per 1,000 children under age 5)	2011	11.6	42.1	24.3	7.5
Hepatitis C Incidence (per 100,000 residents ages 15-25)	2010	NA	33.4	20.2	67.1
Heart Disease Hospitalizations* (per 1,000 residents)	2011	4.3	13.6	11.5	9.6
Diabetes Hospitalizations* (per 1,000 residents)	2011	0.6	4.1	3.2	1.2
Cerebrovascular Disease Hospitalizations (Incl. Stroke)* (per 1,000 residents)	2011	2.2	3.4	2.5	2.0
Nonfatal Gunshot/Stabbing Emergency Department Visits* (per 1,000 residents)	2011	0.1	2.2	0.9	0.2
Cerebrovascular Disease Deaths (Incl. Stroke)* (per 100,000 residents)	2010	31.7	45.9	40.0	31.1
Homicide* (per 100,000 residents)	2009-2010	n<5	26.3	11.3	0.9
Substance Abuse Deaths* (per 100,000 residents)	2009-2010	8.3	36.7	19.2	39.9
Suicide* (per 100,000 residents)	2008-2010	4.2	5.4	3.7	9.4

*Age-adjusted rates

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Birth and death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Compared to Boston's White residents, Black and Latino residents had higher rates of births to adolescent females, low birth weight births, infant deaths, heart disease and cerebrovascular disease hospitalizations, nonfatal gunshot and stabbing emergency department visits, and homicide. Among these indicators, the differences in nonfatal gunshot and stabbing injuries and homicides were substantially higher, with Black and Latino residents experiencing rates at 11 to 5 times and 29 to 13 times, respectively, the rates of White residents. Black residents also had a higher cancer death rate than White residents. Asian residents had lower rates of disease and death compared to White residents for the following indicators: heart disease hospitalizations, nonfatal gunshot and stabbing emergency department visits, substance abuse deaths, suicide, cancer, and diseases of the heart.

Figure 3.4b Selected Health Indicators by Race/Ethnicity, Boston		
Leading Causes of Deaths, 2010		
Asian	Rate*	Count
Cancer	146.7	65
Diseases of the Heart	51.5	23
Cerebrovascular Disease (Incl. Stroke)	31.7	14
Black	Rate*	Count
Cancer	220.8	270
Diseases of the Heart	156.7	184
Cerebrovascular Disease (Incl. Stroke)	45.9	52
Latino	Rate*	Count
Cancer	114.4	60
Diseases of the Heart	76.9	38
Cerebrovascular Disease (Incl. Stroke)	40.0	17
White	Rate*	Count
Cancer	188.6	547
Diseases of the Heart	155.7	498
COPD	39.4	118

*Age-adjusted rate per 100,000 residents

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 3.5 Selected Youth Survey Health Indicators by Race/Ethnicity, Boston				
Selected Youth Survey Health Indicators	Percentage of Public High School Students and Confidence Intervals (CI), 2007, 2009, and 2011 Combined			
	Asian	Black	Latino	White
Cigarette Smoking				
Percent	7%	6%	8%	22%
CI	(4.9-9.9)	(3.9-7.6)	(6.3-10.0)	(16.2-28.0)
Regular Physical Activity				
Percent	21%	29%	26%	36%
CI	(16.0-26.2)	(26.4-32.1)	(23.6-29.3)	(31.4-39.9)
1+ Soda Consumption Daily				
Percent	20%	29%	25%	25%
CI	(15.1-24.2)	(26.0-32.0)	(22.3-28.2)	(21.4-29.3)
Excessive Alcohol Consumption				
Percent	11%	12%	20%	31%
CI	(7.3-15.1)	(9.8-14.3)	(17.1-23.3)	(25.5-35.7)
Obesity				
Percent	7%	15%	16%	13%
CI	(4.0-10.0)	(12.5-17.3)	(13.9-18.9)	(9.5-16.3)
Persistent Sadness				
Percent	23%	25%	30%	21%
CI	(18.3-27.9)	(22.4-28.0)	(27.5-33.5)	(16.7-24.5)

DATA SOURCE: Youth Risk Behavior Survey, 2007, 2009, and 2011, Youth Risk Behavioral Surveillance System (YRBS), Centers for Disease Control and Prevention (CDC)

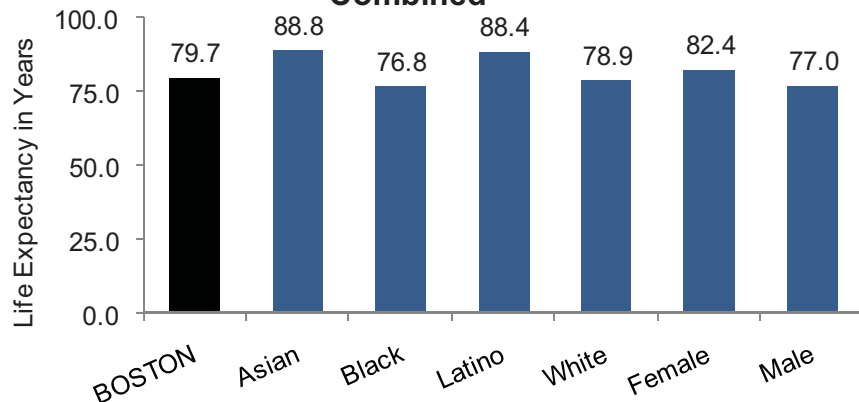
White Boston public high school students reported smoking cigarettes and excessive alcohol use (binge drinking) at higher percentages than Asian, Black and Latino students. A lower percentage of Asian, Black and Latino Boston public high school students reported getting regular physical activity compared to White students. The percentages of Black, Latino, and White students reporting drinking one or more sodas daily and whose BMI is considered obese were statistically similar. A higher percentage of Latino students compared to White students reported persistent sadness (feeling sad, blue, or depressed every day for two weeks straight during the past year).

Figure 3.6 Selected Adult Health Indicators by Race/Ethnicity, Boston				
Selected Adult Survey Health Indicators	Percentage of Adult Residents and Confidence Intervals (CI), 2006, 2008, and 2010 Combined			
	Asian	Black	Latino	White
Cigarette Smoking				
Percent	6%	16%	16%	17%
CI	(2.1-9.2)	(13.8-18.6)	(13.0-19.6)	(15.0-18.0)
Regular Physical Activity				
Percent	49%	51%	47%	64%
CI	(40.5-57.4)	(47.0-54.3)	(42.6-51.8)	(62.0-65.6)
Asthma				
Percent	5%	15%	12%	9%
CI	(1.7-8.5)	(12.5-17.5)	(9.4-14.2)	(8.4-10.5)
Diabetes				
Percent	2%	9%	6%	5%
CI	(0.6-3.2)	(8.1-10.7)	(4.8-7.5)	(4.1-5.1)
Obesity				
Percent	8%	32%	26%	16%
CI	(3.1-13.7)	(29.1-35.6)	(21.8-30.0)	(14.4-17.0)
Persistent Sadness				
Percent	6%	12%	14%	8%
CI	(2.9-10.0)	(9.8-13.9)	(10.9-16.3)	(7.1-9.1)

DATA SOURCE: Boston Behavioral Risk Factor Survey 2008, and 2010, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission

White Boston adult residents reported smoking cigarettes, having diabetes and being obese at higher percentages than Asian adult residents. A lower percentage of Asian, Black and Latino adult residents reported getting regular physical activity compared to White residents. Higher percentages of Black and Latino adults compared to White adults reported having persistent sadness (feeling sad, blue or depressed 15 or more of the past 30 days) and were considered obese based on body mass index (BMI).

Figure 3.7 Life Expectancy by Race/Ethnicity and Gender, 2006-2010 Combined



DATA SOURCE: Boston Resident Deaths, Massachusetts Department of Public Health

The life expectancy for Boston overall was 79.7 years. Asian residents had the highest life expectancy at 88.8 years while Black residents had the lowest life expectancy at 76.8 years. Female residents had a life expectancy of 82.4 years while male residents had a life expectancy of 77.0 years.

Boston Selected Indicators, Notes, Data Sources, and Data Analysis

Figure 3.1a-3.1c Selected Health Indicators, Boston, Massachusetts, and United States,

DATA SOURCES:

Adolescent Birth Rate, Low Birth Weight Births, and Preterm Births: Boston resident live births, Massachusetts Department of Public Health; *Massachusetts Births 2009*. Boston, MA: Division of Research and Epidemiology, Bureau of Health Information, Statistics, Research, and Evaluation, Massachusetts Department of Public Health. August 2011; Martin JA, Hamilton BE, Ventura SJ, Osterman MJK et al. Births: Final Data for 2010, Centers for Disease Control and Prevention

Asthma Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Elevated Blood Lead Levels: Boston Public Health Commission Office of Environmental Health; Number of Children Tested and Confirmed EBLLs by State, Year, and BLL Group, Children < 72 Months Old [Online]

<http://www.cdc.gov/nceh/lead/data/StateConfirmedByYear1997-2010.htm>

Hepatitis C Incidence: Communicable Disease Database, Boston Public Health Commission, Communicable Disease Control Division

Chlamydia Incidence: Massachusetts Department of Public Health, STD Division; Centers for Disease Control and Prevention. 2010 Sexually Transmitted Disease Surveillance. Chlamydia [Online] <http://www.cdc.gov/std/stats10/chlamydia.htm>

Heart Disease Hospitalizations, Diabetes Hospitalizations, and Cerebrovascular Disease

Hospitalizations: Inpatient Hospital Discharge Database, Massachusetts Center for Health Information and Analysis; National Hospital Discharge Survey: 2009 Table, Number and Rate of Discharges by First-Listed Diagnostic Categories [Online] <http://www.cdc.gov/nchs/fastats/heart.htm>; National Hospital Discharge Survey: 2009 Table, Number and Rate of Discharges by First-Listed Diagnostic Categories [Online] <http://www.cdc.gov/nchs/fastats/stroke.htm>; Age-Adjusted Hospital Discharge Rates for Diabetes as a First-Listed Diagnosis per 10,000 Population, United States, 1988-2009 [Online] <http://www.cdc.gov/diabetes/statistics/dmfirst/fig7.htm>

Nonfatal Gunshot/Stabbing Hospitalizations and ED Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Cerebrovascular Deaths (including stroke), Homicide, Substance Abuse Deaths, Suicide, and Leading Causes of Death: Boston Resident Deaths, Massachusetts Department of Public Health; *Massachusetts Deaths 2008*. Boston, MA: Division of Research and Epidemiology, Bureau of Health Information, Statistics, Research, and Evaluation, Massachusetts Department of Public Health. August 2010; Murphy SL, Xu J, Kochanek KD. Deaths: Preliminary Data for 2010. National Vital Statistics Reports 2012;60(4)

Infant Death Rate: Boston Resident Live Infant Births and Deaths, Massachusetts Department of Public Health; Massachusetts Live Infant Births and Deaths, Massachusetts Department of Public Health; National Vital Statistics Reports 61(1). Births: Final Data for 2010; National Vital Statistics Report 2001;52(3). Deaths: Final Data for 2001; National Vital Statistics Report 2002;53(35). Deaths: Final Data for 2002; National Vital Statistics Report 2003;54(13). Deaths: Final Data for 2003; National Vital Statistics Report 2004 ;55(19). Deaths: Final Data for 2004; National Vital Statistics Report 2005;56(10). Deaths: Final Data for 2005; National Vital Statistics Report 2006 ;57(14) . Deaths: Final Data for 2006; National Vital Statistics Report 58(19) . Deaths: Final Data for 2007; National Vital Statistics Report 59 (10) . Deaths: Final Data for 2008; National Vital Statistics Report 59(10) . Deaths: Final Data for 2008; National Vital Statistics Report 60(3) . Deaths: Final Data for 2009; National Vital Statistics Reports 2012;61(6). Deaths: Preliminary Data for 2011.

Cancer Deaths, Diseases of the Heart Deaths, Cerebrovascular Disease Deaths (including stroke) Massachusetts Department of Public Health; National Vital Statistics Report 60(4). Deaths: Preliminary Data for 2010.

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 3.2 Selected Youth Survey Health Indicators, Boston

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 3.3 Selected Adult Survey Health Indicators, Boston

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 3.4a, 3.4b Selected Health Indicators by Race/Ethnicity, Boston

DATA SOURCES:

Adolescent Birth Rate, Low Birth Weight Births, and Preterm Births: Boston resident live births, Massachusetts Department of Public Health

Infant Death Rate: Boston Resident Live Infant Births and Deaths, Massachusetts Department of Public Health

Asthma Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Elevated Blood Lead Levels: Boston Public Health Commission Office of Environmental Health

Hepatitis C Incidence: Communicable Disease Database, Boston Public Health Commission, Communicable Disease Control Division

Heart Disease Hospitalizations and Cerebrovascular Hospitalizations: Inpatient Hospital Discharge Database, Massachusetts Center for Health Information and Analysis

Nonfatal Gunshot/Stabbing Hospitalizations and ED Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Cerebrovascular Deaths, Homicide, Substance Abuse Deaths, Suicide, and Leading Causes of Death: Boston Resident Deaths, Massachusetts Department of Public Health

Figure 3.5 Selected Youth Survey Health Indicators by Race/Ethnicity, Boston

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 3.6 Selected Adult Health Indicators by Race/Ethnicity, Boston

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 3.7 Life Expectancy by Race/Ethnicity, and Gender, 2006-2010 Combined

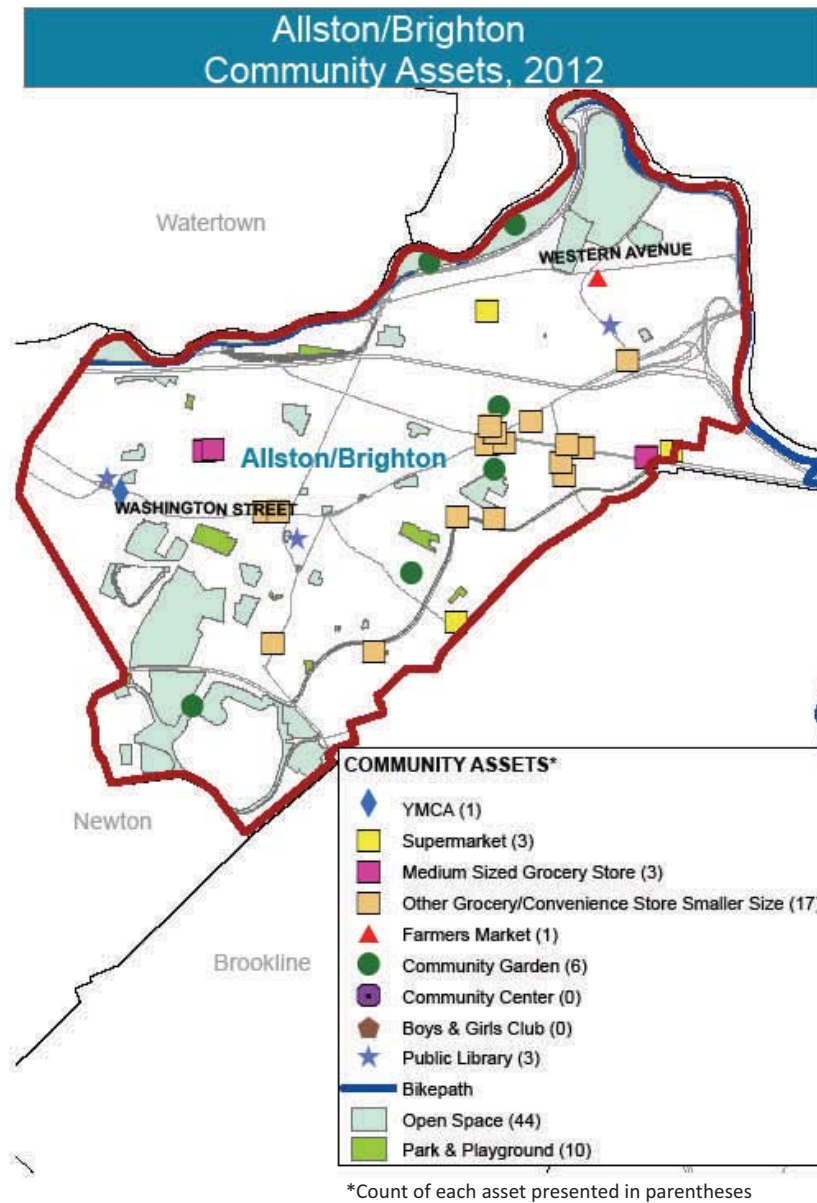
DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

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Neighborhoods

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Allston/Brighton



Allston/Brighton is one of Boston's largest neighborhoods. Allston/Brighton was first a part of Watertown and then a section of Cambridge. In 1807, the neighborhood ceded from Cambridge and took the name Brighton. The Allston section was created in 1868 when a new post office branch was named for Washington Allston, a local painter. In 1873, Allston/Brighton was annexed to Boston.

Once an industrial area, which served as the cattle and meatpacking center of New England, Allston/Brighton now contains a blend of commercial and residential areas. The neighborhood has a large college student presence drawn by its proximity to several major universities including Boston College, Boston University, and Harvard University.

Figure 4.1a Females by Age, Allston/Brighton, 2010

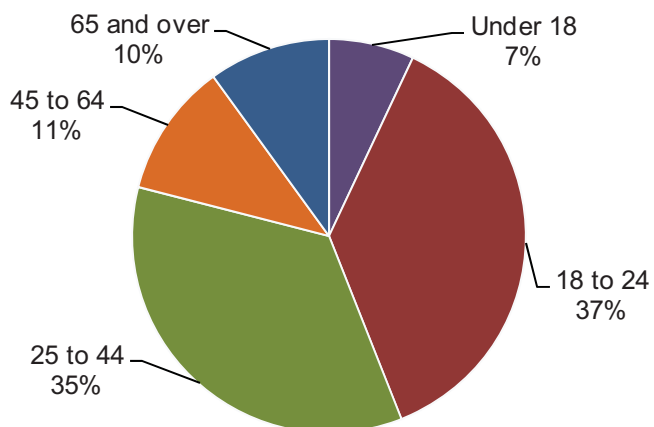
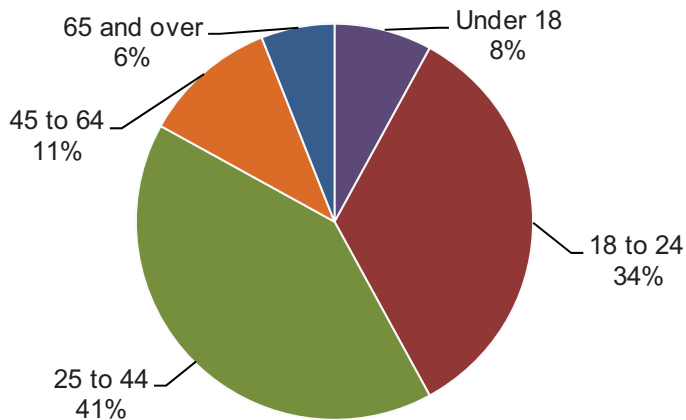


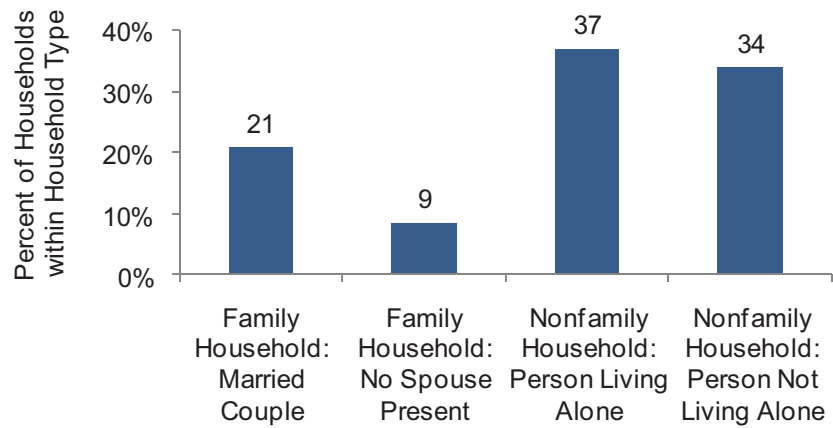
Figure 4.1b Males by Age, Allston/Brighton, 2010



DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

Residents ages 18-44 accounted for the largest percentage of the Allston/Brighton population in 2010 (data not shown). Females 18-24 years of age were 37% of the female population in Allston/ Brighton and males were 34% of the male population in the same age group.

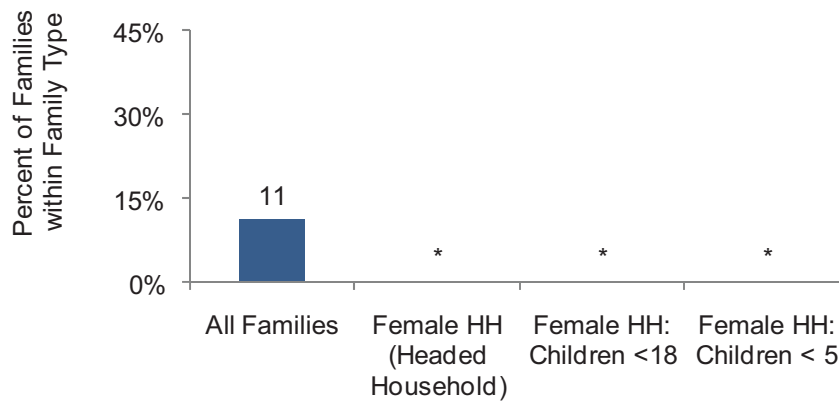
Figure 4.2 Type of Household, Allston/Brighton, 2010



DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

In Allston/Brighton, 71% of households were nonfamily households; 21% of households were family households with a married couple present.

Figure 4.3 Families with Income Below Poverty Level by Family Type, Allston/Brighton, 2006-2010

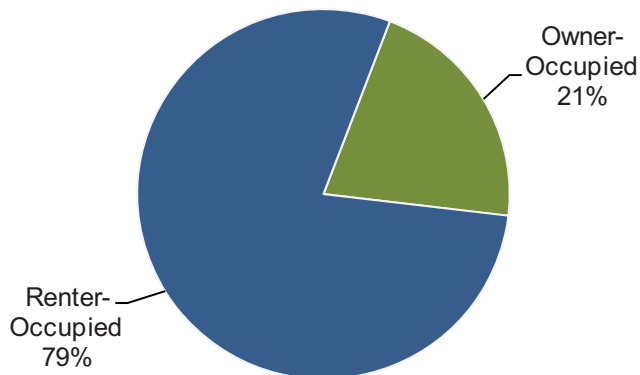


*Insufficient sample size

DATA SOURCE: US Census Bureau, 2006-2010 American Community Survey

Eleven percent of all families in Allston/Brighton had an income below the poverty level.

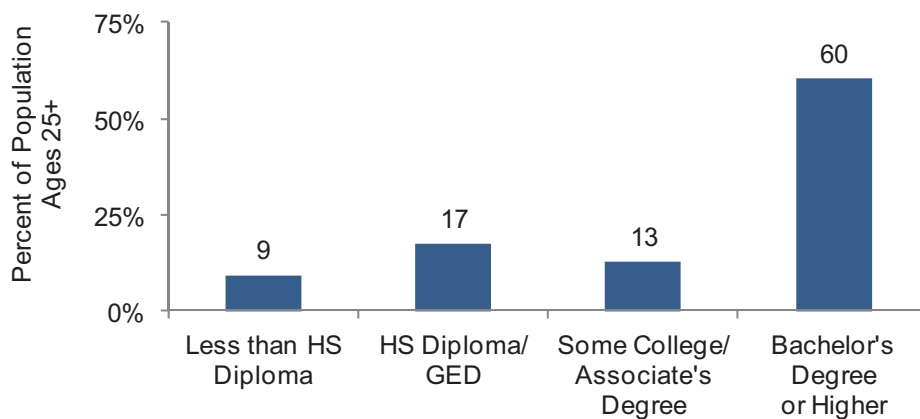
Figure 4.4 Housing Tenure, Allston/Brighton 2010



DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

In Allston/Brighton, just over three-fourths (79%) of occupied units were renter-occupied.

Figure 4.5 Educational Attainment, Allston/Brighton, 2006-2010



DATA SOURCE: US Census Bureau, 2006-2010 American Community Survey

In Allston/Brighton, the majority of the population (60%) had a Bachelor's degree or higher. This was significantly higher than the three lower levels of educational attainment.

Figure 4.6a Selected Health Indicators, Allston/Brighton

Selected Health Indicators	Annual Rates							Average Annual Rates ¹	
	2005	2006	2007	2008	2009	2010	2011	AB	BOSTON
Adolescent Birth Rate (per 1,000 females ages 15-17)	◇	n<5	11.8	18.9	11.8	14.2	NA	14.2	20.1
Low Birth Weight Births (percent of live births)	6.0%	6.6%	8.2%	8.3%	9.0%	8.3%	NA	7.8%	9.3%
Preterm Births (percent of live births)	6.4%	6.8%	10.6%	8.5%	8.8%	7.5%	NA	8.1%	9.9%
Asthma Emergency Department Visits (per 1,000 children under age 5)	10.3	24.4	14.5	12.2	14.1	21.6	12.7	15.7	31.5
Elevated Blood Lead Levels (percent of children testing positive)	1.3%	1.5%	1.1%	1.4%	1.5%	1.5%	1.1%	1.4%	1.4%
Chlamydia Incidence (per 100,000 residents)	NA	NA	NA	NA	257.2	321.5	397.8	325.5	720.9
Hepatitis C Incidence (per 100,000 residents ages 15-25)	NA	45.5	20.7	37.2	n<5	29.0	NA	26.5	45.7
Heart Disease Hospitalizations* (per 1,000 residents)	11.1	10.7	11.6	11.1	11.3	10.8	10.0	11.0	11.2
Diabetes Hospitalizations* (per 1,000 residents)	1.2	1.3	1.5	1.4	1.4	1.4	1.7	1.4	2.3
Cerebrovascular Disease Hospitalizations (Incl. Stroke)* (per 1,000 residents)	2.2	2.2	2.2	2.3	2.8	2.1	2.0	2.3	2.5
Nonfatal Gunshot/Stabbing Emergency Department Visits* (per 1,000 residents)	0.3	0.5	0.3	0.3	0.5	0.4	0.2	0.2	0.9
Cerebrovascular Disease Deaths (Incl. Stroke)* (per 100,000 residents)	28.7	33.4	21.7	28.7	31.8	30.7	NA	29.2	35.3
Homicide* (per 100,000 residents)	n<5	n<5	n<5	n<5	n<5	n<5	NA	n<5	7.9
Substance Abuse Deaths* (per 100,000 residents)	n<5	◇	36.4	34.8	25.2	21.5	NA	26.7	33.9
Suicide* (per 100,000 residents)	n<5	8.6	n<5	n<5	n<5	8.3	NA	5.5	5.7

¹ Combines all years shown individually for the indicator for which data are available.

◇ Data suppressed to protect confidentiality.

*Age-adjusted rates

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Birth and death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 4.6b Selected Health Indicator, Allston/Brighton							
Selected Health Indicator	Rolling Averages						BOSTON
	2001-2005	2002-2006	2003-2007	2004-2008	2005-2009	2006-2010	2006-2010
Infant Deaths (per 1,000 live births)	5.3	4.9	3.5	3.4	4.0	3.0	5.9

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 4.6c Selected Health Indicators, Allston/Brighton		
Leading Causes of Death, 2005-2010		
Cancer	Rate*	Count
2005	168.8	79
2006	132.3	63
2007	129.9	65
2008	175.5	84
2009	159.1	79
2010	163.6	81
AB 2005-2010	154.9	451
BOS 2005-2010	181.4	5,678
Diseases of the Heart	Rate*	Count
2005	144.8	79
2006	132.8	75
2007	98.0	50
2008	126.8	67
2009	130.4	68
2010	124.9	70
AB 2005-2010	126.3	409
BOS 2005-2010	152.0	4,831
Cerebrovascular Disease (Incl. Stroke)	Rate*	Count
2005	28.7	16
2006	33.4	18
2007	21.7	12
2008	28.7	15
2009	31.8	20
2010	30.7	17
AB 2005-2010	29.2	98
BOS 2005-2010	35.3	1,116

* Age-adjusted rates per 100,000 residents

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 4.7 Selected Adult Survey Health Indicators, Allston/Brighton

Selected Adult Survey Health Indicators	Percentage of Adult Residents and Confidence Intervals (CI)						
	2001	2003	2005	2006	2008	2010	BOSTON 2010
Cigarette Smoking							
Percent	26%	22%	16%	19%	11%	13%	16%
CI	(14.5-37.9)	(14.3-28.9)	(8.7-22.5)	(9.9-28.2)	(2.7-19.8)	(7.7-19.1)	(14.0-17.3)
Regular Physical Activity							
Percent	58%	65%	53%	55%	68%	62%	57%
CI	(44.9-71.7)	(56.6-74.2)	(42.7-63.9)	(45.6-65.3)	(56.5-79.2)	(53.7-70.8)	(54.7-59.3)
Asthma							
Percent	5%	8%	7%	9%	4%	7%	11%
CI	(0.7-9.9)	(3.2-13.2)	(2.9-11.5)	(4.3-12.9)	(1.0-7.5)	(3.1-10.8)	(9.5-12.4)
Diabetes							
Percent	*	3%	3%	6%	3%	4%	6%
CI		(0.3-4.7)	(0.6-4.8)	(2.1-9.7)	(1.2-5.3)	(2.1-6.7)	(5.4-7.0)
Obesity							
Percent	8%	9%	6%	16%	22%	12%	21%
CI	(1.9-14.0)	(2.5-15.3)	(2.5-9.5)	(6.5-25.5)	(10.9-33.9)	(6.9-17.9)	(18.9-22.7)
Persistent Sadness							
Percent	9%	5%	6%	8%	9%	12%	9%
CI	(1.3-16.2)	(2.1-8.3)	(0.3-11.0)	(4.3-12.4)	(2.5-15.6)	(6.1-17.2)	(8.1-10.7)

* Insufficient sample size

DATA SOURCE: Boston Behavioral Risk Factor Survey, 2001, 2003, 2005, 2006, 2008, and 2010, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission

Figure 4.8a Selected Health Indicators by Race/Ethnicity, Allston/Brighton

Selected Health Indicators	Years	Average Annual Rates			
		Asian	Black	Latino	White
Adolescent Birth Rate (per 1,000 females ages 15-17)	2007-2010	n<5	n<5	29.0	11.5
Low Birth Weight Births (percent of live births)	2009-2010	11.8%	10.8%	9.6%	7.6%
Preterm Births (percent of live births)	2009-2010	9.0%	7.2%	8.6%	8.1%
Infant Deaths (per 1,000 live births)	2007-2010	n<5	n<5	n<5	4.6
Asthma Emergency Department Visits (per 1,000 children under age 5)	2009-2011	7.3	51.1	26.4	8.2
Heart Disease Hospitalizations* (per 1,000 residents)	2011	2.7	21.2	6.0	10.8
Diabetes Hospitalizations* (per 1,000 residents)	2011	0.9	3.7	3.4	1.6
Cerebrovascular Disease Hospitalizations (Incl. Stroke)* (per 1,000 residents)	2010-2011	2.3	4.4	2.7	1.8
Nonfatal Gunshot/Stabbing Emergency Department Visits* (per 1,000 residents)	2009-2011	n<7	1.0	0.7	0.1
Cerebrovascular Disease Deaths (Incl. Stroke)* (per 100,000 residents)	2006-2010	34.8	100.4	n<5	25.6
Homicide* (per 100,000 residents)	2010	n<5	n<5	n<5	n<5
Substance Abuse Deaths* (per 100,000 residents)	2009-2010	n<5	88.7	n<5	25.0
Suicide* (per 100,000 residents)	2008-2010	n<5	n<5	n<5	5.9

*Age-adjusted rates

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Birth and death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 4.8b Selected Health Indicators by Race/Ethnicity, Allston/Brighton		
Leading Causes of Death, Average Annual Rates, 2008-2010		
Asian	Rate*	Count
Cancer	141.0	33
Diseases of the Heart	58.9	14
Cerebrovascular Disease (Incl. Stroke)	41.3	10
Black	Rate*	Count
Diseases of the Heart	368.2	19
Cancer	134.4	9
Other Injuries	79.3	6
Latino	Rate*	Count
Cancer	135.0	10
Diseases of the Heart	86.1	6
†	†	†
White	Rate*	Count
Cancer	179.8	192
Diseases of the Heart	135.6	166
COPD	35.5	41

* Age-adjusted rates per 100,000 residents

† Not calculated, n<5

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 4.9 Selected Adult Survey Health Indicators by Race/Ethnicity, Allston/Brighton				
Selected Adult Survey Health Indicators	Percentage of Adult Residents and Confidence Intervals (CI), 2006, 2008, and 2010 Combined			
	Asian	Black	Latino	White
Cigarette Smoking				
Percent	*	*	21%	16%
CI			(2.3-40.5)	(10.8-20.2)
Regular Physical Activity				
Percent	*	*	38%	64%
CI			(19.7-56.0)	(57.7-69.5)
Asthma				
Percent	*	*	*	9%
CI				(5.7-11.7)
Diabetes				
Percent	*	*	6%	5%
CI			(0.0-13.6)	(3.0-6.3)
Obesity				
Percent	*	*	26%	15%
CI			(6.7-45.9)	(10.2-19.5)
Persistent Sadness				
Percent	*	*	16%	9%
CI			(4.2-28.3)	(5.4-11.6)

*Insufficient sample size

DATA SOURCE: Boston Behavioral Risk Factor Survey, 2006, 2008, and 2010, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission

Allston/Brighton Notes, Data Sources, and Data Analysis

Figure 4.1a, 4.1b Population by Age and Sex, Allston/Brighton, 2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 4.2 Type of Household, Allston/Brighton, 2010

NOTE: The census defines a family household as one in which at least one person living in the household is related by birth, marriage, or adoption to the householder (head of household).

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 4.3 Families with Income Below Poverty Level by Family Type, Allston/Brighton, 2006-2010

NOTE: Data are estimates based on the American Community Survey. The data on poverty status of households were derived from answers to income questions. Since poverty is defined at the family level and not the household level, the poverty status of the household is determined by the poverty status of the householder. Households are classified as poor when the total income of the householder's family is below the appropriate poverty threshold. (For nonfamily householders, their own income is compared with the appropriate threshold.) The income of people living in the household who are unrelated to the householder is not considered when determining the poverty status of a household, nor does their presence affect the family size in determining the appropriate threshold. The poverty thresholds vary depending on three criteria: size of family, number of related children and for 1- and 2-person families, age of householder.

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 4.4 Housing Tenure, Allston/Brighton, 2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 4.5 Educational Attainment, Allston/Brighton, 2006-2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 4.6a–4.6c Selected Health Indicators, Allston/Brighton

DATA SOURCES:

Adolescent Birth Rate, Low Birth Weight Births, and Preterm Births: Boston Resident Live Births, Massachusetts Department of Public Health

Asthma Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Elevated Blood Lead Levels: Boston Public Health Commission Office of Environmental Health

Chlamydia Incidence: Massachusetts Department of Public Health, STD Division

Hepatitis C Incidence: Communicable Disease Database, Boston Public Health Commission, Communicable Disease Control Division

Heart Disease Hospitalizations, Diabetes Hospitalizations, and Cerebrovascular Disease Hospitalizations (Incl. Stroke): Inpatient Hospital Discharge Database, Massachusetts Center for Health Information and Analysis

Nonfatal Gunshot/Stabbing Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Cerebrovascular Disease Deaths (Incl. Stroke), Homicide, Substance Abuse Deaths, and Suicide: Boston Resident Deaths, Massachusetts Department of Public Health

Infant Deaths: Boston Resident Live Births and Deaths, Massachusetts Department of Public Health
Leading Causes of Death: Boston Resident Deaths, Massachusetts Department of Public Health
DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 4.7 Selected Adult Survey Health Indicators, Allston/Brighton

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 4.8a, 4.8b Selected Health Indicators by Race/Ethnicity, Allston/Brighton

DATA SOURCES:

Adolescent Birth Rate, Low Birth Weight Births, and Preterm Births: Boston Resident Live Births, Massachusetts Department of Public Health

Infant Deaths: Boston Resident Live Births and Deaths, Massachusetts Department of Public Health

Asthma Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Heart Disease Hospitalizations, Diabetes Hospitalizations, and Cerebrovascular Disease

Hospitalizations (Incl. Stroke): Inpatient Hospital Discharge Database, Massachusetts Center for Health Information and Analysis

Nonfatal Gunshot/Stabbing Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

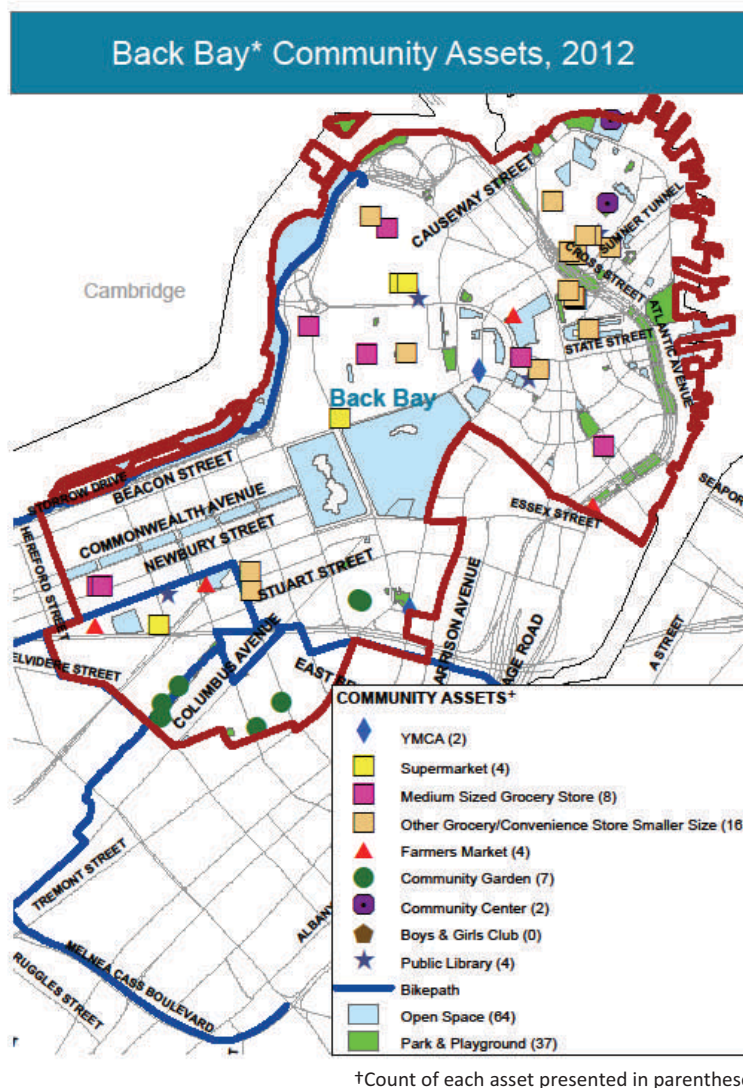
Cerebrovascular Disease Deaths (Incl. Stroke), Homicide, Substance Abuse Deaths, Suicide, and Leading Causes of Deaths: Boston Resident Deaths, Massachusetts Department of Public Health

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 4.9 Selected Adult Survey Health Indicators by Race/Ethnicity, Allston/Brighton

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Back Bay/Beacon Hill/Downtown/West End/North End



The Back Bay/Beacon Hill/Downtown/West End/North End area, known as Shawmut by Native Americans, was a narrow peninsula distinguished by a three-peaked hill called Trimount. In the last half of the 1800's the tidewater flats of the Charles River were filled in to create the Back Bay. The neighborhood's famous Victorian brownstone homes sit on pilings sunk into former marshland.

Beacon Hill was once the center of the African-American community in Boston. The African Meeting House, built in 1808, is the nation's oldest African-American Church and the oldest standing African Meeting House. Beacon Hill remains a historic neighborhood lined with 19th Century townhouses and is home to the gold leaf domed Massachusetts State House. Beacon Hill was designated a National Historic Landmark in 1962.

In the late 1950's, the West End was a working class neighborhood with approximately 2,700 families. In the name of urban renewal and despite opposition by West End residents, the neighborhood was leveled to make way for the construction of five luxury high-rise apartment buildings. Boston's West End is the most well documented neighborhood destroyed by urban "renewal" chronicled by Herbert Gans in the "Urban Villager."

*Includes Beacon Hill, Downtown, the North End, and the West End

Figure 5.1a Females by Age, Back Bay*, 2010

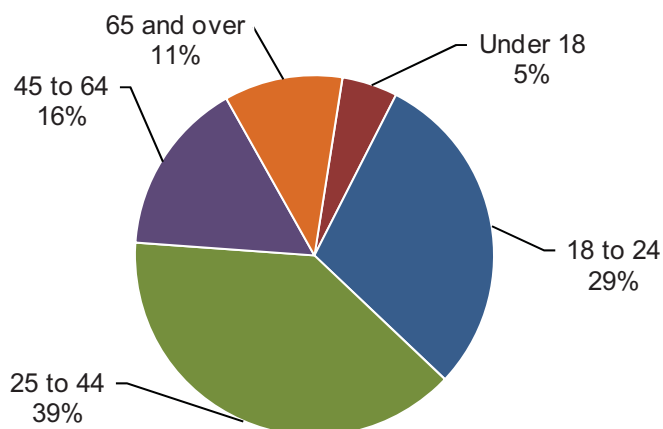
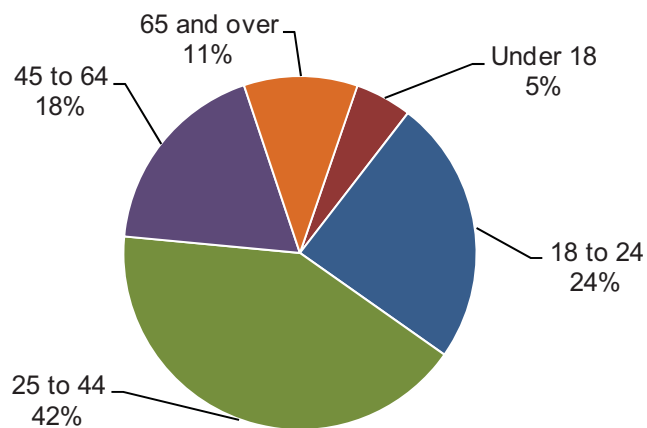


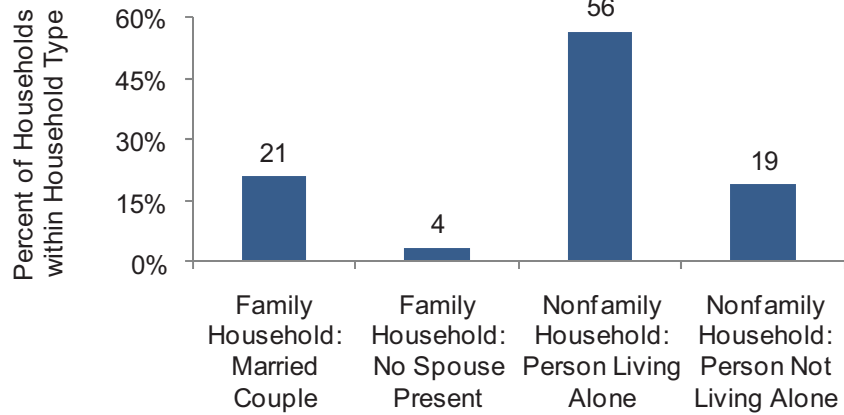
Figure 5.1b Males by Age, Back Bay*, 2010



*Includes Beacon Hill, Downtown, the North End, and the West End
DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

Residents ages 25-44 accounted for the largest percentage of the Back Bay population in 2010 (data not shown). Females 25- 44 years of age were 39% of the female population and males were 42% of the male population in the same age group.

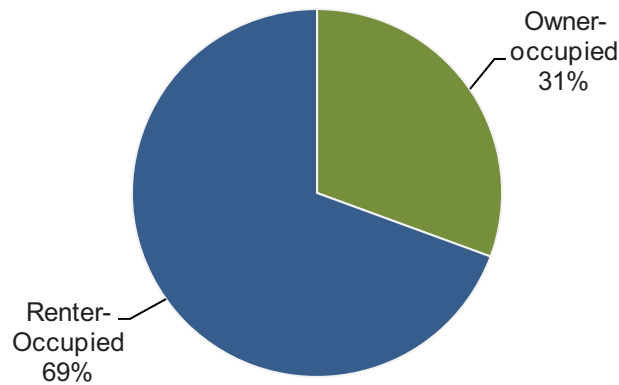
Figure 5.2 Type of Household, Back Bay*, 2010



*Includes Beacon Hill, Downtown, the North End, and the West End
 DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

In the Back Bay, a majority of households consisted of persons living alone (56%). Twenty-five percent of households in the Back Bay were family households.

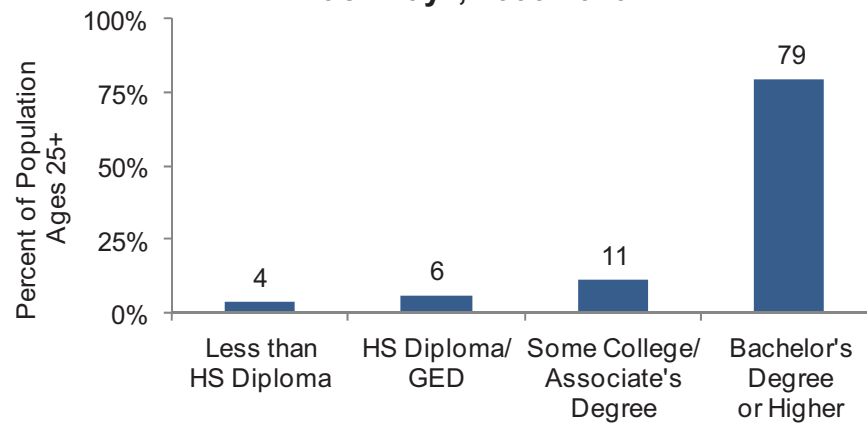
Figure 5.3 Housing Tenure, Back Bay*, 2010



*Includes Beacon Hill, Downtown, the North End, and the West End
 DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

In the Back Bay, just over two-thirds (69%) of occupied units were renter-occupied.

**Figure 5.4 Educational Attainment,
Back Bay* , 2006-2010**



* Includes Beacon Hill, Downtown, the North End, and the West End
DATA SOURCE: US Census Bureau, 2006-2010 American Community Survey

In the Back Bay, 79% of the population had a Bachelor's degree or higher. This was significantly higher than the three lower levels of educational attainment.

Figure 5.5a Selected Health Indicators, Back Bay*

Selected Health Indicators	Annual Rates							Average Annual Rates ¹	
	2005	2006	2007	2008	2009	2010	2011	BB	BOSTON
Adolescent Birth Rate (per 1,000 females ages 15-17)	n<5	n<5	n<5	n<5	n<5	n<5	NA	n<5	20.1
Low Birth Weight Births (percent of live births)	8.1%	7.6%	8.5%	11.3%	8.4%	7.9%	NA	8.7%	9.3%
Preterm Births (percent of live births)	9.9%	5.6%	8.0%	10.2%	7.9%	8.8%	NA	8.4%	9.9%
Asthma Emergency Department Visits (per 1,000 children under age 5)	◇	12.7	15.5	16.2	7.8	5.6	n<7	10.2	31.5
Elevated Blood Lead Levels (percent of children testing positive)	1.1%	1.8%	n<5	n<5	n<5	n<5	n<5	0.6%	1.4%
Chlamydia Incidence (per 100,000 residents)	NA	NA	NA	NA	151.9	213.9	289.9	218.6	720.9
Hepatitis C Incidence (per 100,000 residents ages 15-25)	NA	n<5	n<5	n<5	n<5	n<5	NA	2.0	45.7
Heart Disease Hospitalizations[†] (per 1,000 residents)	9.2	8.5	7.3	9.0	8.1	7.1	7.8	8.2	11.2
Diabetes Hospitalizations[†] (per 1,000 residents)	0.7	1.1	0.8	1.3	1.0	1.1	0.8	1.0	2.3
Cerebrovascular Disease Hospitalizations (Incl. Stroke)[†] (per 1,000 residents)	1.5	1.6	2.0	1.6	1.7	1.6	2.1	1.7	2.5
Nonfatal Gunshot/Stabbing Emergency Department Visits[†] (per 1,000 residents)	0.4	0.5	0.3	0.4	0.4	0.3	0.2	0.4	0.9
Cerebrovascular Disease Deaths (Incl. Stroke)[†] (per 100,000 residents)	34.5	36.2	22.9	22.6	33.3	28.6	NA	29.7	35.3
Homicide[†] (per 100,000 residents)	n<5	n<5	n<5	n<5	n<5	n<5	NA	2.1	7.9
Substance Abuse Deaths[†] (per 100,000 residents)	32.9	17.4	34.3	24.0	13.8	27.6	NA	25.0	33.9
Suicide[†] (per 100,000 residents)	n<5	n<5	n<5	n<5	n<5	n<5	NA	5.5	5.7

¹ Combines all years shown individually for the indicator for which data are available.

* Includes Beacon Hill, Downtown, the North End, and the West End

◇ Data suppressed to protect confidentiality.

† Age-adjusted rates

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Birth and death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 5.5b Selected Health Indicator, Back Bay*							
Selected Health Indicator	Rolling Averages						BOSTON
	2001-2005	2002-2006	2003-2007	2004-2008	2005-2009	2006-2010	2006-2010
Infant Deaths (per 1,000 live births)	5.3	4.9	4.4	6.2	6.7	5.1	5.9

* Includes Beacon Hill, Downtown, the North End, and the West End

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 5.5c Selected Health Indicators, Back Bay*		
Leading Causes of Death, 2005-2010		
Cancer	Rate †	Count
2005	147.0	61
2006	121.4	50
2007	129.7	55
2008	148.1	62
2009	155.5	65
2010	157.8	65
BB 2005-2010	143.2	358
BOS 2005-2010	181.4	5,678
Diseases of the Heart	Rate †	Count
2005	134.0	56
2006	136.1	55
2007	127.3	54
2008	117.1	48
2009	110.8	46
2010	88.1	36
BB 2005-2010	118.9	295
BOS 2005-2010	152.0	4,831
Cerebrovascular Disease (Incl. Stroke)	Rate †	Count
2005	34.5	14
2006	36.2	14
2007	22.9	9
2008	22.6	10
2009	33.3	13
2010	28.6	12
BB 2005-2010	29.7	72
BOS 2005-2010	35.3	1,116

* Includes Beacon Hill, Downtown, the North End, and the West End

† Age-adjusted rates per 100,000 residents

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 5.6 Selected Adult Survey Health Indicators, Back Bay*							
Selected Adult Survey Health Indicators	Percentage of Adult Residents and Confidence Intervals (CI)						
	2001	2003	2005	2006	2008	2010	BOSTON 2010
Cigarette Smoking							
Percent	19%	15%	10%	11%	15%	15%	16%
CI	(8.9-29.3)	(9.6-20.6)	(6.0-15.0)	(6.5-16.1)	(8.6-21.4)	(9.9-20.1)	(14.0-17.3)
Regular Physical Activity							
Percent	78%	76%	72%	75%	74%	68%	57%
CI	(67.7-89.1)	(69.8-83.2)	(65.4-78.7)	(68.1-81.2)	(67.0-80.8)	(61.1-74.2)	(54.7-59.3)
Asthma Prevalence							
Percent	18%	6%	9%	5%	8%	8%	11%
CI	(5.4-30.9)	(2.1-9.9)	(4.5-13.7)	(2.6-8.1)	(3.1-12.3)	(3.9-12.6)	(9.5-12.4)
Diabetes							
Percent	†	2%	3%	4%	3%	3%	6%
CI		(0.2-3.2)	(1.1-5.5)	(2.1-6.0)	(1.5-4.7)	(1.5-4.3)	(5.4-7.0)
Obesity							
Percent	11%	9%	5%	9%	8%	9%	21%
CI	(3.4-19.3)	(5.0-13.6)	(1.7-7.8)	(5.6-11.9)	(4.4-10.8)	(5.8-12.4)	(18.9-22.7)
Persistent Sadness							
Percent	3%	4%	6%	8%	8%	8%	9%
CI	(0.3-6.1)	(1.2-6.3)	(2.5-10.1)	(4.2-12.3)	(3.2-11.9)	(3.8-11.2)	(8.1-10.7)

*Includes Beacon Hill, Downtown, the North End, and the West End

†Insufficient sample size

Percentages shaded in red are statistically higher than percentages for Boston overall for the same year.

DATA SOURCE: Boston Behavioral Risk Factor Survey, 2001, 2003, 2005, 2006, 2008, and 2010, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission

Figure 5.7a Selected Health Indicators by Race/Ethnicity, Back Bay*					
Selected Health Indicators	Years	Average Annual Rates			
		Asian	Black	Latino	White
Adolescent Birth Rate (per 1,000 females ages 15-17)	2010	n<5	n<5	n<5	n<5
Low Birth Weight Births (percent of live births)	2008-2010	11.5%	23.5%	n<5	8.6%
Preterm Births (percent of live births)	2008-2010	10.9%	23.5%	n<5	8.6%
Infant Deaths (per 1,000 live births)	2007-2010	n<5	n<5	n<5	3.6
Asthma Emergency Department Visits (per 1,000 children under age 5)	2008-2011	n<7	75.0	29.1	2.9
Heart Disease Hospitalizations[†] (per 1,000 residents)	2011	2.9	18.2	11.1	7.5
Diabetes Hospitalizations[†] (per 1,000 residents)	2009-2011	0.3	4.5	3.0	0.7
Cerebrovascular Disease Hospitalizations (Incl. Stroke)[†] (per 1,000 residents)	2008-2011	1.4	3.2	1.5	1.7
Nonfatal Gunshot/Stabbing Emergency Department Visits[†] (per 1,000 residents)	2009-2011	n<7	3.0	1.1	0.1
Cerebrovascular Disease Deaths (Incl. Stroke)[†] (per 100,000 residents)	2010	n<5	n<5	n<5	30.4
Homicide[†] (per 100,000 residents)	2010	n<5	n<5	n<5	n<5
Substance Abuse Deaths[†] (per 100,000 residents)	2010	n<5	n<5	n<5	29.1
Suicide[†] (per 100,000 residents)	2008-2010	n<5	n<5	n<5	5.2

*Includes Beacon Hill, Downtown, the North End, and the West End

[†] Age-adjusted rates

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Birth and death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 5.7b Selected Health Indicators by Race/Ethnicity, Back Bay*		
Leading Causes of Death, Average Annual Rates, 2006-2010		
Asian	Rate †	Count
Cancer	64.7	8
‡	‡	‡
‡	‡	‡
Black	Rate †	Count
Cancer	265.9	14
Diseases of the Heart	189.8	11
‡	‡	‡
Latino	Rate †	Count
Diseases of the Heart	99.3	5
‡	‡	‡
‡	‡	‡
White	Rate †	Count
Cancer	149.3	274
Diseases of the Heart	119.6	219
Cerebrovascular Disease (Incl. Stroke)	30.9	55

* Includes Beacon Hill, Downtown, the North End, and the West End

† Age-adjusted rates per 100,000 deaths

‡ Not calculated, n<5

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 5.8 Selected Adult Survey Health Indicators by Race/Ethnicity, Back Bay*				
Selected Adult Survey Health Indicators	Percentage of Adult Residents and Confidence Intervals (CI), 2006, 2008, and 2010 Combined			
	Asian	Black	Latino	White
Cigarette Smoking				
Percent	†	20%	†	13%
CI		(6.6-32.5)		(9.3-15.9)
Regular Physical Activity				
Percent	†	47%	†	77%
CI		(29.0-64.9)		(72.9-80.3)
Asthma				
Percent	†	6%	†	6%
CI		(1.3-10.9)		(3.7-8.3)
Diabetes				
Percent	†	9%	†	3%
CI		(1.7-15.3)		(2.1-4.0)
Obesity				
Percent	†	29%	†	8%
CI		(14.7-43.9)		(5.7-9.4)
Persistent Sadness				
Percent	†	27%	†	6%
CI		(9.1-45.2)		(4.1-8.5)

*Includes Beacon Hill, Downtown, the North End, and the West End

† Insufficient sample size

DATA SOURCE: Boston Behavioral Risk Factor Survey, 2006, 2008, and 2010, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission

Back Bay* Notes, Data Sources, and Data Analysis

Figure 5.1a, 5.1b Population by Age and Sex, Back Bay, 2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 5.2 Type of Household, Back Bay, 2010

NOTE: The census defines a family household as one in which at least one person living in the household is related by birth, marriage, or adoption to the householder (head of household).

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 5.3 Housing Tenure, Back Bay, 2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 5.4 Educational Attainment, Back Bay, 2006-2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 5.5a-5.5c Selected Health Indicators, Back Bay

DATA SOURCES:

Adolescent Birth Rate, Low Birth Weight Births, and Preterm Births: Boston Resident Live Births, Massachusetts Department of Public Health

Asthma Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Elevated Blood Lead Levels: Boston Public Health Commission Office of Environmental Health

Chlamydia Incidence: Massachusetts Department of Public Health, STD Division

Hepatitis C Incidence: Communicable Disease Database, Boston Public Health Commission, Communicable Disease Control Division

Heart Disease Hospitalizations, Diabetes Hospitalizations, and Cerebrovascular Disease Hospitalizations (Incl. Stroke): Inpatient Hospital Discharge Database, Massachusetts Center for Health Information and Analysis

Nonfatal Gunshot/Stabbing Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Cerebrovascular Disease Deaths (Incl. Stroke), Homicide, Substance Abuse Deaths, and Suicide: Boston Resident Deaths, Massachusetts Department of Public Health

Infant Deaths: Boston Resident Live Births and Deaths, Massachusetts Department of Public Health

Leading Causes of Death: Boston Resident Deaths, Massachusetts Department of Public Health

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 5.6 Selected Adult Survey Health Indicators, Back Bay

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 5.7a, 5.7b Selected Health Indicators by Race/Ethnicity, Back Bay

DATA SOURCES:

Adolescent Birth Rate, Low Birth Weight Births, and Preterm Births: Boston Resident Live Births, Massachusetts Department of Public Health

* Includes Beacon Hill, Downtown, the North End, and the West End

Infant Deaths: Boston Resident Live Births and Deaths, Massachusetts Department of Public Health

Asthma Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Heart Disease Hospitalizations, Diabetes Hospitalizations, and Cerebrovascular Disease Hospitalizations (Incl. Stroke): Inpatient Hospital Discharge Database, Massachusetts Center for Health Information and Analysis

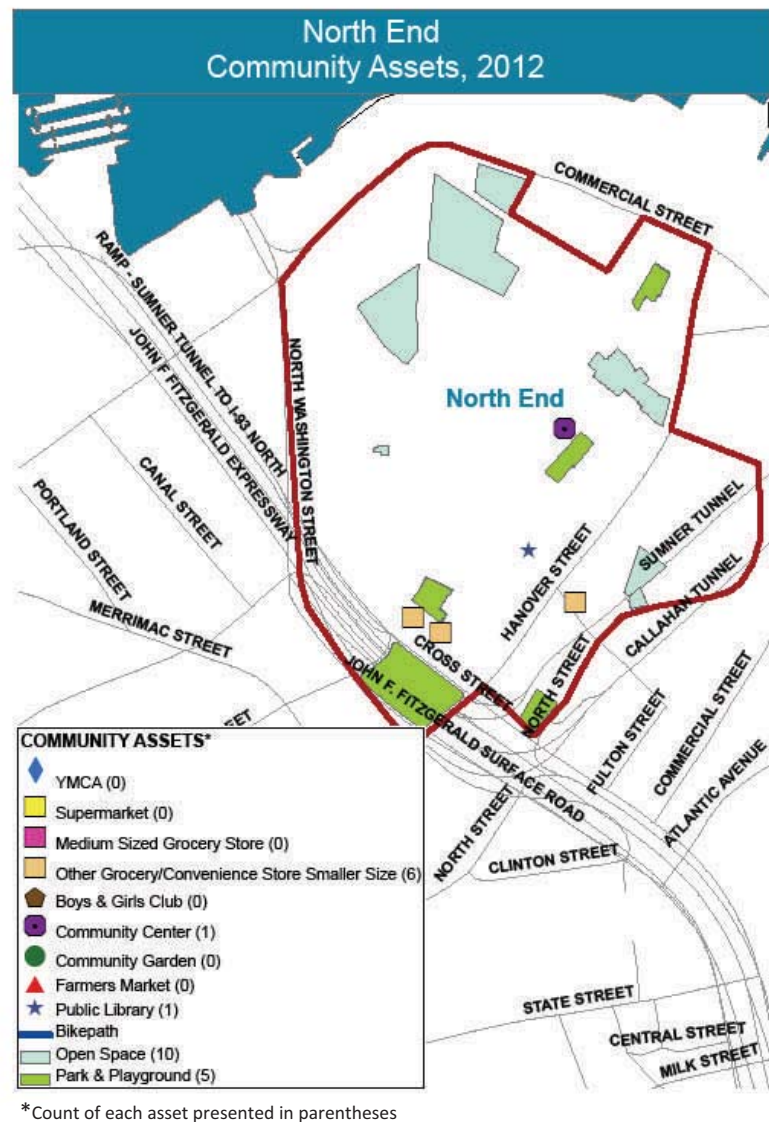
Nonfatal Gunshot/Stabbing Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Cerebrovascular Disease Deaths (Incl. Stroke), Homicide, Substance Abuse Deaths, Suicide, and Leading Causes of Deaths: Boston Resident Deaths, Massachusetts Department of Public Health
DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 5.8 Selected Adult Survey Health Indicators by Race/Ethnicity, Back Bay

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

The North End



The North End is known as Boston's first neighborhood. By the 1750s, it had a thriving commercial base, a busy seaport, and large estates for its wealthy merchants. Paul Revere, known for his 1775 ride to warn of the approach of British soldiers, was born in the North End and also named Boston's first health officer in 1799.

The number of Irish immigrants settling in the North End increased dramatically in the 1840s as the Famine Irish arrived. Around 1870, Eastern European Jews began to settle in the North End. At the turn of the century, there were five synagogues and two Jewish schools in the neighborhood.

By the 1920s, Italian immigrants became the largest immigrant group in the North End. The 1930 Census reported that 44,000 residents of Italian descent lived in the North End. The Italian influence continues in the neighborhood's wealth of Italian restaurants, stores, and social clubs.

NOTE: For this year's Health of Boston, data for the North End, a sub-section of the Back Bay/Beacon Hill/West End/North End/ Downtown as defined in this report, has been included. In this report, the North End is defined by zip code 02113 or by census tracts 301-305.99 depending on the data source. For BBRFSS survey data only, the North End is defined by respondent residence within zip codes 02109, 02110, or 02113, plus respondent self-identification of the North End when asked neighborhood of residence.

Figure 6.1a Females by Age, North End, 2010

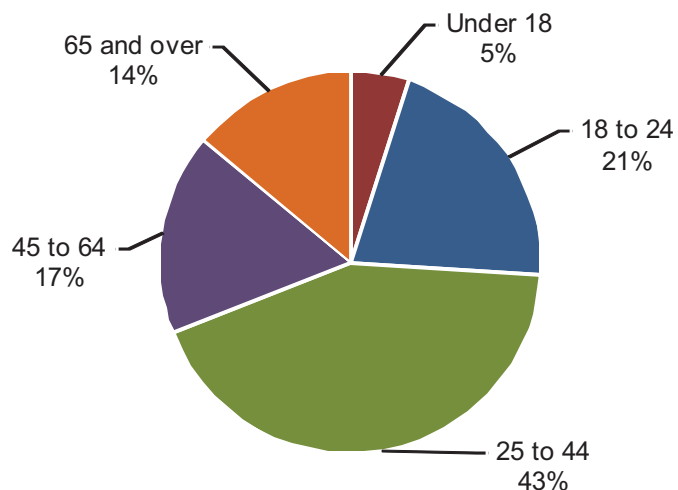
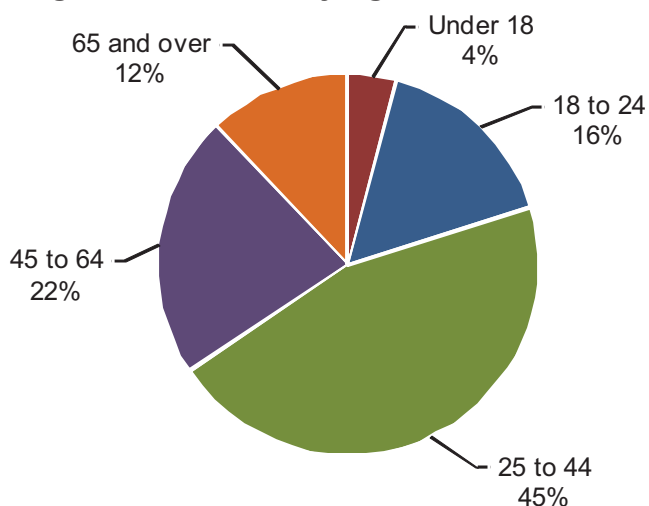


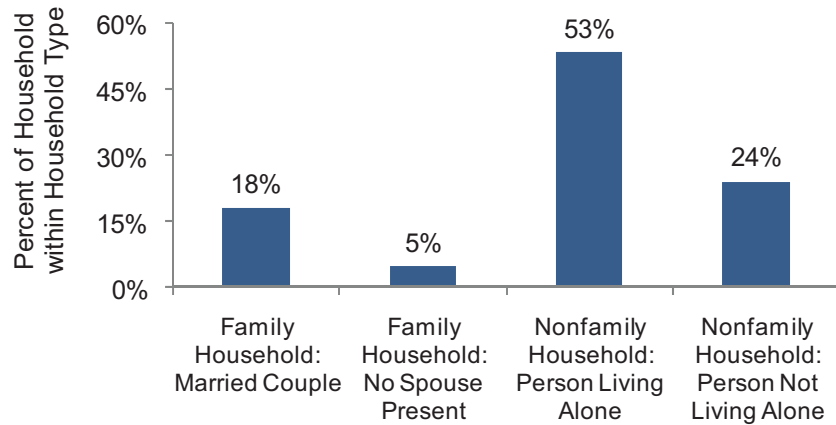
Figure 6.1b Males by Age, North End, 2010



DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

Residents ages 25-44 accounted for the largest percentage of the North End population in 2010 (data not shown). Females 25-44 years of age were 43% of the female population in the North End and males ages 25-44 were 45% of the male population.

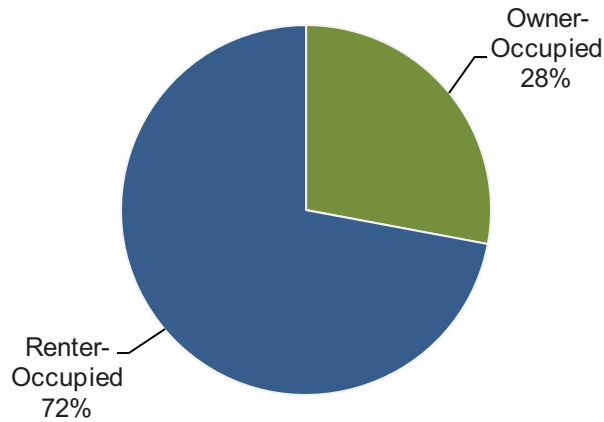
Figure 6.2 Type of Household, North End, 2010



DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

In the North End, 77% of households were nonfamily households. A majority of households consisted of persons living alone (53%); 18% of households were family households with a married couple present.

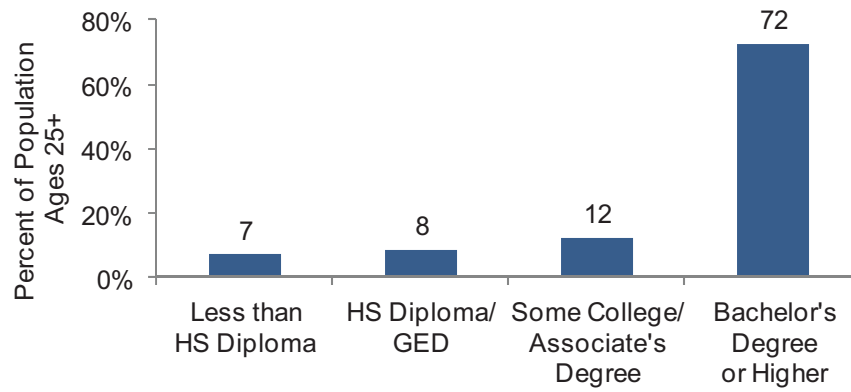
Figure 6.3 Housing Tenure, North End, 2010



DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

In the North End, almost three-fourths (72%) of occupied units were renter-occupied.

Figure 6.4 Educational Attainment, North End, 2006-2010



DATA SOURCE: US Census Bureau, 2006-2010 American Community Survey

In the North End, 72% of the population had a Bachelor's degree or higher. This was significantly higher than the other levels of educational attainment. Only 7% of the population had less than a high school diploma.

Figure 6.5a Selected Health Indicators, North End									
Selected Health Indicators	Annual Rates							Average Annual Rates ¹	
	2005	2006	2007	2008	2009	2010	2011	NE	BOSTON
Adolescent Birth Rate (per 1,000 females ages 15-17)	n<5	n<5	n<5	n<5	n<5	n<5	NA	n<5	20.1
Low Birth Weight Births (percent of live births)	◇	5.6%	n<5	9.2%	6.4%	5.2%	NA	6.2%	9.3%
Preterm Births (percent of live births)	10.5%	n<5	n<5	8.3%	6.4%	6.2%	NA	6.2%	9.9%
Asthma Emergency Department Visits (per 1,000 children under age 5)	n<7	n<7	n<7	n<7	n<7	n<7	n<7	n<7	31.5
Elevated Blood Lead Levels (percent of children testing positive)	n<5	n<5	n<5	n<5	n<5	n<5	n<5	n<5	1.4%
Chlamydia Incidence (per 100,000 residents)	NA	NA	NA	NA	274.8	274.8	332.6	294.0	720.9
Hepatitis C Incidence (per 100,000 residents ages 15-25)	NA	n<5	n<5	n<5	n<5	n<5	NA	n<5	45.7
Heart Disease Hospitalizations* (per 1,000 residents)	10.6	13.6	10.0	14.1	9.3	10.3	10.6	11.2	11.2
Diabetes Hospitalizations* (per 1,000 residents)	n<7	n<7	n<7	n<7	n<7	1.5	n<7	0.9	2.3
Cerebrovascular Disease Hospitalizations (Incl. Stroke)* (per 1,000 residents)	2.0	1.3	3.0	1.3	1.3	1.8	1.7	1.8	2.5
Nonfatal Gunshot/Stabbing Emergency Department Visits* (per 1,000 residents)	n<7	n<7	n<7	n<7	n<7	n<7	n<7	0.1	0.9
Cerebrovascular Disease Deaths (Incl. Stroke)* (per 100,000 residents)	28.2	64.3	34.2	n<5	49.2	33.2	NA	35.9	35.3
Homicide* (per 100,000 residents)	n<5	n<5	n<5	n<5	n<5	n<5	NA	n<5	7.9
Substance Abuse Deaths* (per 100,000 residents)	54.7	n<5	76.0	n<5	n<5	n<5	NA	31.9	33.9
Suicide* (per 100,000 residents)	n<5	n<5	n<5	n<5	n<5	n<5	NA	5.2	5.7

¹Combines all years shown individually for the indicator for which data are available.

◇Data suppressed to protect confidentiality.

*Age-adjusted rates

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Shaded in red are neighborhood rates or percentages that are higher than the corresponding Boston rate or percentage for the same year(s).

Birth and death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 6.5b Selected Health Indicators, North End		
Leading Causes of Death, 2005-2010		
Cancer	Rate*	Count
2005	139.0	20
2006	138.4	18
2007	132.1	18
2008	139.0	19
2009	193.9	26
2010	209.0	28
NE 2005-2010	158.6	129
BOS 2005-2010	181.4	5,679
Diseases of the Heart	Rate*	Count
2005	146.6	23
2006	188.4	30
2007	185.6	27
2008	149.9	22
2009	96.9	15
2010	62.6	10
NE 2005-2010	138.3	127
BOS 2005-2010	152.0	4,831
Cerbrovascular Disease (Incl. Stroke)	Rate*	Count
2005	28.2	5
2006	64.3	9
2007	34.2	5
2008	n<5	n<5
2009	49.2	7
2010	33.2	6
NE 2005-2010	35.9	33
BOS 2005-2010	35.3	1,116

*Age-adjusted rates per 100,000 residents

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Shaded in red are neighborhood rates that are higher than the corresponding Boston rate for the same year(s).

Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 6.6 Selected Adult Survey Health Indicators, North End*

Selected Adult Survey Health Indicators	Percentage of Adult Residents and Confidence Intervals (CI)			
	2001/2003	2005/2006	2008/2010	BOSTON 2008/2010
Cigarette Smoking				
Percent	16%	17%	18%	15%
CI	(5.1-26.1)	(6.6-27.8)	(7.1-28.4)	(14.1-16.9)
Regular Physical Activity				
Percent	80%	72%	69%	56%
CI	(69.2-90.2)	(61.3-82.9)	(56.1-81.4)	(54.5-58.3)
Asthma				
Percent	†	9%	7%	11%
CI		(2.5-15.5)	(0.0-14.7)	(9.6-11.7)
Diabetes				
Percent	†	4%	5%	6%
CI		(1.0-6.1)	(1.5-8.6)	(5.3-6.5)
Obesity				
Percent	15%	9%	10%	22%
CI	(4.0-25.2)	(2.9-15.2)	(4.2-16.6)	(20.4-23.7)
Persistent Sadness				
Percent	7%	11%	†	9%
CI	(0.8-13.0)	(1.5-20.5)		(8.4-10.4)

*For BBRFSS data only, North End residents are defined as those who live in zip codes 02109, 02110, and 02113 and also self-identify as residents of the North End.

†Insufficient sample size

DATA SOURCE: Boston Behavioral Risk Factor Survey, two years combined 2001/2003, 2005/2006 and 2008/2010, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission

Figure 6.7a Selected Health Indicators by Race/Ethnicity, North End					
Selected Health Indicators	Years	Average Annual Rates			
		Asian	Black	Latino	White
Adolescent Birth Rate (per 1,000 females ages 15-17)	2010	n<5	n<5	n<5	n<5
Low Birth Weight Births (percent of live births)	2009-2010	n<5	n<5	n<5	3.9%
Preterm Births (percent of live births)	2009-2010	n<5	n<5	n<5	5.2%
Asthma Emergency Department Visits (per 1,000 children under age 5)	2011	n<7	n<7	n<7	n<7
Heart Disease Hospitalizations* (per 1,000 residents)	2011	n<7	n<7	n<7	11.0
Diabetes Hospitalizations* (per 1,000 residents)	2010-2011	n<7	n<7	n<7	1.1
Cerebrovascular Disease Hospitalizations (Incl. Stroke)* (per 1,000 residents)	2011	n<7	n<7	n<7	1.5
Nonfatal Gunshot/Stabbing Emergency Department Visits* (per 1,000 residents)	2011	n<7	n<7	n<7	n<7
Cerebrovascular Disease Deaths (Incl. Stroke)* (per 100,000 residents)	2010	n<5	n<5	n<5	28.2
Homicide* (per 100,000 residents)	2010	n<5	n<5	n<5	n<5
Substance Abuse Deaths* (per 100,000 residents)	2009-2010	n<5	n<5	n<5	20.0
Suicide* (per 100,000 residents)	2010	n<5	n<5	n<5	n<5

*Age-adjusted rates

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Birth and death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 6.7b Selected Health Indicators by Race/Ethnicity, North End		
Leading Causes of Death, Average Annual Rates, 2010		
Asian	Rate*	Count
†	†	†
†	†	†
†	†	†
Black	Rate*	Count
†	†	†
†	†	†
†	†	†
Latino	Rate*	Count
†	†	†
†	†	†
†	†	†
White	Rate*	Count
Cancer	213.5	27
Diseases of the Heart	50.1	8
Cerbrovascular Disease (Incl. Stroke)	28.2	5

*Age-adjusted rates per 100,000 residents

†Not calculated, n<5

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

North End Notes, Data Sources, and Data Analysis

Figure 6.1a, 6.1b Population by Age and Sex, North End, 2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 6.2 Type of Household, North End, 2010

NOTE: The census defines a family household as one in which at least one person living in the household is related by birth, marriage, or adoption to the householder (head of household).

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 6.3 Housing Tenure, North End, 2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 6.4 Educational Attainment, North End, 2006-2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 6.5a, 6.5b Selected Health Indicators, North End

DATA SOURCES:

Adolescent Birth Rate, Low Birth Weight Births, and Preterm Births: Boston Resident Live Births, Massachusetts Department of Public Health

Asthma Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Elevated Blood Lead Levels: Boston Public Health Commission Office of Environmental Health

Chlamydia Incidence: Massachusetts Department of Public Health, STD Division

Hepatitis C Incidence: Communicable Disease Database, Boston Public Health Commission, Communicable Disease Control Division

Heart Disease Hospitalizations, Diabetes Hospitalizations, and Cerebrovascular Disease

Hospitalizations (Incl. Stroke): Inpatient Hospital Discharge Database, Massachusetts Center for Health Information and Analysis

Nonfatal Gunshot/Stabbing Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Cerebrovascular Disease Deaths (Incl. Stroke), Homicide, Substance Abuse Deaths, and Suicide:

Boston Resident Deaths, Massachusetts Department of Public Health

Infant Deaths: Boston Resident Live Births and Deaths, Massachusetts Department of Public Health

Leading Causes of Death: Boston Resident Deaths, Massachusetts Department of Public Health

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 6.6 Selected Adult Survey Health Indicators, North End

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 6.7a, 6.7b Selected Health Indicators by Race/Ethnicity, North End

DATA SOURCES:

Adolescent Birth Rate, Low Birth Weight Births, and Preterm Births: Boston Resident Live Births, Massachusetts Department of Public Health

Asthma Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

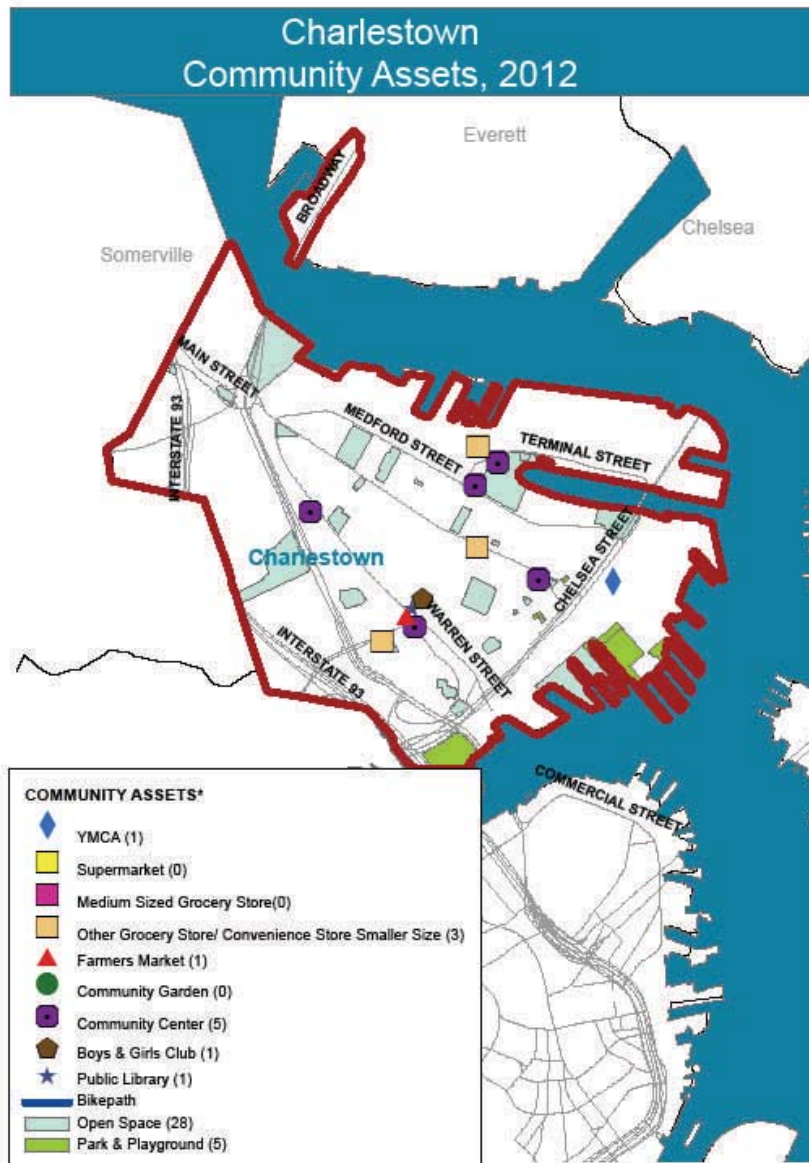
Heart Disease Hospitalizations, Diabetes Hospitalizations, and Cerebrovascular Disease Hospitalizations (Incl. Stroke): Inpatient Hospital Discharge Database, Massachusetts Center for Health Information and Analysis

Nonfatal Gunshot/Stabbing Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Cerebrovascular Disease Deaths (Incl. Stroke), Homicide, Substance Abuse Deaths, Suicide, and Leading Causes of Deaths: Boston Resident Deaths, Massachusetts Department of Public Health
DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

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Charlestown



*Count of each asset presented in parentheses

Charlestown was settled in 1629 (one year before Boston) and became a city in 1847. In 1874, the City of Charlestown was annexed to Boston. Charlestown’s history and economic development were strongly influenced by the presence of the Navy Yard, which operated between 1801 and 1973.

Two of the most visited sites on Boston’s Freedom Trail are in Charlestown – the Bunker Hill Monument and the U.S.S. Constitution. The Bunker Hill Monument commemorates one of the bloodiest and most destructive battles of the 1775 Revolutionary War. The U.S.S. Constitution, the U.S. Navy’s oldest commissioned ship, is docked in the Charlestown Navy Yard.

Figure 7.1a Females by Age, Charlestown, 2010

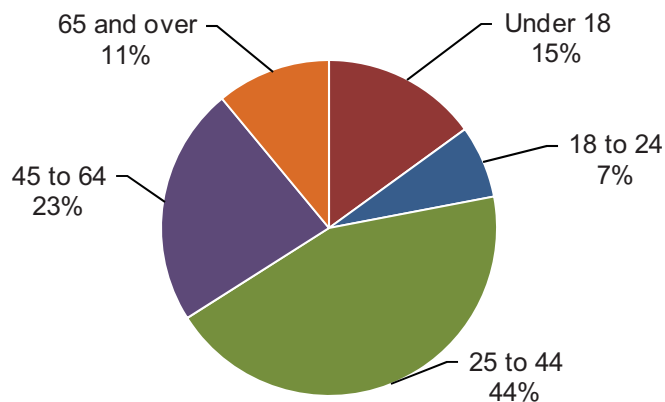
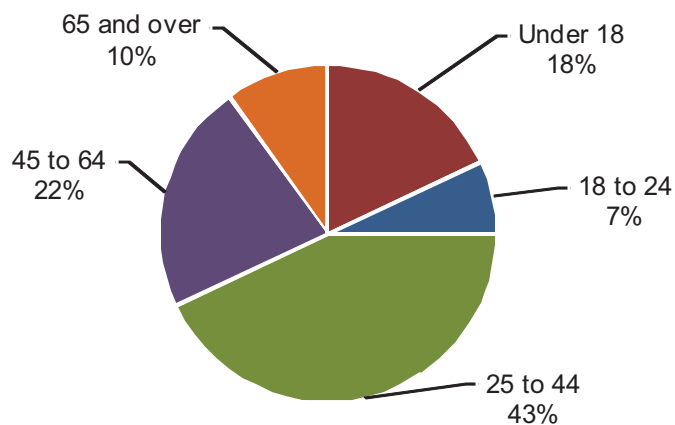


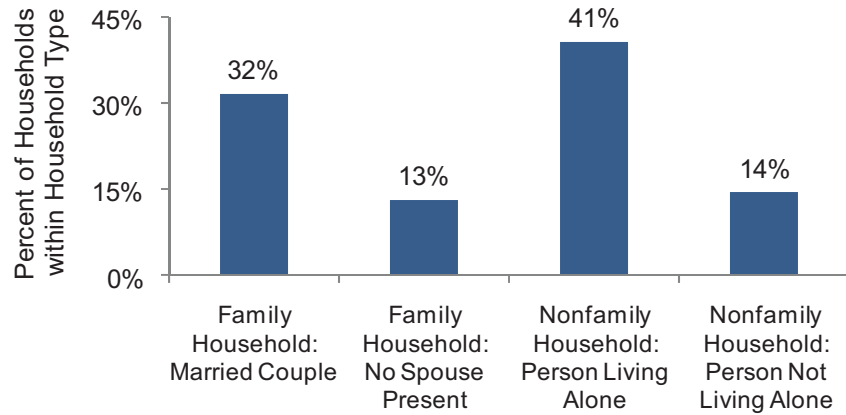
Figure 7.1b Males by Age, Charlestown, 2010



DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

Residents ages 25-44 accounted for the largest percentage of the Charlestown population in 2010 (data not shown). Females 25-44 years of age were 44% of the female population in Charlestown and males were 43% of the male population in the same age group.

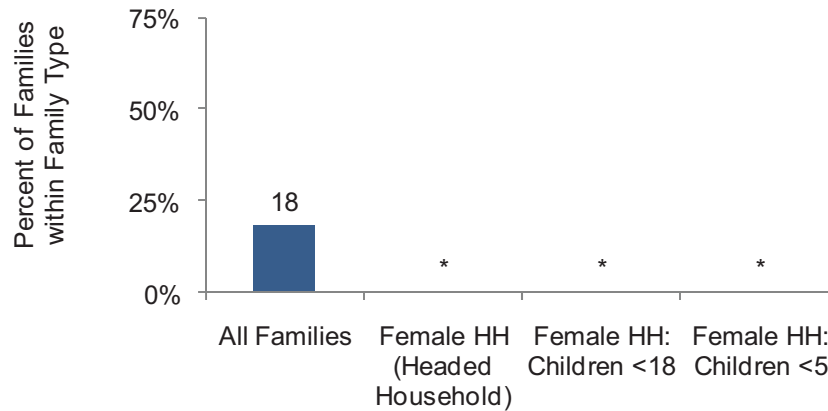
Figure 7.2 Type of Household, Charlestown, 2010



DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

In Charlestown, nonfamily households were a slight majority (55%). The highest percentage of households were for people living alone (41%). Thirty-two percent of households were family households with a married couple present.

Figure 7.3 Families with Income Below Poverty by Family Type, Charlestown, 2006-2010

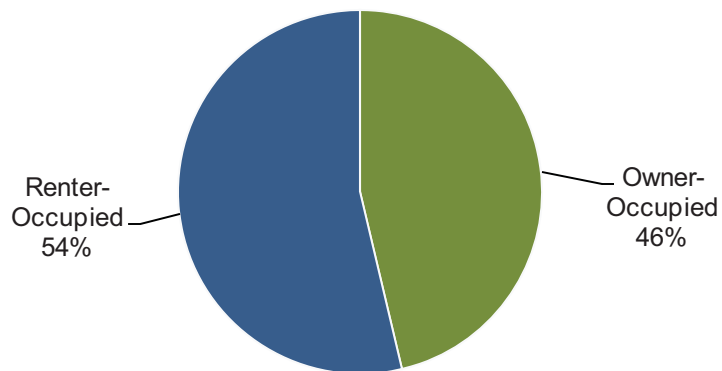


*Insufficient sample size

DATA SOURCE: US Census Bureau, 2006-2010 American Community Survey

Among all families in Charlestown, 18% had an income below the poverty level.

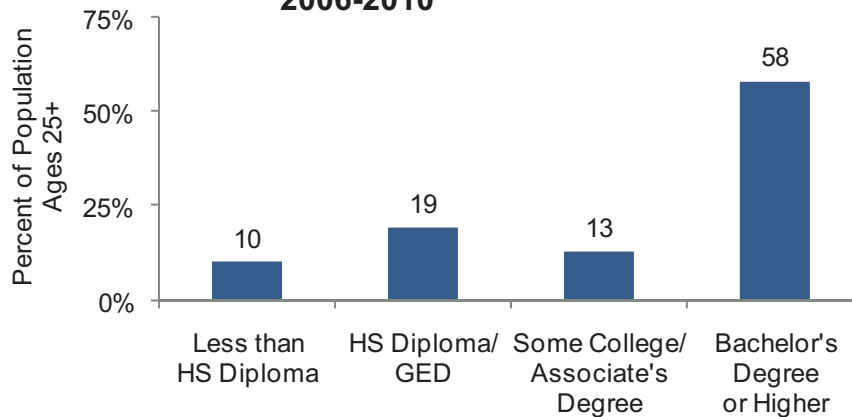
Figure 7.4 Housing Tenure, Charlestown, 2010



DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

In Charlestown, just over half (54%) of occupied units were renter-occupied.

Figure 7.5 Educational Attainment, Charlestown, 2006-2010



DATA SOURCE: US Census Bureau, 2006-2010 American Community Survey

In Charlestown, 58% of the population had a Bachelor's degree or higher. This was significantly higher than the three lower levels of educational attainment. For 19% of the population, the highest level of educational attainment was a high school degree/GED.

Figure 7.6a Selected Health Indicators, Charlestown									
Selected Health Indicators	Annual Rates							Average Annual Rates ¹	
	2005	2006	2007	2008	2009	2010	2011	CH	BOSTON
Adolescent Birth Rate (per 1,000 females ages 15-17)	n<5	37.3	31.1	31.1	n<5	n<5	NA	21.7	20.1
Low Birth Weight Births (percent of live births)	6.9%	8.8%	10.5%	9.6%	9.2%	10.2%	NA	9.2%	9.3%
Preterm Births (percent of live births)	8.7%	8.8%	10.5%	11.7%	10.1%	8.6%	NA	9.7%	9.9%
Asthma Emergency Department Visits (per 1,000 children under age 5)	21.9	13.7	24.7	14.6	18.3	18.3	11.0	17.5	31.5
Elevated Blood Lead Levels (percent of children testing positive)	0.8%	1.4%	n<5	0.7%	n<5	n<5	n<5	0.5%	1.4%
Chlamydia Incidence (per 100,000 residents)	NA	NA	NA	NA	456.2	377.2	352.8	395.4	720.9
Hepatitis C Incidence (per 100,000 residents ages 15-25)	NA	263.3	n<5	n<5	263.3	473.9	NA	263.3	45.7
Heart Disease Hospitalizations* (per 1,000 residents)	12.0	9.7	9.1	10.2	9.5	9.7	8.4	9.8	11.2
Diabetes Hospitalizations* (per 1,000 residents)	1.8	2.0	2.7	2.1	1.3	1.5	1.4	1.8	2.3
Cerebrovascular Disease Hospitalizations (Incl. Stroke)* (per 1,000 residents)	2.2	2.2	2.4	1.9	2.9	3.0	3.1	2.5	2.5
Nonfatal Gunshot/Stabbing Emergency Department Visits* (per 1,000 residents)	◇	1.0	n<7	0.7	0.6	0.5	0.4	0.6	0.9
Cerebrovascular Disease Deaths (Incl. Stroke)* (per 100,000 residents)	n<5	n<5	40.5	44.8	n<5	48.4	NA	35.6	35.3
Homicide* (per 100,000 residents)	n<5	n<5	n<5	n<5	n<5	n<5	NA	n<5	7.9
Substance Abuse Deaths* (per 100,000 residents)	43.5	n<5	27.7	37.5	n<5	36.9	NA	31.7	33.9
Suicide* (per 100,000 residents)	n<5	n<5	n<5	n<5	n<5	n<5	NA	n<5	5.7

¹ Combines all years shown individually for the indicator for which data are available.

◇ Data suppressed to protect confidentiality.

*Age-adjusted rates

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Shaded in red are neighborhood rates or percentages that are higher than the corresponding Boston rate or percentage for the same year(s).

Birth and death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 7.6b Selected Health Indicator, Charlestown						
Selected Health Indicator	Rolling Averages					BOSTON
	2001-2006	2002-2007	2003-2008	2004-2009	2005-2010	2005-2010
Infant Deaths (per 1,000 live births)	n<5	3.7	4.2	5.7	6.1	5.8

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Shaded in red are neighborhood rates that are higher than the corresponding Boston rate for the same year(s).

Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

Leading Causes of Death, 2005-2010		
Cancer	Rate*	Count
2005	233.0	33
2006	235.2	32
2007	262.5	38
2008	198.7	28
2009	131.4	20
2010	162.6	22
CH 2005-2010	203.9	173
BOS 2005-2010	181.4	5,678
Diseases of the Heart	Rate*	Count
2005	204.5	25
2006	139.3	18
2007	226.2	27
2008	257.2	32
2009	223.4	27
2010	143.3	18
CH 2005-2010	199.0	147
BOS 2005-2010	152.0	4,831
Cerebrovascular Disease (Incl. Stroke)	Rate*	Count
2005	n<5	n<5
2006	n<5	n<5
2007	40.5	5
2008	44.8	6
2009	n<5	n<5
2010	48.4	7
CH 2005-2010	35.6	27
BOS 2005-2010	35.3	1,116

* Age-adjusted rates per 100,000 residents

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Shaded in red are neighborhood rates that are higher than the corresponding Boston rate for the same year(s).

Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 7.7 Selected Adult Survey Health Indicators, Charlestown

Selected Adult Survey Health Indicators	Percentage of Adult Residents and Confidence Intervals (CI)						
	2001	2003	2005	2006	2008	2010	BOSTON 2010
Cigarette Smoking							
Percent	25%	23%	37%	13%	11%	19%	16%
CI	(11.0-38.4)	(10.2-35.3)	(20.8-52.9)	(6.6-19.9)	(3.2-17.9)	(9.4-29.2)	(14.0-17.3)
Regular Physical Activity							
Percent	*	67%	60%	67%	68%	55%	57%
CI		(51.9-81.8)	(46.1-74.0)	(55.8-78.1)	(54.5-81.2)	(43.0-67.0)	(54.7-59.3)
Asthma Prevalence							
Percent	11%	*	5%	10%	11%	13%	11%
CI	(1.9-19.8)		(0.3-9.4)	(4.0-16.6)	(3.6-18.3)	(4.6-21.9)	(9.5-12.4)
Diabetes							
Percent	*	*	8%	3%	9%	3%	6%
CI			(0.0-16.4)	(0.1-5.9)	(2.1-16.1)	(0.6-5.1)	(5.4-7.0)
Obesity							
Percent	*	*	17%	17%	20%	19%	21%
CI			(6.1-27.5)	(8.6-26.1)	(9.8-29.6)	(9.5-28.7)	(18.9-22.7)
Persistent Sadness							
Percent	*	*	12%	8%	4%	8%	9%
CI			(1.0-23.1)	(2.7-13.1)	(0.7-7.4)	(1.6-15.0)	(8.1-10.7)

* Insufficient sample size

DATA SOURCE: Boston Behavioral Risk Factor Survey, 2001, 2003, 2005, 2006, 2008, and 2010, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission

Figure 7.8a Selected Health Indicators by Race/Ethnicity, Charlestown					
Selected Health Indicators	Years	Average Annual Rates			
		Asian	Black	Latino	White
Adolescent Birth Rate (per 1,000 females ages 15-17)	2007-2010	n<5	n<5	33.8	15.4
Low Birth Weight Births (percent of live births)	2007-2010	10.4%	6.7%	11.6%	9.8%
Preterm Births (percent of live births)	2007-2010	10.4%	5.7%	14.4%	10.1%
Infant Deaths (per 1,000 live births)	2010	n<5	n<5	n<5	n<5
Asthma Emergency Department Visits (per 1,000 children under age 5)	2009-2011	n<7	39.2	29.1	10.6
Heart Disease Hospitalizations* (per 1,000 residents)	2010-2011	3.7	15.0	11.2	8.7
Diabetes Hospitalizations* (per 1,000 residents)	2008-2011	n<7	4.0	1.9	1.8
Cerebrovascular Disease Hospitalizations (Incl. Stroke)* (per 1,000 residents)	2009-2011	n<7	12.3	n<7	2.9
Nonfatal Gunshot/Stabbing Emergency Department Visits* (per 1,000 residents)	2009-2011	n<7	3.9	n<7	0.4
Cerebrovascular Disease Deaths (Incl. Stroke)* (per 100,000 residents)	2010	n<5	n<5	n<5	54.9
Homicide* (per 100,000 residents)	2010	n<5	n<5	n<5	n<5
Substance Abuse Deaths* (per 100,000 residents)	2010	n<5	n<5	n<5	41.5
Suicide* (per 100,000 residents)	2010	n<5	n<5	n<5	n<5

*Age-adjusted rates

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Birth and death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 7.8b Selected Health Indicators by Race/Ethnicity, Charlestown		
Leading Causes of Death, Average Annual Rates, 2006-2010		
Asian	Rate*	Count
Cancer	183.2	10
†	†	†
†	†	†
Black	Rate*	Count
†	†	†
†	†	†
†	†	†
Latino	Rate*	Count
Cancer	149.5	7
†	†	†
†	†	†
White	Rate*	Count
Cancer	199.0	120
Diseases of the Heart	218.8	119
COPD	47.2	27

* Age-adjusted rates per 100,000 residents

† Not calculated, n<5

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Charlestown Notes, Data Sources, and Data Analysis

Figure 7.1a, 7.1b Population by Age and Sex, Charlestown, 2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 7.2 Type of Household, Charlestown, 2010

NOTE: The census defines a family household as one in which at least one person living in the household is related by birth, marriage, or adoption to the householder (head of household).

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 7.3 Families with Income Below Poverty Level by Family Type, Charlestown, 2006-2010

NOTE: Data are estimates based on the American Community Survey. The data on poverty status of households were derived from answers to income questions. Since poverty is defined at the family level and not the household level, the poverty status of the household is determined by the poverty status of the householder. Households are classified as poor when the total income of the householder's family is below the appropriate poverty threshold. (For nonfamily householders, their own income is compared with the appropriate threshold.) The income of people living in the household who are unrelated to the householder is not considered when determining the poverty status of a household, nor does their presence affect the family size in determining the appropriate threshold. The poverty thresholds vary depending on three criteria: size of family, number of related children and for 1- and 2-person families, age of householder.

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 7.4 Housing Tenure, Charlestown, 2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 7.5 Educational Attainment, Charlestown, 2006-2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 7.6a-7.6c Selected Health Indicators, Charlestown

DATA SOURCES:

Adolescent Birth Rate, Low Birth Weight Births, and Preterm Births: Boston Resident Live Births, Massachusetts Department of Public Health

Asthma Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Elevated Blood Lead Levels: Boston Public Health Commission Office of Environmental Health

Chlamydia Incidence: Massachusetts Department of Public Health, STD Division

Hepatitis C Incidence: Communicable Disease Database, Boston Public Health Commission, Communicable Disease Control Division

Heart Disease Hospitalizations, Diabetes Hospitalizations, and Cerebrovascular Disease

Hospitalizations (Incl. Stroke): Inpatient Hospital Discharge Database, Massachusetts Center for Health Information and Analysis

Nonfatal Gunshot/Stabbing Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Cerebrovascular Disease Deaths (Incl. Stroke), Homicide, Substance Abuse Deaths, and Suicide: Boston Resident Deaths, Massachusetts Department of Public Health

Infant Deaths: Boston Resident Live Births and Deaths, Massachusetts Department of Public Health
Leading Causes of Death: Boston Resident Deaths, Massachusetts Department of Public Health
DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 7.7 Selected Adult Survey Health Indicators, Charlestown

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 7.8a, 7.8b Selected Health Indicators by Race/Ethnicity, Charlestown

DATA SOURCES:

Adolescent Birth Rate, Low Birth Weight Births, and Preterm Births: Boston Resident Live Births, Massachusetts Department of Public Health

Infant Deaths: Boston Resident Live Births and Deaths, Massachusetts Department of Public Health

Asthma Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Heart Disease Hospitalizations, Diabetes Hospitalizations, and Cerebrovascular Disease

Hospitalizations (Incl. Stroke): Inpatient Hospital Discharge Database, Massachusetts Center for Health Information and Analysis

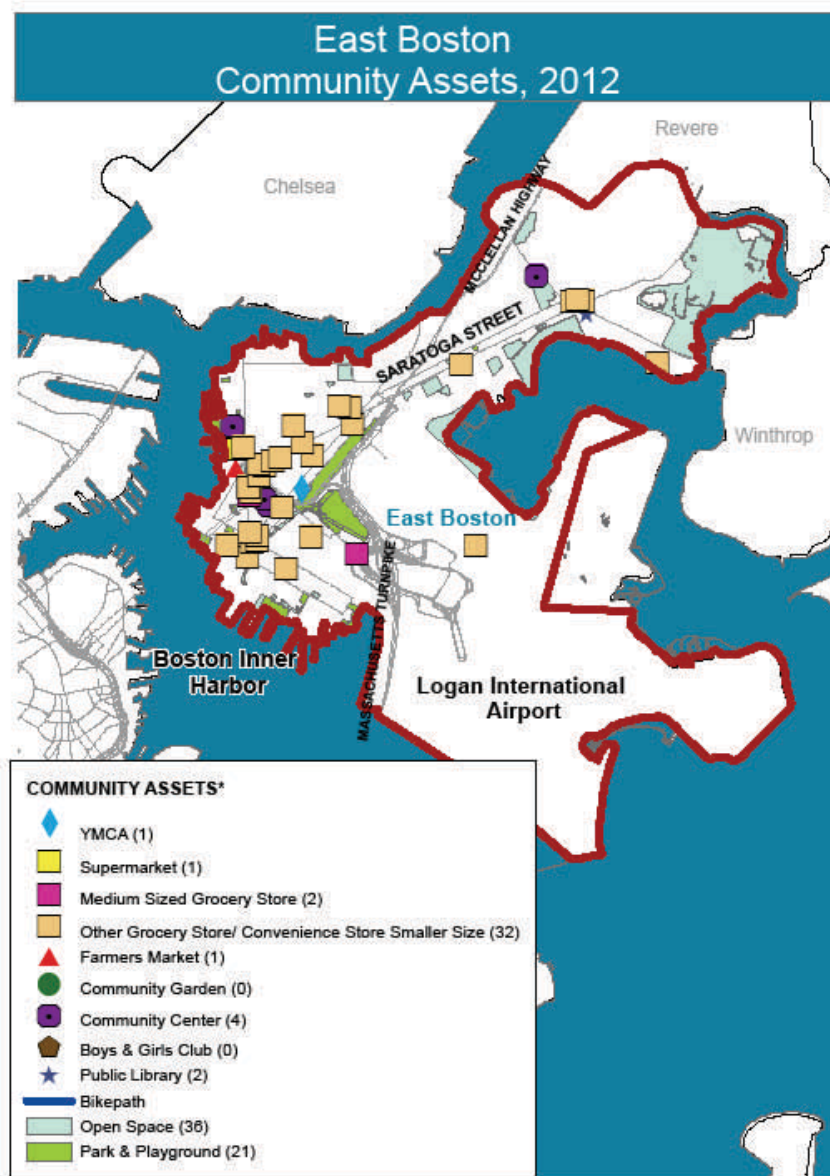
Nonfatal Gunshot/Stabbing Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Cerebrovascular Disease Deaths (Incl. Stroke), Homicide, Substance Abuse Deaths, Suicide, and Leading Causes of Deaths: Boston Resident Deaths, Massachusetts Department of Public Health

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

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East Boston



*Count of each asset presented in parentheses

East Boston was created when five Boston Harbor Islands were expanded and connected. The project began in 1830 and took 150 years to complete. The two larger islands, Noddles and Hog Islands, now form the residential section of the neighborhood. Logan Airport, which takes up over half of the neighborhood's 2.5 square miles, sits on Apple, Bird, and Governor's Islands.

Throughout its history, East Boston has served as home to various groups of immigrants. The Irish were the first group to settle in East Boston, followed by Russian Jews and Italians in the late 1800s. At the turn of the 20th century, East Boston was home to the largest Jewish community in New England. The neighborhood was predominantly Italian for most of the 20th century and is now home to many immigrants from South and Central America, Asia, and the Caribbean.

Figure 8.1a Females by Age, East Boston, 2010

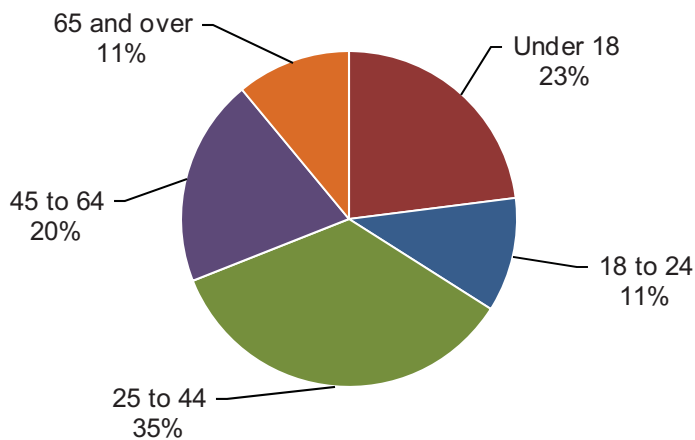
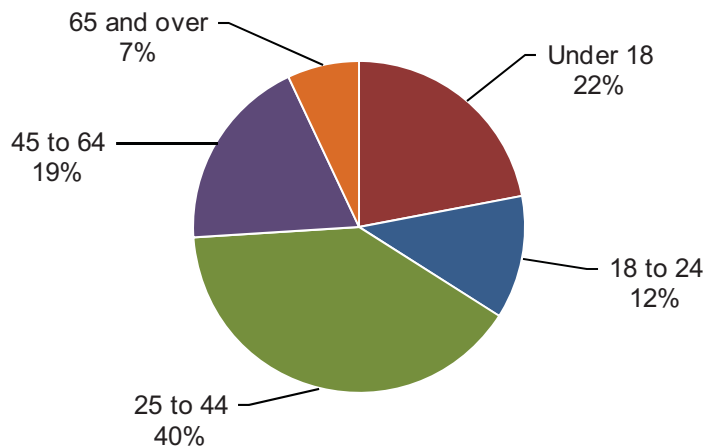


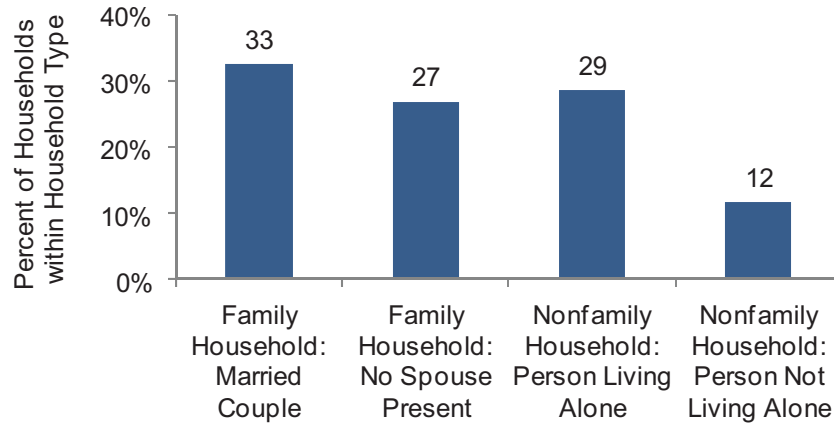
Figure 8.1b Males by Age, East Boston, 2010



DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

Residents ages 25-44 accounted for the largest percentage of the East Boston population in 2010 (data not shown). Females 25-44 years of age were 35% of the female population in East Boston and males were 40% of the male population in the same age group.

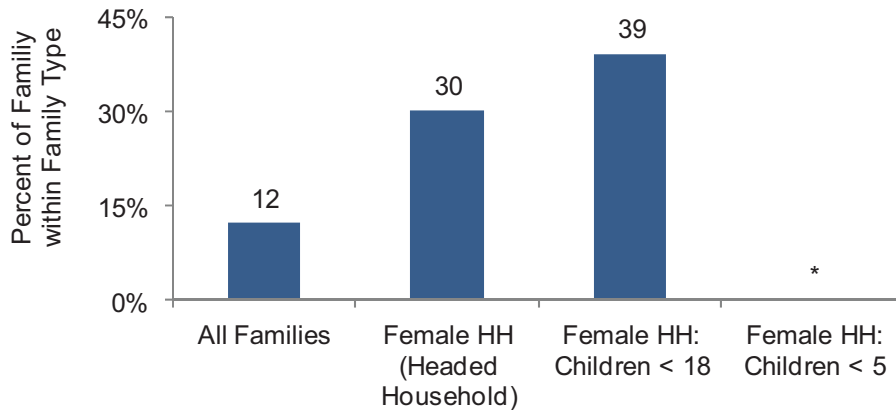
Figure 8.2 Type of Household, East Boston, 2010



DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

In East Boston, 60% of households were family households. The highest percentage of households were family households with a married couple present (33%). Twenty-nine percent of households consisted of persons living alone.

Figure 8.3 Families with Income Below Poverty Level by Family Type, East Boston, 2006-2010

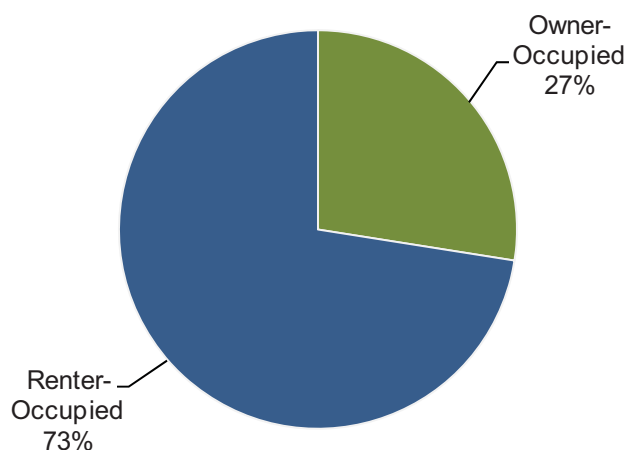


* Insufficient sample size

DATA SOURCE: US Census Bureau, 2006-2010 American Community Survey

In East Boston, a higher percentage of female-headed households with children under the age of 18 (39%), and female-headed households (30%) had an income below the poverty level as compared with all families (12%).

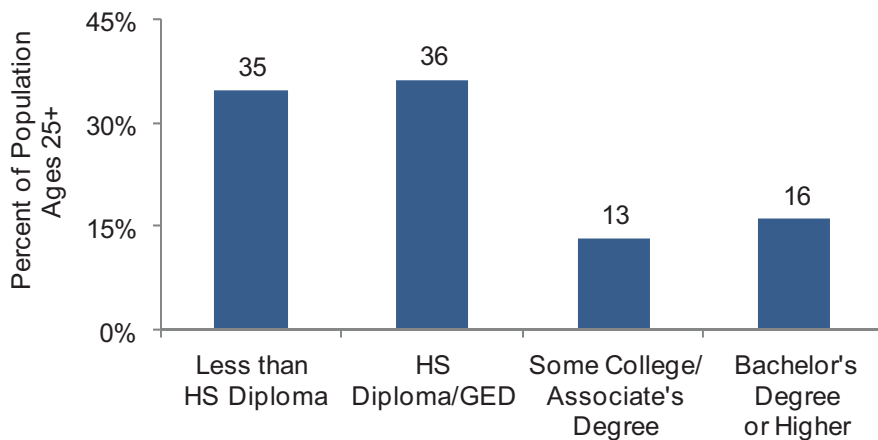
Figure 8.4 Housing Tenure, East Boston, 2010



DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census,

In East Boston, almost three-fourths (73%) of occupied units were renter-occupied.

Figure 8.5 Educational Attainment, East Boston, 2006-2010



DATA SOURCE: US Census Bureau, 2006-2010 American Community Survey

Higher percentages of the population in East Boston had either less than a high school diploma (35%) or a high school diploma/GED (36%). These were significantly higher than those who had a Bachelor's degree or higher (16%).

Figure 8.6a Selected Health Indicators, East Boston									
Selected Health Indicators	Annual Rates							Average Annual Rates ¹	
	2005	2006	2007	2008	2009	2010	2011	EB	BOSTON
Adolescent Birth Rate (per 1,000 females ages 15-17)	29.6	31.1	35.5	28.1	28.1	38.5	NA	31.8	20.1
Low Birth Weight Births (percent of live births)	5.6%	6.0%	7.0%	5.8%	5.5%	7.2%	NA	6.2%	9.3%
Preterm Births (percent of live births)	6.9%	7.3%	8.4%	6.5%	6.9%	7.5%	NA	7.3%	9.9%
Asthma Emergency Department Visits (per 1,000 children under age 5)	8.4	13.6	11.6	14.6	15.5	14.9	10.7	12.8	31.5
Elevated Blood Lead Levels (percent of children testing positive)	1.7%	1.3%	1.5%	1.1%	0.9%	0.7%	0.7%	1.1%	1.4%
Chlamydia Incidence (per 100,000 residents)	NA	NA	NA	NA	466.6	540.6	414.7	474.0	720.9
Hepatitis C Incidence (per 100,000 residents ages 15-25)	NA	156.3	156.3	142.1	n<5	113.7	NA	119.3	45.7
Heart Disease Hospitalizations* (per 1,000 residents)	13.6	12.8	13.4	12.6	12.0	10.3	12.3	12.4	11.2
Diabetes Hospitalizations* (per 1,000 residents)	1.8	1.6	2.0	1.6	1.4	1.5	1.6	1.7	2.3
Cerebrovascular Disease Hospitalizations (Incl. Stroke)* (per 1,000 residents)	2.8	2.8	2.4	1.7	1.8	2.7	2.2	2.3	2.5
Nonfatal Gunshot/Stabbing Emergency Department Visits* (per 1,000 residents)	0.7	0.6	0.8	0.3	0.5	0.4	0.4	0.5	0.9
Cerebrovascular Disease Deaths (Incl. Stroke)* (per 100,000 residents)	43.1	◇	21.5	44.1	n<5	18.0	NA	27.6	35.3
Homicide* (per 100,000 residents)	n<5	n<5	n<5	n<5	n<5	n<5	NA	1.9	7.9
Substance Abuse Deaths* (per 100,000 residents)	37.1	33.5	41.6	43.3	47.6	52.9	NA	42.7	33.9
Suicide* (per 100,000 residents)	n<5	n<5	n<5	n<5	n<5	n<5	NA	5.6	5.7

¹ Combines all years shown individually for the indicator for which data are available.

*Age-adjusted rates

◇ Data suppressed to protect confidentiality.

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Shaded in red are neighborhood rates or percentages that are higher than the corresponding Boston rate or percentage for the same year(s).

Birth and death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 8.6b Selected Health Indicator, East Boston							
Selected Health Indicator	Rolling Averages						BOSTON
	2001-2005	2002-2006	2003-2007	2004-2008	2005-2009	2006-2010	2006-2010
Infant Deaths (per 1,000 live births)	4.7	4.9	4.3	4.6	3.7	3.7	5.9

Gray text represents rates based on counts less than 20 and should be interpreted with caution.
 Black text represents rates based on counts of at least 20.
 Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.
 For data source information see end of section.

Figure 8.6c Selected Health Indicators, East Boston		
Leading Causes of Death, 2005-2010		
Cancer	Rate*	Count
2005	219.6	65
2006	207.6	62
2007	241.0	75
2008	207.8	65
2009	199.5	63
2010	182.0	57
EB 2005-2010	209.6	387
BOS 2005-2010	181.4	5,678
Diseases of the Heart	Rate*	Count
2005	151.2	49
2006	219.0	71
2007	178.0	58
2008	158.4	52
2009	175.2	56
2010	145.0	49
EB 2005-2010	171.1	335
BOS 2005-2010	152.0	4,831
COPD	Rate*	Count
2005	42.1	13
2006	16.6	5
2007	64.4	19
2008	40.1	13
2009	31.2	10
2010	43.3	13
EB 2005-2010	39.6	73
BOS 2005-2010	28.7	886

* Age-adjusted rates per 100,000 residents
 Gray text represents rates based on counts less than 20 and should be interpreted with caution.
 Black text represents rates based on counts of at least 20.
 Shaded in red are neighborhood rates that are higher than the corresponding Boston rate for the same year(s).
 Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.
 For data source information see end of section.

Figure 8.7 Selected Adult Survey Health Indicators, East Boston

Selected Adult Survey Health Indicators	Percentage of Adult Residents and Confidence Intervals (CI)						
	2001	2003	2005	2006	2008	2010	BOSTON 2010
Cigarette Smoking							
Percent	20%	19%	19%	23%	15%	22%	16%
CI	(11.3-28.5)	(10.0-28.6)	(11.3-25.9)	(13.4-32.3)	(7.9-21.8)	(13.9-29.7)	(14.0-17.3)
Regular Physical Activity							
Percent	38%	41%	37%	52%	35%	48%	57%
CI	(26.5-50.0)	(28.6-53.3)	(26.3-47.9)	(39.4-64.5)	(21.8-47.6)	(37.7-57.3)	(54.7-59.3)
Asthma							
Percent	10%	4%	4%	9%	8%	13%	11%
CI	(2.9-17.3)	(0.6-7.9)	(1.0-7.3)	(2.6-15.6)	(2.8-13.4)	(7.2-18.3)	(9.5-12.4)
Diabetes							
Percent	6%	5%	10%	3%	6%	11%	6%
CI	(0.5-11.2)	(1.1-8.9)	(4.5-14.6)	(1.1-5.5)	(2.8-9.3)	(6.6-16.2)	(5.4-7.0)
Obesity							
Percent	13%	19%	24%	23%	30%	26%	21%
CI	(3.6-21.7)	(10.1-28.3)	(14.6-34.2)	(13.8-32.1)	(14.3-45.0)	(17.2-34.2)	(18.9-22.7)
Persistent Sadness							
Percent	9%	13%	10%	15%	11%	11%	9%
CI	(2.6-15.3)	(3.8-21.5)	(4.4-15.2)	(7.4-22.9)	(4.5-17.1)	(4.8-17.9)	(8.1-10.7)

DATA SOURCE: Boston Behavioral Risk Factor Survey, 2001, 2003, 2005, 2006, 2008, and 2010, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission

Figure 8.8a Selected Health Indicators by Race/Ethnicity, East Boston					
Selected Health Indicators	Years	Average Annual Rates			
		Asian	Black	Latino	White
Adolescent Birth Rate (per 1,000 females ages 15-17)	2007-2010	n<5	54.3	41.2	12.9
Low Birth Weight Births (percent of live births)	2008-2010	9.8%	8.1%	6.2%	5.2%
Preterm Births (percent of live births)	2008-2010	8.2%	8.1%	7.4%	5.5%
Infant Deaths (per 1,000 live births)	2006-2010	n<5	n<5	2.6	5.7
Asthma Emergency Department Visits (per 1,000 children under age 5)	2009-2011	n<7	25.9	14.7	7.5
Heart Disease Hospitalizations* (per 1,000 residents)	2010-2011	4.9	11.5	8.9	12.2
Diabetes Hospitalizations* (per 1,000 residents)	2010-2011	n<7	4.1	1.8	1.4
Cerebrovascular Disease Hospitalizations (Incl. Stroke)* (per 1,000 residents)	2008-2011	1.9	n<7	2.3	2.1
Nonfatal Gunshot/Stabbing Emergency Department Visits* (per 1,000 residents)	2010-2011	n<7	n<7	0.4	0.3
Cerebrovascular Disease Deaths (Incl. Stroke)* (per 100,000 residents)	2006-2010	n<5	n<5	43.3	25.7
Homicide* (per 100,000 residents)	2010	n<5	n<5	n<5	n<5
Substance Abuse Deaths* (per 100,000 residents)	2007-2010	n<5	100.5	7.6	91.4
Suicide* (per 100,000 residents)	2007-2010	n<5	n<5	n<5	12.2

*Age-adjusted rates

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Birth and death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 8.8b Selected Health Indicators by Race/Ethnicity, East Boston		
Leading Causes of Death, Average Annual Rates, 2007-2010		
Asian	Rate*	Count
Cancer	267.3	15
†	†	†
†	†	†
Black	Rate*	Count
Cancer	290.5	8
†	†	†
†	†	†
Latino	Rate*	Count
Cancer	71.7	20
Diseases of the Heart	45.8	6
†	†	†
White	Rate*	Count
Cancer	239.1	217
Diseases of the Heart	204.5	205
COPD	52.3	53

* Age-adjusted rates per 100,000 residents

† Not calculated, n<5

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 8.9 Selected Adult Survey Health Indicators by Race/Ethnicity, East Boston				
Selected Adult Survey Health Indicators	Percentage of Adult Residents and Confidence Intervals (CI), 2006, 2008, and 2010 Combined			
	Asian	Black	Latino	White
Cigarette Smoking				
Percent	*	*	13%	27%
CI			(6.4-20.0)	(20.3-34.7)
Regular Physical Activity				
Percent	*	*	37%	52%
CI			(26.0-48.3)	(43.8-61.1)
Asthma				
Percent	*	*	5%	16%
CI			(1.7-9.0)	(9.9-22.5)
Diabetes				
Percent	*	*	3%	11%
CI			(0.8-6.0)	(7.7-15.0)
Obesity				
Percent	*	*	32%	23%
CI			(19.8-44.4)	(17.2-29.4)
Persistent Sadness				
Percent	*	*	9%	17%
CI			(3.6-15.2)	(10.5-23.5)

* Insufficient sample size

DATA SOURCE: Boston Behavioral Risk Factor Survey, 2006, 2008, and 2010, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission

East Boston Notes, Data Sources, and Data Analysis

Figure 8.1a, 8.1b Population by Age and Sex, East Boston, 2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 8.2 Type of Household, East Boston, 2010

NOTE: The census defines a family household as one in which at least one person living in the household is related by birth, marriage, or adoption to the householder (head of household).

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 8.3 Families with Income Below Poverty Level by Family Type, East Boston, 2006-2010

NOTE: Data are estimates based on the American Community Survey. The data on poverty status of households were derived from answers to income questions. Since poverty is defined at the family level and not the household level, the poverty status of the household is determined by the poverty status of the householder. Households are classified as poor when the total income of the householder's family is below the appropriate poverty threshold. (For nonfamily householders, their own income is compared with the appropriate threshold.) The income of people living in the household who are unrelated to the householder is not considered when determining the poverty status of a household, nor does their presence affect the family size in determining the appropriate threshold. The poverty thresholds vary depending on three criteria: size of family, number of related children and for 1- and 2-person families, age of householder.

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 8.4 Housing Tenure, East Boston, 2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 8.5 Educational Attainment, East Boston, 2006-2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 8.6a-8.6c Selected Health Indicators, East Boston

DATA SOURCES:

Adolescent Birth Rate, Low Birth Weight Births, and Preterm Births: Boston resident live births, Massachusetts Department of Public Health

Asthma Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Elevated Blood Lead Levels: Boston Public Health Commission Office of Environmental Health

Chlamydia Incidence: Massachusetts Department of Public Health, STD Division

Hepatitis C Incidence: Communicable Disease Database, Boston Public Health Commission, Communicable Disease Control Division

Heart Disease Hospitalizations, Diabetes Hospitalizations, and Cerebrovascular Disease

Hospitalizations (Incl. Stroke): Inpatient Hospital Discharge Database, Massachusetts Center for Health Information and Analysis

Nonfatal Gunshot/Stabbing Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Cerebrovascular Disease Deaths (Incl. Stroke), Homicide, Substance Abuse Deaths, and Suicide:

Boston Resident Deaths, Massachusetts Department of Public Health

Infant Deaths: Boston Resident Live Births and Deaths, Massachusetts Department of Public Health

Leading Causes of Death: Boston Resident Deaths, Massachusetts Department of Public Health

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 8.7 Selected Adult Survey Health Indicators, East Boston

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 8.8a, 8.8b Selected Health Indicators by Race/Ethnicity, East Boston

DATA SOURCES:

Adolescent Birth Rate, Low Birth Weight Births, and Preterm Births: Boston resident live births, Massachusetts Department of Public Health

Infant Deaths: Boston Resident Live Births and Deaths, Massachusetts Department of Public Health

Asthma Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Heart Disease Hospitalizations, Diabetes Hospitalizations, and Cerebrovascular Disease

Hospitalizations (Incl. Stroke): Inpatient Hospital Discharge Database, Massachusetts Center for Health Information and Analysis

Nonfatal Gunshot/Stabbing Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Cerebrovascular Disease Deaths (Incl. Stroke), Homicide, Substance Abuse Deaths, Suicide, and

Leading Causes of Deaths: Boston Resident Deaths, Massachusetts Department of Public Health

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 8.9 Selected Adult Survey Health Indicators by Race/Ethnicity, East Boston

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Fenway



The Fenway neighborhood was annexed to Boston in 1870 and was expanded in the same landfill project that created the Back Bay. The number of cultural institutions located in the Fenway/Kenmore area (including Boston Symphony Hall, the Museum of Fine Arts, and the Isabella Stewart Gardner Museum) prompted the city to dub the neighborhood's Huntington Avenue the "Avenue of the Arts."

The Longwood area includes many of the nation's leading medical institutions including Harvard Medical School, Brigham and Women's Hospital, the Beth Israel/Deaconess Medical Center, Children's Hospital, Dana Farber Cancer Institute, and Joslin Diabetes Center. The home of the Boston Red Sox, Fenway Park, is also located in the neighborhood.

Figure 9.1a Females by Age, Fenway, 2010

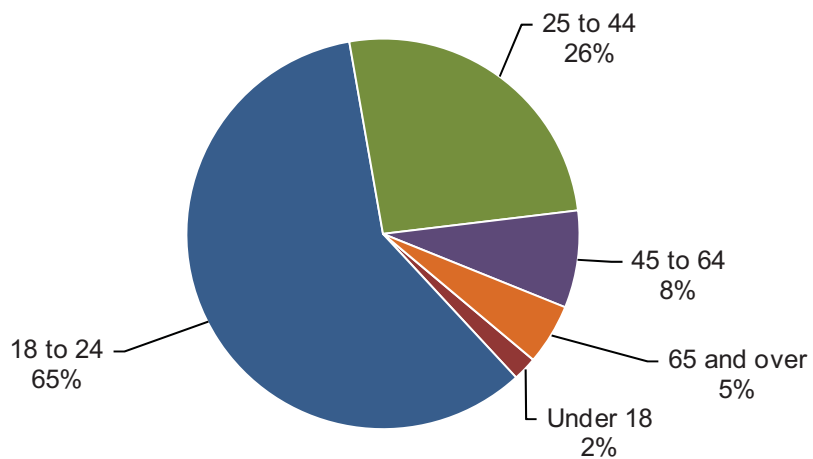
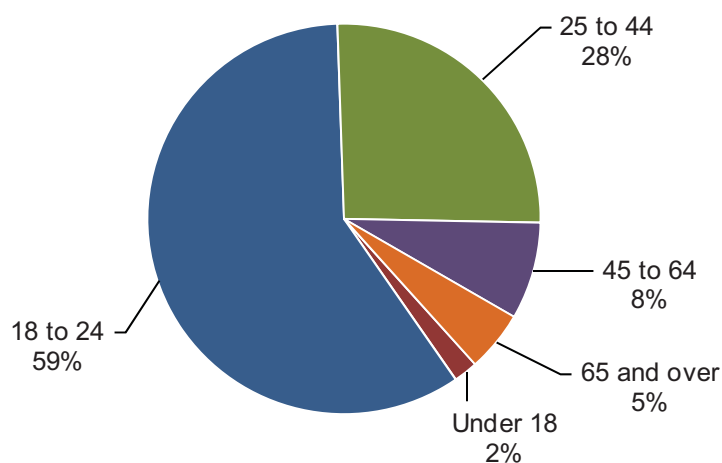


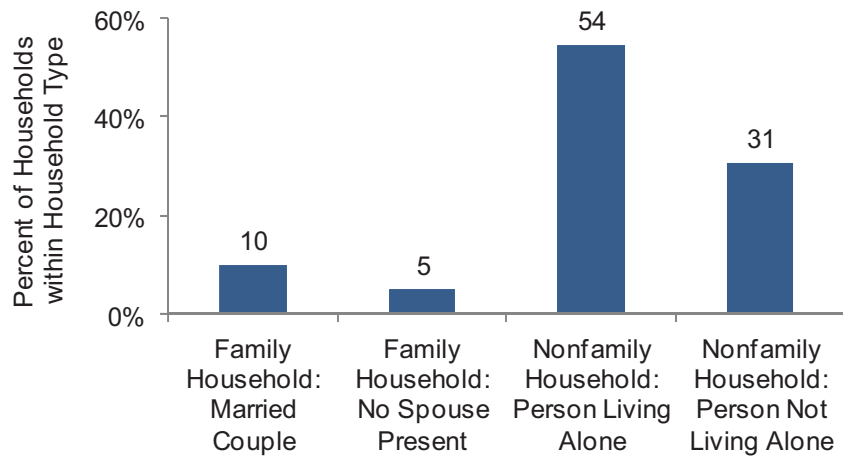
Figure 9.1b Males by Age, Fenway, 2010



DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

Residents ages 18-24 accounted for almost two-thirds (62%) of the Fenway population in 2010 (data not shown). Females 18-24 years of age were 65% of the female population in Fenway and males were 59% of the male population in the same age group.

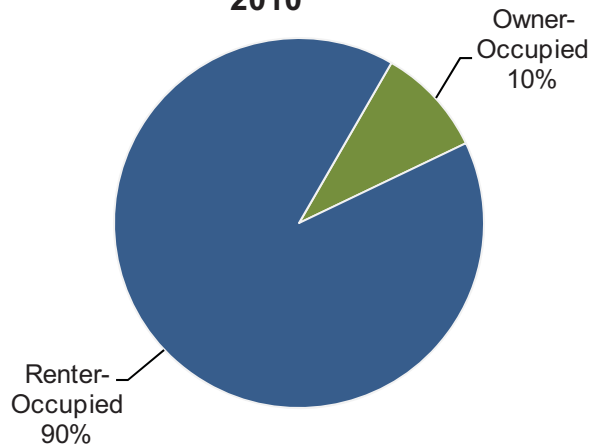
Figure 9.2 Type of Household, Fenway, 2010



DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

In Fenway, 85% of households were nonfamily households. The highest percentage of households consisted of persons living alone (54%).

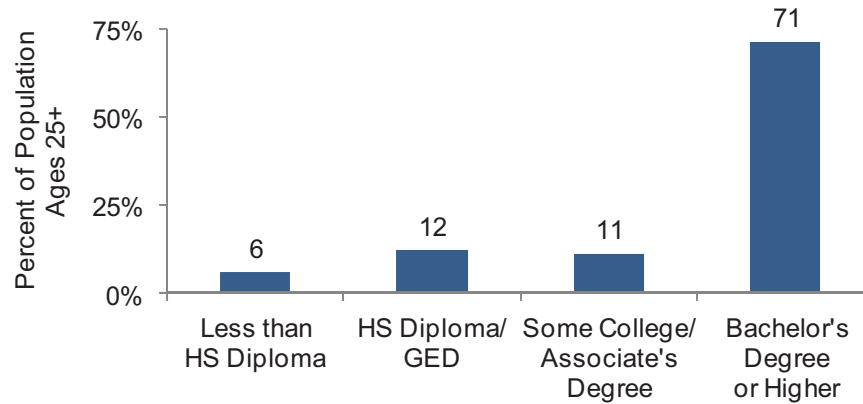
Figure 9.3 Housing Tenure, Fenway, 2010



DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

In Fenway, most (90%) occupied units were renter-occupied.

Figure 9.4 Educational Attainment, Fenway, 2006-2010



DATA SOURCE: US Census Bureau, 2006-2010 American Community Survey

In Fenway, 71% of the population had a Bachelor's degree or higher. This was significantly higher than the three lower levels of educational attainment.

Figure 9.5a Selected Health Indicators, Fenway									
Selected Health Indicators	Annual Rates							Average Annual Rates ¹	
	2005	2006	2007	2008	2009	2010	2011	FW	BOSTON
Adolescent Birth Rate (per 1,000 females ages 15-17)	n<5	n<5	n<5	n<5	n<5	n<5	NA	15.8	20.1
Low Birth Weight Births (percent of live births)	7.2%	8.0%	11.6%	7.9%	9.3%	8.5%	NA	8.7%	9.3%
Preterm Births (percent of live births)	5.8%	9.6%	10.1%	10.7%	9.3%	10.3%	NA	9.3%	9.9%
Asthma Emergency Department Visits (per 1,000 children under age 5)	11.6	27.6	21.8	33.4	26.1	33.4	16.0	24.3	31.5
Elevated Blood Lead Levels (percent of children testing positive)	1.2%	n<5	n<5	n<5	n<5	n<5	n<5	0.6%	1.4%
Chlamydia Incidence (per 100,000 residents)	NA	NA	NA	NA	278.6	285.9	353.7	306.1	720.9
Hepatitis C Incidence (per 100,000 residents ages 15-25)	NA	n<5	n<5	n<5	13.9	n<5	NA	5.6	45.7
Heart Disease Hospitalizations* (per 1,000 residents)	11.3	11.1	8.7	8.7	9.8	10.8	9.1	9.9	11.2
Diabetes Hospitalizations* (per 1,000 residents)	1.4	2.0	1.4	1.8	1.5	1.1	2.1	1.6	2.3
Cerebrovascular Disease Hospitalizations (Incl. Stroke)* (per 1,000 residents)	1.5	2.0	1.3	1.5	1.5	2.5	1.3	1.7	2.5
Nonfatal Gunshot/Stabbing Emergency Department Visits* (per 1,000 residents)	0.6	0.4	0.3	0.2	0.3	0.8	0.1	0.4	0.9
Cerebrovascular Disease Deaths (Incl. Stroke)* (per 100,000 residents)	n<5	n<5	n<5	n<5	41.6	n<5	NA	23.9	35.3
Homicide* (per 100,000 residents)	n<5	n<5	n<5	n<5	n<5	n<5	NA	5.7	7.9
Substance Abuse Deaths* (per 100,000 residents)	◇	53.5	75.5	52.8	n<5	56.4	NA	55.8	33.9
Suicide* (per 100,000 residents)	n<5	n<5	n<5	n<5	n<5	n<5	NA	8.9	5.7

¹ Combines all years shown individually for the indicator for which data are available.

*Age-adjusted rates

◇ Data suppressed to protect confidentiality.

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Shaded in red are neighborhood rates or percentages that are higher than the corresponding Boston rate or percentage for the same year(s).

Birth and death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 9.5b Selected Health Indicators, Fenway		
Leading Causes of Death, 2005-2010		
Diseases of the Heart	Rate*	Count
2005	122.2	15
2006	146.0	19
2007	145.7	18
2008	154.5	20
2009	111.5	13
2010	106.9	14
FW 2005-2010	131.1	99
BOS 2005-2010	152.0	4,831
Other Injuries	Rate*	Count
2005	◇	◇
2006	54.6	6
2007	52.3	5
2008	37.6	7
2009	n<5	n<5
2010	76.3	8
FW 2005-2010	54.6	37
BOS 2005-2010	32.9	1,116
Cancer	Rate*	Count
2005	164.3	20
2006	267.6	32
2007	133.2	16
2008	213.9	27
2009	182.1	22
2010	58.8	7
FW 2005-2010	170.0	124
BOS 2005-2010	181.4	5,678

* Age-adjusted rates per 100,000 residents

◇ Data suppressed to protect confidentiality.

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Shaded in red are neighborhood rates that are higher than the corresponding Boston rate for the same year(s).

Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 9.6 Selected Adult Survey Health Indicators, Fenway							
Selected Adult Survey Health Indicators	Percentage of Adult Residents and Confidence Intervals (CI)						
	2001	2003	2005	2006	2008	2010	BOSTON 2010
Cigarette Smoking							
Percent	27%	16%	13%	14%	22%	21%	16%
CI	(9.9-44.3)	(7.0-25.4)	(5.3-20.2)	(6.5-21.4)	(4.5-38.9)	(11.2-30.0)	(14.0-17.3)
Regular Physical Activity							
Percent	76%	81%	56%	66%	54%	68%	57%
CI	(61.2-90.0)	(73.3-89.2)	(45.4-67.5)	(53.7-78.5)	(38.2-70.4)	(57.7-77.4)	(54.7-59.3)
Asthma							
Percent	5%	11%	10%	11%	*	5%	11%
CI	(0.2-9.7)	(4.0-18.5)	(4.3-15.4)	(3.7-19.2)		(1.2-8.3)	(9.5-12.4)
Diabetes							
Percent	*	*	*	3%	2%	2%	6%
CI				(0.8-6.2)	(0.1-4.3)	(0.6-3.7)	(5.4-7.0)
Obesity							
Percent	*	15%	7%	7%	7%	7%	21%
CI		(4.6-25.4)	(2.7-12.2)	(1.6-12.4)	(2.1-11.5)	(3.2-11.6)	(18.9-22.7)
Persistent Sadness							
Percent	14%	*	7%	12%	15%	9%	9%
CI	(0.0-29.2)		(2.2-12.7)	(5.5-17.9)	(0.0-30.8)	(4.1-14.1)	(8.1-10.7)

* Insufficient sample size

DATA SOURCE: Boston Behavioral Risk Factor Survey, 2001, 2003, 2005, 2006, 2008, and 2010, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission

Figure 9.7a Selected Health Indicators by Race/Ethnicity, Fenway					
Selected Health Indicators	Years	Average Annual Rates			
		Asian	Black	Latino	White
Adolescent Birth Rate (per 1,000 females ages 15-17)	2010	n<5	n<5	n<5	n<5
Low Birth Weight Births (percent of live births)	2008-2010	8.8%	9.4%	13.5%	6.8%
Preterm Births (percent of live births)	2008-2010	13.2%	15.1%	10.8%	7.8%
Asthma Emergency Department Visits (per 1,000 children under age 5)	2009-2011	n<7	36.0	36.4	13.7
Heart Disease Hospitalizations* (per 1,000 residents)	2010	3.2	13.2	12.7	9.4
Diabetes Hospitalizations* (per 1,000 residents)	2010-2011	n<7	4.4	2.1	1.1
Cerebrovascular Disease Hospitalizations (Incl. Stroke)* (per 1,000 residents)	2010-2011	1.9	3.4	2.2	1.5
Nonfatal Gunshot/Stabbing Emergency Department Visits* (per 1,000 residents)	2009-2011	n<7	1.0	0.8	0.3
Cerebrovascular Disease Deaths (Incl. Stroke)* (per 100,000 residents)	2007-2010	n<5	90.0	n<5	16.8
Homicide* (per 100,000 residents)	2010	n<5	n<5	n<5	n<5
Substance Abuse Deaths* (per 100,000 residents)	2006-2010	n<5	98.4	n<5	70.6
Suicide* (per 100,000 residents)	2006-2010	n<5	n<5	n<5	14.0

*Age-adjusted rates

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Birth and death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 9.7b Selected Health Indicators by Race/Ethnicity, Fenway		
Leading Causes of Death, Average Annual Rates, 2006-2010		
Asian	Rates*	Count
Cancer	124.9	10
Diseases of the Heart	48.2	5
†	†	†
Black	Rates*	Count
Diseases of the Heart	345.2	30
Cancer	317.1	29
Cerebrovascular Disease (Incl. Stroke)	77.9	8
Latino	Rates*	Count
Diseases of the Heart	108.6	6
Cancer	105.0	6
†	†	†
White	Rates*	Count
Cancer	158.5	57
Diseases of the Heart	108.7	43
Other Injuries	64.8	22

* Age-adjusted rates per 100,000 residents

† Not calculated, n<5

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 9.8 Selected Adult Survey Health Indicators by Race/Ethnicity, Fenway				
Selected Adult Survey Health Indicators	Percentage of Adult Residents and Confidence Intervals (CI), 2006, 2008, and 2010 Combined			
	Asian	Black	Latino	White
Cigarette Smoking				
Percent	*	29%	*	19%
CI		(4.3-54.5)		(9.8-27.4)
Regular Physical Activity				
Percent	*	64%	*	69%
CI		(44.9-83.3)		(59.8-78.2)
Asthma				
Percent	*	*	*	5%
CI				(1.7-7.9)
Diabetes				
Percent	*	7%	*	2%
CI		(1.1-12.5)		(0.6-3.5)
Obesity				
Percent	*	*	*	8%
CI				(4.0-11.1)
Persistent Sadness				
Percent	*	15%	*	13%
CI		(2.7-26.5)		(4.9-20.9)

* Insufficient sample size

DATA SOURCE: Boston Behavioral Risk Factor Survey, 2006, 2008, and 2010, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission

Fenway Notes, Data Sources, and Data Analysis

Figure 9.1a, 9.1b Population by Age and Sex, Fenway, 2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 9.2 Type of Household, Fenway, 2010

NOTE: The census defines a family household as one in which at least one person living in the household is related by birth, marriage, or adoption to the householder (head of household).

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 9.3 Housing Tenure, Fenway, 2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 9.4 Educational Attainment, Fenway, 2006-2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 9.5a, 9.5b Selected Health Indicators, Fenway

DATA SOURCES:

Adolescent Birth Rate, Low Birth Weight Births, and Preterm Births: Boston Resident Live Births, Massachusetts Department of Public Health

Asthma Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Elevated Blood Lead Levels: Boston Public Health Commission Office of Environmental Health

Chlamydia Incidence: Massachusetts Department of Public Health, STD Division

Hepatitis C Incidence: Communicable Disease Database, Boston Public Health Commission, Communicable Disease Control Division

Heart Disease Hospitalizations, Diabetes Hospitalizations, and Cerebrovascular Disease

Hospitalizations (Incl. Stroke): Inpatient Hospital Discharge Database, Massachusetts Center for Health Information and Analysis

Nonfatal Gunshot/Stabbing Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Cerebrovascular Disease Deaths (Incl. Stroke), Homicide, Substance Abuse Deaths, and Suicide:

Boston Resident Deaths, Massachusetts Department of Public Health

Leading Causes of Death: Boston Resident Deaths, Massachusetts Department of Public Health

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 9.6 Selected Adult Survey Health Indicators, Fenway

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 9.7a, 9.7b Selected Health Indicators by Race/Ethnicity, Fenway

DATA SOURCES:

Adolescent Birth Rate, Low Birth Weight Births, and Preterm Births: Boston Resident Live Births, Massachusetts Department of Public Health

Asthma Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Heart Disease Hospitalizations, Diabetes Hospitalizations, and Cerebrovascular Disease

Hospitalizations (Incl. Stroke): Inpatient Hospital Discharge Database, Massachusetts Center for Health Information and Analysis

Nonfatal Gunshot/Stabbing Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

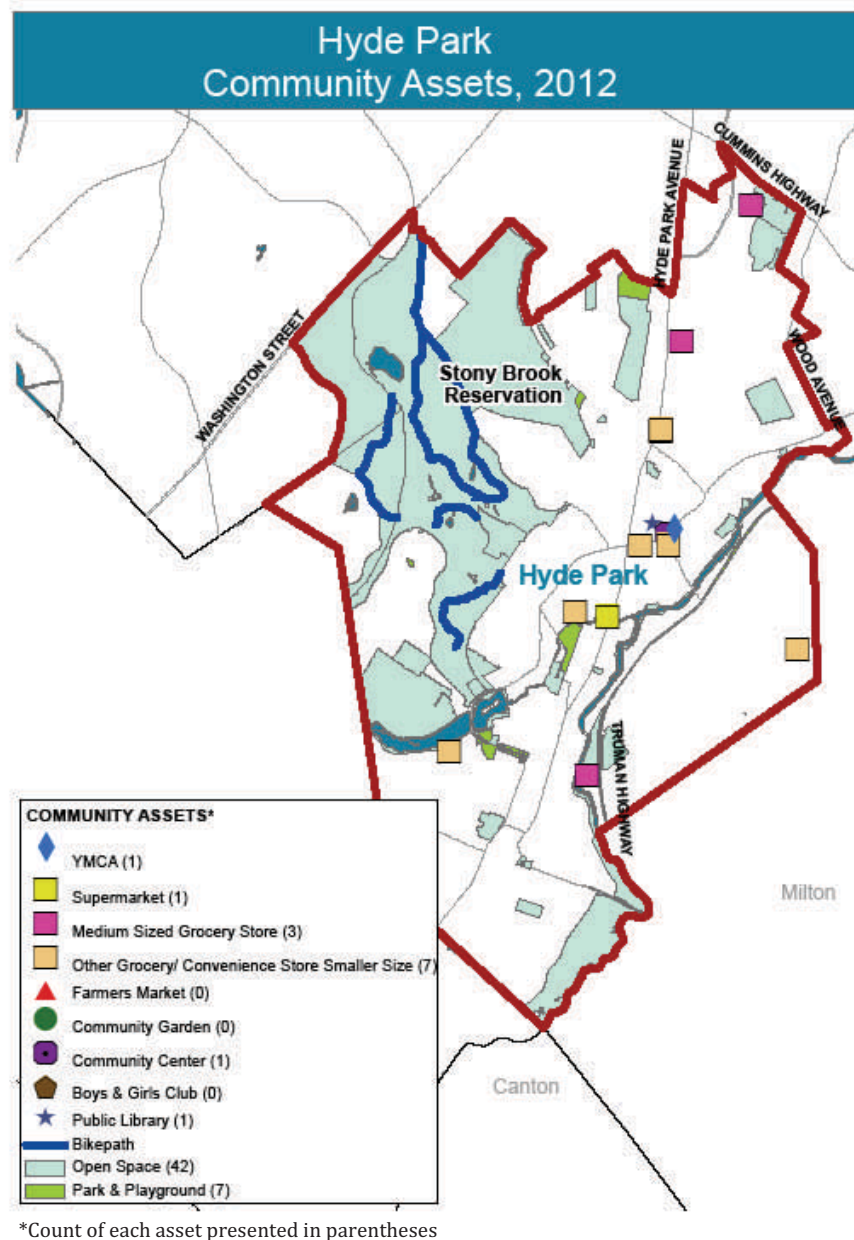
Cerebrovascular Disease Deaths (Incl. Stroke), Homicide, Substance Abuse Deaths, Suicide, and Leading Causes of Deaths: Boston Resident Deaths, Massachusetts Department of Public Health

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 9.8 Selected Adult Survey Health Indicators by Race/Ethnicity, Fenway

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Hyde Park



Hyde Park was known as “Tist” by the area’s Wampanoag Indians. It was incorporated as a town in 1868 and in 1912, became the last neighborhood to be annexed to Boston.

The neighborhood has a large amount of green space, including the George Wright Golf Course and the 450-acre Stony Brook reservation. In the 1800s, several prominent civil right activists, abolitionists and suffragists, including Sarah and Angelina Grimke and William Monroe Trotter, called this neighborhood home. The 54th Regiment, the renowned Black Civil War regiment trained at Camp Meigs in the Readville section of Hyde Park. The city’s mayor, Thomas Menino, is a longtime resident of Readville as well.

Figure 10.1a Females by Age, Hyde Park, 2010

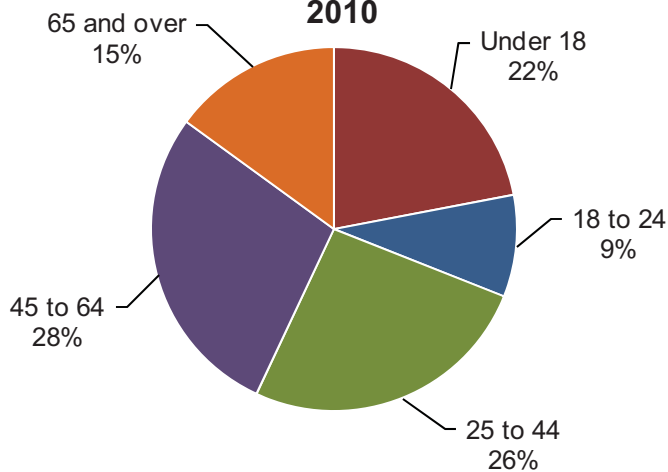
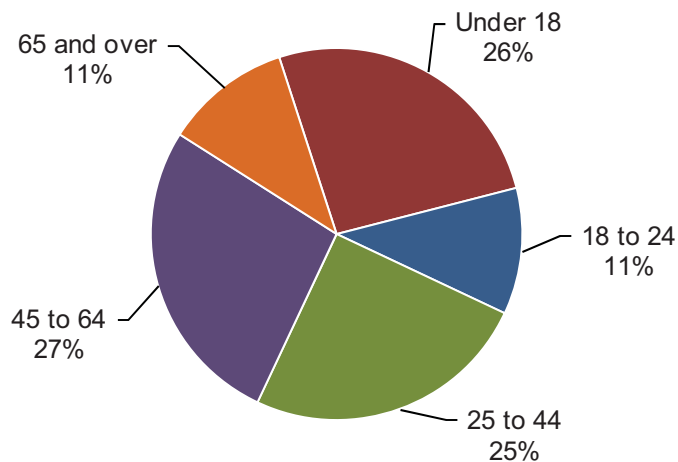


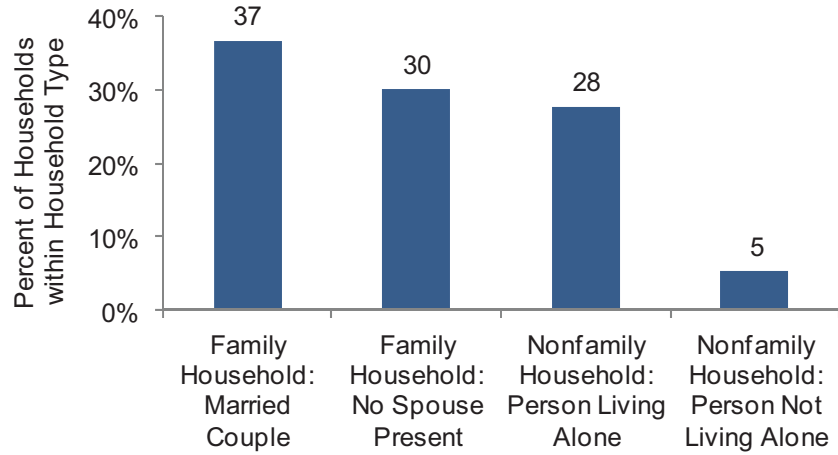
Figure 10.1b Males by Age, Hyde Park, 2010



DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

Residents ages 45-64 accounted for the largest percentage of the Hyde Park population in 2010 (data not shown). Females 45-64 years of age were 28% of the female population in Hyde Park and males were 27% of the male population in the same age group.

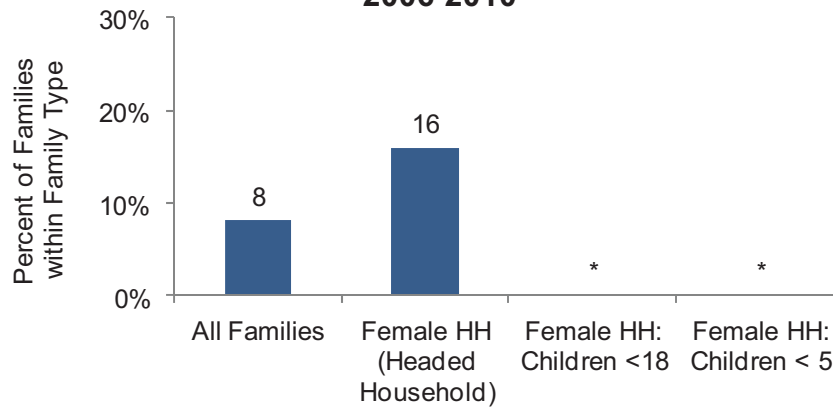
Figure 10.2 Type of Household, Hyde Park, 2010



DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

In Hyde Park, 67% of households were family households. The highest percentage of households was family households with a married couple present (37%). Thirty-three percent of households were nonfamily households.

Figure 10.3 Families with Income Below Poverty Level by Family Type, Hyde Park, 2006-2010

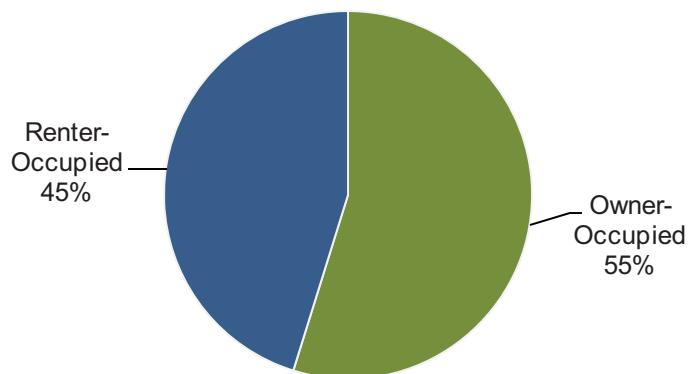


* Insufficient sample size

DATA SOURCE: US Census Bureau, 2006-2010 American Community Survey

In Hyde Park, a higher percentage of female headed households (16%) had an income below the poverty level as compared with all families (8%).

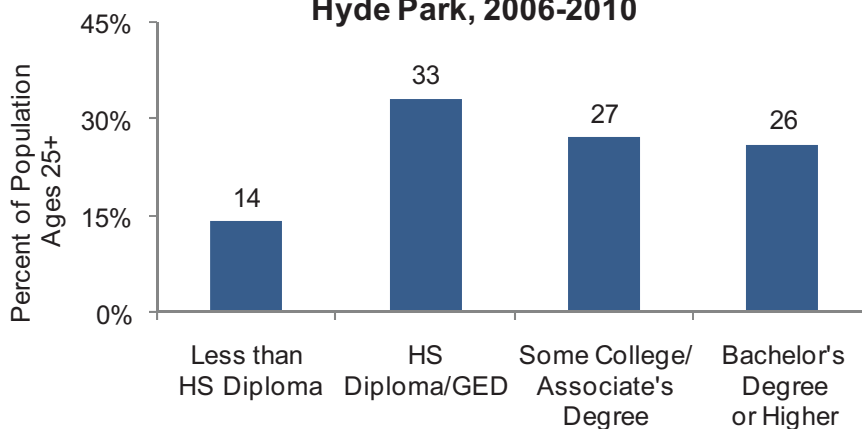
Figure 10.4 Housing Tenure, Hyde Park, 2010



DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

In Hyde Park, just over half (55%) of occupied units were owner-occupied.

Figure 10.5 Educational Attainment, Hyde Park, 2006-2010



DATA SOURCE: US Census Bureau, 2006-2010 American Community Survey

In Hyde Park, 14% of the population had less than a high school diploma. One-third of the population had a high school diploma/GED while only 26% had a Bachelor's degree or higher.

Figure 10.6a Selected Health Indicators, Hyde Park									
Selected Health Indicators	Annual Rates							Average Annual Rates ¹	
	2005	2006	2007	2008	2009	2010	2011	HP	BOSTON
Adolescent Birth Rate (per 1,000 females ages 15-17)	◇	17.4	17.4	14.7	n<5	14.7	NA	12.7	20.1
Low Birth Weight Births (percent of live births)	11.7%	9.4%	11.3%	10.0%	10.9%	8.2%	NA	10.3%	9.3%
Preterm Births (percent of live births)	12.7%	10.7%	13.7%	9.8%	12.0%	9.7%	NA	11.4%	9.9%
Asthma Emergency Department Visits (per 1,000 children under age 5)	31.6	35.1	36.1	35.1	28.5	21.4	19.3	29.6	31.5
Elevated Blood Lead Levels (percent of children testing positive)	2.2%	3.2%	1.4%	1.4%	1.6%	1.0%	1.2%	1.7%	1.4%
Chlamydia Incidence (per 100,000 residents)	NA	NA	NA	NA	691.5	740.7	933.7	788.6	720.9
Hepatitis C Incidence (per 100,000 residents ages 15-25)	NA	n<5	n<5	n<5	n<5	n<5	NA	26.7	45.7
Heart Disease Hospitalizations* (per 1,000 residents)	13.5	12.1	11.6	12.2	10.8	13.1	11.8	12.2	11.2
Diabetes Hospitalizations* (per 1,000 residents)	1.5	2.2	2.3	2.3	2.0	2.8	2.4	2.2	2.3
Cerebrovascular Disease Hospitalizations (Incl. Stroke)* (per 1,000 residents)	2.8	2.3	3.0	2.9	3.0	2.9	2.7	2.8	2.5
Nonfatal Gunshot/Stabbing Emergency Department Visits* (per 1,000 residents)	1.1	1.3	0.9	1.0	0.9	1.5	1.0	1.1	0.9
Cerebrovascular Disease Deaths (Incl. Stroke)* (per 100,000 residents)	51.5	36.4	28.4	25.9	32.1	23.1	NA	32.9	35.3
Homicide* (per 100,000 residents)	n<5	n<5	n<5	14.9	n<5	n<5	NA	10.0	7.9
Substance Abuse Deaths* (per 100,000 residents)	57.2	40.0	31.3	19.3	31.6	20.2	NA	33.2	33.9
Suicide* (per 100,000 residents)	n<5	n<5	n<5	n<5	n<5	n<5	NA	4.8	5.7

¹ Combines all years shown individually for the indicator for which data are available.

◇ Data suppressed to protect confidentiality.

*Age-adjusted rates

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Shaded in red are neighborhood rates or percentages that are higher than the corresponding Boston rate or percentage for the same year(s).

Birth and death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 10.6b Selected Health Indicator, Hyde Park							
Selected Health Indicator	Rolling Averages						BOSTON
	2001-2005	2002-2006	2003-2007	2004-2008	2005-2009	2006-2010	2006-2010
Infant Deaths (per 1,000 live births)	7.8	8.4	8.0	6.8	8.6	6.8	5.9

Gray text represents rates based on counts less than 20 and should be interpreted with caution.
 Black text represents rates based on counts of at least 20.
 Shaded in red are neighborhood rates that are higher than the corresponding Boston rate for the same year(s).
 Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.
 For data source information see end of section.

Figure 10.6c Selected Health Indicators, Hyde Park		
Leading Causes of Death, 2005-2010		
Cancer	Rate*	Count
2005	226.6	81
2006	198.6	73
2007	165.6	59
2008	256.2	92
2009	214.9	77
2010	224.0	81
HP 2005-2010	214.3	463
BOS 2005-2010	181.4	5,679
Diseases of the Heart	Rate*	Count
2005	160.2	57
2006	153.5	56
2007	157.7	56
2008	146.6	52
2009	118.4	44
2010	158.9	57
HP 2005-2010	149.2	322
BOS 2005-2010	152.0	4,831
COPD	Rate*	Count
2005	43.3	16
2006	56.2	20
2007	37.7	13
2008	40.5	14
2009	25.0	9
2010	27.5	10
HP 2005-2010	38.4	82
BOS 2005-2010	28.7	886

* Age-adjusted rates per 100,000 residents
 Gray text represents rates based on counts less than 20 and should be interpreted with caution.
 Black text represents rates based on counts of at least 20.
 Shaded in red are neighborhood rates that are higher than the corresponding Boston rate for the same year(s).
 Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.
 For data source information see end of section.

Figure 10.7 Selected Adult Survey Health Indicators, Hyde Park

Selected Adult Survey Health Indicators	Percentage of Adult Residents and Confidence Intervals (CI)						
	2001	2003	2005	2006	2008	2010	BOSTON
Cigarette Smoking							
Percent	26%	20%	11%	18%	14%	14%	16%
CI	(14.1-38.1)	(10.7-30.3)	(5.6-16.7)	(11.0-25.0)	(6.4-22.2)	(8.4-19.9)	(14.0-17.3)
Regular Physical Activity							
Percent	48%	64%	59%	54%	49%	50%	57%
CI	(33.1-62.2)	(51.5-76.2)	(45.4-72.1)	(41.5-66.1)	(31.4-67.2)	(39.9-59.6)	(54.7-59.3)
Asthma							
Percent	*	12%	5%	17%	9%	12%	11%
CI		(3.1-21.7)	(0.8-9.6)	(7.6-25.5)	(3.3-14.4)	(6.0-17.4)	(9.5-12.4)
Diabetes							
Percent	12%	10%	7%	7%	5%	8%	6%
CI	(2.7-21.5)	(2.3-17.7)	(3.0-11.5)	(3.0-10.2)	(2.0-8.5)	(4.0-12.2)	(5.4-7.0)
Obesity							
Percent	25%	12%	17%	24%	28%	31%	21%
CI	(13.4-37.2)	(2.6-20.5)	(7.8-26.7)	(14.9-32.9)	(15.9-40.1)	(21.3-39.9)	(18.9-22.7)
Persistent Sadness							
Percent	5%	6%	3%	10%	9%	10%	9%
CI	(0.1-10.2)	(0.7-11.1)	(0.7-6.1)	(3.3-16.9)	(2.9-15.4)	(4.6-15.0)	(8.1-10.7)

*Insufficient sample size

DATA SOURCE: Boston Behavioral Risk Factor Survey, 2001, 2003, 2005, 2006, 2008, and 2010, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission

Figure 10.8a Selected Health Indicators by Race/Ethnicity, Hyde Park					
Selected Health Indicators	Years	Average Annual Rates			
		Asian	Black	Latino	White
Adolescent Birth Rate (per 1,000 females ages 15-17)	2006-2010	n<5	9.0	22.6	10.4
Low Birth Weight Births (percent of live births)	2010	n<5	10.0%	6.7%	7.1%
Preterm Births (percent of live births)	2010	n<5	10.4%	11.5%	7.9%
Infant Deaths (per 1,000 live births)	2009-2010	n<5	11.7	n<5	n<5
Asthma Emergency Department Visits (per 1,000 children under age 5)	2010-2011	n<7	19.6	26.8	10.8
Heart Disease Hospitalizations* (per 1,000 residents)	2011	n<7	12.7	9.3	11.5
Diabetes Hospitalizations* (per 1,000 residents)	2011	n<7	3.4	2.1	1.5
Cerebrovascular Disease Hospitalizations (Incl. Stroke)* (per 1,000 residents)	2011	n<7	3.5	2.2	2.1
Nonfatal Gunshot/Stabbing Emergency Department Visits* (per 1,000 residents)	2010-2011	n<7	1.8	1.0	0.6
Cerebrovascular Disease Deaths (Incl. Stroke)* (per 100,000 residents)	2007-2010	n<5	16.7	60.2	30.9
Homicide* (per 100,000 residents)	2008-2010	n<5	19.1	n<5	n<5
Substance Abuse Deaths* (per 100,000 residents)	2008-2010	n<5	11.0	24.8	39.6
Suicide* (per 100,000 residents)	2010	n<5	n<5	n<5	n<5

* Age-adjusted rates

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Birth and death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes

For data source information see end of section.

Figure 10.8b Selected Health Indicators by Race/Ethnicity, Hyde Park		
Leading Causes of Death, Average Annual Rates, 2008-2010		
Asian	Rate*	Count
†	†	†
†	†	†
†	†	†
Black	Rate*	Count
Cancer	198.8	85
Diseases of the Heart	71.5	30
Homicide	19.1	9
Latino	Rate*	Count
Cancer	155.0	14
Cerebrovascular Disease (Incl. Stroke)	80.2	6
Other Injuries	25.6	5
White	Rate*	Count
Cancer	286.7	148
Diseases of the Heart	209.2	117
COPD	54.7	30

* Age-adjusted rates per 100,000 residents

† Not calculated, n<5

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 10.9 Selected Adult Survey Health Indicators by Race/Ethnicity, Hyde Park				
Selected Adult Survey Health Indicators	Percentage of Adult Residents and Confidence Intervals (CI), 2006, 2008, and 2010 Combined			
	Asian	Black	Latino	White
Cigarette Smoking				
Percent	*	9%	12%	22%
CI		(3.2-15.1)	(4.2-20.7)	(15.8-27.7)
Regular Physical Activity				
Percent	*	52%	39%	53%
CI		(36.1-67.1)	(22.0-56.7)	(44.6-60.6)
Asthma				
Percent	*	14%	10%	12%
CI		(5.7-21.8)	(0.9-19.3)	(7.2-16.5)
Diabetes				
Percent	*	7%	7%	6%
CI		(3.2-11.7)	(0.3-13.6)	(3.2-8.1)
Obesity				
Percent	*	31%	27%	27%
CI		(18.5-42.9)	(12.6-42.3)	(20.1-34.1)
Persistent Sadness				
Percent	*	10%	12%	9%
CI		(3.4-17.5)	(3.1-21.8)	(5.1-12.5)

* Insufficient sample size

DATA SOURCE: Boston Behavioral Risk Factor Survey, 2006, 2008, and 2010, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission

Hyde Park Notes, Data Sources and Data Analysis

Figure 10.1a, 10.1b Population by Age and Sex, Hyde Park, 2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 10.2 Type of Household, Hyde Park, 2010

NOTE: The census defines a family household as one in which at least one person living in the household is related by birth, marriage, or adoption to the householder (head of household).

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 10.3 Families with Income Below Poverty Level by Family Type, Hyde Park, 2006-2010

NOTE: Data are estimates based on the American Community Survey. The data on poverty status of households were derived from answers to income questions. Since poverty is defined at the family level and not the household level, the poverty status of the household is determined by the poverty status of the householder. Households are classified as poor when the total income of the householder's family is below the appropriate poverty threshold. (For nonfamily householders, their own income is compared with the appropriate threshold.) The income of people living in the household who are unrelated to the householder is not considered when determining the poverty status of a household, nor does their presence affect the family size in determining the appropriate threshold. The poverty thresholds vary depending on three criteria: size of family, number of related children and for 1- and 2-person families, age of householder.

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 10.4 Housing Tenure, Hyde Park, 2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 10.5 Educational Attainment, Hyde Park, 2006-2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 10.6a-10.6c Selected Health Indicators, Hyde Park

DATA SOURCES:

Adolescent Birth Rate, Low Birth Weight Births, and Preterm Births: Boston Resident Live Births, Massachusetts Department of Public Health

Asthma Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Elevated Blood Lead Levels: Boston Public Health Commission Office of Environmental Health

Chlamydia Incidence: Massachusetts Department of Public Health, STD Division

Hepatitis C Incidence: Communicable Disease Database, Boston Public Health Commission, Communicable Disease Control Division

Heart Disease Hospitalizations, Diabetes Hospitalizations, and Cerebrovascular Disease

Hospitalizations (Incl. Stroke): Inpatient Hospital Discharge Database, Massachusetts Center for Health Information and Analysis

Nonfatal Gunshot/Stabbing Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Cerebrovascular Disease Deaths (Incl. Stroke), Homicide, Substance Abuse Deaths, and Suicide:

Boston Resident Deaths, Massachusetts Department of Public Health

Infant Deaths: Boston Resident Live Births and Deaths, Massachusetts Department of Public Health

Leading Causes of Death: Boston Resident Deaths, Massachusetts Department of Public Health

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 10.7 Selected Adult Survey Health Indicators, Hyde Park

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 10.8a, 10.8b Selected Health Indicators by Race/Ethnicity, Hyde Park

DATA SOURCES:

Adolescent Birth Rate, Low Birth Weight Births, and Preterm Births: Boston Resident Live Births, Massachusetts Department of Public Health

Infant Deaths: Boston Resident Live Births and Deaths, Massachusetts Department of Public Health

Asthma Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Heart Disease Hospitalizations, Diabetes Hospitalizations, and Cerebrovascular Disease

Hospitalizations (Incl. Stroke): Inpatient Hospital Discharge Database, Massachusetts Center for Health Information and Analysis

Nonfatal Gunshot/Stabbing Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Cerebrovascular Disease Deaths (Incl. Stroke), Homicide, Substance Abuse Deaths, Suicide, and

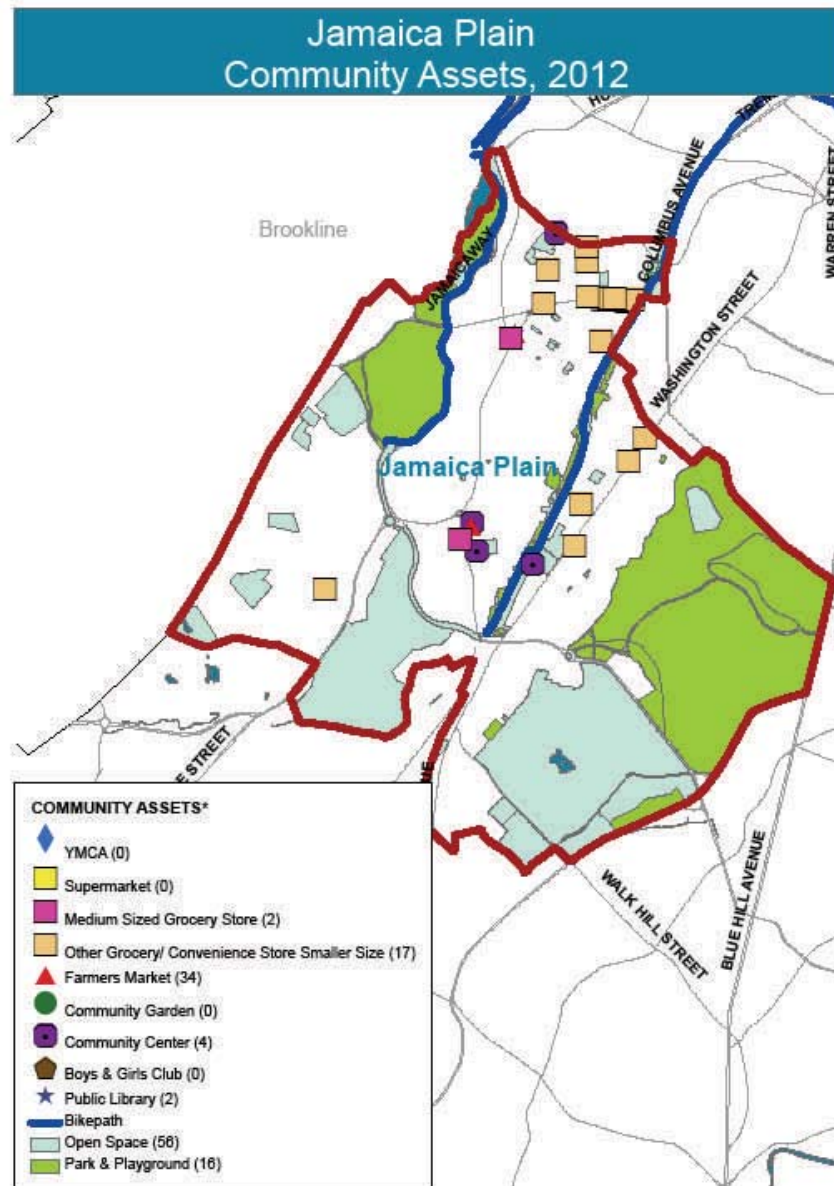
Leading Causes of Deaths: Boston Resident Deaths, Massachusetts Department of Public Health

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 10.9 Selected Adult Survey Health Indicators by Race/Ethnicity, Hyde Park

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Jamaica Plain



*Count of each asset presented in parentheses

Jamaica Plain, originally part of the Town of Roxbury, was annexed to Boston in 1874. In the mid-19th century, 24 breweries were built along the Stony Brook that ran along the Jamaica Plain/Roxbury line. Drawn to the work at these breweries, German immigrants settled around Hyde Square. The availability of work in area factories also brought Irish immigrants to the neighborhood.

Jamaica Plain has much planned green space. In 1848, the beautiful Forest Hills Cemetery opened, with graves and monuments integrated into the natural landscape. Jamaica Pond and the Arnold Arboretum were incorporated into Boston's Emerald Necklace, Frederick Law Olmstead's renowned linked series of parklands. Today, the neighborhood is a diverse one, with large Latino, and gay and lesbian communities.

Figure 11.1a Females by Age, Jamaica Plain, 2010

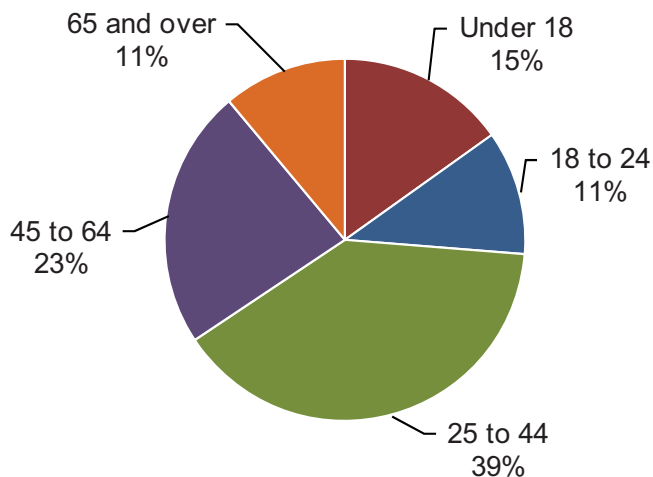
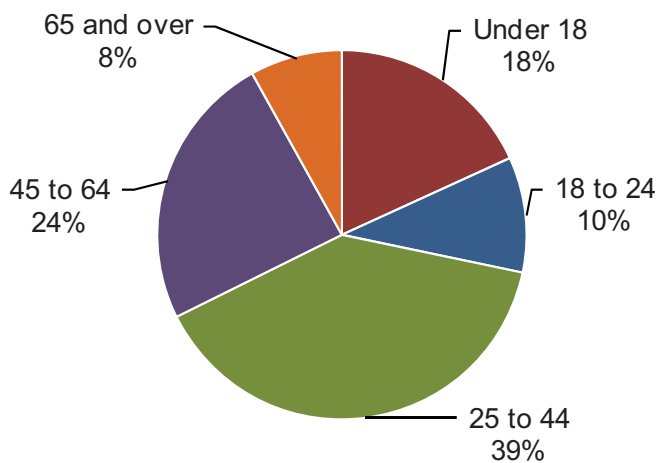


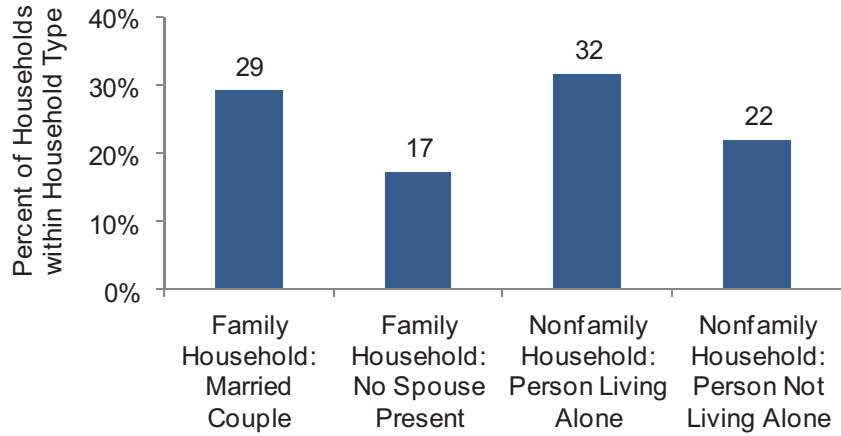
Figure 11.1b Males by Age, Jamaica Plain, 2010



DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

Residents ages 25-44 accounted for the largest percentage of the Jamaica Plain population (data not shown). Females and males 25-44 years of age were 39% of their respective population in Jamaica Plain.

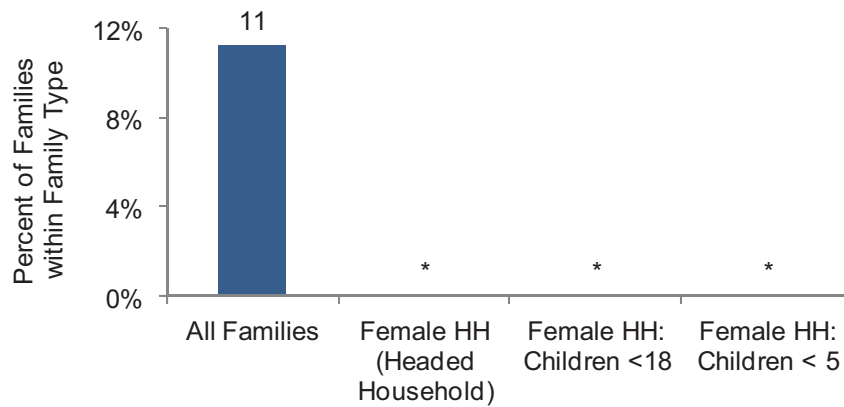
Figure 11.2 Type of Household, Jamaica Plain, 2010



DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

In Jamaica Plain, nonfamily households were a slight majority (54%). The highest percentage of households were people living alone (32%) while the lowest percentage of households were family households with no spouse present (17%).

Figure 11.3 Families with Income Below Poverty Level by Family Type, Jamaica Plain, 2006-2010

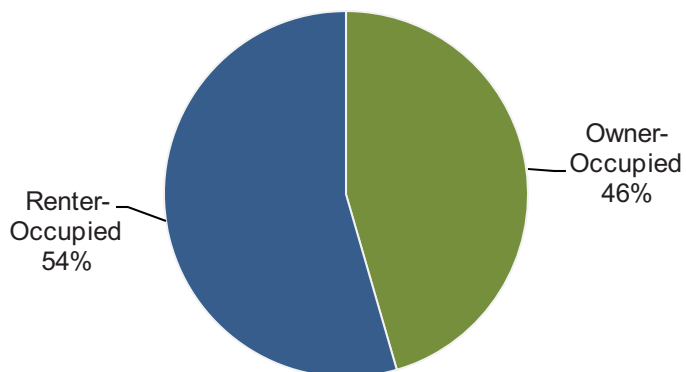


* Insufficient sample size

DATA SOURCE: US Census Bureau, 2006-2010 American Community Survey

In Jamaica Plain, 11% of all families had an income below the poverty level.

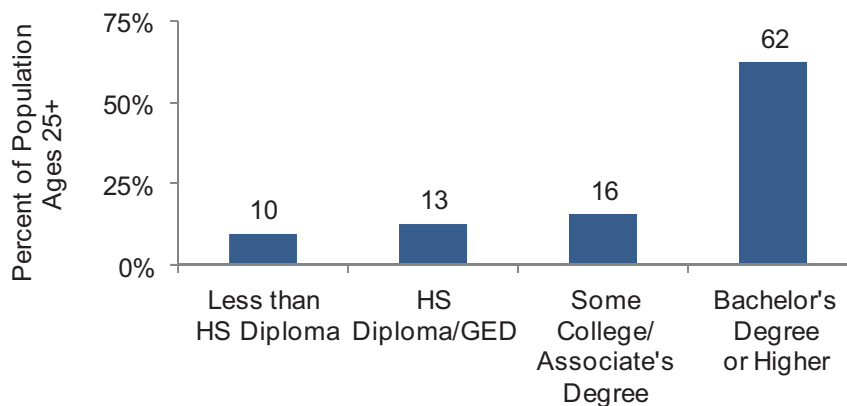
Figure 11.4 Housing Tenure, Jamaica Plain, 2010



DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

In Jamaica Plain, just over half (54%) of occupied units were renter-occupied.

Figure 11.5 Educational Attainment, Jamaica Plain, 2006-2010



DATA SOURCE: US Census Bureau, 2006-2010 American Community Survey

In Jamaica Plain, 62% of the population had a Bachelor's degree or higher. This was significantly higher than the other three lower levels of educational attainment.

Figure 11.6a Selected Health Indicators, Jamaica Plain

Selected Health Indicators	Annual Rates							Average Annual Rates ¹	
	2005	2006	2007	2008	2009	2010	2011	JP	BOSTON
Adolescent Birth Rate (per 1,000 females ages 15-17)	21.9	27.4	32.9	16.4	21.9	19.2	NA	23.3	20.1
Low Birth Weight Births (percent of live births)	9.0%	8.3%	6.0%	7.1%	7.3%	7.2%	NA	7.5%	9.3%
Preterm Births (percent of live births)	10.0%	8.6%	8.5%	9.2%	9.3%	7.9%	NA	8.9%	9.9%
Asthma Emergency Department Visits (per 1,000 children under age 5)	21.9	27.3	30.3	34.8	21.9	20.9	17.9	25.0	31.5
Elevated Blood Lead Levels (percent of children testing positive)	1.8%	1.2%	0.7%	0.9%	0.8%	0.5%	0.6%	0.9%	1.4%
Chlamydia Incidence (per 100,000 residents)	NA	NA	NA	NA	559.3	485.9	567.8	537.7	720.9
Hepatitis C Incidence (per 100,000 residents ages 15-25)	NA	n<5	n<5	n<5	n<5	n<5	NA	32.3	45.7
Heart Disease Hospitalizations* (per 1,000 residents)	10.3	9.8	10.8	9.8	9.2	8.1	8.5	9.5	11.2
Diabetes Hospitalizations* (per 1,000 residents)	1.6	2.4	2.4	1.8	2.1	1.9	1.8	2.0	2.3
Cerebrovascular Disease Hospitalizations (Incl. Stroke)* (per 1,000 residents)	2.5	2.1	1.9	2.4	1.8	2.0	2.1	2.1	2.5
Nonfatal Gunshot/Stabbing Emergency Department Visits* (per 1,000 residents)	0.9	0.9	1.0	0.6	0.7	0.8	0.5	0.8	0.9
Cerebrovascular Disease Deaths (Incl. Stroke)* (per 100,000 residents)	39.6	n<5	19.0	n<5	n<5	27.9	NA	20.8	35.3
Homicide* (per 100,000 residents)	n<5	n<5	n<5	16.0	n<5	n<5	NA	7.8	7.9
Substance Abuse Deaths* (per 100,000 residents)	n<5	52.0	20.3	n<5	n<5	43.3	NA	25.3	33.9
Suicide* (per 100,000 residents)	n<5	n<5	n<5	n<5	n<5	n<5	NA	5.4	5.7

¹ Combines all years shown individually for the indicator for which data are available.

*Age-adjusted rates

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Shaded in red are neighborhood rates or percentages that are higher than the corresponding Boston rate or percentage for the same year(s).

Birth and death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 11.6b Selected Health Indicator, Jamaica Plain							
Selected Health Indicator	Rolling Averages						BOSTON
	2001-2005	2002-2006	2003-2007	2004-2008	2005-2009	2006-2010	2006-2010
Infant Deaths (per 1,000 live births)	5.2	3.8	3.8	5.5	4.5	4.9	5.9

Gray text represents rates based on counts less than 20 and should be interpreted with caution.
 Black text represents rates based on counts of at least 20.
 Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.
 For data source information see end of section.

Figure 11.6c Selected Health Indicators, Jamaica Plain		
Leading Causes of Death, 2005-2010		
Cancer	Rate*	Count
2005	172.8	48
2006	155.1	39
2007	153.9	41
2008	146.8	39
2009	134.3	35
2010	146.5	38
JP 2005-2010	151.6	240
BOS 2005-2010	181.4	5,679
Diseases of the Heart	Rate*	Count
2005	162.1	39
2006	141.5	37
2007	122.9	30
2008	121.6	29
2009	157.4	39
2010	104.4	25
JP 2005-2010	135.0	199
BOS 2005-2010	152.0	4,831
Other Injuries	Rate*	Count
2005	37.1	10
2006	47.1	13
2007	18.1	6
2008	n<5	n<5
2009	15.0	5
2010	41.9	12
JP 2005-2010	28.5	49
BOS 2005-2010	32.9	1,116

* Age-adjusted rates per 100,000 residents
 Gray text represents rates based on counts less than 20 and should be interpreted with caution.
 Black text represents rates based on counts of at least 20.
 Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.
 For data source information see end of section.

Figure 11.7 Selected Adult Survey Health Indicators, Jamaica Plain							
Selected Adult Survey Health Indicators	Percentage of Adult Residents and Confidence Intervals (CI)						
	2001	2003	2005	2006	2008	2010	BOSTON 2010
Cigarette Smoking							
Percent	*	14%	12%	15%	11%	11%	16%
CI		(4.8-22.7)	(6.7-17.2)	(7.5-21.7)	(0.9-21.5)	(6.2-15.3)	(14.0-17.3)
Regular Physical Activity							
Percent	*	58%	48%	68%	61%	58%	57%
CI		(44.7-71.5)	(39.5-56.8)	(60.4-75.0)	(50.6-72.0)	(50.0-65.7)	(54.7-59.3)
Asthma							
Percent	*	*	14%	6%	9%	15%	11%
CI			(8.5-18.8)	(3.3-9.2)	(4.8-12.9)	(8.8-21.4)	(9.5-12.4)
Diabetes							
Percent	*	*	4%	3%	5%	5%	6%
CI			(1.2-7.2)	(1.5-4.8)	(1.8-8.3)	(2.6-7.2)	(5.4-7.0)
Obesity							
Percent	*	13%	17%	10%	15%	16%	21%
CI		(4.9-21.9)	(10.3-23.0)	(6.4-13.5)	(9.1-21.7)	(10.6-21.4)	(18.9-22.7)
Persistent Sadness							
Percent	*	*	8%	7%	6%	7%	9%
CI			(3.8-13.0)	(3.2-11.4)	(2.2-10.0)	(3.4-9.8)	(8.1-10.7)

*Insufficient sample size

DATA SOURCE: Boston Behavioral Risk Factor Survey, 2001, 2003, 2005, 2006, 2008, and 2010, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission

Figure 11.8a Selected Health Indicators by Race/Ethnicity, Jamaica Plain					
Selected Health Indicators	Years	Average Annual Rates			
		Asian	Black	Latino	White
Adolescent Birth Rate (per 1,000 females ages 15-17)	2007-2010	n<5	37.3	22.3	17.9
Low Birth Weight Births (percent of live births)	2009-2010	13.5%	13.3%	8.6%	4.9%
Preterm Births (percent of live births)	2009-2010	10.8%	12.2%	9.1%	7.6%
Infant Deaths (per 1,000 live births)	2010	n<5	n<5	n<5	n<5
Asthma Emergency Department Visits (per 1,000 children under age 5)	2011	n<7	44.9	17.3	10.6
Heart Disease Hospitalizations* (per 1,000 residents)	2010-2011	3.4	13.1	8.6	6.9
Diabetes Hospitalizations* (per 1,000 residents)	2011	n<7	5.0	2.4	1.2
Cerebrovascular Disease Hospitalizations (Incl. Stroke)* (per 1,000 residents)	2011	n<7	3.2	3.0	1.4
Nonfatal Gunshot/Stabbing Emergency Department Visits* (per 1,000 residents)	2010-2011	n<7	2.0	1.2	0.2
Cerebrovascular Disease Deaths (Incl. Stroke)* (per 100,000 residents)	2009-2010	n<5	n<5	n<5	16.4
Homicide* (per 100,000 residents)	2007-2010	n<5	33.3	16.4	n<5
Substance Abuse Deaths* (per 100,000 residents)	2006-2010	n<5	40.2	28.4	28.5
Suicide* (per 100,000 residents)	2008-2010	n<5	n<5	n<5	10.2

* Age-adjusted rates

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Birth and death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 11.8b Selected Health Indicators by Race/Ethnicity, Jamaica Plain		
Leading Causes of Death, Average Annual Rates, 2008-2010		
Asian	Rate*	Count
†	†	†
†	†	†
†	†	†
Black	Rate*	Count
Diseases of the Heart	226.2	20
Cancer	157.5	18
Nephritis/Nephrosis	74.9	7
Latino	Rate*	Count
Cancer	108.2	17
Diseases of the Heart	38.7	6
Homicide	21.8	6
White	Rate*	Count
Cancer	151.2	73
Diseases of the Heart	131.8	65
Other Injuries	23.7	13

* Age-adjusted rates per 100,000 residents

† Not calculated, n<5

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 11.9 Selected Adult Survey Health Indicators by Race/Ethnicity, Jamaica Plain				
Selected Adult Survey Health Indicators	Percentage of Adult Residents and Confidence Intervals (CI), 2006, 2008, and 2010 Combined			
	Asian	Black	Latino	White
Cigarette Smoking				
Percent	*	6%	12%	14%
CI		(0.9-11.2)	(4.5-20.4)	(8.4-20.3)
Regular Physical Activity				
Percent	*	65%	44%	65%
CI		(46.8-83.5)	(31.1-56.8)	(58.6-70.4)
Asthma				
Percent	*	10%	14%	9%
CI		(0.3-18.8)	(2.6-24.7)	(6.2-11.7)
Diabetes				
Percent	*	10%	10%	3%
CI		(0.3-19.3)	(4.9-14.3)	(1.5-3.7)
Obesity				
Percent	*	27%	21%	11%
CI		(10.6-42.5)	(12.1-30.0)	(7.6-13.5)
Persistent Sadness				
Percent	*	8%	16%	5%
CI		(0.0-17.7)	(6.3-25.4)	(2.9-6.8)

* Insufficient sample size

DATA SOURCE: Boston Behavioral Risk Factor Survey, 2006, 2008, and 2010, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission

Jamaica Plain Notes, Data Sources, and Data Analysis

Figure 11.1a, 11.1b Population by Age and Sex, Jamaica Plain, 2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 11.2 Type of Household, Jamaica Plain, 2010

NOTE: The census defines a family household as one in which at least one person living in the household is related by birth, marriage, or adoption to the householder (head of household).

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 11.3 Families with Income Below Poverty Level by Family Type, Jamaica Plain, 2006-2010

NOTE: Data are estimates based on the American Community Survey. The data on poverty status of households were derived from answers to income questions. Since poverty is defined at the family level and not the household level, the poverty status of the household is determined by the poverty status of the householder. Households are classified as poor when the total income of the householder's family is below the appropriate poverty threshold. (For nonfamily householders, their own income is compared with the appropriate threshold.) The income of people living in the household who are unrelated to the householder is not considered when determining the poverty status of a household, nor does their presence affect the family size in determining the appropriate threshold. The poverty thresholds vary depending on three criteria: size of family, number of related children and for 1- and 2-person families, age of householder.

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 11.4 Housing Tenure, Jamaica Plain, 2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 11.5 Educational Attainment, Jamaica Plain, 2006-2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 11.6a–11.6c Selected Health Indicators, Jamaica Plain

DATA SOURCES:

Adolescent Birth Rate, Low Birth Weight Births, and Preterm Births: Boston Resident Live Births, Massachusetts Department of Public Health

Asthma Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Elevated Blood Lead Levels: Boston Public Health Commission Office of Environmental Health

Chlamydia Incidence: Massachusetts Department of Public Health, STD Division

Hepatitis C Incidence: Communicable Disease Database, Boston Public Health Commission, Communicable Disease Control Division

Heart Disease Hospitalizations, Diabetes Hospitalizations, and Cerebrovascular Disease

Hospitalizations (Incl. Stroke): Inpatient Hospital Discharge Database, Massachusetts Center for Health Information and Analysis

Nonfatal Gunshot/Stabbing Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Cerebrovascular Disease Deaths (Incl. Stroke), Homicide, Substance Abuse Deaths, and Suicide: Boston Resident Deaths, Massachusetts Department of Public Health

Infant Deaths: Boston Resident Live Births and Deaths, Massachusetts Department of Public Health

Leading Causes of Death: Boston Resident Deaths, Massachusetts Department of Public Health
DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 11.7 Selected Adult Survey Health Indicators, Jamaica Plain

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 11.8a, 11.8b Selected Health Indicators by Race/Ethnicity, Jamaica Plain

DATA SOURCES:

Adolescent Birth Rate, Low Birth Weight Births, and Preterm Births: Boston Resident Live Births, Massachusetts Department of Public Health

Infant Deaths: Boston Resident Live Births and Deaths, Massachusetts Department of Public Health

Asthma Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Heart Disease Hospitalizations, Diabetes Hospitalizations, and Cerebrovascular Disease

Hospitalizations (Incl. Stroke): Inpatient Hospital Discharge Database, Massachusetts Center for Health Information and Analysis

Nonfatal Gunshot/Stabbing Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

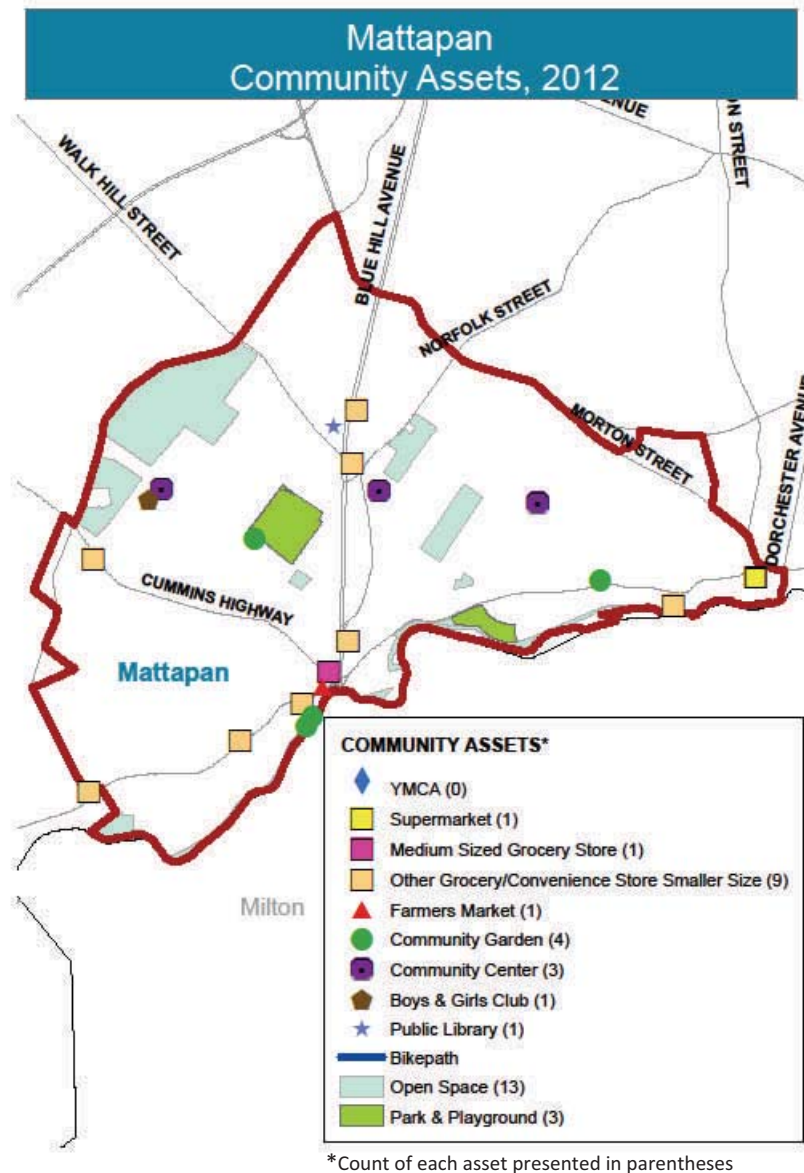
Cerebrovascular Disease Deaths (Incl. Stroke), Homicide, Substance Abuse Deaths, Suicide, and Leading Causes of Deaths: Boston Resident Deaths, Massachusetts Department of Public Health

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 11.9 Selected Adult Survey Health Indicators by Race/Ethnicity, Jamaica Plain

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Mattapan



Mattapan, originally a section of Dorchester, was annexed to Boston in 1870. Mattapan is the original Mattahunt tribe's name for the area.

At the turn of the 20th century, the neighborhood became home to Irish and Jewish immigrant groups. From the 1920s through the 1950s, Blue Hill Avenue was the center of Boston's Jewish community. In the 1960s, a controversial program of redlining by the banking consortium, Boston Banks Urban Renewal Group, triggered a change in Mattapan from a predominately Jewish to a predominately Black neighborhood. To encourage home ownership, "low interest, no-money-down mortgages" were offered to Black home buyers in the "redlined" area along Blue Hill Avenue while scare tactics were used to create panic selling among Jewish homeowners.

Over the last two decades, Mattapan has become home to many Haitian immigrants. The neighborhood now has the largest Haitian community in Massachusetts.

Figure 12.1a Females by Age, Mattapan, 2010

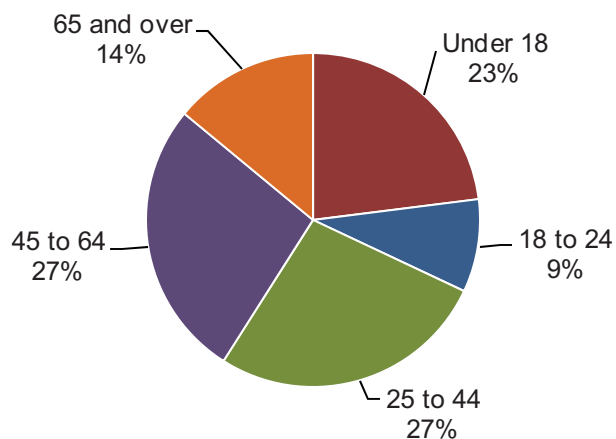
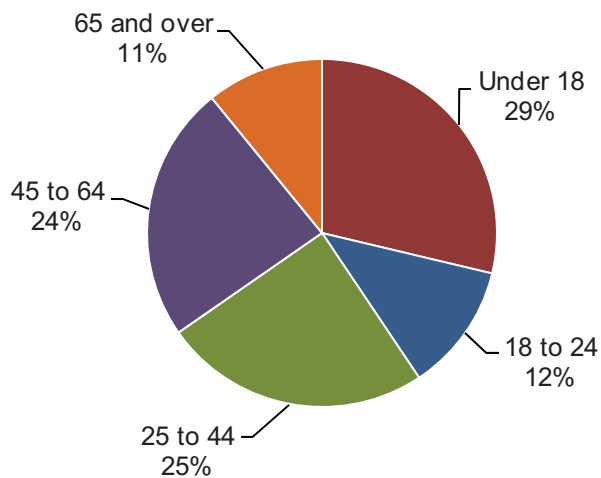


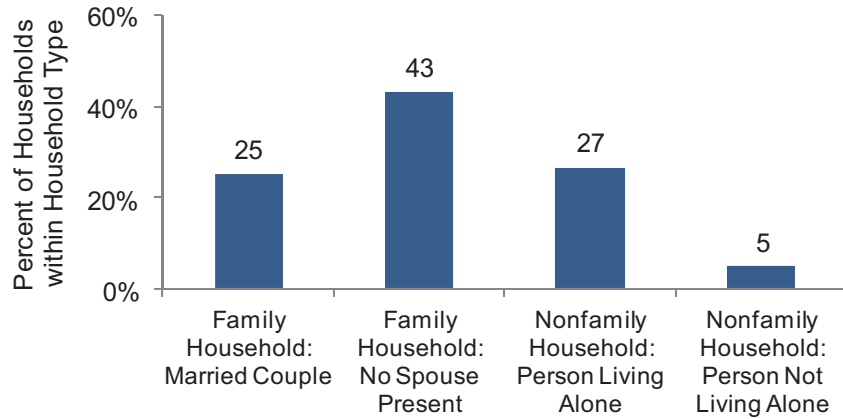
Figure 12.1b Males by Age, Mattapan, 2010



DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

Residents under 18 years of age accounted for a quarter (25%) of the Mattapan population in 2010 (data not shown). Females under 18 years of age were 23% of the female population in Mattapan and males were 29% of the male population in the same age group.

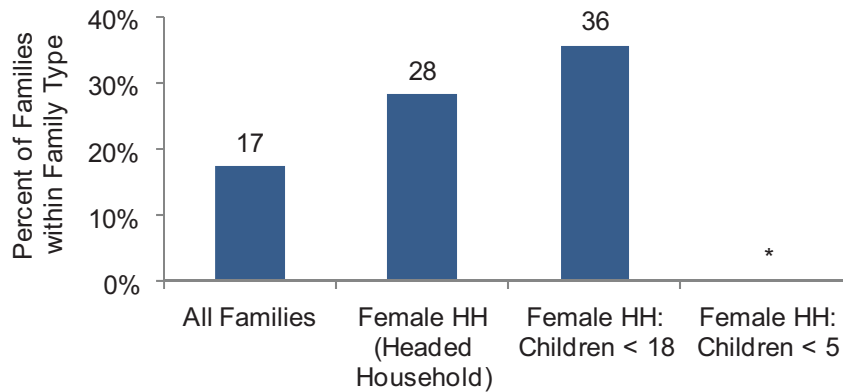
Figure 12.2 Type of Household, Mattapan, 2010



DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

In Mattapan, 68% of households were family households. The highest percentage of households were families with no spouse present (43%). Twenty-seven percent of households consisted of persons living alone.

Figure 12.3 Families with Income Below Poverty Level by Family Type, Mattapan, 2006-2010

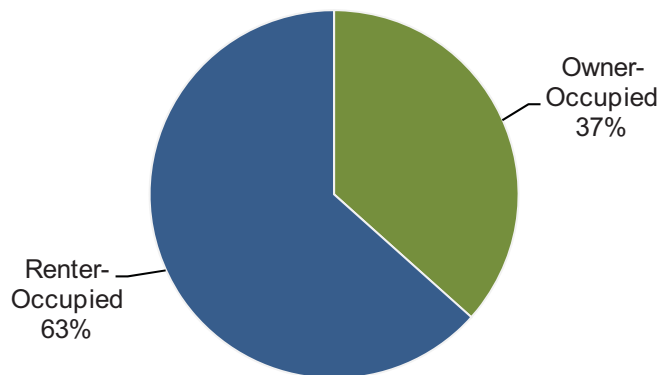


*Insufficient sample size

DATA SOURCE: US Census Bureau, 2006-2010 American Community Survey

A higher percentage of female headed households (28%) had an income below poverty level compared with families in Mattapan (17%).

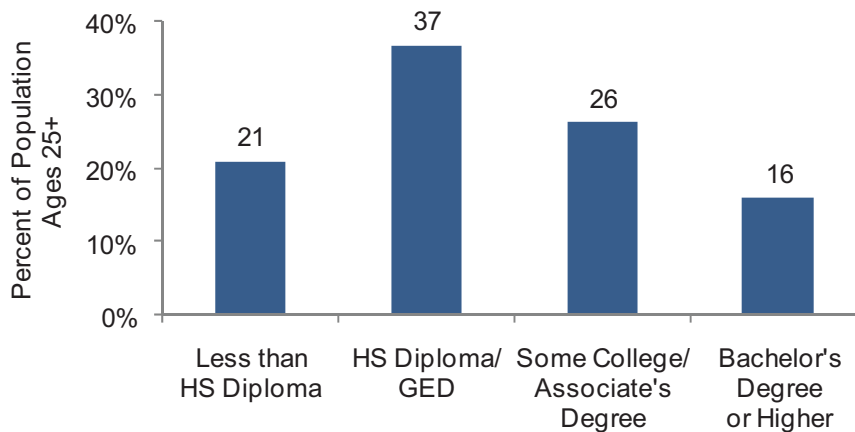
Figure 12.4 Housing Tenure, Mattapan, 2010



DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

In Mattapan, almost two-thirds (63%) of occupied units were renter-occupied.

Figure 12.5 Educational Attainment, Mattapan, 2006-2010



DATA SOURCE: US Census Bureau, 2006-2010 American Community Survey

In Mattapan, 37% of the population had a high school diploma/GED. This is significantly higher than all other levels of educational attainment. Only 16% of the population had a Bachelor's degree or higher.

Figure 12.6a Selected Health Indicators, Mattapan									
Selected Health Indicators	Annual Rates							Average Annual Rates ¹	
	2005	2006	2007	2008	2009	2010	2011	MT	BOSTON
Adolescent Birth Rate (per 1,000 females ages 15-17)	◇	26.7	26.7	17.8	n<5	11.1	NA	19.3	20.1
Low Birth Weight Births (percent of live births)	9.9%	9.1%	10.9%	9.9%	12.5%	12.9%	NA	10.8%	9.3%
Preterm Births (percent of live births)	11.7%	10.9%	12.3%	12.3%	10.3%	11.6%	NA	11.5%	9.9%
Asthma Emergency Department Visits (per 1,000 children under age 5)	46.3	55.2	43.8	58.3	44.4	40.6	36.8	46.5	31.5
Elevated Blood Lead Levels (percent of children testing positive)	2.7%	2.5%	2.0%	1.3%	1.1%	1.4%	0.6%	1.7%	1.4%
Chlamydia Incidence (per 100,000 residents)	NA	NA	NA	NA	1,248.0	1,361.4	1,506.1	1,371.8	720.9
Hepatitis C Incidence (per 100,000 residents ages 15-25)	NA	n<5	n<5	n<5	n<5	n<5	NA	n<5	45.7
Heart Disease Hospitalizations* (per 1,000 residents)	9.3	11.2	11.7	11.2	11.0	12.7	12.1	11.3	11.2
Diabetes Hospitalizations* (per 1,000 residents)	3.2	3.3	3.2	5.0	4.2	3.4	2.9	3.6	2.3
Cerebrovascular Disease Hospitalizations (Incl. Stroke)* (per 1,000 residents)	2.3	3.7	2.6	3.7	3.4	3.2	2.8	3.1	2.5
Nonfatal Gunshot/Stabbing Emergency Department Visits* (per 1,000 residents)	2.4	2.1	2.4	2.0	2.5	2.1	2.1	2.2	0.9
Cerebrovascular Disease Deaths (Incl. Stroke)* (per 100,000 residents)	n<5	34.3	50.7	33.2	48.2	30.0	NA	36.2	35.3
Homicide* (per 100,000 residents)	27.5	39.3	42.8	31.7	38.1	n<5	NA	33.2	7.9
Substance Abuse Deaths* (per 100,000 residents)	34.6	36.6	25.8	30.3	27.3	n<5	NA	28.5	33.9
Suicide* (per 100,000 residents)	n<5	n<5	n<5	n<5	n<5	n<5	NA	n<5	5.7

¹ Combines all years shown individually for the indicator for which data are available.

◇ Data suppressed to protect confidentiality.

*Age-adjusted rates

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Shaded in red are neighborhood rates or percentages that are higher than the corresponding Boston rate or percentage for the same year(s).

Birth and death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 12.6b Selected Health Indicator, Mattapan							
Selected Health Indicator	Rolling Averages						BOSTON
	2001-2005	2002-2006	2003-2007	2004-2008	2005-2009	2006-2010	2006-2010
Infant Deaths (per 1,000 live births)	12.4	9.7	9.1	7.8	5.0	5.9	5.9

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 12.6c Selected Health Indicators, Mattapan		
Leading Causes of Death, 2005-2010		
Cancer	Rate*	Count
2005	140.7	26
2006	135.4	24
2007	171.7	30
2008	177.4	33
2009	175.1	33
2010	216.1	38
MT 2005-2010	169.4	184
BOS 2005-2010	181.4	5,679
Diseases of the Heart	Rate*	Count
2005	176.3	33
2006	51.1	9
2007	127.6	24
2008	152.4	27
2009	140.5	23
2010	116.2	20
MT 2005-2010	127.3	136
BOS 2005-2010	152.0	4,831
Cerebrovascular Disease (Incl. Stroke)	Rate*	Count
2005	n<5	n<5
2006	34.3	5
2007	50.7	9
2008	33.2	5
2009	48.2	8
2010	30.0	5
MT 2005-2010	36.2	36
BOS 2005-2010	35.3	1,116

* Age-adjusted rates per 100,000 residents

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Shaded in red are neighborhood rates that are higher than the corresponding Boston rate for the same year(s).

Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 12.7 Selected Adult Survey Health Indicators, Mattapan							
Selected Adult Survey Health Indicators	Percentage of Adult Residents and Confidence Intervals (CI)						
	2001	2003	2005	2006	2008	2010	BOSTON 2010
Cigarette Smoking							
Percent	27%	17%	25%	14%	14%	10%	16%
CI	(18.3-36.2)	(9.3-25.5)	(9.2-40.5)	(5.4-22.6)	(6.8-21.3)	(3.4-17.5)	(14.0-17.3)
Regular Physical Activity							
Percent	29%	41%	45%	55%	42%	50%	57%
CI	(18.9-39.3)	(30.3-51.1)	(30.2-60.4)	(39.2-71.0)	(28.3-56.5)	(37.8-63.1)	(54.7-59.3)
Asthma							
Percent	7%	12%	6%	16%	10%	12%	11%
CI	(3.3-11.4)	(4.9-19.2)	(0.5-10.6)	(4.0-28.0)	(4.7-15.4)	(3.1-20.9)	(9.5-12.4)
Diabetes							
Percent	16%	9%	12%	10%	9%	10%	6%
CI	(7.7-24.2)	(4.5-13.3)	(3.2-20.2)	(4.4-16.1)	(4.1-14.6)	(4.3-14.8)	(5.4-7.0)
Obesity							
Percent	20%	27%	25%	30%	40%	34%	21%
CI	(12.0-27.5)	(17.9-36.6)	(13.1-36.0)	(17.2-42.0)	(26.5-53.3)	(22.9-46.0)	(18.9-22.7)
Persistent Sadness							
Percent	9%	12%	*	13%	9%	17%	9%
CI	(3.6-13.8)	(4.6-19.0)		(1.2-24.2)	(3.1-15.5)	(6.7-26.8)	(8.1-10.7)

* Insufficient sample size

Percentages shaded in red are statistically higher than percentages for Boston overall for the same year.

DATA SOURCE: Boston Behavioral Risk Factor Survey, 2001, 2003, 2005, 2006, 2008, and 2010, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission

Figure 12.8a Selected Health Indicators by Race/Ethnicity, Mattapan					
Selected Health Indicators	Years	Average Annual Rates			
		Asian	Black	Latino	White
Adolescent Birth Rate (per 1,000 females ages 15-17)	2007-2010	n<5	15.8	18.3	n<5
Low Birth Weight Births (percent of live births)	2009-2010	n<5	12.5%	11.3%	20.0%
Preterm Births (percent of live births)	2009-2010	n<5	10.4%	11.3%	17.1%
Infant Deaths (per 1,000 live births)	2007-2010	n<5	7.1	n<5	n<5
Asthma Emergency Department Visits (per 1,000 children under age 5)	2010-2011	n<7	38.0	37.2	n<7
Heart Disease Hospitalizations* (per 1,000 residents)	2009-2011	11.3	11.9	8.5	12.1
Diabetes Hospitalizations* (per 1,000 residents)	2009-2011	n<7	3.7	2.7	1.6
Cerebrovascular Disease Hospitalizations (Incl. Stroke)* (per 1,000 residents)	2009-2011	n<7	3.1	1.7	3.0
Nonfatal Gunshot/Stabbing Emergency Department Visits* (per 1,000 residents)	2008-2011	n<7	2.3	2.0	2.7
Cerebrovascular Disease Deaths (Incl. Stroke)* (per 100,000 residents)	2010	n<5	34.0	n<5	n<5
Homicide* (per 100,000 residents)	2009-2010	n<5	26.3	n<5	n<5
Substance Abuse Deaths* (per 100,000 residents)	2009-2010	n<5	22.7	n<5	n<5
Suicide* (per 100,000 residents)	2010	n<5	n<5	n<5	n<5

* Age-adjusted rates

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Birth and death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 12.8b Selected Health Indicators by Race/Ethnicity, Mattapan		
Leading Causes of Death, Average Annual Rates, 2009-2010		
Asian	Rate*	Count
†	†	†
†	†	†
†	†	†
Black	Rate*	Count
Cancer	193.6	62
Diseases of the Heart	120.4	36
Cerebrovascular Disease (Incl. Stroke)	44.5	13
Latino	Rate*	Count
†	†	†
†	†	†
†	†	†
White	Rate*	Count
Cancer	422.5	6
Diseases of the Heart	344.5	6
†	†	†

* Age-adjusted rates per 100,000 residents

† Not calculated, n<5

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Mattapan Notes, Data Sources, and Data Analysis

Figure 12.1a, 12.1b Population by Age and Sex, Mattapan, 2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 12.2 Type of Household, Mattapan, 2010

NOTE: The census defines a family household as one in which at least one person living in the household is related by birth, marriage, or adoption to the householder (head of household).

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 12.3 Families with Income Below Poverty Level by Family Type, Mattapan, 2006-2010

NOTE: Data are estimates based on the American Community Survey. The data on poverty status of households were derived from answers to income questions. Since poverty is defined at the family level and not the household level, the poverty status of the household is determined by the poverty status of the householder. Households are classified as poor when the total income of the householder's family is below the appropriate poverty threshold. (For nonfamily householders, their own income is compared with the appropriate threshold.) The income of people living in the household who are unrelated to the householder is not considered when determining the poverty status of a household, nor does their presence affect the family size in determining the appropriate threshold. The poverty thresholds vary depending on three criteria: size of family, number of related children and for 1- and 2-person families, age of householder.

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 12.4 Housing Tenure, Mattapan, 2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 12.5 Educational Attainment, Mattapan, 2006-2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 12.6a-12.6c Selected Health Indicators, Mattapan

DATA SOURCES:

Adolescent Birth Rate, Low Birth Weight Births, and Preterm Births: Boston Resident Live Births, Massachusetts Department of Public Health

Asthma Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Elevated Blood Lead Levels: Boston Public Health Commission Office of Environmental Health

Chlamydia Incidence: Massachusetts Department of Public Health, STD Division

Hepatitis C Incidence: Communicable Disease Database, Boston Public Health Commission, Communicable Disease Control Division

Heart Disease Hospitalizations, Diabetes Hospitalizations, and Cerebrovascular Disease

Hospitalizations (Incl. Stroke): Inpatient Hospital Discharge Database, Massachusetts Center for Health Information and Analysis

Nonfatal Gunshot/Stabbing Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Cerebrovascular Disease Deaths (Incl. Stroke), Homicide, Substance Abuse Deaths, and Suicide:

Boston Resident Deaths, Massachusetts Department of Public Health

Infant Deaths: Boston Resident Live Births and Deaths, Massachusetts Department of Public Health

Leading Causes of Death: Boston Resident Deaths, Massachusetts Department of Public Health

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 12.7 Selected Adult Survey Health Indicators, Mattapan

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 12.8a, 12.8b Selected Health Indicators by Race/Ethnicity, Mattapan

DATA SOURCES:

Adolescent Birth Rate, Low Birth Weight Births, and Preterm Births: Boston Resident Live Births, Massachusetts Department of Public Health

Infant Deaths: Boston Resident Live Births and Deaths, Massachusetts Department of Public Health

Asthma Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Heart Disease Hospitalizations, Diabetes Hospitalizations, and Cerebrovascular Disease

Hospitalizations (Incl. Stroke): Inpatient Hospital Discharge Database, Massachusetts Center for Health Information and Analysis

Nonfatal Gunshot/Stabbing Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

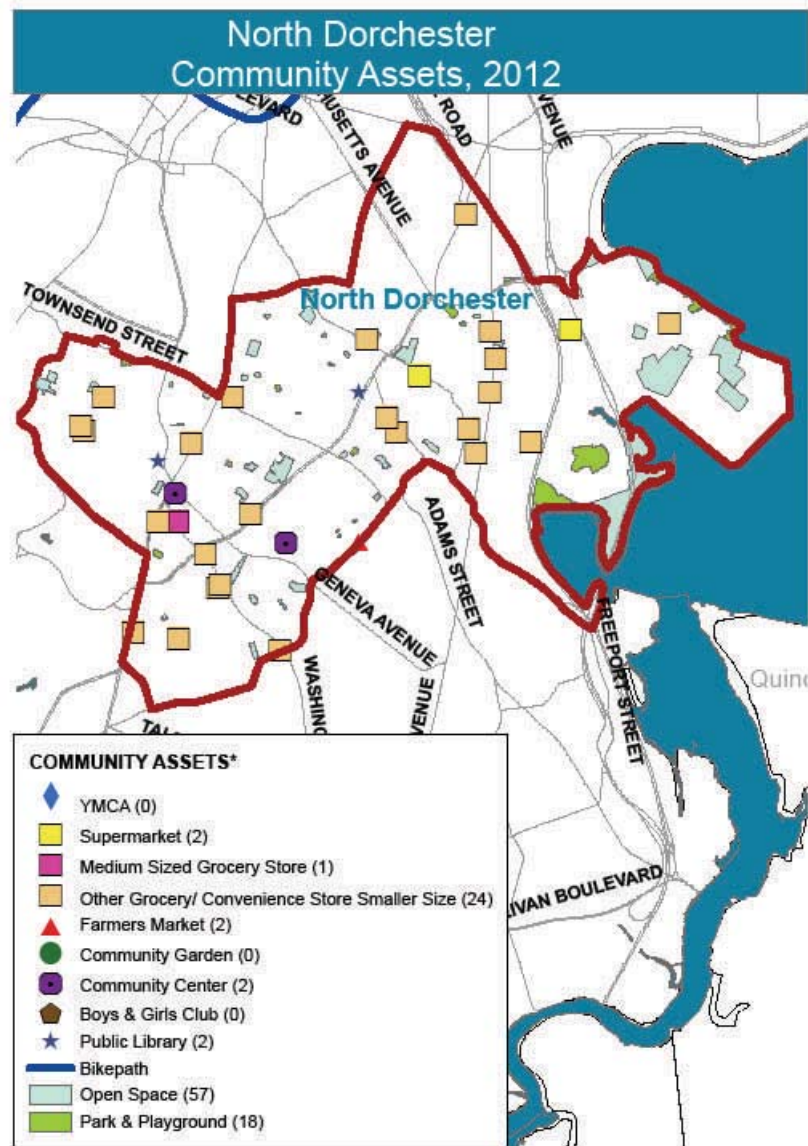
Cerebrovascular Disease Deaths (Incl. Stroke), Homicide, Substance Abuse Deaths, Suicide, and

Leading Causes of Deaths: Boston Resident Deaths, Massachusetts Department of Public Health

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

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North Dorchester



*Count of each asset presented in parentheses

Dorchester was known as Mattapan by the Wampanoag Indians; the Puritans named the area Dorchester after the English town from which they immigrated. Dorchester was annexed by Boston in 1870.

North Dorchester includes Edward Everett Square and Upham's Corner, where the Puritans' first settlement was established. Boston's oldest home, the James Blake House (built in 1648) and one of the country's oldest cemeteries, the Old Burial Ground (established in 1634) are located in this area. The John F. Kennedy Library, the University of Massachusetts/Boston, and the Massachusetts Archives and Historical Museum are located in North Dorchester's Harbor Point (formerly known as Columbia Point). Malibu Beach is also located in North Dorchester.

Figure 13.1a Females by Age, North Dorchester, 2010

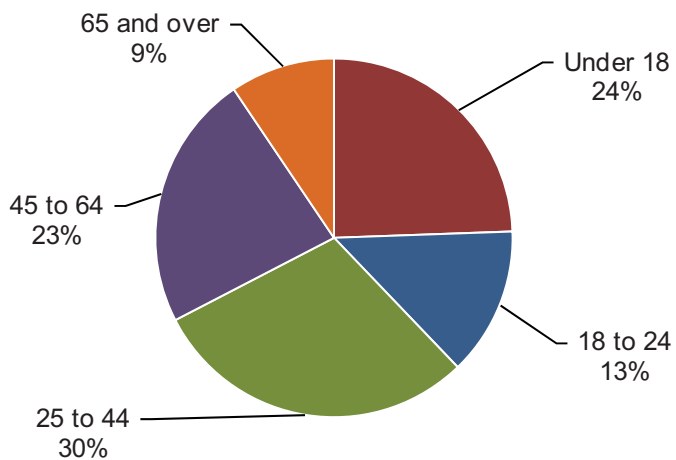
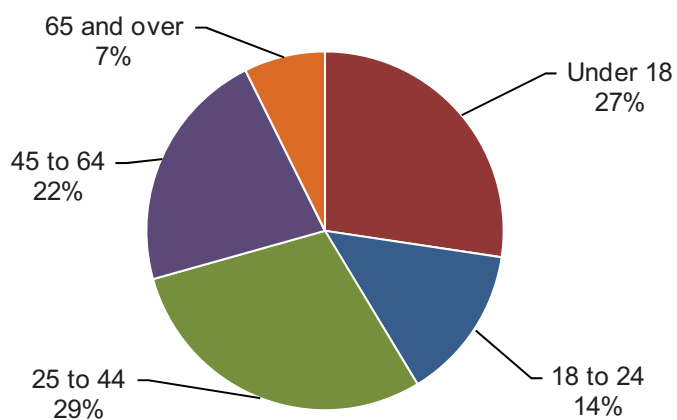


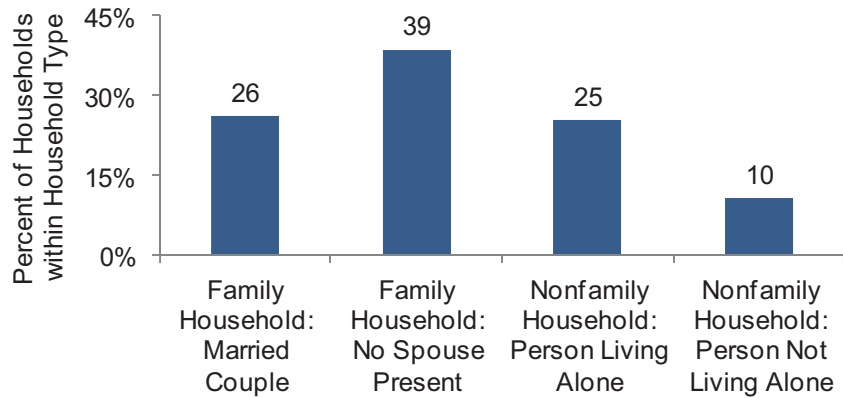
Figure 13.1b Males by Age, North Dorchester, 2010



DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

Residents ages 25-44 accounted for the largest percentage of the North Dorchester population in 2010 (data not shown). Females and males 25-44 years of age were 30% and 29% of their respective population in North Dorchester.

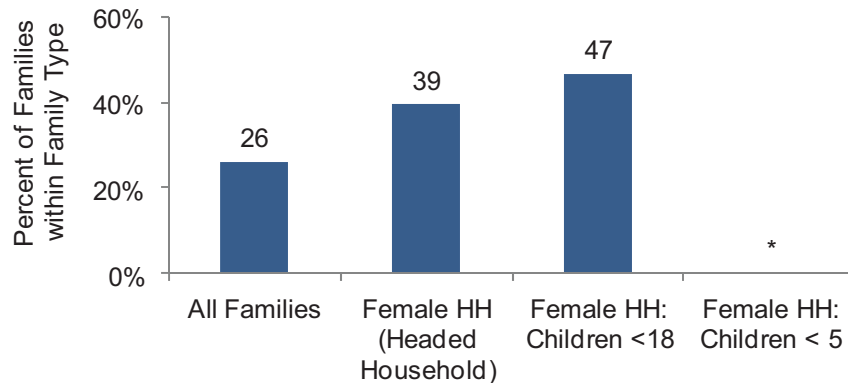
Figure 13.2 Type of Household, North Dorchester, 2010



DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

In North Dorchester, 65% of households were family households. The highest percentage of households were families with no spouse present (39%). Twenty-five percent of households consisted of persons living alone.

Figure 13.3 Families with Income Below Poverty Level by Family Type, North Dorchester, 2006-2010

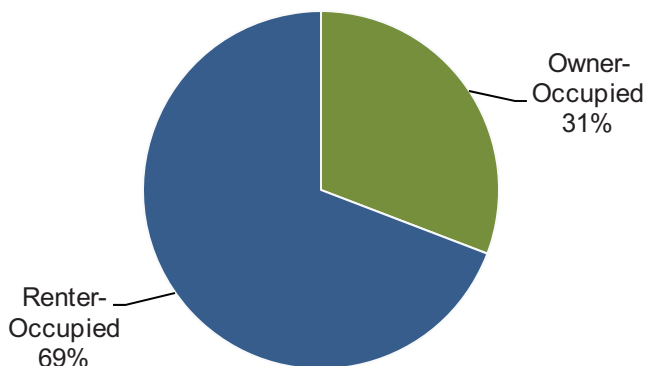


*Insufficient sample size

DATA SOURCE: US Census Bureau, 2006-2010 American Community Survey

In North Dorchester, a higher percentage of female headed households with children less than age 18 (47%) and female headed households (39%) had an income below the poverty level as compared with all families (26%).

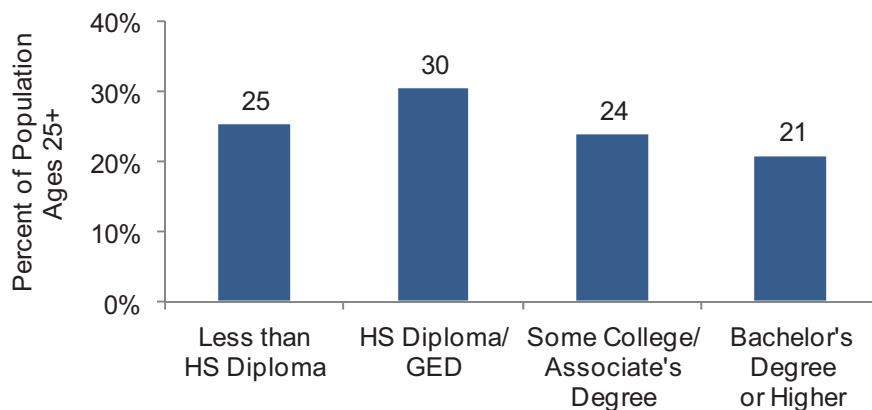
Figure 13.4 Housing Tenure, North Dorchester, 2010



DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

In North Dorchester, just over two-thirds (69%) of occupied units were renter-occupied.

Figure 13.5 Educational Attainment, North Dorchester, 2006-2010



DATA SOURCE: US Census Bureau, 2006-2010 American Community Survey

In North Dorchester, about one-fifth of the population had a Bachelor's degree or higher. A larger percentage of the population had less than a high school diploma (25%).

Figure 13.6a Selected Health Indicators, North Dorchester									
Selected Health Indicators	Annual Rates							Average Annual Rates ¹	
	2005	2006	2007	2008	2009	2010	2011	ND	BOSTON
Adolescent Birth Rate (per 1,000 females ages 15-17)	29.4	28.4	25.5	23.5	22.0	26.0	NA	25.8	20.1
Low Birth Weight Births (percent of live births)	13.4%	12.4%	10.8%	11.5%	9.9%	10.0%	NA	11.4%	9.3%
Preterm Births (percent of live births)	14.5%	13.0%	11.7%	10.1%	10.0%	9.1%	NA	11.4%	9.9%
Asthma Emergency Department Visits (per 1,000 children under age 5)	45.6	56.3	53.3	57.7	51.9	49.3	39.0	50.4	31.5
Elevated Blood Lead Levels (percent of children testing positive)	3.2%	3.8%	2.8%	2.2%	1.7%	1.3%	0.7%	2.2%	1.4%
Chlamydia Incidence (per 100,000 residents)	NA	NA	NA	NA	1,440.8	1,477.9	1,543.7	1,487.5	720.9
Hepatitis C Incidence (per 100,000 residents ages 15-25)	NA	40.2	88.5	80.4	80.4	96.5	NA	77.2	45.7
Heart Disease Hospitalizations* (per 1,000 residents)	11.3	12.9	12.5	12.3	13.0	13.1	12.3	12.5	11.2
Diabetes Hospitalizations* (per 1,000 residents)	3.4	3.3	3.7	3.6	3.4	3.4	3.0	3.4	2.3
Cerebrovascular Disease Hospitalizations (Incl. Stroke)* (per 1,000 residents)	2.7	2.6	2.8	2.6	3.1	3.1	2.9	2.8	2.5
Nonfatal Gunshot/Stabbing Emergency Department Visits* (per 1,000 residents)	1.7	2.0	2.0	1.6	1.6	1.6	1.2	1.7	0.9
Cerebrovascular Disease Deaths (Incl. Stroke)* (per 100,000 residents)	54.0	47.4	26.3	54.5	27.4	49.2	NA	43.1	35.3
Homicide* (per 100,000 residents)	19.4	18.5	19.8	16.6	8.8	24.2	NA	17.9	7.9
Substance Abuse Deaths* (per 100,000 residents)	26.7	28.6	47.5	40.7	46.6	23.4	NA	35.6	33.9
Suicide* (per 100,000 residents)	n<5	n<5	n<5	5.6	8.3	5.8	NA	5.3	5.7

¹ Combines all years shown individually for the indicator for which data are available.

*Age-adjusted rates

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Shaded in red are neighborhood rates or percentages that are higher than the corresponding Boston rate or percentage for the same year(s).

Birth and death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 13.6b Selected Health Indicator, North Dorchester							
Selected Health Indicator	Rolling Averages						BOSTON
	2001-2005	2002-2006	2003-2007	2004-2008	2005-2009	2006-2010	2006-2010
Infant Deaths (per 1,000 live births)	7.0	6.9	8.3	8.6	8.3	8.5	5.9

Shaded in red are neighborhood rates that are higher than the corresponding Boston rate for the same year(s).

Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 13.6c Selected Health Indicators, North Dorchester		
Leading Causes of Death, 2005-2010		
Cancer	Rate*	Count
2005	181.8	111
2006	179.9	111
2007	187.6	111
2008	151.3	91
2009	156.9	96
2010	168.5	103
ND 2005-2010	171.0	623
BOS 2005-2010	181.4	5,679
Diseases of the Heart	Rate*	Count
2005	162.1	91
2006	150.9	85
2007	168.8	98
2008	135.1	76
2009	137.4	79
2010	168.5	96
ND 2005-2010	153.8	525
BOS 2005-2010	152.0	4,831
Cerebrovascular Disease (Incl. Stroke)	Rate*	Count
2005	54.0	31
2006	47.4	25
2007	26.3	13
2008	54.5	27
2009	27.4	18
2010	49.2	27
ND 2005-2010	43.1	141
BOS 2005-2010	35.3	1,116

* Age-adjusted rates per 100,000 residents

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Shaded in red are neighborhood rates that are higher than the corresponding Boston rate for the same year(s).

Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 13.7 Selected Adult Survey Health Indicators, North Dorchester							
Selected Adult Survey Health Indicators	Percentage of Adult Residents and Confidence Intervals (CI)						
	2001	2003	2005	2006	2008	2010	BOSTON 2010
Cigarette Smoking							
Percent	26%	22%	15%	24%	15%	22%	16%
CI	(13.5-37.6)	(9.9-34.7)	(8.2-21.1)	(14.5-32.8)	(9.1-20.2)	(15.1-29.8)	(14.0-17.3)
Regular Physical Activity							
Percent	43%	57%	41%	59%	49%	52%	57%
CI	(29.4-56.4)	(43.4-69.9)	(32.0-50.6)	(47.4-70.0)	(39.0-58.4)	(44.2-60.6)	(54.7-59.3)
Asthma							
Percent	9%	19%	10%	22%	16%	18%	11%
CI	(3.9-14.7)	(6.0-32.2)	(6.0-14.8)	(12.7-31.0)	(9.4-23.5)	(11.4-25.0)	(9.5-12.4)
Diabetes							
Percent	20%	17%	8%	8%	7%	8%	6%
CI	(6.0-34.4)	(7.3-27.3)	(4.5-12.1)	(4.7-10.9)	(4.1-10.5)	(4.9-11.0)	(5.4-7.0)
Obesity							
Percent	33%	44%	17%	28%	33%	31%	21%
CI	(19.4-46.8)	(29.6-57.9)	(11.0-23.8)	(18.5-37.4)	(23.0-42.3)	(23.3-39.3)	(18.9-22.7)
Persistent							
Percent	17%	14%	11%	12%	15%	9%	9%
CI	(5.2-28.1)	(1.6-25.4)	(4.6-17.8)	(5.5-18.5)	(9.1-21.7)	(5.0-14.0)	(8.1-10.7)

Percentages shaded in red are statistically higher than percentages for Boston overall for the same year.

DATA SOURCE: Boston Behavioral Risk Factor Survey, 2001, 2003, 2005, 2006, 2008, and 2010, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission

Figure 13.8a Selected Health Indicators by Race/Ethnicity, North Dorchester					
Selected Health Indicators	Years	Average Annual Rates			
		Asian	Black	Latino	White
Adolescent Birth Rate (per 1,000 females ages 15-17)	2009-2010	15.3	24.6	32.1	31.0
Low Birth Weight Births (percent of live births)	2010	9.6%	12.5%	6.9%	7.9%
Preterm Births (percent of live births)	2010	11.3%	10.9%	6.2%	7.4%
Infant Deaths (per 1,000 live births)	2006-2010	n<5	14.3	3.8	5.0
Asthma Emergency Department Visits (per 1,000 children under age 5)	2010-2011	21.5	60.4	42.1	12.6
Heart Disease Hospitalizations* (per 1,000 residents)	2011	4.8	14.6	15.2	10.8
Diabetes Hospitalizations* (per 1,000 residents)	2009-2011	0.6	5.3	2.4	1.3
Cerebrovascular Disease Hospitalizations (Incl. Stroke)* (per 1,000 residents)	2011	2.2	3.4	2.7	2.3
Nonfatal Gunshot/Stabbing Emergency Department Visits* (per 1,000 residents)	2010-2011	n<7	2.3	1.2	0.7
Cerebrovascular Disease Deaths (Incl. Stroke)* (per 100,000 residents)	2006-2010	27.9	51.9	34.4	44.7
Homicide* (per 100,000 residents)	2009-2010	n<5	28.4	12.1	n<5
Substance Abuse Deaths* (per 100,000 residents)	2007-2010	15.3	42.2	26.1	77.1
Suicide* (per 100,000 residents)	2006-2010	n<5	5.4	6.2	8.7

* Age-adjusted rates

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Birth and death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 13.8b Selected Health Indicators by Race/Ethnicity, North Dorchester		
Leading Causes of Death, Average Annual Rates, 2008-2010		
Asian	Rate*	Count
Cancer	152.2	24
Diseases of the Heart	66.3	7
Other Injuries	41.6	5
Black	Rate*	Count
Cancer	189.9	150
Diseases of the Heart	185.4	133
Cerebrovascular Disease (Incl. Stroke)	63.1	44
Latino	Rate*	Count
Cancer	84.6	20
Diseases of the Heart	79.8	19
Other Injuries	26.1	8
White	Rate*	Count
Diseases of the Heart	195.8	87
Cancer	189.7	83
Other Injuries	62.6	28

* Age-adjusted rates per 100,000 residents

† Not calculated, n<5

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 13.9 Selected Adult Survey Health Indicators by Race/Ethnicity, North Dorchester				
Selected Adult Survey Health Indicators	Percentage of Adult Residents and Confidence Intervals (CI), 2006, 2008, and 2010 Combined			
	Asian	Black	Latino	White
Cigarette Smoking				
Percent	*	18%	21%	25%
CI		(12.6-23.5)	(10.6-31.5)	(15.5-35.1)
Regular Physical Activity				
Percent	*	52%	43%	64%
CI		(43.4-59.9)	(30.9-55.7)	(52.0-75.2)
Asthma				
Percent	*	22%	23%	14%
CI		(14.6-29.6)	(12.8-33.1)	(6.8-21.3)
Diabetes				
Percent	*	10%	10%	3%
CI		(7.1-13.0)	(5.3-15.1)	(0.7-5.7)
Obesity				
Percent	*	39%	34%	18%
CI		(31.3-46.9)	(20.6-46.9)	(9.2-26.0)
Persistent Sadness				
Percent	*	11%	22%	6%
CI		(7.0-14.5)	(11.5-33.1)	(1.7-11.2)

* Insufficient sample size

DATA SOURCE: Boston Behavioral Risk Factor Survey, 2006, 2008, and 2010, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission

North Dorchester Notes, Data Sources, and Data Analysis

Figure 13.1a, 13.1b Population by Age and Sex, North Dorchester, 2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 13.2 Type of Household, North Dorchester, 2010

NOTE: The census defines a family household as one in which at least one person living in the household is related by birth, marriage, or adoption to the householder (head of household).

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 13.3 Families with Income Below Poverty Level by Family Type, North Dorchester, 2006-2010

NOTE: Data are estimates based on the American Community Survey. The data on poverty status of households were derived from answers to income questions. Since poverty is defined at the family level and not the household level, the poverty status of the household is determined by the poverty status of the householder. Households are classified as poor when the total income of the householder's family is below the appropriate poverty threshold. (For nonfamily householders, their own income is compared with the appropriate threshold.) The income of people living in the household who are unrelated to the householder is not considered when determining the poverty status of a household, nor does their presence affect the family size in determining the appropriate threshold. The poverty thresholds vary depending on three criteria: size of family, number of related children and for 1- and 2-person families, age of householder.

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 13.4 Housing Tenure, North Dorchester, 2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 13.5 Educational Attainment, North Dorchester, 2006-2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 13.6a-13.6c Selected Health Indicators, North Dorchester

DATA SOURCES:

Adolescent Birth Rate, Low Birth Weight Births, and Preterm Births: Boston Resident Live Births, Massachusetts Department of Public Health

Asthma Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Elevated Blood Lead Levels: Boston Public Health Commission Office of Environmental Health

Chlamydia Incidence: Massachusetts Department of Public Health, STD Division

Hepatitis C Incidence: Communicable Disease Database, Boston Public Health Commission, Communicable Disease Control Division

Heart Disease Hospitalizations, Diabetes Hospitalizations, and Cerebrovascular Disease

Hospitalizations (Incl. Stroke): Inpatient Hospital Discharge Database, Massachusetts Center for Health Information and Analysis

Nonfatal Gunshot/Stabbing Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Cerebrovascular Disease Deaths (Incl. Stroke), Homicide, Substance Abuse Deaths, and Suicide:

Boston Resident Deaths, Massachusetts Department of Public Health

Infant Deaths: Boston Resident Live Births and Deaths, Massachusetts Department of Public Health

Leading Causes of Death: Boston Resident Deaths, Massachusetts Department of Public Health

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 13.7 Selected Adult Survey Health Indicators, North Dorchester

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 13.8a, 13.8b Selected Health Indicators by Race/Ethnicity, North Dorchester

DATA SOURCES:

Adolescent Birth Rate, Low Birth Weight Births, and Preterm Births: Boston Resident Live Births, Massachusetts Department of Public Health

Infant Deaths: Boston Resident Live Births and Deaths, Massachusetts Department of Public Health

Asthma Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Heart Disease Hospitalizations, Diabetes Hospitalizations, and Cerebrovascular Disease

Hospitalizations (Incl. Stroke): Inpatient Hospital Discharge Database, Massachusetts Center for Health Information and Analysis

Nonfatal Gunshot/Stabbing Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Cerebrovascular Disease Deaths (Incl. Stroke), Homicide, Substance Abuse Deaths, Suicide, and

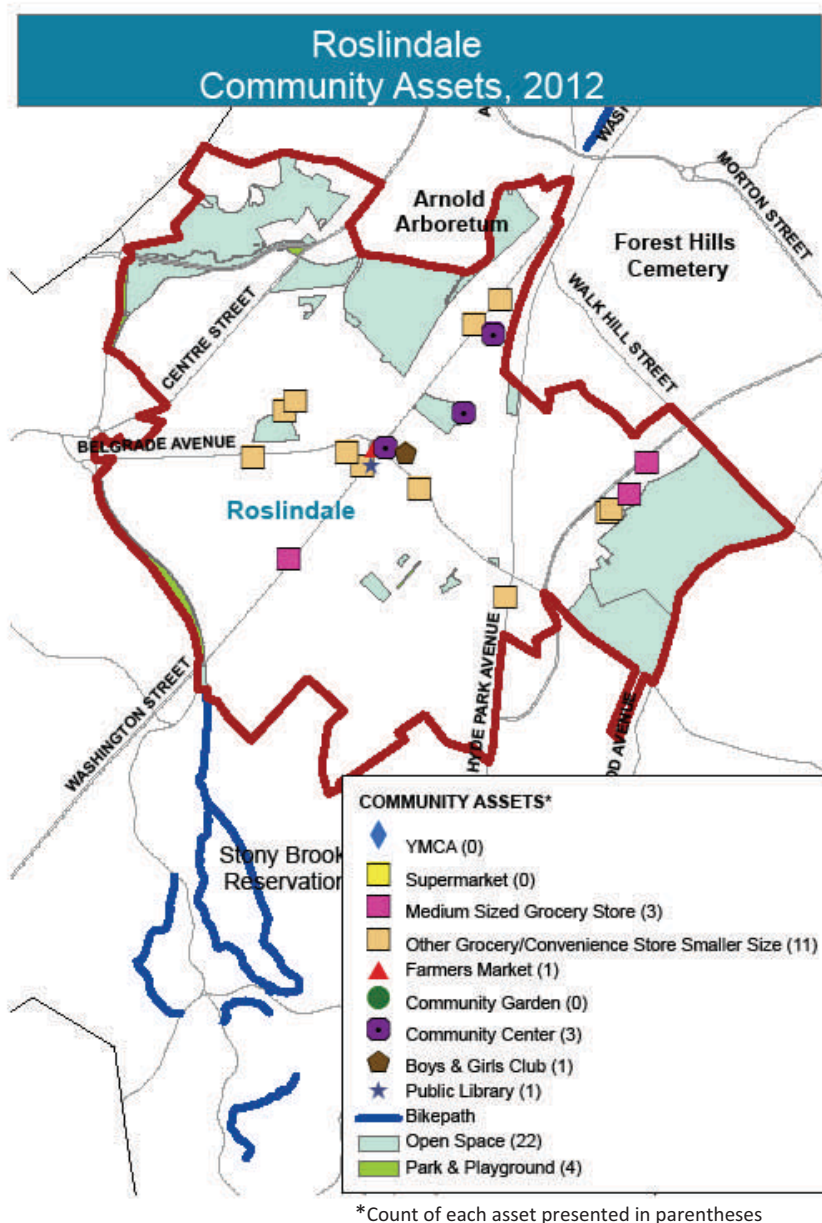
Leading Causes of Deaths: Boston Resident Deaths, Massachusetts Department of Public Health

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 13.9 Selected Adult Survey Health Indicators by Race/Ethnicity, North Dorchester

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Roslindale



Roslindale was originally part of the City of Roxbury and was called South Street Crossing. The establishment of a post office branch in 1870 precipitated the name change when the Postal Service rejected the name South Street Crossing. Officials decided to name the area after Roslyn, a town in Scotland; “dale” was added as the area was surrounded by hills. The neighborhood was annexed to the City of Boston with West Roxbury in 1873.

For most of the 20th century, Roslindale Square was a thriving business district. The 1970s brought competition from suburban malls, which forced businesses to close, stores to remain vacant, and the Square to be devoid of shoppers. An active local revitalization effort that began in the 1980s earned Roslindale Square a “Main Street” award from the National Trust for Historic Preservation. It is known nationally as a model of neighborhood economic revitalization.

Figure 14.1a Females by Age, Roslindale, 2010

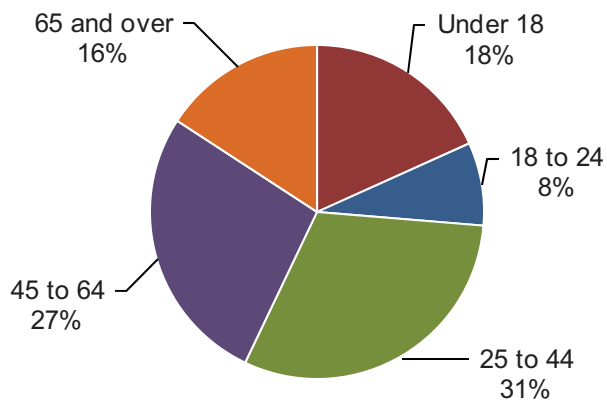
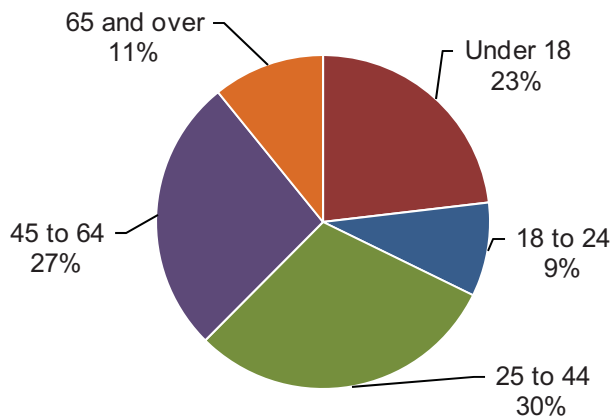


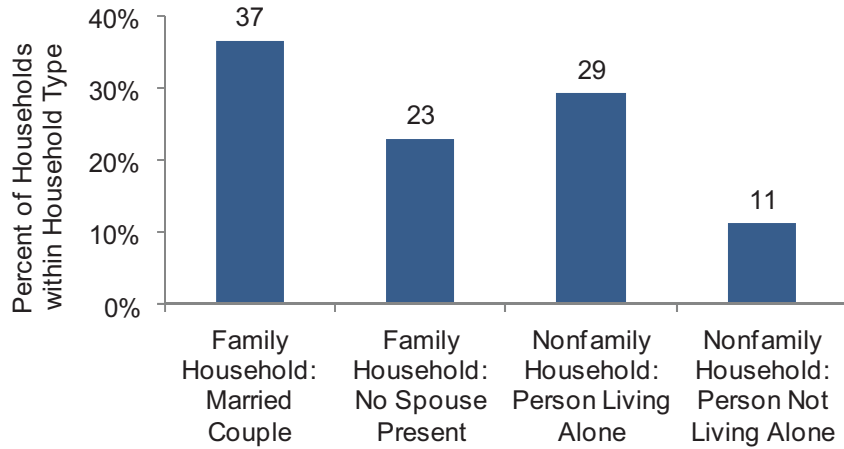
Figure 14.1b Males by Age, Roslindale, 2010



DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

Residents ages 25-44 accounted for about one-third (31%) of the Roslindale population in 2010 (data not shown). Females and males 25-44 years of age were 31% and 30% of their respective population in Roslindale.

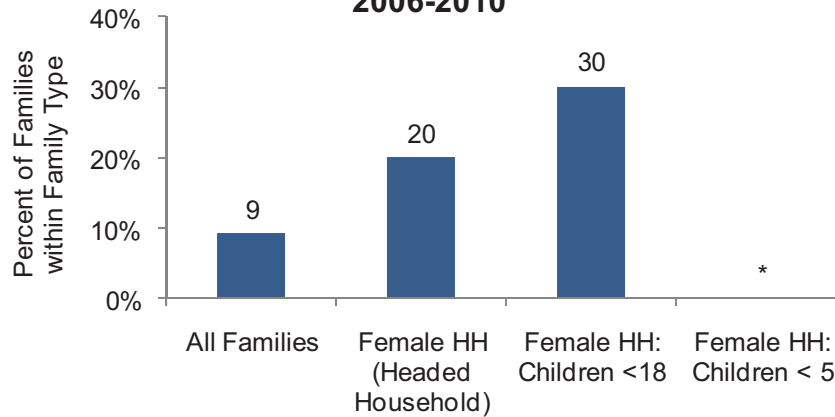
Figure 14.2 Type of Household, Roslindale, 2010



DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

In Roslindale, 60% of households were family households. The highest percentage of households were family households with a married couple present (37%); 29% of households consisted of persons living alone.

Figure 14.3 Families with Income Below Poverty Level by Family Type, Roslindale, 2006-2010

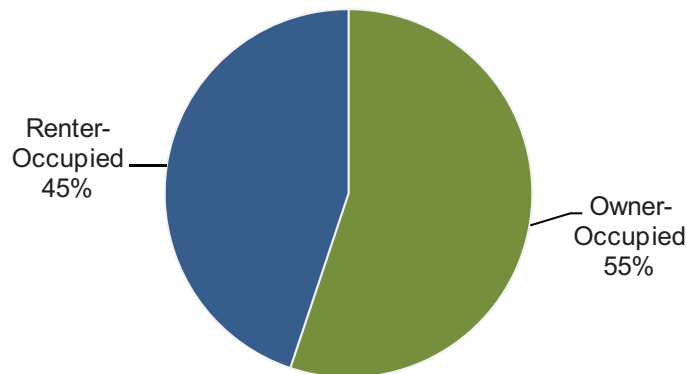


*Insufficient sample size

DATA SOURCE: US Census Bureau, 2006-2010 American Community Survey

Nine percent of all families in Roslindale had an income below the poverty level.

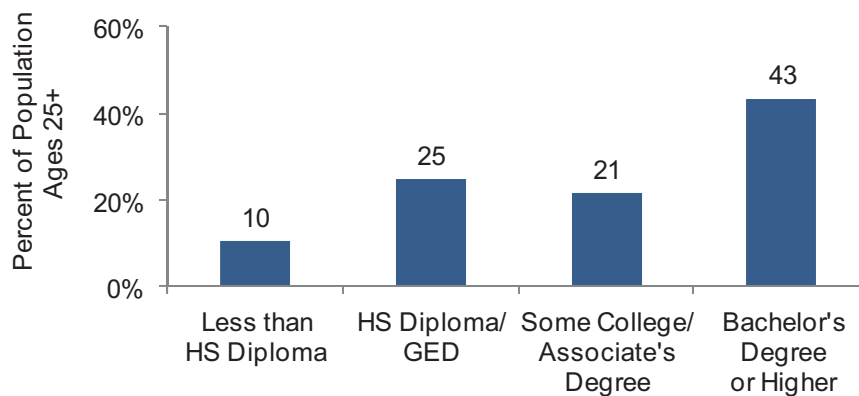
Figure 14.4 Housing Tenure, Roslindale, 2010



DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

In Roslindale, just over half (55%) of occupied units were owner-occupied.

Figure 14.5 Educational Attainment, Roslindale, 2006-2010



DATA SOURCE: US Census Bureau, 2006-2010 American Community Survey

In Roslindale, 43% of the population had a Bachelor's degree or higher. Twenty-five percent of the population had a high school diploma/GED, which was significantly lower than the percent with a Bachelor's degree or higher.

Figure 14.6a Selected Health Indicators, Roslindale

Selected Health Indicators	Annual Rates							Average Annual Rates ¹	
	2005	2006	2007	2008	2009	2010	2011	RS	BOSTON
Adolescent Birth Rate (per 1,000 females ages 15-17)	◇	14.4	21.5	14.4	n<5	18.0	NA	14.4	20.1
Low Birth Weight Births (percent of live births)	7.6%	8.0%	10.1%	8.4%	6.1%	6.2%	NA	7.8%	9.3%
Preterm Births (percent of live births)	9.0%	8.4%	11.7%	7.0%	8.7%	5.4%	NA	8.4%	9.9%
Asthma Emergency Department Visits (per 1,000 children under age 5)	20.3	33.0	32.5	31.5	23.9	31.5	17.8	27.2	31.5
Elevated Blood Lead Levels (percent of children testing positive)	2.7%	2.1%	1.8%	1.3%	1.6%	1.2%	0.6%	1.6%	1.4%
Chlamydia Incidence (per 100,000 residents)	NA	NA	NA	NA	606.9	576.7	559.9	581.1	720.9
Hepatitis C Incidence (per 100,000 residents ages 15-25)	NA	n<5	n<5	n<5	n<5	n<5	NA	43.0	45.7
Heart Disease Hospitalizations* (per 1,000 residents)	14.1	13.0	12.7	11.4	11.4	10.0	10.1	11.8	11.2
Diabetes Hospitalizations* (per 1,000 residents)	1.1	2.0	2.2	1.7	1.5	2.1	1.6	1.8	2.3
Cerebrovascular Disease Hospitalizations (Incl. Stroke)* (per 1,000 residents)	2.5	2.3	2.6	2.8	1.9	2.3	1.7	2.3	2.5
Nonfatal Gunshot/Stabbing Emergency Department Visits* (per 1,000 residents)	0.9	1.1	1.1	1.0	1.1	1.0	0.7	1.0	0.9
Cerebrovascular Disease Deaths (Incl. Stroke)* (per 100,000 residents)	35.8	52.8	58.3	34.9	28.0	39.8	NA	41.6	35.3
Homicide* (per 100,000 residents)	n<5	n<5	n<5	n<5	n<5	n<5	NA	5.3	7.9
Substance Abuse Deaths* (per 100,000 residents)	25.2	47.9	24.7	29.0	32.9	26.7	NA	31.1	33.9
Suicide* (per 100,000 residents)	n<5	n<5	n<5	n<5	n<5	n<5	NA	4.4	5.7

¹ Combines all years shown individually for the indicator for which data are available.

◇ Data suppressed to protect confidentiality.

*Age-adjusted rates

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Shaded in red are neighborhood rates or percentages that are higher than the corresponding Boston rate or percentage for the same year(s).

Birth and death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 14.6b Selected Health Indicator, Roslindale							
Selected Health Indicator	Rolling Averages						BOSTON
	2001-2005	2002-2006	2003-2007	2004-2008	2005-2009	2006-2010	2006-2010
Infant Deaths (per 1,000 live births)	5.5	3.6	3.6	6.0	6.2	5.4	5.9

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 14.6c Selected Health Indicators, Roslindale		
Leading Causes of Death, 2005-2010		
Diseases of the Heart	Rate*	Count
2005	178.3	83
2006	166.0	79
2007	166.0	79
2008	189.3	89
2009	152.6	70
2010	130.8	66
RS 2005-2010	163.8	466
BOS 2005-2010	152.0	4,831
Cancer	Rate*	Count
2005	235.7	93
2006	218.0	84
2007	177.5	66
2008	176.5	71
2009	229.5	89
2010	160.8	64
RS 2005-2010	199.6	467
BOS 2005-2010	181.4	5,679
COPD	Rate*	Count
2005	30.6	14
2006	34.7	13
2007	21.8	10
2008	35.5	14
2009	19.0	9
2010	53.3	22
RS 2005-2010	32.5	82
BOS 2005-2010	28.7	886

* Age-adjusted rates per 100,000 residents

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Shaded in red are neighborhood rates that are higher than the corresponding Boston rate for the same year(s).

Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 14.7 Selected Adult Survey Health Indicators, Roslindale

Selected Adult Survey Health Indicators	Percentage of Adult Residents and Confidence Intervals (CI)						
	2001	2003	2005	2006	2008	2010	BOSTON 2010
Cigarette Smoking							
Percent	16%	16%	19%	13%	10%	10%	16%
CI	(6.7-25.7)	(6.3-25.2)	(9.4-29.2)	(5.8-19.7)	(4.0-15.2)	(4.7-16.1)	(14.0-17.3)
Regular Physical Activity							
Percent	42%	53%	50%	58%	52%	52%	57%
CI	(28.3-56.5)	(39.9-66.7)	(40.1-60.6)	(48.2-67.0)	(40.0-63.9)	(41.3-61.8)	(54.7-59.3)
Asthma							
Percent	11%	7%	12%	11%	16%	11%	11%
CI	(3.5-19.2)	(0.7-13.8)	(3.6-19.8)	(5.0-17.9)	(5.0-27.1)	(5.3-15.8)	(9.5-12.4)
Diabetes							
Percent	*	9%	8%	6%	4%	6%	6%
CI		(3.0-11.6)	(3.6-11.6)	(2.7-8.5)	(1.3-5.9)	(2.8-8.7)	(5.4-7.0)
Obesity							
Percent	27%	27%	25%	16%	21%	29%	21%
CI	(14.9-38.8)	(15.3-39.3)	(15.9-33.3)	(10.7-21.1)	(13.0-29.7)	(19.7-38.0)	(18.9-22.7)
Persistent Sadness							
Percent	*	*	7%	5%	6%	8%	9%
CI			(2.7-11.2)	(2.1-7.7)	(2.5-8.5)	(3.3-12.1)	(8.1-10.7)

* Insufficient sample size

DATA SOURCE: Boston Behavioral Risk Factor Survey, 2001, 2003, 2005, 2006, 2008, and 2010, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission

Figure 14.8a Selected Health Indicators by Race/Ethnicity, Roslindale					
Selected Health Indicators	Years	Average Annual Rates			
		Asian	Black	Latino	White
Adolescent Birth Rate (per 1,000 females ages 15-17)	2007-2010	n<5	14.8	19.2	9.7
Low Birth Weight Births (percent of live births)	2006-2010	7.2%	11.1%	8.0%	6.6%
Preterm Births (percent of live births)	2006-2010	5.2%	11.8%	9.1%	7.0%
Infant Deaths (per 1,000 live births)	2008-2010	n<5	19.8	n<5	n<5
Asthma Emergency Department Visits (per 1,000 children under age 5)	2011	n<7	41.1	17.2	9.1
Heart Disease Hospitalizations* (per 1,000 residents)	2011	9.4	9.7	6.7	10.7
Diabetes Hospitalizations* (per 1,000 residents)	2011	n<7	2.1	4.0	1.0
Cerebrovascular Disease Hospitalizations (Incl. Stroke)* (per 1,000 residents)	2010-2011	n<7	3.8	1.5	1.6
Nonfatal Gunshot/Stabbing Emergency Department Visits* (per 1,000 residents)	2009-2011	n<7	1.6	1.2	0.3
Cerebrovascular Disease Deaths (Incl. Stroke)* (per 100,000 residents)	2008-2010	n<5	64.7	n<5	32.0
Homicide* (per 100,000 residents)	2006-2010	n<5	19.8	n<5	n<5
Substance Abuse Deaths* (per 100,000 residents)	2009-2010	n<5	n<5	43.9	30.7
Suicide* (per 100,000 residents)	2008-2010	n<5	n<5	n<5	8.3

* Age-adjusted rates

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Birth and death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 14.8b Selected Health Indicators by Race/Ethnicity, Roslindale		
Leading Causes of Death, Average Annual Rates, 2008-2010		
Asian	Rate*	Count
Cancer	193.9	5
†	†	†
†	†	†
Black	Rate*	Count
Cancer	178.7	24
Diseases of the Heart	122.4	15
Cerebrovascular Disease (Incl. Stroke)	64.7	7
Latino	Rate*	Count
Cancer	96.2	15
Other Injuries	36.7	6
Diseases of the Heart	26.8	5
White	Rate*	Count
Diseases of the Heart	180.4	205
Cancer	208.4	180
COPD	43.9	42

* Age-adjusted rates per 100,000 residents

† Not calculated, n<5

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 14.9 Selected Adult Survey Health Indicators by Race/Ethnicity, Roslindale				
Selected Adult Survey Health Indicators	Percentage of Adult Residents and Confidence Intervals (CI), 2006, 2008, and 2010 Combined			
	Asian	Black	Latino	White
Cigarette Smoking				
Percent	*	11%	8%	13%
CI		(3.9-17.9)	(0.0-15.9)	(7.6-17.4)
Regular Physical Activity				
Percent	*	51%	53%	56%
CI		(32.0-69.3)	(35.3-70.3)	(49.2-61.9)
Asthma				
Percent	*	22%	10%	12%
CI		(2.4-41.1)	(2.4-17.0)	(7.9-15.4)
Diabetes				
Percent	*	3%	*	6%
CI		(0.6-6.1)		(4.0-8.6)
Obesity				
Percent	*	21%	23%	22%
CI		(8.0-33.9)	(11.3-33.9)	(16.7-27.6)
Persistent Sadness				
Percent	*	6%	9%	5%
CI		(0.9-11.6)	(2.9-15.7)	(2.9-7.4)

* Insufficient sample size

DATA SOURCE: Boston Behavioral Risk Factor Survey, 2006, 2008, and 2010, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission

Roslindale Notes, Data Sources, and Data Analysis

Figure 14.1a, 14.1b Population by Age and Sex, Roslindale, 2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 14.2 Type of Household, Roslindale, 2010

NOTE: The census defines a family household as one in which at least one person living in the household is related by birth, marriage, or adoption to the householder (head of household).

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 14.3 Families with Income Below Poverty Level by Family Type, Roslindale, 2006-2010

NOTE: Data are estimates based on the American Community Survey. The data on poverty status of households were derived from answers to income questions. Since poverty is defined at the family level and not the household level, the poverty status of the household is determined by the poverty status of the householder. Households are classified as poor when the total income of the householder's family is below the appropriate poverty threshold. (For nonfamily householders, their own income is compared with the appropriate threshold.) The income of people living in the household who are unrelated to the householder is not considered when determining the poverty status of a household, nor does their presence affect the family size in determining the appropriate threshold. The poverty thresholds vary depending on three criteria: size of family, number of related children and for 1- and 2-person families, age of householder.

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 14.4 Housing Tenure, Roslindale, 2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 14.5 Educational Attainment, Roslindale, 2006-2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 14.6a-14.6c Selected Health Indicators, Roslindale

DATA SOURCES:

Adolescent Birth Rate, Low Birth Weight Births, and Preterm Births: Boston Resident Live Births, Massachusetts Department of Public Health

Asthma Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Elevated Blood Lead Levels: Boston Public Health Commission Office of Environmental Health

Chlamydia Incidence: Massachusetts Department of Public Health, STD Division

Hepatitis C Incidence: Communicable Disease Database, Boston Public Health Commission, Communicable Disease Control Division

Heart Disease Hospitalizations, Diabetes Hospitalizations, and Cerebrovascular Disease

Hospitalizations (Incl. Stroke): Inpatient Hospital Discharge Database, Massachusetts Center for Health Information and Analysis

Nonfatal Gunshot/Stabbing Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Cerebrovascular Disease Deaths (Incl. Stroke), Homicide, Substance Abuse Deaths, and Suicide:

Boston Resident Deaths, Massachusetts Department of Public Health

Infant Deaths: Boston Resident Live Births and Deaths, Massachusetts Department of Public Health

Leading Causes of Death: Boston Resident Deaths, Massachusetts Department of Public Health

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 14.7 Selected Adult Survey Health Indicators, Roslindale

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 14.8a, 14.8b Selected Health Indicators by Race/Ethnicity, Roslindale

DATA SOURCES:

Adolescent Birth Rate, Low Birth Weight Births, and Preterm Births: Boston Resident Live Births, Massachusetts Department of Public Health

Infant Deaths: Boston Resident Live Births and Deaths, Massachusetts Department of Public Health

Asthma Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Heart Disease Hospitalizations, Diabetes Hospitalizations, and Cerebrovascular Disease

Hospitalizations (Incl. Stroke): Inpatient Hospital Discharge Database, Massachusetts Center for Health Information and Analysis

Nonfatal Gunshot/Stabbing Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Cerebrovascular Disease Deaths (Incl. Stroke), Homicide, Substance Abuse Deaths, Suicide, and

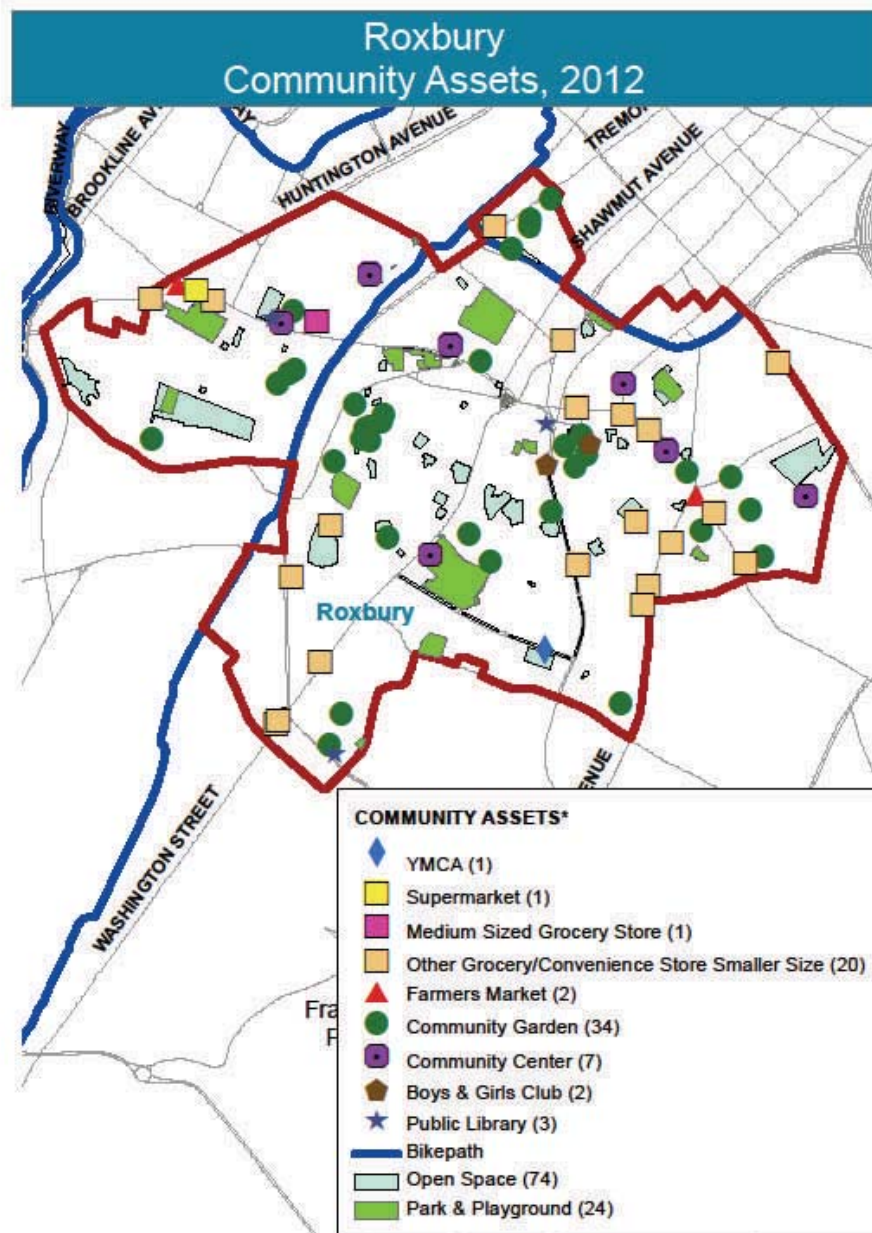
Leading Causes of Deaths: Boston Resident Deaths, Massachusetts Department of Public Health

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 14.9 Selected Adult Survey Health Indicators by Race/Ethnicity, Roslindale

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Roxbury



*Count of each asset presented in parentheses

When founded in 1630, Roxbury was a large independent community that included what are now Mission Hill, West Roxbury, Roslindale, and Jamaica Plain. The many outcroppings of a locally found stone called puddingstone led the colonists to call it “Rocksberry,” which was later shortened to “Roxbury.” The community was incorporated as a city in 1846 and was annexed to Boston in 1868.

In the 1880s, the 527-acre Franklin Park was designed by Frederick Law Olmsted as the “largest and final jewel” in Boston’s Emerald Necklace. English, Irish, and German immigrants were the first Europeans to settle in Roxbury. In the early 1900s, a large Jewish community lived in the Grove Hall area along Blue Hill Avenue. The movement of Black Boston residents from Beacon Hill to the South End and then to Roxbury and the large migration of Black residents from the South to Northern cities after World War II established Roxbury as the center of the Black community in Boston.

Figure 15.1a Females by Age, Roxbury, 2010

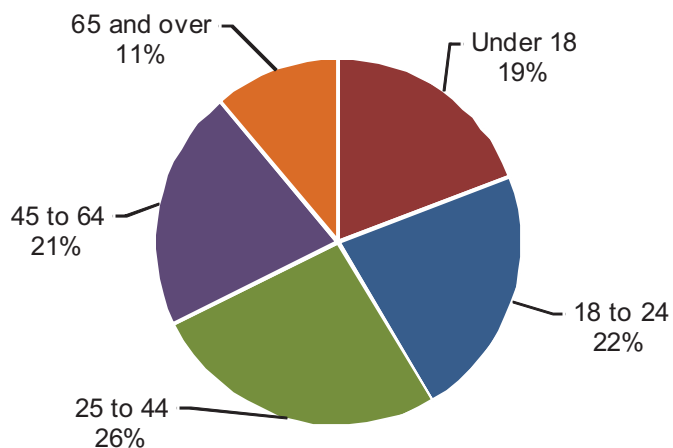
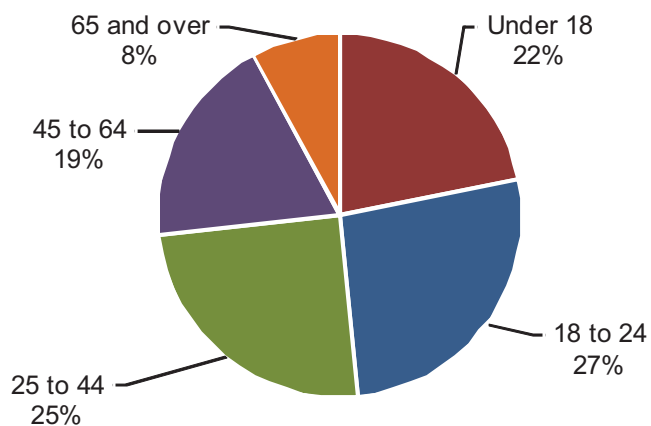


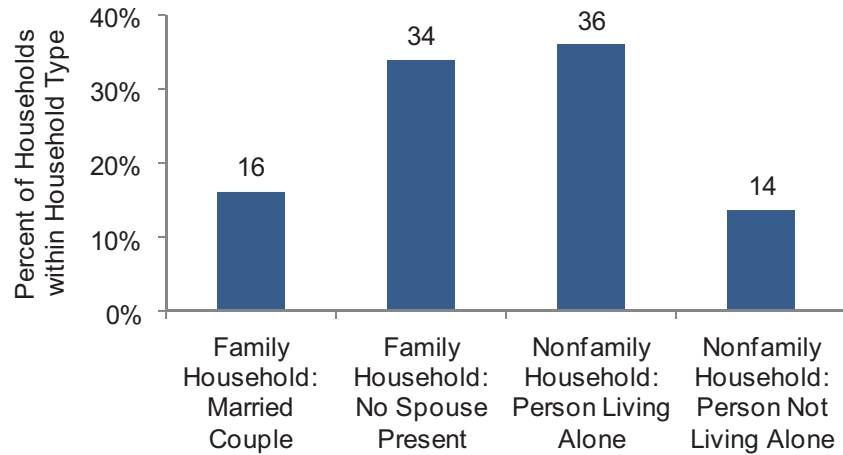
Figure 15.1b Males by Age, Roxbury, 2010



DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

Residents ages 18 to 44 accounted for half of the Roxbury population in 2010 (data not shown). Females 25 to 44 years of age were 26% of the female population and males ages 25 to 44 were 25% of the male population.

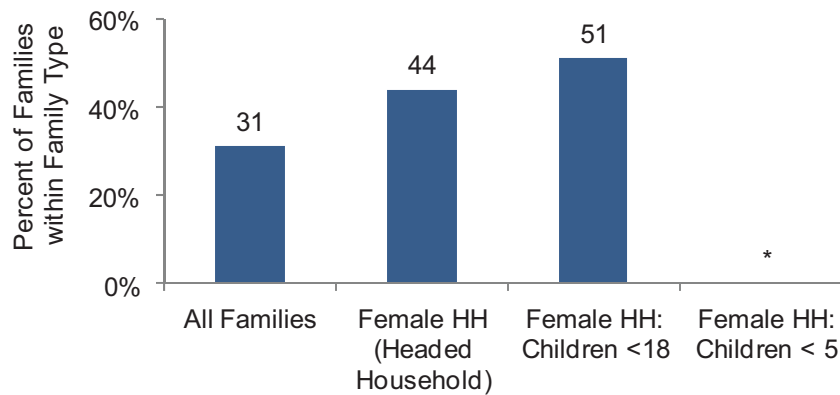
Figure 15.2 Type of Household, Roxbury, 2010



DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

In Roxbury, half of households were nonfamily households. The highest percentage of households consisted of persons living alone (36%), followed by family households with no spouse present (34%).

Figure 15.3 Families with Income Below Poverty Level by Family Type, Roxbury, 2006-2010

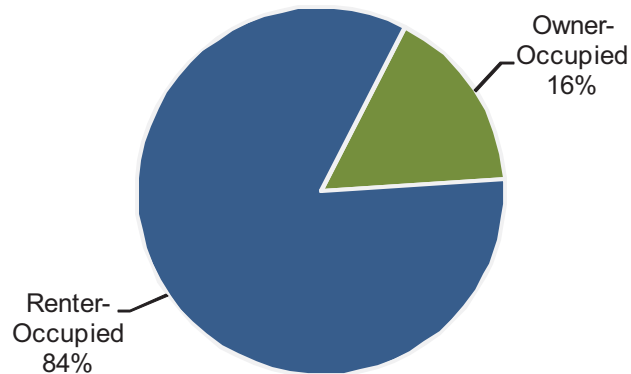


*Insufficient sample size

DATA SOURCE: US Census Bureau, 2006-2010 American Community Survey

A higher percentage of female headed households (44%) and female headed households with children less than age 18 (51%) had income below the poverty level when compared with all families in Roxbury (31%).

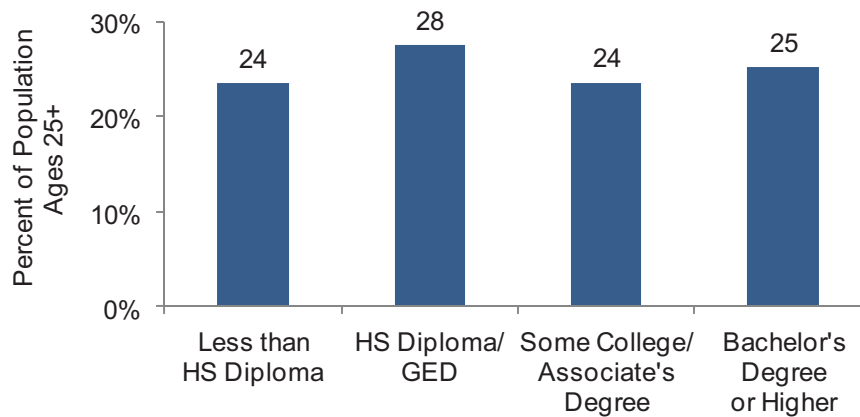
Figure 15.4 Housing Tenure, Roxbury, 2010



DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American Finder

In Roxbury, most (84%) occupied units were renter-occupied.

Figure 15.5 Educational Attainment, Roxbury, 2006-2010



DATA SOURCE: US Census Bureau, 2006-2010 American Community Survey

Educational attainment in Roxbury was similarly distributed among the four levels of education. About one-fourth of the population had less than a high school diploma, 28% had a high school diploma/GED, 24% had some college/Associate's degree, and 25% had a Bachelor's degree or higher.

Figure 15.6a Selected Health Indicators, Roxbury

Selected Health Indicators	Annual Rates							Average Annual Rates ¹	
	2005	2006	2007	2008	2009	2010	2011	RX	BOSTON
Adolescent Birth Rate (per 1,000 females ages 15-17)	26.1	26.9	27.8	20.9	25.2	15.6	NA	23.7	20.1
Low Birth Weight Births (percent of live births)	12.8%	10.5%	12.3%	12.6%	11.7%	12.4%	NA	12.0%	9.3%
Preterm Births (percent of live births)	15.2%	9.5%	13.8%	13.4%	10.9%	12.1%	NA	12.4%	9.9%
Asthma Emergency Department Visits (per 1,000 children under age 5)	61.0	64.4	65.3	79.4	55.0	54.2	38.8	59.7	31.5
Elevated Blood Lead Levels (percent of children testing positive)	2.0%	1.7%	1.7%	1.1%	1.1%	1.1%	1.0%	1.4%	1.4%
Chlamydia Incidence (per 100,000 residents)	NA	NA	NA	NA	1,218.9	1,339.9	1,367.0	1,308.6	720.9
Hepatitis C Incidence (per 100,000 residents ages 15-25)	NA	n<5	n<5	n<5	n<5	55.7	NA	27.1	45.7
Heart Disease Hospitalizations* (per 1,000 residents)	15.3	14.2	13.3	15.0	15.1	15.3	14.4	14.7	11.2
Diabetes Hospitalizations* (per 1,000 residents)	4.7	3.9	4.4	5.5	5.2	4.7	4.7	4.7	2.3
Cerebrovascular Disease Hospitalizations (Incl. Stroke)* (per 1,000 residents)	3.2	3.3	3.0	3.8	3.6	3.4	3.5	3.4	2.5
Nonfatal Gunshot/Stabbing Emergency Department Visits* (per 1,000 residents)	2.1	2.5	2.3	2.5	1.9	2.1	2.0	2.2	0.9
Cerebrovascular Disease Deaths (Incl. Stroke)* (per 100,000 residents)	50.8	28.0	29.1	32.1	21.0	26.5	NA	31.3	35.3
Homicide* (per 100,000 residents)	15.5	19.0	11.2	15.5	10.6	26.7	NA	16.4	7.9
Substance Abuse Deaths* (per 100,000 residents)	28.7	40.8	49.2	21.0	46.9	31.3	NA	36.3	33.9
Suicide* (per 100,000 residents)	n<5	n<5	n<5	n<5	n<5	9.8	NA	4.9	5.7

¹ Combines all years shown individually for the indicator for which data are available.

*Age-adjusted rates

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Shaded in red are neighborhood rates or percentages that are higher than the corresponding Boston rate or percentage for the same year(s).

Birth and death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 15.6b Selected Health Indicator, Roxbury							
Selected Health Indicator	Rolling Averages						BOSTON
	2001-2005	2002-2006	2003-2007	2004-2008	2005-2009	2006-2010	2006-2010
Infant Deaths (per 1,000 live births)	9.8	10.5	10.1	11.0	9.7	9.3	5.9

Shaded in red are neighborhood rates that are higher than the corresponding Boston rate for the same year(s).
 Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.
 For data source information see end of section.

Figure 15.6c Selected Health Indicators, Roxbury		
Leading Causes of Death, 2005-2010		
Cancer	Rate*	Count
2005	176.6	86
2006	191.0	91
2007	193.7	91
2008	150.1	70
2009	148.4	73
2010	222.1	105
RX 2005-2010	180.3	516
BOS 2005-2010	181.4	5,678
Diseases of the Heart	Rate*	Count
2005	181.9	85
2006	152.0	71
2007	160.7	77
2008	190.1	90
2009	164.1	76
2010	167.9	81
RX 2005-2010	169.5	480
BOS 2005-2010	152.0	4,831
Homicide	Rate*	Count
2005	15.5	12
2006	19.0	15
2007	11.2	10
2008	15.5	14
2009	10.6	8
2010	26.7	18
RX 2005-2010	16.4	77
BOS 2005-2010	7.9	366

*Age-adjusted rates per 100,000 residents
 Gray text represents rates based on counts less than 20 and should be interpreted with caution.
 Black text represents rates based on counts of at least 20.
 Shaded in red are neighborhood rates that are higher than the corresponding Boston rate for the same year(s).
 Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.
 For data source information see end of section.

Figure 15.7 Selected Adult Survey Health Indicators, Roxbury

Selected Adult Survey Health Indicators	Percentage of Adult Residents and Confidence Intervals (CI)						
	2001	2003	2005	2006	2008	2010	BOSTON 2010
Cigarette Smoking							
Percent	*	*	16%	20%	23%	18%	16%
CI			(9.4-22.9)	(12.3-26.7)	(13.7-31.7)	(11.2-24.3)	(14.0-17.3)
Regular Physical Activity							
Percent	*	*	61%	53%	47%	51%	57%
CI			(50.7-71.5)	(41.2-64.9)	(35.8-57.2)	(40.8-61.5)	(54.7-59.3)
Asthma							
Percent	*	*	14%	11%	14%	15%	11%
CI			(7.1-20.3)	(6.1-16.8)	(8.4-19.9)	(6.6-23.8)	(9.5-12.4)
Diabetes							
Percent	*	*	10%	6%	10%	11%	6%
CI			(4.7-15.1)	(3.0-8.1)	(5.2-14.8)	(6.4-15.2)	(5.4-7.0)
Obesity							
Percent	*	*	20%	29%	31%	27%	21%
CI			(13.1-27.8)	(20.4-38.4)	(22.1-39.9)	(17.4-35.9)	(18.9-22.7)
Persistent Sadness							
Percent	*	*	9%	15%	12%	10%	9%
CI			(3.3-13.9)	(7.6-23.3)	(4.3-19.8)	(4.5-16.3)	(8.1-10.7)

*Insufficient sample size

DATA SOURCE: Boston Behavioral Risk Factor Survey, 2001, 2003, 2005, 2006, 2008, and 2010, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission

Figure 15.8a Selected Health Indicators by Race/Ethnicity, Roxbury					
Selected Health Indicators	Years	Average Annual Rates			
		Asian	Black	Latino	White
Adolescent Birth Rate (per 1,000 females ages 15-17)	2008-2010	n<5	18.6	23.2	72.5
Low Birth Weight Births (percent of live births)	2009-2010	9.0%	13.5%	11.2%	9.2%
Preterm Births (percent of live births)	2009-2010	13.4%	12.9%	8.9%	10.8%
Infant Deaths (per 1,000 live births)	2008-2010	n<5	10.7	9.8	n<5
Asthma Emergency Department Visits (per 1,000 children under age 5)	2009-2011	n<7	59.0	43.9	25.6
Heart Disease Hospitalizations* (per 1,000 residents)	2009-2011	4.3	17.5	13.7	13.5
Diabetes Hospitalizations* (per 1,000 residents)	2011	n<7	6.0	6.5	1.4
Cerebrovascular Disease Hospitalizations (Incl. Stroke)* (per 1,000 residents)	2008-2011	2.2	4.2	3.4	2.6
Nonfatal Gunshot/Stabbing Emergency Department Visits* (per 1,000 residents)	2009-2011	n<7	3.8	1.7	0.5
Cerebrovascular Disease Deaths (Incl. Stroke)* (per 100,000 residents)	2007-2010	n<5	31.8	21.4	15.2
Homicide* (per 100,000 residents)	2009-2010	n<5	36.3	16.1	n<5
Substance Abuse Deaths* (per 100,000 residents)	2009-2010	n<5	45.2	21.0	75.0
Suicide* (per 100,000 residents)	2006-2010	n<5	3.8	n<5	14.0

*Age-adjusted rates

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Birth and death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 15.8b Selected Health Indicators by Race/Ethnicity, Roxbury		
Leading Causes of Death, Average Annual Rates, 2007-2010		
Asian	Rate*	Count
Cancer	143.3	10
Diseases of the Heart	69.5	5
†	†	†
Black	Rate*	Count
Cancer	209.3	230
Diseases of the Heart	177.4	196
Nephritis/Nephrosis	46.8	51
Latino	Rate*	Count
Cancer	99.5	41
Diseases of the Heart	98.1	35
Other Injuries	25.7	13
White	Rate*	Count
Diseases of the Heart	275.3	82
Cancer	203.7	53
COPD	65.7	19

*Age-adjusted rates per 100,000 residents

† Not calculated, n<5

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 15.9 Selected Adult Survey Health Indicators by Race/Ethnicity, Roxbury				
Selected Adult Survey Health Indicators	Percentage of Adult Residents and Confidence Intervals (CI), 2006, 2008, and 2010 Combined			
	Asian	Black	Latino	White
Cigarette Smoking				
Percent	*	22%	13%	23%
CI		(16.8-27.9)	(4.7-20.9)	(12.2-33.4)
Regular Physical Activity				
Percent	*	50%	46%	56%
CI		(41.9-57.8)	(30.9-62.1)	(43.4-69.1)
Asthma				
Percent	*	17%	11%	14%
CI		(10.6-23.2)	(4.9-16.8)	(5.3-22.7)
Diabetes				
Percent	*	13%	7%	*
CI		(9.2-17.2)	(3.0-10.1)	
Obesity				
Percent	*	39%	19%	24%
CI		(31.3-46.4)	(9.8-28.1)	(12.5-34.6)
Persistent Sadness				
Percent	*	12%	14%	13%
CI		(6.9-18.0)	(5.8-21.4)	(5.5-21.4)

*Insufficient sample size

DATA SOURCE: Boston Behavioral Risk Factor Survey, 2006, 2008, and 2010, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission

Roxbury Notes, Data Sources, and Data Analysis

Figure 15.1a, 15.1b Population by Age and Sex, Roxbury, 2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 15.2 Type of Household, Roxbury, 2010

NOTE: The census defines a family household as one in which at least one person living in the household is related by birth, marriage, or adoption to the householder (head of household).

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 15.3 Families with Income Below Poverty Level by Family Type, Roxbury, 2006-2010

NOTE: Data are estimates based on the American Community Survey. The data on poverty status of households were derived from answers to income questions. Since poverty is defined at the family level and not the household level, the poverty status of the household is determined by the poverty status of the householder. Households are classified as poor when the total income of the householder's family is below the appropriate poverty threshold. (For nonfamily householders, their own income is compared with the appropriate threshold.) The income of people living in the household who are unrelated to the householder is not considered when determining the poverty status of a household, nor does their presence affect the family size in determining the appropriate threshold. The poverty thresholds vary depending on three criteria: size of family, number of related children and for 1- and 2-person families, age of householder.

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 15.4 Housing Tenure, Roxbury, 2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 15.5 Educational Attainment, Roxbury, 2006-2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 15.6a-15.6c Selected Health Indicators, Roxbury

DATA SOURCES:

Adolescent Birth Rate, Low Birth Weight Births, and Preterm Births: Boston Resident Live Births, Massachusetts Department of Public Health

Asthma Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Elevated Blood Lead Levels: Boston Public Health Commission Office of Environmental Health

Chlamydia Incidence: Massachusetts Department of Public Health, STD Division

Hepatitis C Incidence: Communicable Disease Database, Boston Public Health Commission, Communicable Disease Control Division

Heart Disease Hospitalizations, Diabetes Hospitalizations, and Cerebrovascular Disease

Hospitalizations (Incl. Stroke): Inpatient Hospital Discharge Database, Massachusetts Center for Health Information and Analysis

Nonfatal Gunshot/Stabbing Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Cerebrovascular Disease Deaths (Incl. Stroke), Homicide, Substance Abuse Deaths, and Suicide:

Boston Resident Deaths, Massachusetts Department of Public Health

Infant Deaths: Boston Resident Live Births and Deaths, Massachusetts Department of Public Health

Leading Causes of Death: Boston Resident Deaths, Massachusetts Department of Public Health

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 15.7 Selected Adult Survey Health Indicators, Roxbury

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 15.8a, 15.8b Selected Health Indicators by Race/Ethnicity, Roxbury

DATA SOURCES:

Adolescent Birth Rate, Low Birth Weight Births, and Preterm Births: Boston Resident Live Births, Massachusetts Department of Public Health

Infant Deaths: Boston Resident Live Births and Deaths, Massachusetts Department of Public Health

Asthma Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Heart Disease Hospitalizations, Diabetes Hospitalizations, and Cerebrovascular Disease

Hospitalizations (Incl. Stroke): Inpatient Hospital Discharge Database, Massachusetts Center for Health Information and Analysis

Nonfatal Gunshot/Stabbing Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

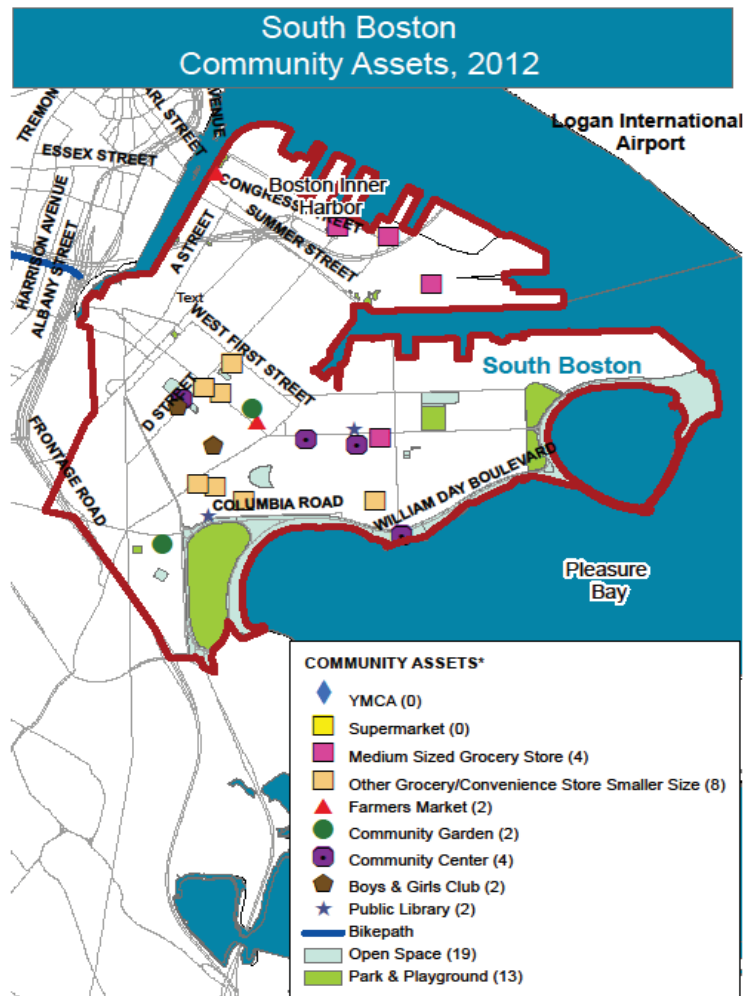
Cerebrovascular Disease Deaths (Incl. Stroke), Homicide, Substance Abuse Deaths, Suicide, and Leading Causes of Deaths: Boston Resident Deaths, Massachusetts Department of Public Health

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 15.9 Selected Adult Survey Health Indicators by Race/Ethnicity, Roxbury

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

South Boston



*Count of each asset presented in parentheses

South Boston was known as “Mattapanock” by Native Americans and then as “Dorchester Neck” by the colonists. Annexed in 1804, it was one of Boston’s first neighborhoods. The first victory in the American Revolution occurred in South Boston when Continental Army, under the leadership of George Washington, forced British troops to evacuate Boston. This victory is celebrated on Evaluation Day and commemorated by the Dorchester Heights Memorial.

During the mid-1800s, the neighborhood was a major industrial center with foundries, machine shops, shipyards, and refineries. The neighborhood’s industrial growth led to an influx of Irish and other immigrants in the middle and late 1800s. Through the 20th century, the neighborhood’s connection to Boston’s maritime economy, shipyard, and railroad jobs provided work for South Boston residents.

In addition to shipyards and other waterfront industries, the neighborhood has miles of beaches and waterfront parks. In 1905, a Frederick Law Olmstead-designed motorway that runs the length of the beaches was completed – originally called the Strandway, it is now William J. Day Boulevard.

The diversity in South Boston increased dramatically over the last two decades. The neighborhood has a large Irish-American population and a growing number of Asian, Black, and Latino residents.

Figure 16.1a Females by Age, South Boston, 2010

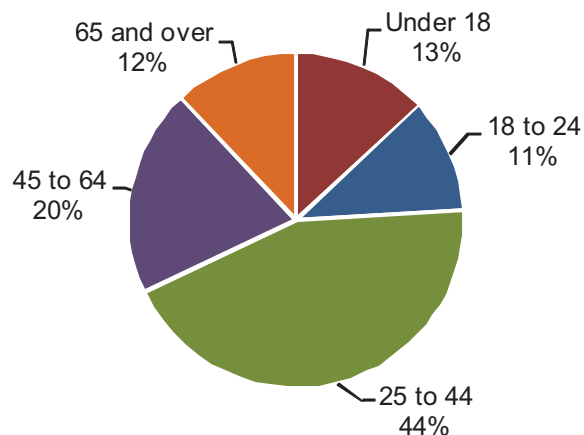
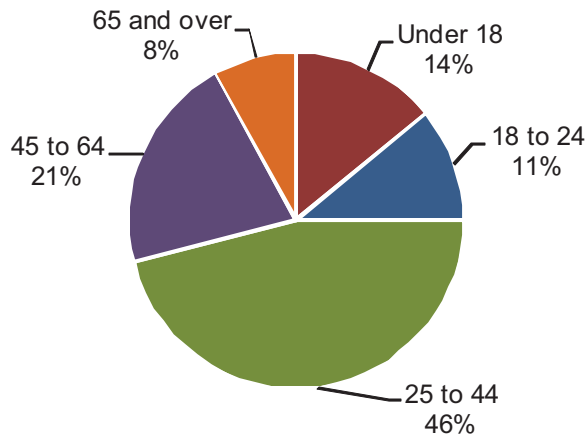


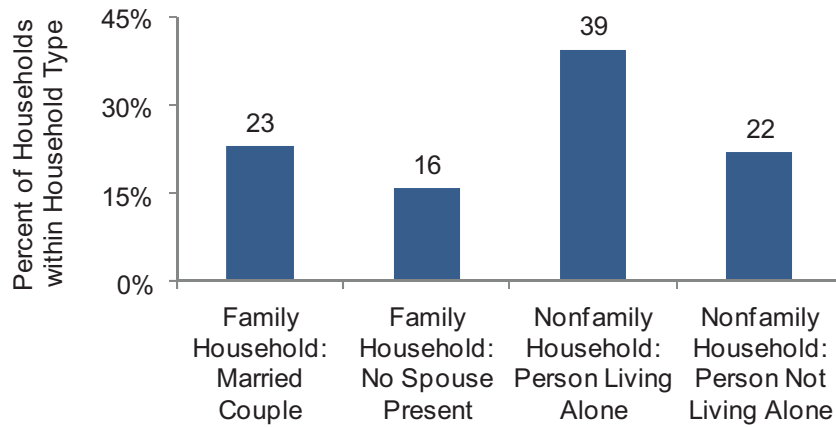
Figure 16.1b Males by Age, South Boston, 2010



DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

Residents ages 25 to 44 comprised almost half of the South Boston population in 2010 (data not shown). Among females, 44% were between the ages of 25 and 44 while males of the same age comprised 46% of the population of South Boston.

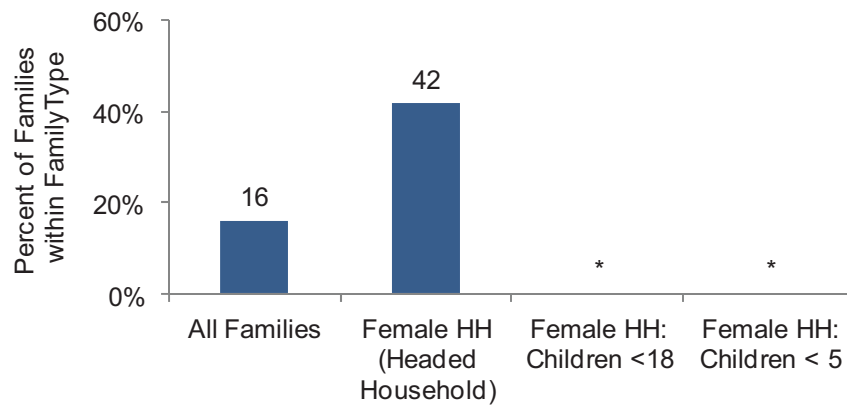
Figure 16.2 Type of Household, South Boston, 2010



DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

In South Boston, 61% of households were nonfamily households. The highest percentage of households consisted of persons living alone (39%). Twenty-three percent of households were family households with a married couple present.

Figure 16.3 Families with Income Below Poverty Level by Family Type, South Boston, 2006-2010

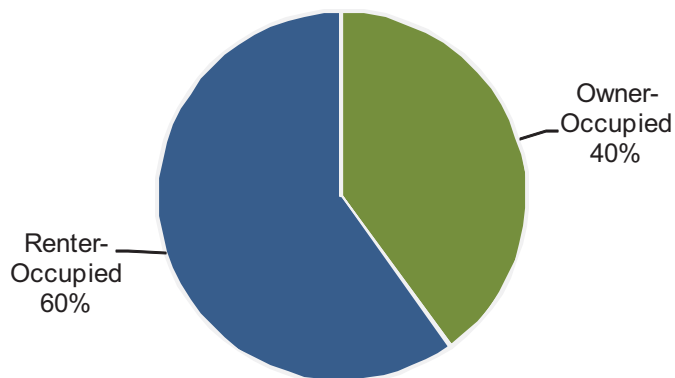


*Insufficient sample size

DATA SOURCE: US Census Bureau, 2006-2010 American Community Survey

While only 16% of all families had an income below the poverty level In South Boston, 42% of all female headed households had an income below the poverty level.

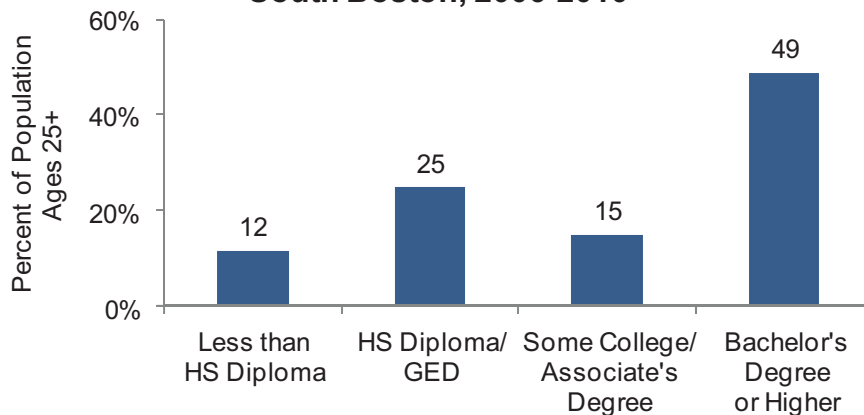
Figure 16.4 Housing Tenure, South Boston, 2010



DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

In South Boston, 60% of occupied units were renter-occupied.

Figure 16.5 Educational Attainment, South Boston, 2006-2010



DATA SOURCE: US Census Bureau, 2006-2010 American Community Survey

Nearly half the population in South Boston had a Bachelor's degree or higher. One-quarter of the population had a high school diploma/GED and only 12% had less than a high school diploma.

Figure 16.6a Selected Health Indicators, South Boston									
Selected Health Indicators	Annual Rates							Average Annual Rates ¹	
	2005	2006	2007	2008	2009	2010	2011	SB	BOSTON
Adolescent Birth Rate (per 1,000 females ages 15-17)	◇	15.6	18.2	18.2	13.0	n<5	NA	13.4	20.1
Low Birth Weight Births (percent of live births)	7.9%	6.2%	9.2%	6.6%	6.1%	7.8%	NA	7.3%	9.3%
Preterm Births (percent of live births)	10.2%	8.5%	11.2%	7.9%	7.5%	9.1%	NA	9.0%	9.9%
Asthma Emergency Department Visits (per 1,000 children under age 5)	39.1	33.2	34.5	37.1	32.5	21.2	17.2	30.7	31.5
Elevated Blood Lead Levels (percent of children testing positive)	1.5%	1.0%	1.7%	1.0%	1.1%	n<5	n<5	1.0%	1.4%
Chlamydia Incidence (per 100,000 residents)	NA	NA	NA	NA	398.4	472.1	380.7	417.0	720.9
Hepatitis C Incidence (per 100,000 residents ages 15-25)	NA	226.0	347.7	295.5	121.7	312.9	NA	260.8	45.7
Heart Disease Hospitalizations* (per 1,000 residents)	14.7	12.6	13.6	12.0	12.0	10.4	10.1	12.2	11.2
Diabetes Hospitalizations* (per 1,000 residents)	1.7	2.2	1.5	1.4	2.3	1.6	1.7	1.8	2.3
Cerebrovascular Disease Hospitalizations (Incl. Stroke)* (per 1,000 residents)	2.7	2.9	2.6	2.6	2.8	2.6	2.4	2.7	2.5
Nonfatal Gunshot/Stabbing Emergency Department Visits* (per 1,000 residents)	0.4	0.6	0.9	0.8	0.5	0.4	0.5	0.6	0.9
Cerebrovascular Disease Deaths (Incl. Stroke)* (per 100,000 residents)	59.7	47.9	50.4	23.8	37.6	55.2	NA	45.8	35.3
Homicide* (per 100,000 residents)	17.3	n<5	n<5	n<5	n<5	n<5	NA	5.5	7.9
Substance Abuse Deaths* (per 100,000 residents)	44.7	58.6	50.0	44.1	39.7	53.1	NA	48.4	33.9
Suicide* (per 100,000 residents)	n<5	n<5	n<5	n<5	15.0	n<5	NA	8.8	5.7

¹Combines all years shown individually for the indicator for which data are available.

◇ Data suppressed to protect confidentiality.

*Age-adjusted rates

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Shaded in red are neighborhood rates or percentages that are higher than the corresponding Boston rate or percentage for the same year(s).

Birth and death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 16.6b Selected Health Indicator, South Boston							
Selected Health Indicator	Rolling Averages						BOSTON
	2001-2005	2002-2006	2003-2007	2004-2008	2005-2009	2006-2010	2006-2010
Infant Deaths (per 1,000 live births)	3.6	4.6	3.6	4.0	3.4	3.3	5.9

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section

Figure 16.6c Selected Health Indicators, South Boston		
Leading Causes of Death, 2005-2010		
Cancer	Rate*	Count
2005	301.4	85
2006	267.7	74
2007	252.1	73
2008	205.6	58
2009	207.1	60
2010	237.7	66
SB 2005-2010	245.3	416
BOS 2005-2010	181.4	5,678
Diseases of the Heart	Rate*	Count
2005	291.5	85
2006	236.0	67
2007	192.0	57
2008	158.8	48
2009	173.8	52
2010	189.1	55
SB 2005-2010	206.9	364
BOS 2005-2010	152.0	4,831
Other Injuries	Rate*	Count
2005	33.6	11
2006	50.1	15
2007	47.0	16
2008	40.7	13
2009	35.5	13
2010	53.3	18
SB 2005-2010	43.4	86
BOS 2005-2010	32.9	1,116

*Age-adjusted rates per 100,000 residents

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Shaded in red are neighborhood rates that are higher than the corresponding Boston rate for the same year(s).

Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 16.7 Selected Adult Survey Health Indicators, South Boston							
Selected Adult Survey Health Indicators	Percentage of Adult Residents and Confidence Intervals (CI)						
	2001	2003	2005	2006	2008	2010	BOSTON 2010
Cigarette Smoking							
Percent	31%	33%	26%	19%	21%	18%	16%
CI	(23.7-39.0)	(20.0-45.2)	(15.7-35.4)	(11.6-26.0)	(12.6-28.7)	(11.3-24.1)	(14.0-17.3)
Regular Physical Activity							
Percent	59%	59%	55%	59%	73%	65%	57%
CI	(50.7-66.8)	(46.5-71.5)	(43.4-66.1)	(49.6-68.4)	(64.8-81.1)	(57.0-72.5)	(54.7-59.3)
Asthma							
Percent	7%	10%	10%	10%	10%	10%	11%
CI	(3.5-10.6)	(2.5-17.7)	(3.5-17.3)	(4.4-16.3)	(5.1-15.5)	(5.8-13.9)	(9.5-12.4)
Diabetes							
Percent	5%	6%	4%	5%	4%	5%	6%
CI	(1.6-9.1)	(1.8-10.4)	(1.4-7.6)	(2.6-7.7)	(1.1-6.1)	(2.3-7.2)	(5.4-7.0)
Obesity							
Percent	21%	20%	18%	14%	18%	16%	21%
CI	(14.8-28.2)	(10.5-30.0)	(9.4-26.0)	(8.6-19.7)	(11.2-24.5)	(9.8-21.4)	(18.9-22.7)
Persistent Sadness							
Percent	8%	7%	5%	9%	8%	10%	9%
CI	(4.2-11.8)	(1.9-11.9)	(1.7-8.9)	(4.1-13.4)	(3.4-12.7)	(5.7-14.7)	(8.1-10.7)

DATA SOURCE: Boston Behavioral Risk Factor Survey, 2001, 2003, 2005, 2006, 2008, and 2010, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission

Figure 16.8a Selected Health Indicators by Race/Ethnicity, South Boston					
Selected Health Indicators	Years	Average Annual Rates			
		Asian	Black	Latino	White
Adolescent Birth Rate (per 1,000 females ages 15-17)	2008-2010	n<5	n<5	22.9	9.1
Low Birth Weight Births (percent of live births)	2008-2010	n<5	8.2%	9.3%	6.2%
Preterm Births (percent of live births)	2008-2010	9.8%	8.2%	7.1%	8.4%
Infant Deaths (per 1,000 live births)	2010	n<5	n<5	n<5	n<5
Asthma Emergency Department Visits (per 1,000 children under age 5)	2010-2011	n<7	48.8	27.2	11.5
Heart Disease Hospitalizations* (per 1,000 residents)	2010-2011	6.5	10.6	7.4	10.4
Diabetes Hospitalizations* (per 1,000 residents)	2008-2011	1.1	4.7	2.2	1.7
Cerebrovascular Disease Hospitalizations (Incl.Stroke)* (per 1,000 residents)	2010-2011	n<7	5.4	2.8	2.3
Nonfatal Gunshot/Stabbing Emergency Department Visits* (per 1,000 residents)	2009-2011	n<7	2.2	0.6	0.4
Cerebrovascular Disease Deaths (Incl. Stroke)* (per 100,000 residents)	2010	n<5	n<5	n<5	58.0
Homicide* (per 100,000 residents)	2010	n<5	n<5	n<5	n<5
Substance Abuse Deaths* (per 100,000 residents)	2010	n<5	n<5	n<5	61.6
Suicide* (per 100,000 residents)	2009-2010	n<5	n<5	n<5	11.1

* Age-adjusted rates

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Birth and death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 16.8b Selected Health Indicators by Race/Ethnicity, South Boston		
Leading Causes of Death, Average Annual Rates, 2006-2010		
Asian	Rate*	Count
Cancer	76.3	7
†	†	†
†	†	†
Black	Rate*	Count
Cancer	271.7	11
Diseases of the Heart	200.6	9
†	†	†
Latino	Rate*	Count
Diseases of the Heart	62.7	6
Cancer	42.4	6
†	†	†
White	Rate*	Count
Cancer	248.2	307
Diseases of the Heart	200.3	263
COPD	62.2	77

*Age-adjusted rates per 100,000 residents

†Not calculated, n<5

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 16.9 Selected Adult Survey Health Indicators by Race/Ethnicity, South Boston				
Selected Adult Survey Health Indicators	Percentage of Adult Residents and Confidence Intervals (CI), 2006, 2008, and 2010 Combined			
	Asian	Black	Latino	White
Cigarette Smoking				
Percent	*	*	31%	16%
CI			(12.9-48.4)	(12.5-20.5)
Regular Physical Activity				
Percent	*	*	72%	65%
CI			(58.6-85.5)	(59.7-70.5)
Asthma				
Percent	*	*	15%	10%
CI			(3.9-26.7)	(6.6-13.1)
Diabetes				
Percent	*	*	5%	5%
CI			(0.0-9.5)	(3.0-6.3)
Obesity				
Percent	*	*	18%	15%
CI			(6.0-30.2)	(11.6-19.0)
Persistent Sadness				
Percent	*	*	20%	8%
CI			(7.5-33.4)	(5.0-10.3)

*Insufficient sample size

DATA SOURCE: Boston Behavioral Risk Factor Survey, 2006, 2008, and 2010, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission

South Boston Notes, Data Sources, and Data Analysis

Figure 16.1a, 16.1b Population by Age and Sex, South Boston, 2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 16.2 Type of Household, South Boston, 2010

NOTE: The census defines a family household as one in which at least one person living in the household is related by birth, marriage, or adoption to the householder (head of household).

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 16.3 Families with Income Below Poverty Level by Family Type, South Boston, 2006-2010

NOTE: Data are estimates based on the American Community Survey. The data on poverty status of households were derived from answers to income questions. Since poverty is defined at the family level and not the household level, the poverty status of the household is determined by the poverty status of the householder. Households are classified as poor when the total income of the householder's family is below the appropriate poverty threshold. (For nonfamily householders, their own income is compared with the appropriate threshold.) The income of people living in the household who are unrelated to the householder is not considered when determining the poverty status of a household, nor does their presence affect the family size in determining the appropriate threshold. The poverty thresholds vary depending on three criteria: size of family, number of related children and for 1- and 2-person families, age of householder.

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 16.4 Housing Tenure, South Boston, 2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 16.5 Educational Attainment, South Boston, 2006-2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 16.6a-16.6c Selected Health Indicators, South Boston

DATA SOURCES:

Adolescent Birth Rate, Low Birth Weight Births, and Preterm Births: Boston Resident Live Births, Massachusetts Department of Public Health

Asthma Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Elevated Blood Lead Levels: Boston Public Health Commission Office of Environmental Health

Chlamydia Incidence: Massachusetts Department of Public Health, STD Division

Hepatitis C Incidence: Communicable Disease Database, Boston Public Health Commission, Communicable Disease Control Division

Heart Disease Hospitalizations, Diabetes Hospitalizations, and Cerebrovascular Disease

Hospitalizations (Incl. Stroke): Inpatient Hospital Discharge Database, Massachusetts Center for Health Information and Analysis

Nonfatal Gunshot/Stabbing Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Cerebrovascular Disease Deaths (Incl. Stroke), Homicide, Substance Abuse Deaths, and Suicide:

Boston Resident Deaths, Massachusetts Department of Public Health

Infant Deaths: Boston Resident Live Births and Deaths, Massachusetts Department of Public Health

Leading Causes of Death: Boston Resident Deaths, Massachusetts Department of Public Health

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 16.7 Selected Adult Survey Health Indicators, South Boston

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 16.8a, 16.8b Selected Health Indicators by Race/Ethnicity, South Boston

DATA SOURCES:

Adolescent Birth Rate, Low Birth Weight Births, and Preterm Births: Boston Resident Live Births, Massachusetts Department of Public Health

Infant Deaths: Boston Resident Live Births and Deaths, Massachusetts Department of Public Health

Asthma Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Heart Disease Hospitalizations, Diabetes Hospitalizations, and Cerebrovascular Disease

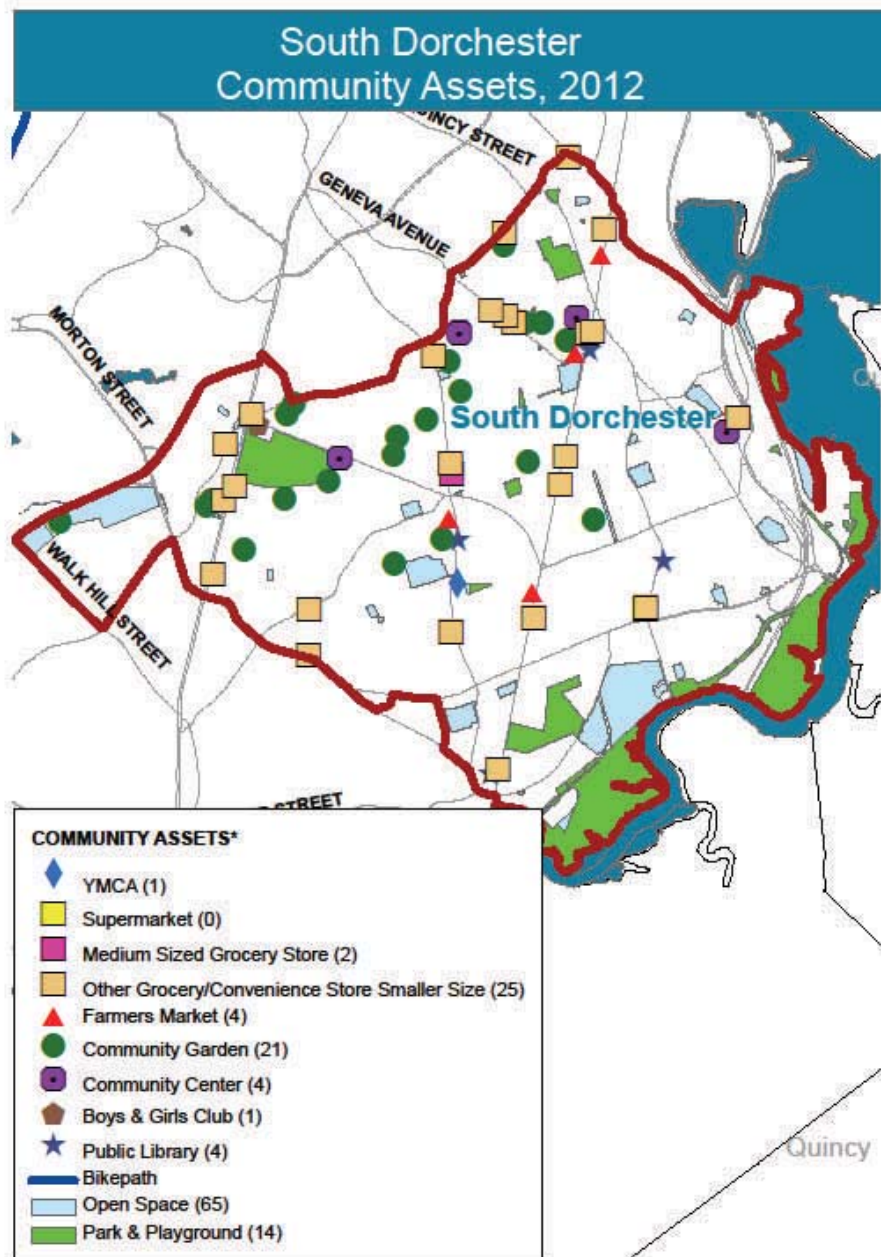
Hospitalizations (Incl. Stroke): Inpatient Hospital Discharge Database, Massachusetts Center for Health Information and Analysis

Nonfatal Gunshot/Stabbing Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Figure 16.9 Selected Adult Survey Health Indicators by Race/Ethnicity, South Boston

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

South Dorchester



*Count of each asset presented in parentheses

Dorchester was named after the town of Dorchester in England, from which Puritans emigrated. The Wampanoag Indians had called the area Mattapan. Dorchester was annexed to Boston in 1870.

Many historic sites are located in South Dorchester. The Walter Baker Chocolate Mill was established in Lower Mills in 1765. Over the last 20 years, the mill has been converted to apartments and condominiums. The Pierce House, built in 1683, is Boston's second oldest home. William J. Devine Golf Course at Franklin Park, laid out in 1892, is the country's oldest public golf course.

Figure 17.1a Females by Age, South Dorchester, 2010

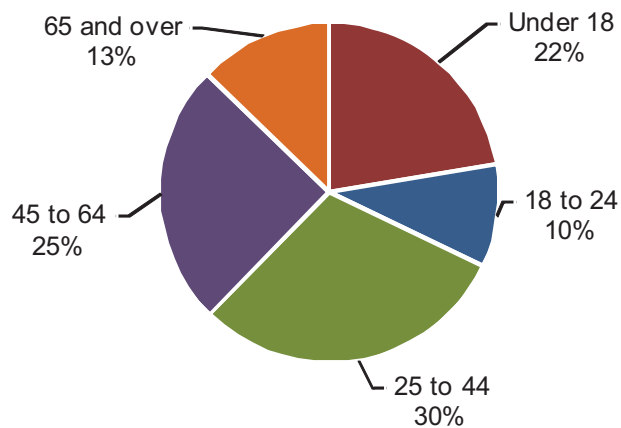
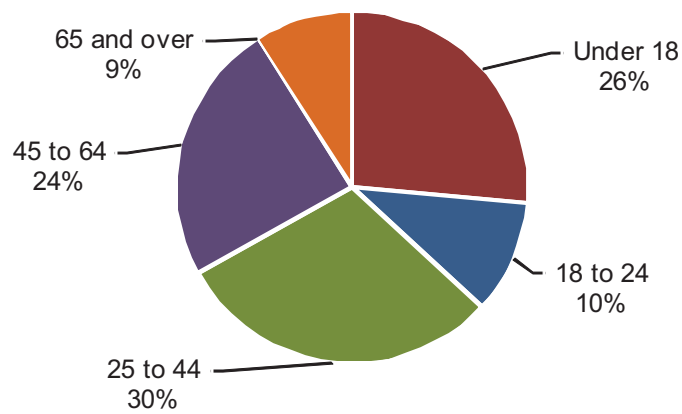


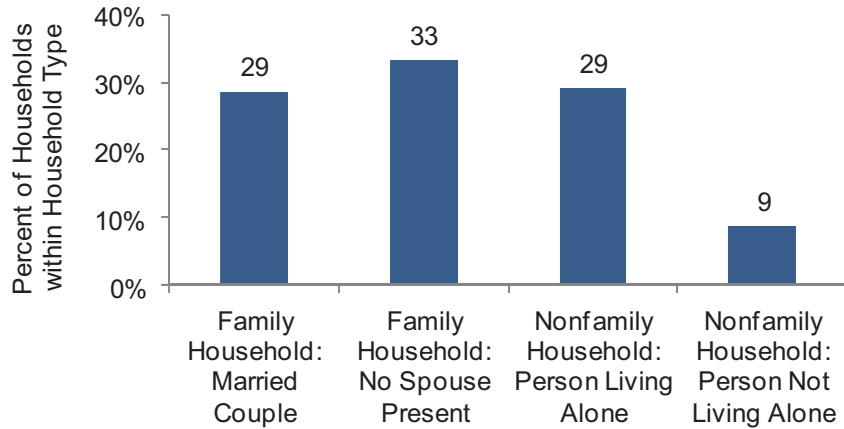
Figure 17.1b Males by Age, South Dorchester, 2010



DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

Residents, ages 25 to 44 and 45 to 64 accounted for the largest percentages of the South Dorchester population in 2010, 30% and 25% respectively (data not shown). Males accounted for the same percentages of the population as females ages 18-24 and 25-44.

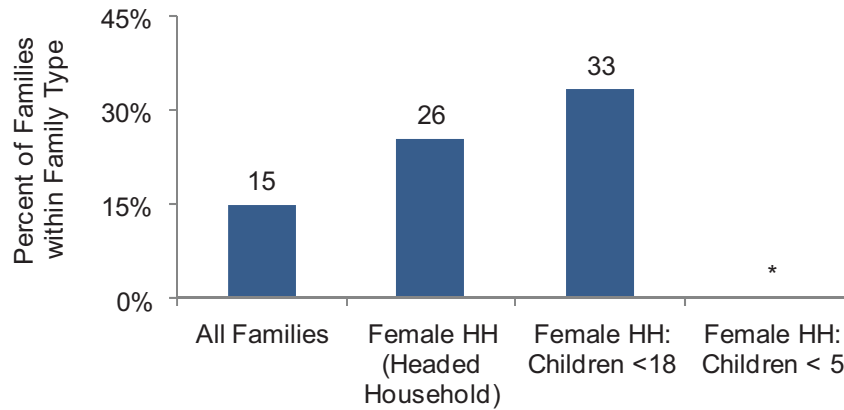
Figure 17.2 Type of Household, South Dorchester, 2010



DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

In South Dorchester, 62% of households were family households. The highest percentage of households were families with no spouse present (33%). Twenty-nine percent of households consisted of persons living alone.

Figure 17.3 Families with Income Below Poverty Level by Family Type, South Dorchester, 2006-2010

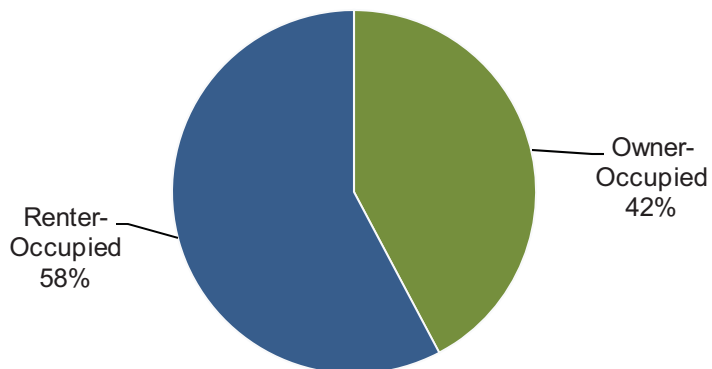


*Insufficient sample size

DATA SOURCE: US Census Bureau, 2006-2010 American Community Survey

A higher percentage of female headed households (26%) and female headed households with children less than 18 (33%) had an income below the poverty level as compared with all families (15%).

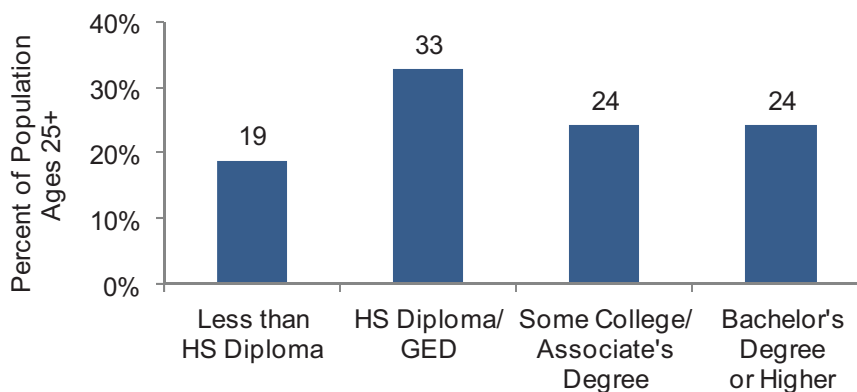
Figure 17.4 Housing Tenure, South Dorchester, 2010



DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

In South Dorchester, 58% of occupied units were renter-occupied.

Figure 17.5 Educational Attainment, South Dorchester, 2006-2010



DATA SOURCE: US Census Bureau, 2006-2010 American Community Survey

One-third of the population of South Dorchester had a high school diploma/GED. Lower percentages of the population had higher levels of educational attainment—some college/Associate's degree (24%) and a Bachelor's degree or higher (24%).

Figure 17.6a Selected Health Indicators, South Dorchester									
Selected Health Indicators	Annual Rates							Average Annual Rates ¹	
	2005	2006	2007	2008	2009	2010	2011	SD	BOSTON
Adolescent Birth Rate (per 1,000 females ages 15-17)	18.4	18.4	18.4	21.5	11.3	16.4	NA	17.4	20.1
Low Birth Weight Births (percent of live births)	11.3%	10.2%	9.1%	10.1%	10.5%	12.4%	NA	10.6%	9.3%
Preterm Births (percent of live births)	12.9%	11.7%	10.5%	11.3%	9.9%	13.1%	NA	11.6%	9.9%
Asthma Emergency Department Visits (per 1,000 children under age 5)	45.8	44.0	38.1	44.8	35.0	39.5	32.8	40.0	31.5
Elevated Blood Lead Levels (percent of children testing positive)	3.3%	2.5%	1.8%	1.6%	1.7%	1.2%	0.8%	1.9%	1.4%
Chlamydia Incidence (per 100,000 residents)	NA	NA	NA	NA	1,183.0	1,264.4	1,279.8	1,242.4	720.9
Hepatitis C Incidence (per 100,000 residents ages 15-25)	NA	40.5	81.1	81.1	56.7	89.2	NA	69.7	45.7
Heart Disease Hospitalizations* (per 1,000 residents)	12.0	13.2	11.6	12.9	11.8	12.6	11.4	12.2	11.2
Diabetes Hospitalizations* (per 1,000 residents)	3.2	3.2	2.9	3.1	3.2	3.0	2.5	3.0	2.3
Cerebrovascular Disease Hospitalizations (Incl. Stroke)* (per 1,000 residents)	3.4	3.8	3.4	3.4	3.1	3.4	3.1	3.4	2.5
Nonfatal Gunshot/Stabbing Emergency Department Visits* (per 1,000 residents)	1.9	2.2	2.1	2.2	2.2	2.1	1.5	2.0	0.9
Cerebrovascular Disease Deaths (Incl. Stroke)* (per 100,000 residents)	34.4	66.2	47.0	46.9	36.1	49.2	NA	46.6	35.3
Homicide* (per 100,000 residents)	21.7	17.9	20.7	27.4	13.5	15.2	NA	19.4	7.9
Substance Abuse Deaths* (per 100,000 residents)	23.8	30.8	42.4	25.2	22.4	23.1	NA	28.0	33.9
Suicide* (per 100,000 residents)	n<5	n<5	11.4	15.4	n<5	n<5	NA	7.9	5.7

¹Combines all years shown individually for the indicator for which data are available.

*Age-adjusted rates

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Shaded in red are neighborhood rates or percentages that are higher than the corresponding Boston rate or percentage for the same year(s).

Birth and death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 17.6b Selected Health Indicator, South Dorchester							
Selected Health Indicator	Rolling Averages						BOSTON
	2001-2005	2002-2006	2003-2007	2004-2008	2005-2009	2006-2010	2006-2010
Infant Deaths (per 1,000 live births)	8.9	8.0	5.9	5.4	6.0	5.4	5.9

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 17.6c Selected Health Indicators, South Dorchester		
Leading Causes of Death, 2005-2010		
Cancer	Rate*	Count
2005	184.9	76
2006	206.4	84
2007	189.0	76
2008	196.9	79
2009	181.4	75
2010	198.1	81
SD 2005-2010	192.8	471
BOS 2005-2010	181.4	5,678
Diseases of the Heart	Rate*	Count
2005	142.2	54
2006	153.4	59
2007	142.6	55
2008	154.7	62
2009	198.5	79
2010	135.6	54
SD 2005-2010	154.5	363
BOS 2005-2010	152.0	4,831
Cerebrovascular Disease (Incl. Stroke)	Rate*	Count
2005	34.4	13
2006	66.2	26
2007	47.0	18
2008	46.9	18
2009	36.1	14
2010	49.2	19
SD 2005-2010	46.6	108
BOS 2005-2010	35.3	1,116

* Age-adjusted rates per 100,000 residents

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Shaded in red are neighborhood rates that are higher than the corresponding Boston rate for the same year(s).

Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 17.7 Selected Adult Survey Health Indicators, South Dorchester

Selected Adult Survey Health Indicators	Percentage of Adult Residents and Confidence Intervals (CI)						
	2001	2003	2005	2006	2008	2010	BOSTON 2010
Cigarette Smoking							
Percent	26%	20%	21%	15%	18%	16%	16%
CI	(18.1-33.1)	(12.7-27.0)	(12.9-29.1)	(10.0-19.5)	(10.4-26.0)	(10.9-21.3)	(14.0-17.3)
Regular Physical Activity							
Percent	45%	49%	44%	46%	50%	57%	57%
CI	(36.6-52.9)	(39.8-58.5)	(35.0-53.9)	(38.2-54.4)	(40.3-59.0)	(49.6-63.5)	(54.7-59.3)
Asthma							
Percent	11%	11%	11%	9%	10%	11%	11%
CI	(6.0-16.8)	(5.7-16.7)	(5.8-16.2)	(5.0-12.7)	(6.6-13.6)	(6.9-15.2)	(9.5-12.4)
Diabetes							
Percent	6%	10%	11%	9%	6%	7%	6%
CI	(2.1-9.0)	(5.4-15.5)	(5.6-17.1)	(5.9-12.2)	(4.0-8.4)	(4.6-9.3)	(5.4-7.0)
Obesity							
Percent	24%	26%	26%	28%	32%	24%	21%
CI	(17.0-31.7)	(18.3-33.8)	(18.7-34.2)	(21.1-34.1)	(21.8-42.1)	(17.8-29.4)	(18.9-22.7)
Persistent Sadness							
Percent	15%	8%	10%	13%	11%	9%	9%
CI	(8.6-21.0)	(4.0-13.0)	(4.7-14.5)	(8.1-18.6)	(5.7-15.3)	(5.3-11.9)	(8.1-10.7)

DATA SOURCE: Boston Behavioral Risk Factor Survey, 2001, 2003, 2005, 2006, 2008, and 2010, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission

Figure 17.8a Selected Health Indicators by Race/Ethnicity, South Dorchester

Selected Health Indicators	Years	Average Annual Rates			
		Asian	Black	Latino	White
Adolescent Birth Rate (per 1,000 females ages 15-17)	2008-2010	n<5	16.0	24.4	12.4
Low Birth Weight Births (percent of live births)	2009-2010	8.6%	12.2%	11.7%	10.5%
Preterm Births (percent of live births)	2009-2010	6.2%	11.3%	11.7%	13.0%
Infant Deaths (per 1,000 live births)	2008-2010	n<5	5.4	n<5	8.8
Asthma Emergency Department Visits (per 1,000 children under age 5)	2011	18.7	46.2	33.8	14.1
Heart Disease Hospitalizations* (per 1,000 residents)	2011	6.3	12.1	14.1	11.7
Diabetes Hospitalizations* (per 1,000 residents)	2010-2011	1.2	3.9	3.2	1.6
Cerebrovascular Disease Hospitalizations (Incl.Stroke)* (per 1,000 residents)	2011	2.0	3.6	3.1	2.6
Nonfatal Gunshot/Stabbing Emergency Department Visits* (per 1,000 residents)	2010-2011	0.9	2.9	1.5	0.4
Cerebrovascular Disease Deaths (Incl. Stroke)* (per 100,000 residents)	2010	n<5	65.2	n<5	39.1
Homicide* (per 100,000 residents)	2010	n<5	30.8	n<5	n<5
Substance Abuse Deaths* (per 100,000 residents)	2010	n<5	22.0	n<5	28.9
Suicide* (per 100,000 residents)	2006-2010	n<5	4.6	n<5	16.4

* Age-adjusted rates

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Birth and death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 17.8b Selected Health Indicators by Race/Ethnicity, South Dorchester		
Leading Causes of Death, Average Annual Rates, 2007-2010		
Asian	Rate*	Count
Cancer	69.4	8
Diseases of the Heart	241.5	7
†	†	†
Black	Rate*	Count
Cancer	200.1	135
Diseases of the Heart	157.4	95
Homicide	34.7	31
Latino	Rate*	Count
Cancer	63.3	10
Diseases of the Heart	61.3	7
Other Injuries	29.8	6
White	Rate*	Count
Cancer	227.1	157
Diseases of the Heart	189.0	140
Cerebrovascular Disease (Incl. Stroke)	42.8	35

*Age-adjusted rates per 100,000 residents

†Not calculated, n<5

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Death data for 2010 are preliminary and should be interpreted with caution.

Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 17.9 Selected Adult Survey Health Indicators by Race/Ethnicity, South Dorchester				
Selected Adult Survey Health Indicators	Percentage of Adult Residents and Confidence Intervals (CI), 2006, 2008, and 2010 Combined			
	Asian	Black	Latino	White
Cigarette Smoking				
Percent	*	17%	17%	19%
CI		(10.4-23.0)	(7.4-27.2)	(13.6-24.1)
Regular Physical Activity				
Percent	*	44%	69%	59%
CI		(37.0-51.7)	(57.8-80.9)	(51.8-65.9)
Asthma				
Percent	*	13%	15%	6%
CI		(9.0-16.7)	(7.2-23.2)	(3.5-8.0)
Diabetes				
Percent	*	9%	4%	7%
CI		(6.9-12.0)	(1.4-7.4)	(4.3-9.0)
Obesity				
Percent	*	32%	22%	24%
CI		(24.9-39.4)	(11.4-32.1)	(17.2-29.9)
Persistent Sadness				
Percent	*	11%	13%	9%
CI		(7.3-15.2)	(4.7-21.4)	(4.9-12.3)

*Insufficient sample size

DATA SOURCE: Boston Behavioral Risk Factor Survey, 2006, 2008, and 2010, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission

South Dorchester Notes, Data Sources, and Data Analysis

Figure 17.1a, 17.1b Population by Age and Sex, South Dorchester, 2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 17.2 Type of Household, South Dorchester, 2010

NOTE: The census defines a family household as one in which at least one person living in the household is related by birth, marriage, or adoption to the householder (head of household).

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 17.3 Families with Income Below Poverty Level by Family Type, South Dorchester, 2006-2010

NOTE: Data are estimates based on the American Community Survey. The data on poverty status of households were derived from answers to income questions. Since poverty is defined at the family level and not the household level, the poverty status of the household is determined by the poverty status of the householder. Households are classified as poor when the total income of the householder's family is below the appropriate poverty threshold. (For nonfamily householders, their own income is compared with the appropriate threshold.) The income of people living in the household who are unrelated to the householder is not considered when determining the poverty status of a household, nor does their presence affect the family size in determining the appropriate threshold. The poverty thresholds vary depending on three criteria: size of family, number of related children and for 1- and 2-person families, age of householder.

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 17.4 Housing Tenure, South Dorchester, 2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 17.5 Educational Attainment, South Dorchester, 2006-2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 17.6a-17.6c Selected Health Indicators, South Dorchester

DATA SOURCES:

Adolescent Birth Rate, Low Birth Weight Births, and Preterm Births: Boston Resident Live Births, Massachusetts Department of Public Health

Asthma Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Elevated Blood Lead Levels: Boston Public Health Commission Office of Environmental Health

Chlamydia Incidence: Massachusetts Department of Public Health, STD Division

Hepatitis C Incidence: Communicable Disease Database, Boston Public Health Commission, Communicable Disease Control Division

Heart Disease Hospitalizations, Diabetes Hospitalizations, and Cerebrovascular Disease

Hospitalizations (Incl. Stroke): Inpatient Hospital Discharge Database, Massachusetts Center for Health Information and Analysis

Nonfatal Gunshot/Stabbing Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Cerebrovascular Disease Deaths (Incl. Stroke), Homicide, Substance Abuse Deaths, and Suicide:

Boston Resident Deaths, Massachusetts Department of Public Health

Infant Deaths: Boston Resident Live Births and Deaths, Massachusetts Department of Public Health

Leading Causes of Death: Boston Resident Deaths, Massachusetts Department of Public Health

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 17.7 Selected Adult Survey Health Indicators, South Dorchester

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 17.8a, 17.8b Selected Health Indicators by Race/Ethnicity, South Dorchester

DATA SOURCES:

Adolescent Birth Rate, Low Birth Weight Births, and Preterm Births: Boston Resident Live Births, Massachusetts Department of Public Health

Infant Deaths: Boston Resident Live Births and Deaths, Massachusetts Department of Public Health

Asthma Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Heart Disease Hospitalizations, Diabetes Hospitalizations, and Cerebrovascular Disease

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Nonfatal Gunshot/Stabbing Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Cerebrovascular Disease Deaths (Incl. Stroke), Homicide, Substance Abuse Deaths, Suicide, and

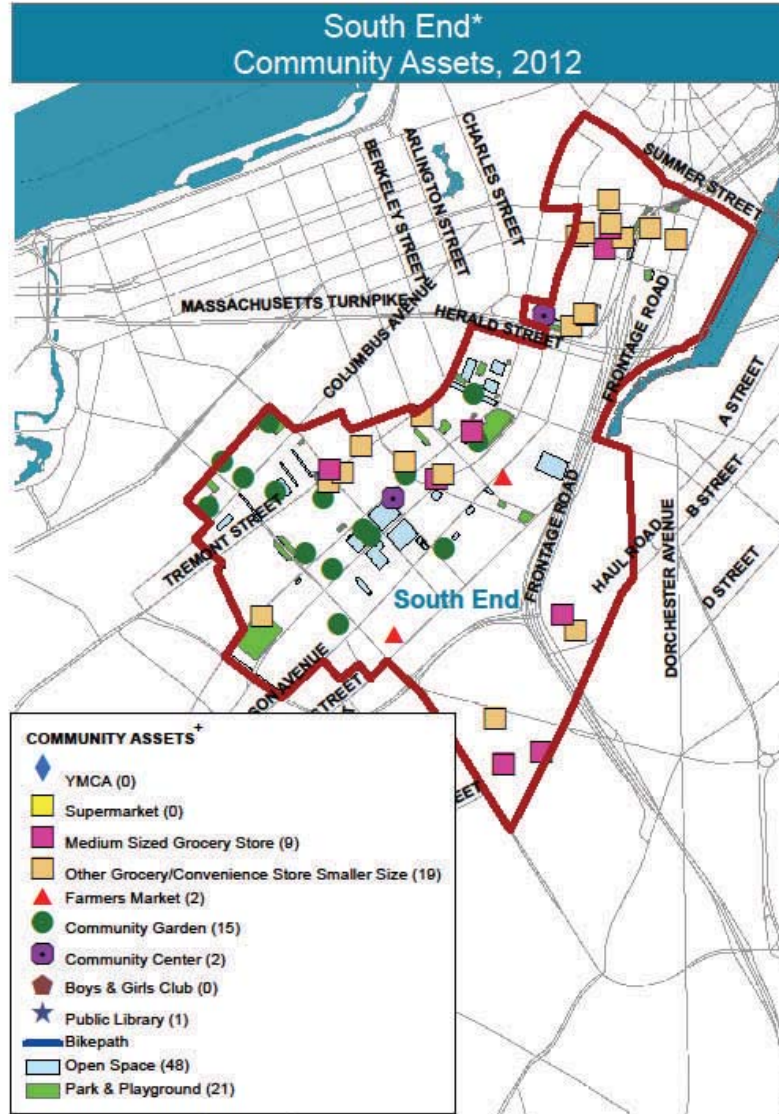
Leading Causes of Deaths: Boston Resident Deaths, Massachusetts Department of Public Health

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 17.9 Selected Adult Survey Health Indicators by Race/Ethnicity, South Dorchester

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

South End*



†Count of each asset presented in parentheses

The South End and Chinatown are sometimes combined when reporting data in this report; however, the two are distinct neighborhoods with unique histories.

The South End was originally called “Boston Neck” as it was a narrow strip of land connecting Boston to the mainland. In the 1830s, the land was in-filled and Victorian townhouses were built for Boston’s wealthy merchant class.

Boston City Hospital, the country’s first municipal hospital, was established in 1864 in the South End. Churches and synagogues were built to accommodate growing congregations. The combination of inexpensive housing and proximity to social, health, and religious services brought a variety of cultures, religions, and beliefs to the South End.

Today the South End neighborhood is home to a large gay and lesbian community and a mix of families and young professionals. As the largest Victorian neighborhood in the United States, the South End is a Landmark District and listed in the National Registry of Historical Places.

*Includes Chinatown

Figure 18.1a Females by Age, South End*, 2010

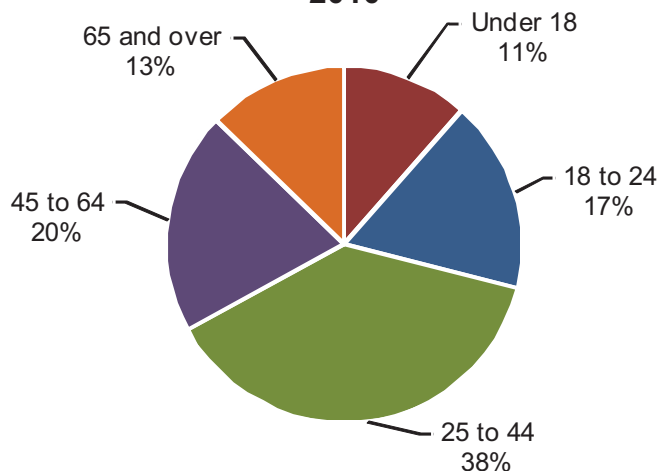
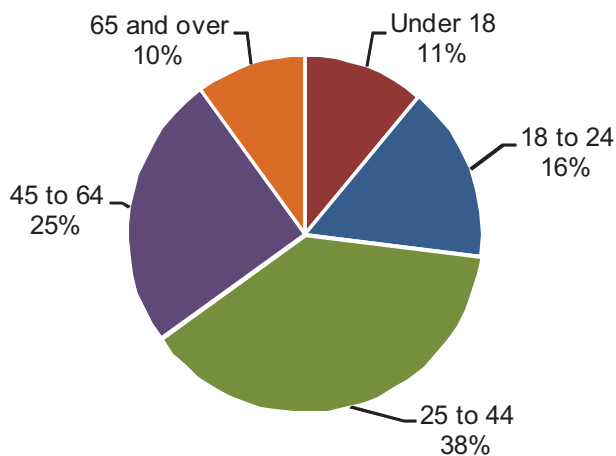


Figure 18.1b Males by Age, South End*, 2010

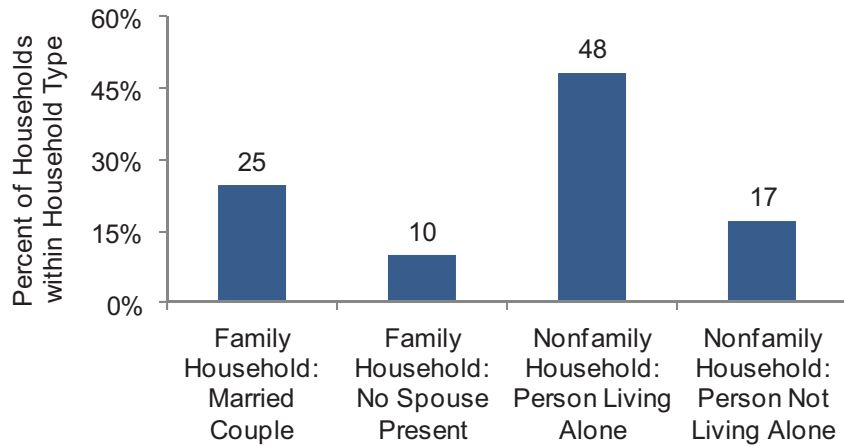


*Includes Chinatown

DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

Residents ages 25 to 44 accounted for the largest percentage of South End residents in 2010 (data not shown). Females 25 to 44 years of age were 38% of the female population of the South End and males were 38% of the male population in the same age group.

Figure 18.2 Type of Household, South End*, 2010

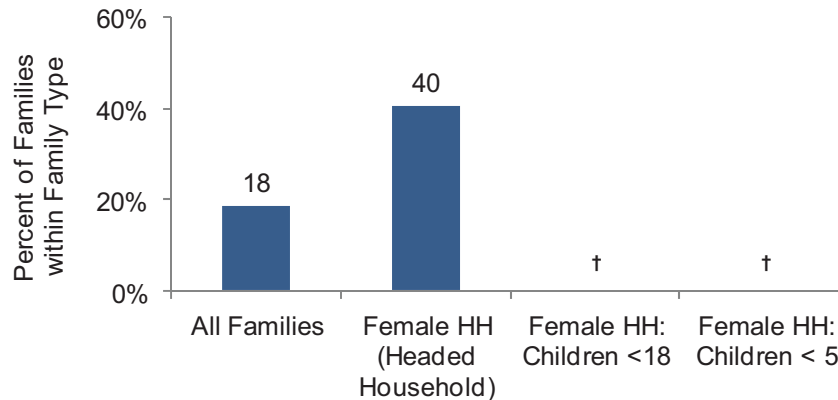


*Includes Chinatown

DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

In the South End, 65% of households were nonfamily households. The highest percentage of households consisted of persons living alone (48%). Twenty-five percent of households were family households with a married couple present.

Figure 18.3 Families with Income Below Poverty Level by Family Type, South End*, 2006-2010



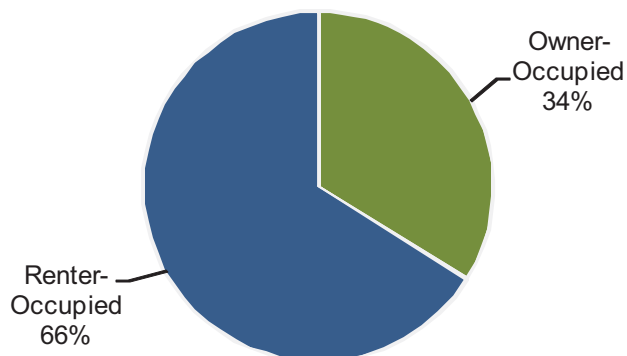
*Includes Chinatown

†Insufficient sample size

DATA SOURCE: US Census Bureau, 2006-2010 American Community Survey

Nineteen percent of all families in the South End had an income below the poverty level. A higher percentage (40%) of all female headed households had an income below the poverty level.

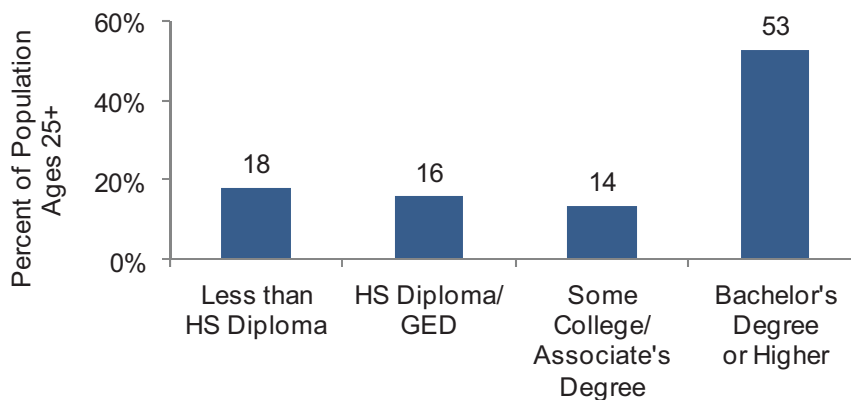
Figure 18.4 Housing Tenure, South End*, 2010



*Includes Chinatown
DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

In the South End, approximately two-thirds (66%) of occupied units were renter-occupied.

Figure 18.5 Educational Attainment, South End*, 2006-2010



*Includes Chinatown
DATA SOURCE: US Census Bureau, 2006-2010 American Community Survey

In the South End, 53% of the population had a Bachelor's degree or higher. This was significantly higher than the other three levels of educational attainment.

Figure 18.6a Selected Health Indicators, South End*

Selected Health Indicators	Annual Rates							Average Annual Rates ¹	
	2005	2006	2007	2008	2009	2010	2011	SE	BOSTON
Adolescent Birth Rate (per 1,000 females ages 15-17)	✧	19.2	19.2	25.6	n<5	19.2	NA	18.7	20.1
Low Birth Weight Births (percent of live births)	9.3%	7.7%	8.6%	8.7%	10.1%	10.5%	NA	9.2%	9.3%
Preterm Births (percent of live births)	8.5%	9.3%	7.2%	8.9%	10.9%	9.9%	NA	9.2%	9.9%
Asthma Emergency Department Visits (per 1,000 children under age 5)	24.6	23.3	39.7	36.5	17.6	28.3	22.0	27.4	31.5
Elevated Blood Lead Levels (percent of children testing positive)	1.0%	0.5%	n<5	n<5	n<5	n<5	n<5	0.4%	1.4%
Chlamydia Incidence (per 100,000 residents)	NA	NA	NA	NA	599.2	534.2	690.7	608.0	720.9
Hepatitis C Incidence (per 100,000 residents)	NA	n<5	n<5	n<5	n<5	n<5	NA	20.6	45.7
Heart Disease Hospitalizations† (per 1,000 residents)	10.9	10.6	11.7	10.0	10.6	10.0	10.1	10.6	11.2
Diabetes Hospitalizations† (per 1,000 residents)	2.8	2.8	3.8	3.3	3.3	3.2	2.4	3.1	2.3
Cerebrovascular Disease Hospitalizations (Incl. Stroke)† (per 1,000 residents)	2.1	2.2	2.3	2.2	2.6	2.6	2.6	2.4	2.5
Nonfatal Gunshot/Stabbing Emergency Department Visits† (per 1,000 residents)	1.7	1.8	1.5	1.7	1.1	1.3	1.0	1.4	0.9
Cerebrovascular Disease Deaths (Incl. Stroke)† (per 100,000 residents)	32.5	39.3	16.5	30.0	45.4	24.2	NA	31.3	35.3
Homicide† (per 100,000 residents)	n<5	11.0	n<5	n<5	n<5	8.4	NA	5.3	7.9
Substance Abuse Deaths† (per 100,000 residents)	46.9	68.6	42.1	50.7	39.1	46.9	NA	49.1	33.9
Suicide† (per 100,000 residents)	n<5	n<5	n<5	n<5	17.1	17.7	NA	8.4	5.7

¹Combines all years shown individually for the indicator for which data are available.

*Includes Chinatown

† Age-adjusted rates

✧ Data suppressed to protect confidentiality.

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Shaded in red are neighborhood rates or percentages that are higher than the corresponding Boston rate or percentage for the same year(s).

Birth and death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 18.6b Selected Health Indicator, South End*							
Selected Health Indicator	Rolling Averages						BOSTON
	2001-2005	2002-2006	2003-2007	2004-2008	2005-2009	2006-2010	2006-2010
Infant Deaths (per 1,000 live births)	3.6	4.0	5.3	3.6	5.6	5.3	5.9

* Includes Chinatown

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 18.6c Selected Health Indicators, South End*		
Leading Causes of Death, 2005-2010		
Cancer	Rate [†]	Count
2005	145.0	56
2006	133.9	52
2007	147.4	56
2008	157.2	61
2009	155.9	61
2010	162.9	63
SE 2005-2010	150.4	349
BOS 2005-2010	181.4	5,678
Diseases of the Heart	Rate [†]	Count
2005	119.6	45
2006	130.5	48
2007	105.7	41
2008	93.8	36
2009	123.8	48
2010	113.8	46
SE 2005-2010	114.5	264
BOS 2005-2010	152.0	4,831
Other Injuries	Rate [†]	Count
2005	36.5	15
2006	45.1	18
2007	31.2	15
2008	33.9	13
2009	32.7	13
2010	32.7	15
SE 2005-2010	35.3	89
BOS 2005-2010	32.9	1,116

*Includes Chinatown

†Age-adjusted rates per 100,000 residents

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Shaded in red are neighborhood rates that are higher than the corresponding Boston rate for the same year(s).

Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 18.7 Selected Adult Survey Health Indicators, South End*

Selected Adult Survey Health Indicators	Percentage of Adult Residents and Confidence Intervals (CI)						
	2001	2003	2005	2006	2008	2010	BOSTON 2010
Cigarette Smoking							
Percent	23%	24%	11%	13%	15%	11%	16%
CI	(6.4-39.4)	(10.3-38.2)	(5.8-17.0)	(7.5-18.7)	(7.0-23.8)	(5.1-16.3)	(14.0-17.3)
Regular Physical Activity							
Percent	67%	63%	68%	64%	63%	61%	57%
CI	(46.5-88.0)	(49.4-76.7)	(55.6-80.2)	(51.3-76.7)	(53.5-73.5)	(52.5-70.3)	(54.7-59.3)
Asthma							
Percent	27%	12%	7%	16%	9%	7%	11%
CI	(7.9-45.6)	(1.7-23.3)	(2.6-11.9)	(4.8-27.3)	(3.7-13.5)	(3.1-10.1)	(9.5-12.4)
Diabetes							
Percent	9%	†	5%	6%	4%	6%	6%
CI	(0.0-19.8)		(2.0-8.8)	(3.1-8.8)	(1.4-5.9)	(2.7-8.6)	(5.4-7.0)
Obesity							
Percent	6%	†	23%	15%	17%	12%	21%
CI	(0.0-14.8)		(8.4-36.7)	(8.1-21.5)	(8.8-24.7)	(6.4-16.7)	(18.9-22.7)
Persistent Sadness							
Percent	†	14%	4%	11%	11%	9%	9%
CI		(1.4-26.0)	(0.7-7.0)	(3.9-18.6)	(5.3-17.0)	(3.6-13.8)	(8.1-10.7)

*Includes Chinatown

†Insufficient sample size

DATA SOURCE: Boston Behavioral Risk Factor Survey, 2001, 2003, 2005, 2006, 2008, and 2010, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission

Figure 18.8a Selected Health Indicators by Race/Ethnicity, South End*					
Selected Health Indicators	Years	Average Annual Rates			
		Asian	Black	Latino	White
Adolescent Birth Rate (per 1,000 females ages 15-17)	2007-2010	n<5	29.4	36.5	n<5
Low Birth Weight Births (percent of live births)	2009-2010	8.2%	10.5%	11.4%	10.2%
Preterm Births (percent of live births)	2009-2010	5.3%	9.6%	15.4%	10.7%
Infant Deaths (per 1,000 live births)	2010	n<5	n<5	n<5	n<5
Asthma Emergency Department Visits (per 1,000 children under age 5)	2008-2011	n<7	67.2	37.5	3.7
Heart Disease Hospitalizations† (per 1,000 residents)	2011	4.3	15.1	17.1	9.0
Diabetes Hospitalizations† (per 1,000 residents)	2010-2011	0.7	6.3	4.4	1.8
Cerebrovascular Disease Hospitalizations (Incl.Stroke)† (per 1,000 residents)	2010-2011	2.0	4.0	1.7	2.8
Nonfatal Gunshot/Stabbing Emergency Department Visits† (per 1,000 residents)	2010-2011	n<7	4.4	1.5	0.4
Cerebrovascular Disease Deaths (Incl. Stroke)† (per 100,000 residents)	2006-2010	38.1	34.2	n<5	29.0
Homicide† (per 100,000 residents)	2008-2010	n<5	41.9	n<5	n<5
Substance Abuse Deaths† (per 100,000 residents)	2006-2010	7.2	109.0	91.1	45.9
Suicide† (per 100,000 residents)	2010	n<5	n<5	n<5	18.3

*Includes Chinatown

†Age-adjusted rates

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Birth and death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 18.8b Selected Health Indicators by Race/Ethnicity, South End*		
Leading Causes of Death, Average Annual Rates, 2008-2010		
Asian	Rate †	Count
Cancer	117.7	54
Diseases of the Heart	60.0	34
Cerebrovascular Disease (Incl. Stroke)	34.8	21
Black	Rate †	Count
Cancer	262.0	39
Diseases of the Heart	175.9	26
Other Injuries	87.3	12
Latino	Rate †	Count
Cancer	121.8	12
Diseases of the Heart	96.5	11
Other Injuries	41.9	6
White	Rate †	Count
Cancer	195.5	78
Diseases of the Heart	165.6	59
Other Injuries	29.5	20

*Includes Chinatown

†Age-adjusted rates per 100,000 residents

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 18.9 Selected Adult Survey Health Indicators by Race/Ethnicity, South End*				
Selected Adult Survey Health Indicators	Percentage of Adult Residents and Confidence Intervals (CI), 2006, 2008, and 2010 Combined			
	Asian	Black	Latino	White
Cigarette Smoking				
Percent	†	19%	8%	14%
CI		(10.5-28.1)	(0.0-19.7)	(8.4-18.6)
Regular Physical Activity				
Percent	†	55%	44%	72%
CI		(40.5-69.5)	(26.2-61.0)	(66.2-78.5)
Asthma				
Percent	†	13%	11%	9%
CI		(5.9-19.4)	(3.3-17.8)	(3.5-15.4)
Diabetes				
Percent	†	14%	9%	3%
CI		(6.5-21.0)	(3.1-14.7)	(1.3-4.0)
Obesity				
Percent	†	29%	35%	8%
CI		(17.8-41.1)	(18.7-51.0)	(4.0-11.2)
Persistent Sadness				
Percent	†	17%	17%	8%
CI		(3.2-30.5)	(8.1-25.4)	(4.3-12.4)

*Includes Chinatown

†Insufficient sample size

DATA SOURCE: Boston Behavioral Risk Factor Survey, 2006, 2008, and 2010, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission

South End* Notes, Data Sources, and Data Analysis

Figure 18.1a, 18.1b Population by Age and Sex, South End, 2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 18.2 Type of Household, South End, 2010

NOTE: The census defines a family household as one in which at least one person living in the household is related by birth, marriage, or adoption to the householder (head of household).

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 18.3 Families with Income Below Poverty Level by Family Type, South End, 2006-2010

NOTE: Data are estimates based on the American Community Survey. The data on poverty status of households were derived from answers to income questions. Since poverty is defined at the family level and not the household level, the poverty status of the household is determined by the poverty status of the householder. Households are classified as poor when the total income of the householder's family is below the appropriate poverty threshold. (For nonfamily householders, their own income is compared with the appropriate threshold.) The income of people living in the household who are unrelated to the householder is not considered when determining the poverty status of a household, nor does their presence affect the family size in determining the appropriate threshold. The poverty thresholds vary depending on three criteria: size of family, number of related children and for 1- and 2-person families, age of householder.

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 18.4 Housing Tenure, South End, 2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 18.5 Educational Attainment, South End, 2006-2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 18.6a-18.6c Selected Health Indicators, South End

DATA SOURCES:

Adolescent Birth Rate, Low Birth Weight Births, and Preterm Births: Boston Resident Live Births, Massachusetts Department of Public Health

Asthma Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Elevated Blood Lead Levels: Boston Public Health Commission Office of Environmental Health

Chlamydia Incidence: Massachusetts Department of Public Health, STD Division

Hepatitis C Incidence: Communicable Disease Database, Boston Public Health Commission, Communicable Disease Control Division

Heart Disease Hospitalizations, Diabetes Hospitalizations, and Cerebrovascular Disease

Hospitalizations (Incl. Stroke): Inpatient Hospital Discharge Database, Massachusetts Center for Health Information and Analysis

Nonfatal Gunshot/Stabbing Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

*Includes Chinatown

Cerebrovascular Disease Deaths (Incl. Stroke), Homicide, Substance Abuse Deaths, and Suicide:

Boston Resident Deaths, Massachusetts Department of Public Health

Infant Deaths: Boston Resident Live Births and Deaths, Massachusetts Department of Public Health

Leading Causes of Death: Boston Resident Deaths, Massachusetts Department of Public Health

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 18.7 Selected Adult Survey Health Indicators, South End

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 18.8a, 18.8b Selected Health Indicators by Race/Ethnicity, South End

DATA SOURCES:

Adolescent Birth Rate, Low Birth Weight Births, and Preterm Births: Boston Resident Live Births, Massachusetts Department of Public Health

Infant Deaths: Boston Resident Live Births and Deaths, Massachusetts Department of Public Health

Asthma Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Heart Disease Hospitalizations, Diabetes Hospitalizations, and Cerebrovascular Disease

Hospitalizations (Incl. Stroke): Inpatient Hospital Discharge Database, Massachusetts Center for Health Information and Analysis

Nonfatal Gunshot/Stabbing Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Cerebrovascular Disease Deaths (Incl. Stroke), Homicide, Substance Abuse Deaths, Suicide, and

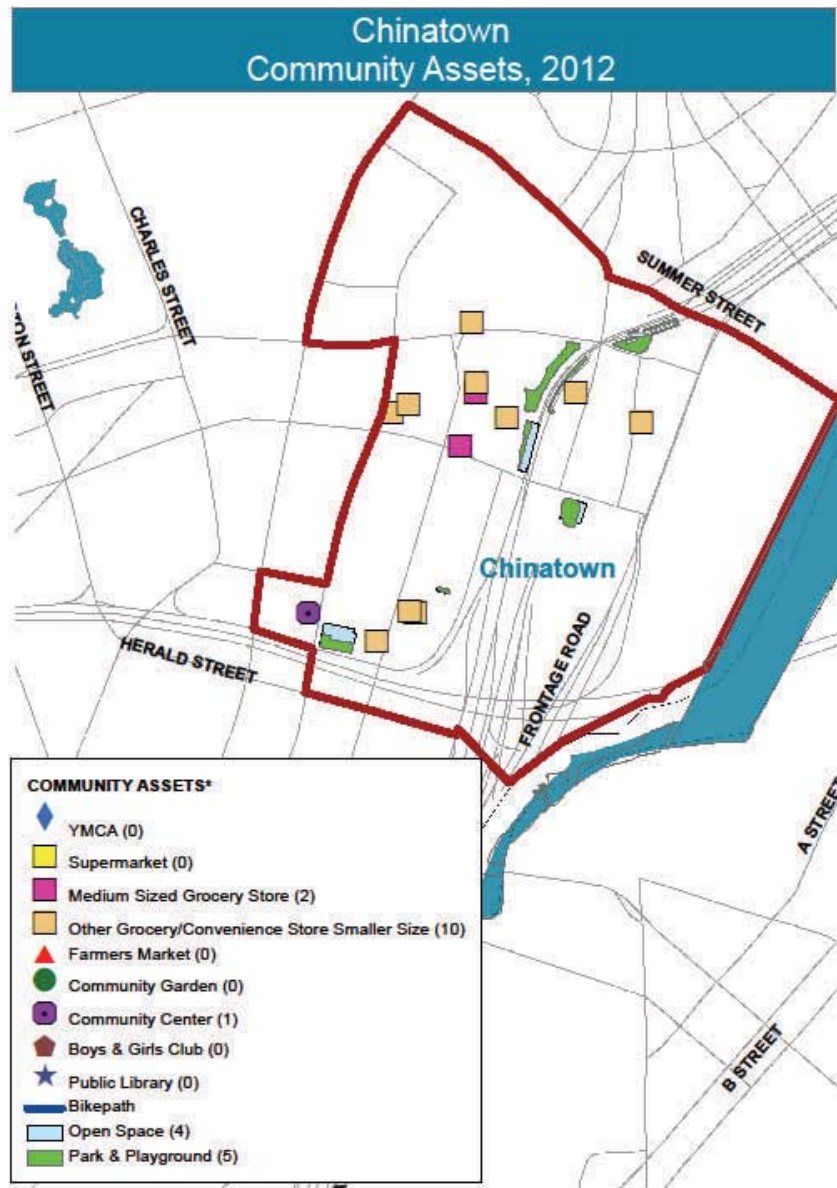
Leading Causes of Deaths: Boston Resident Deaths, Massachusetts Department of Public Health

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 18.9 Selected Adult Survey Health Indicators by Race/Ethnicity, South End

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Chinatown



*Count of each asset presented in parentheses

Chinatown, located between Boston's Downtown Crossing and the South End, serves as the cultural and social center for the Asian community in New England. In the late nineteenth century, with the completion of the trans-continental railroad, Chinese men began moving to Boston to work in New England's growing manufacturing industry. Chinatown's beginnings can be traced to these early workers who set up tents and lived on Ping On Alley. The population was comprised primarily of single males until after World War II when the easing of restrictive immigration laws enabled women and children to move to the United States.

NOTE: For this year's Health of Boston, data for Chinatown, a sub-section of the South End as defined in this report, has been included. In this report, Chinatown is defined by zip code 02111 or by census tracts 701, 702, 704-704.02, depending on the data source.

Figure 19.1a Females by Age, Chinatown, 2010

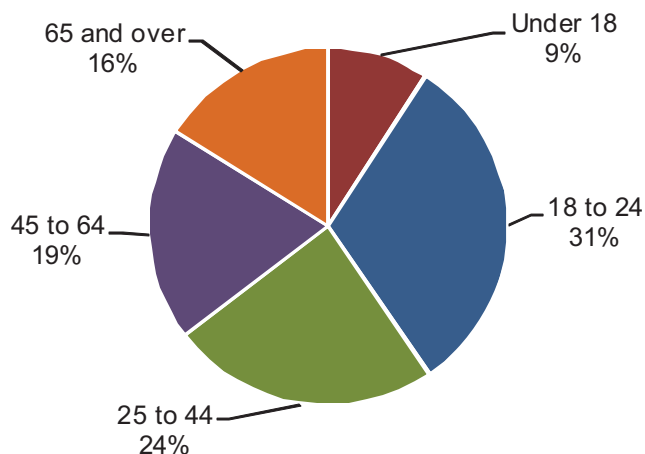
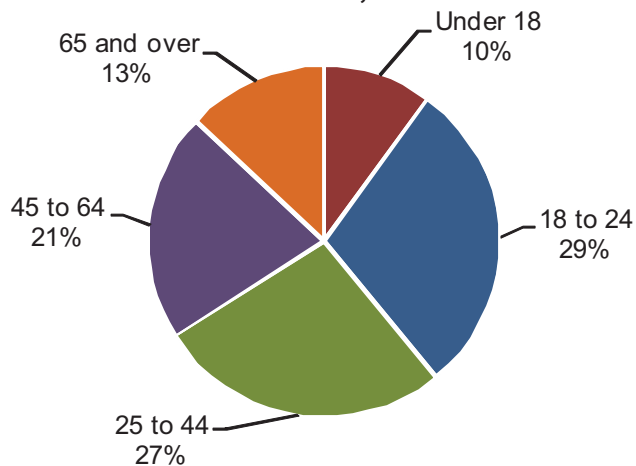


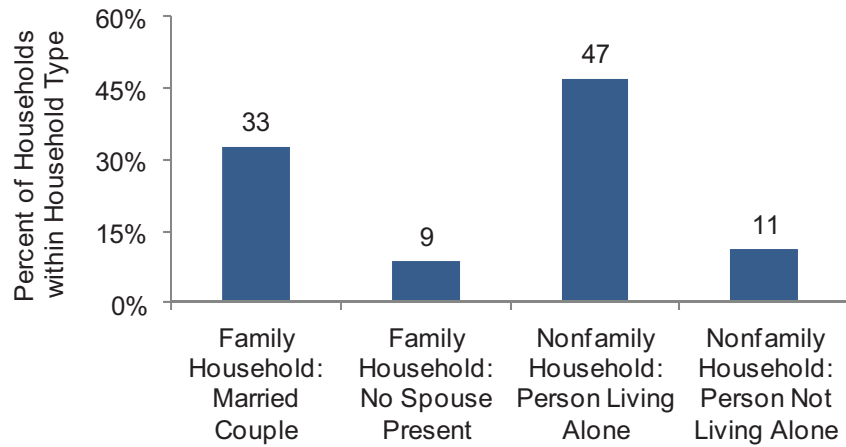
Figure 19.1b Males by Age, Chinatown, 2010



DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

Residents ages 18-24 accounted for the largest percentage of the Chinatown population in 2010 (data not shown). Females 18-24 years of age were 31% of the female population in Chinatown and males were 29% of the male population in the same age group.

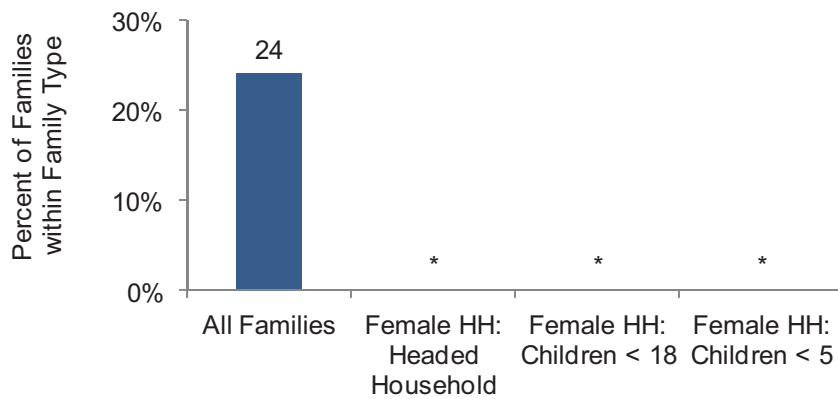
Figure 19.2 Type of Household, Chinatown, 2010



DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

In Chinatown, people living alone comprised the highest percentage of households (47%). The second highest percentage of households contained married couple families (33%).

Figure 19.3 Families with Income Below Poverty Level by Family Type, Chinatown, 2006-2010

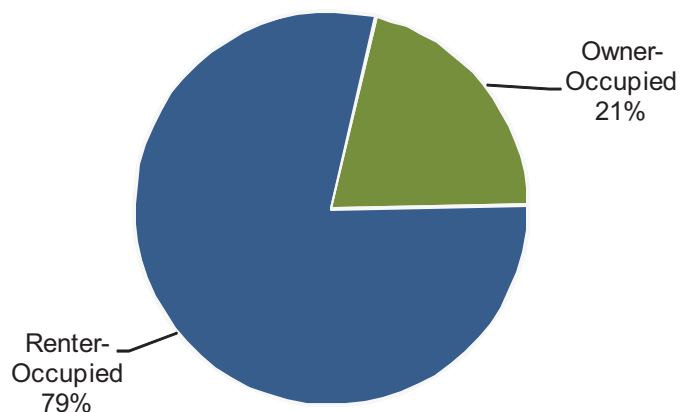


* Insufficient sample size

DATA SOURCE: US Census Bureau, 2006-2010 American Community Survey

In Chinatown, 24% of all families have an income below the poverty level.

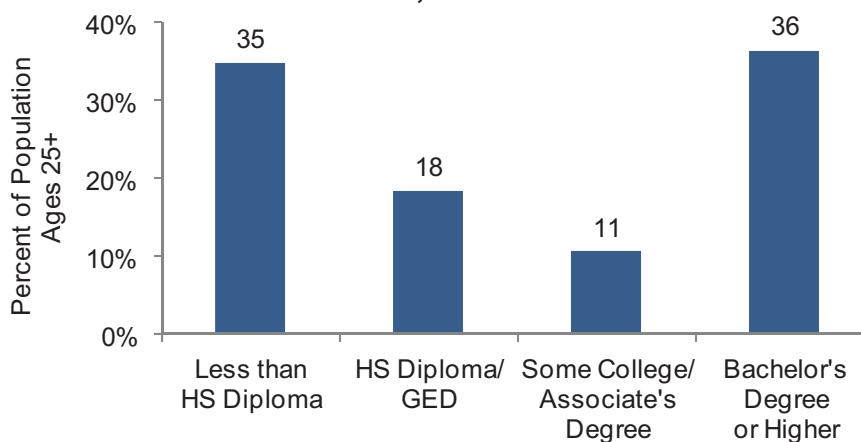
Figure 19.4 Housing Tenure, Chinatown, 2010



DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

In Chinatown, just over three-fourths (79%) of occupied units were renter-occupied.

Figure 19.5 Educational Attainment, Chinatown, 2006-2010



DATA SOURCE: US Census Bureau, 2006-2010 American Community Survey

About one-fifth of the population in Chinatown had a high school diploma/GED. Higher percentages of the population had either less than a high school diploma/GED (35%) or a Bachelor's degree or higher (36%).

Figure 19.6a Selected Health Indicators, Chinatown

Selected Health Indicators	Annual Rates							Average Annual Rates ¹	
	2005	2006	2007	2008	2009	2010	2011	CT	BOSTON
Adolescent Birth Rate (per 1,000 females ages 15-17)	n<5	n<5	n<5	n<5	n<5	n<5	NA	n<5	20.1
Low Birth Weight Births (percent of live births)	✧	7.7%	8.1%	n<5	10.3%	11.7%	NA	7.7%	9.3%
Preterm Births (percent of live births)	✧	12.1%	9.9%	n<5	6.5%	8.5%	NA	7.7%	9.9%
Asthma Emergency Department Visits (per 1,000 children under age 5)	n<7	n<7	n<7	n<7	n<7	n<7	n<7	5.0	31.5
Elevated Blood Lead Levels (percent of children testing positive)	n<5	n<5	n<5	n<5	n<5	n<5	n<5	n<5	1.4%
Chlamydia Incidence (per 100,000 residents)	NA	NA	NA	NA	243.8	419.9	338.6	334.1	720.9
Hepatitis C Incidence (per 100,000 residents ages 15-25)	NA	n<5	n<5	n<5	n<5	n<5	NA	n<5	45.7
Heart Disease Hospitalizations* (per 1,000 residents)	5.6	6.2	4.8	5.4	6.4	5.2	5.4	5.6	11.2
Diabetes Hospitalizations* (per 1,000 residents)	1.6	n<7	1.5	0.8	1.3	n<7	n<7	1.0	2.3
Cerebrovascular Disease Hospitalizations (Incl. Stroke)* (per 1,000 residents)	1.5	1.7	1.3	2.7	1.9	2.9	2.2	2.0	2.5
Nonfatal Gunshot/Stabbing Emergency Department Visits* (per 1,000 residents)	1.2	0.8	1.0	n<7	n<7	n<7	n<7	0.7	0.9
Cerebrovascular Disease Deaths (Incl. Stroke)* (per 100,000 residents)	45.3	59.8	30.9	40.1	25.8	43.9	NA	40.9	35.3
Homicide* (per 100,000 residents)	n<5	n<5	n<5	n<5	n<5	NA	NA	n<5	7.9
Substance Abuse Deaths* (per 100,000 residents)	60.5	42.0	n<5	42.2	n<5	n<5	NA	39.1	33.9
Suicide* (per 100,000 residents)	n<5	n<5	n<5	n<5	n<5	NA	NA	11.8	5.7

¹ Combines all years shown individually for the indicator for which data are available.

*Age-adjusted rates

✧ Data suppressed to protect confidentiality.

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Shaded in red are neighborhood rates or percentages that are higher than the corresponding Boston rate or percentage for the same year(s).

Birth and death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 19.6b Selected Health Indicator, Chinatown						
Selected Health Indicator	Rolling Averages					BOSTON
	2001-2006	2002-2007	2003-2008	2004-2009	2005-2010	2005-2010
Infant Deaths (per 1,000 live births)	n<5	8.9	8.5	8.0	6.3	5.8

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Shaded in red are neighborhood rates that are higher than the corresponding Boston rate for the same year(s).

Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 19.6c Selected Health Indicators, Chinatown		
Leading Causes of Death, 2005-2010		
Cancer	Rate*	Count
2005	186.2	27
2006	136.7	21
2007	121.4	16
2008	172.3	23
2009	147.2	20
2010	153.7	22
CT 2005-2010	152.9	129
BOS 2005-2010	181.4	5,678
Diseases of the Heart	Rate*	Count
2005	75.2	14
2006	113.4	19
2007	60.8	12
2008	73.7	11
2009	118.7	19
2010	73.9	11
CT 2005-2010	85.9	86
BOS 2005-2010	152.0	4,831
Cerebrovascular Disease (Incl. Stroke)	Rate*	Count
2005	45.3	7
2006	59.8	9
2007	30.9	5
2008	40.1	7
2009	25.8	5
2010	43.9	7
CT 2005-2010	40.9	40
BOS 2005-2010	35.3	1,116

* Age-adjusted rates per 100,000 residents

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Shaded in red are neighborhood rates that are higher than the corresponding Boston rate for the same year(s).

Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 19.7a Selected Health Indicators by Race/Ethnicity, Chinatown					
Selected Health Indicators	Years	Average Annual Rates			
		Asian	Black	Latino	White
Adolescent Birth Rate (per 1,000 females ages 15-17)	2010	n<5	n<5	n<5	n<5
Low Birth Weight Births (percent of live births)	2007-2010	4.6%	n<5	n<5	10.2%
Preterm Births (percent of live births)	2007-2010	4.6%	n<5	20.0%	7.3%
Infant Deaths (per 1,000 live births)	2010	n<5	n<5	n<5	n<5
Asthma Emergency Department Visits (per 1,000 children under age 5)	2011	n<7	n<7	n<7	n<7
Heart Disease Hospitalizations* (per 1,000 residents)	2010-2011	4.0	32.9	n<7	5.3
Diabetes Hospitalizations* (per 1,000 residents)	2009-2011	0.7	n<7	n<7	0.9
Cerebrovascular Disease Hospitalizations (Incl. Stroke)* (per 1,000 residents)	2010-2011	2.1	n<7	n<7	3.6
Nonfatal Gunshot/Stabbing Hospitalizations and ED Visits* (per 1,000 residents)	2011	n<7	n<7	n<7	n<7
Cerebrovascular Disease Deaths (Incl. Stroke)* (per 100,000 residents)	2010	41.3	n<5	n<5	n<5
Homicide* (per 100,000 residents)	2010	n<5	n<5	n<5	n<5
Substance Abuse Deaths* (per 100,000 residents)	2006-2010	9.5	159.8	n<5	39.7
Suicide* (per 100,000 residents)	2010	n<5	n<5	n<5	n<5

*Age-adjusted rates

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Birth and death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 19.7b Selected Health Indicators by Race/Ethnicity, Chinatown		
Leading Causes of Death, Average Annual Rates, 2006-2010		
Asian	Rate*	Count
Cancer	136.4	70
Diseases of the Heart	62.3	45
Cerebrovascular Disease (Incl. Stroke)	44.9	29
Black	Rate*	Count
Diseases of the Heart	205.0	6
†	†	†
†	†	†
Latino	Rate*	Count
†	†	†
†	†	†
†	†	†
White	Rate*	Count
Cancer	222.9	30
Diseases of the Heart	175.3	21
Alzheimer's Disease	58.7	6

* Age-adjusted rates per 100,000 residents

† Not calculated, n<5

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Chinatown Notes, Data Sources, and Data Analysis

Figure 19.1a, 19.1b Population by Age and Sex, Chinatown, 2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 19.2 Type of Household, Chinatown, 2010

NOTE: The census defines a family household as one in which at least one person living in the household is related by birth, marriage, or adoption to the householder (head of household).

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 19.3 Families with Income Below Poverty Level by Family Type, Chinatown, 2006-2010

NOTE: Data are estimates based on the American Community Survey. The data on poverty status of households were derived from answers to income questions. Since poverty is defined at the family level and not the household level, the poverty status of the household is determined by the poverty status of the householder. Households are classified as poor when the total income of the householder's family is below the appropriate poverty threshold. (For nonfamily householders, their own income is compared with the appropriate threshold.) The income of people living in the household who are unrelated to the householder is not considered when determining the poverty status of a household, nor does their presence affect the family size in determining the appropriate threshold. The poverty thresholds vary depending on three criteria: size of family, number of related children and for 1- and 2-person families, age of householder.

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 19.4 Housing Tenure, Chinatown, 2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 19.5 Educational Attainment, Chinatown, 2006-2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 19.6a-19.6c Selected Health Indicators, Chinatown

DATA SOURCES:

Adolescent Birth Rate, Low Birth Weight Births, and Preterm Births: Boston Resident Live Births, Massachusetts Department of Public Health

Asthma Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Elevated Blood Lead Levels: Boston Public Health Commission Office of Environmental Health

Chlamydia Incidence: Massachusetts Department of Public Health, STD Division

Hepatitis C Incidence: Communicable Disease Database, Boston Public Health Commission, Communicable Disease Control Division

Heart Disease Hospitalizations, Diabetes Hospitalizations, and Cerebrovascular Disease Hospitalizations (Incl. Stroke): Inpatient Hospital Discharge Database, Massachusetts Center for Health Information and Analysis

Nonfatal Gunshot/Stabbing Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Cerebrovascular Disease Deaths (Incl. Stroke), Homicide, Substance Abuse Deaths, and Suicide: Boston Resident Deaths, Massachusetts Department of Public Health

Infant Deaths: Boston Resident Live Births and Deaths, Massachusetts Department of Public Health

Leading Causes of Death: Boston Resident Deaths, Massachusetts Department of Public Health
DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 19.7a, 19.7b Selected Health Indicators by Race/Ethnicity, Chinatown

DATA SOURCES:

Adolescent Birth Rate, Low Birth Weight Births, and Preterm Births: Boston Resident Live Births, Massachusetts Department of Public Health

Infant Deaths: Boston Resident Live Births and Deaths, Massachusetts Department of Public Health

Asthma Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

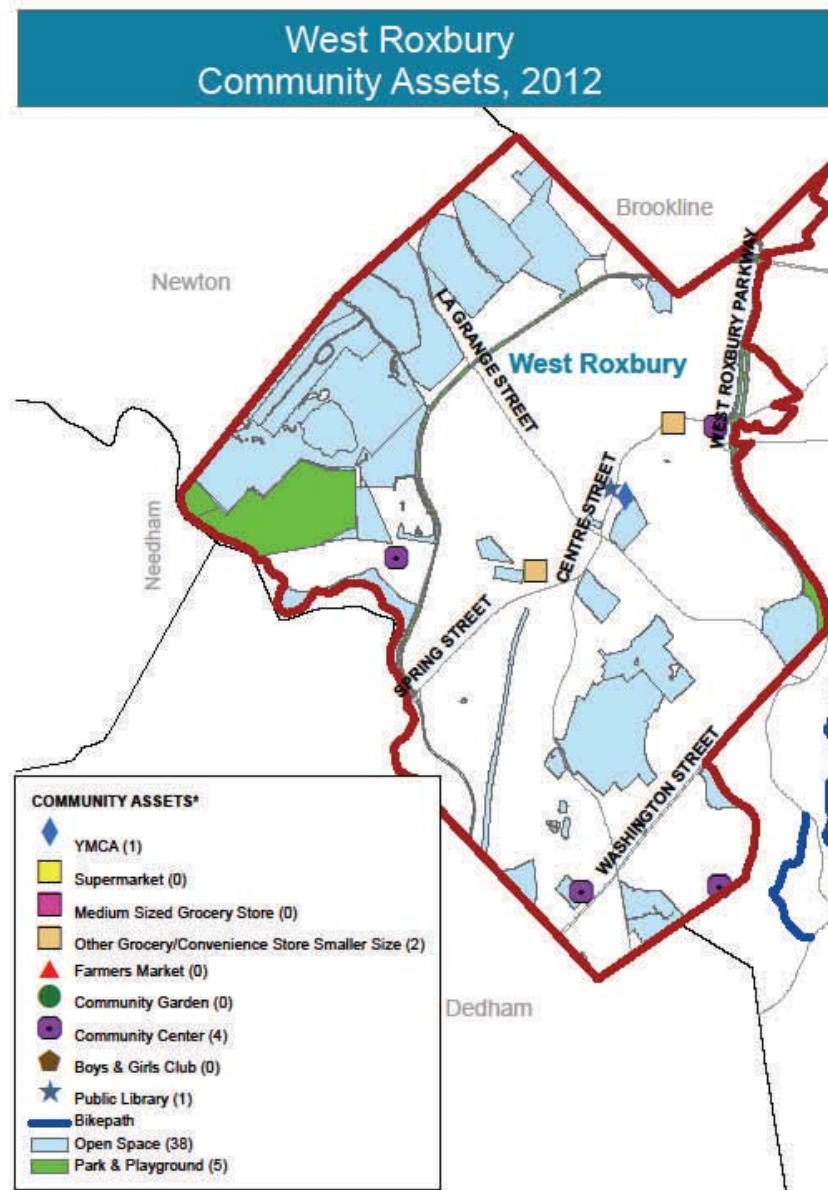
Heart Disease Hospitalizations, Diabetes Hospitalizations, and Cerebrovascular Disease Hospitalizations (Incl. Stroke): Inpatient Hospital Discharge Database, Massachusetts Center for Health Information and Analysis

Nonfatal Gunshot/Stabbing Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Cerebrovascular Disease Deaths (Incl. Stroke), Homicide, Substance Abuse Deaths, Suicide, and Leading Causes of Deaths: Boston Resident Deaths, Massachusetts Department of Public Health

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

West Roxbury



*Count of each asset presented in parentheses

Before 1630, West Roxbury was home to the Wampanoag Indian Tribe. When first inhabited by the Puritans, West Roxbury was part of the town of Roxbury and included the neighborhoods of Roslindale and Jamaica Plain. In 1851, West Roxbury broke away from Roxbury and formed its own government. The neighborhood was annexed by Boston in 1874.

In 1841, Brook Farm was established by Transcendentalists in West Roxbury as an experimental cooperative farm. Its members and regular visitors included many 19th century progressive writers and philosophers including Nathaniel Hawthorne, Ralph Waldo Emerson, Margaret Fuller, and Horace Greeley.

Figure 20.1a Females by Age, West Roxbury, 2010

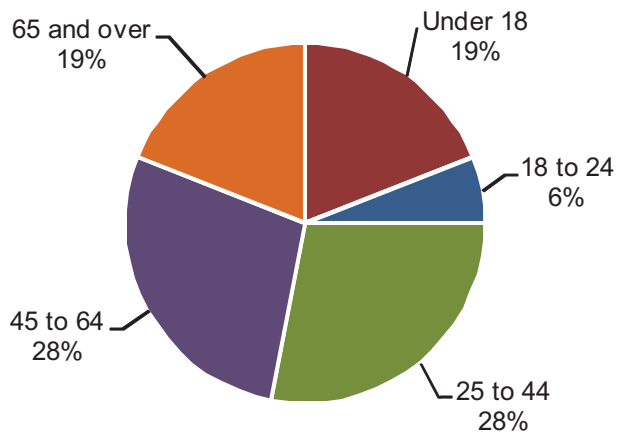
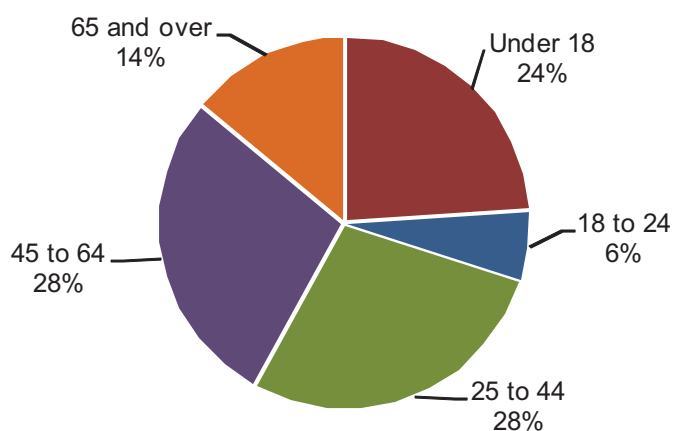


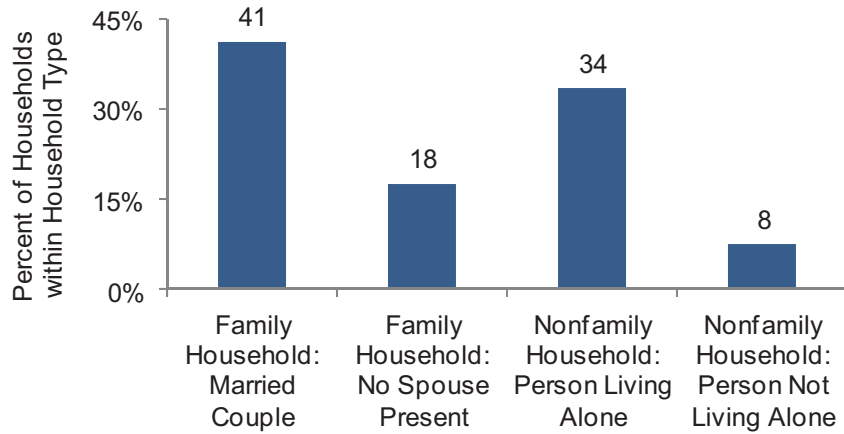
Figure 20.1b Males by Age, West Roxbury, 2010



DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

Residents ages 25 to 64 accounted for over half (56%) of the West Roxbury population in 2010 (data not shown). Females 25 to 44 years of age as well as those 45 to 64 years of age were 28% of the female population. Males in those same age groups accounted for the same percentages as females.

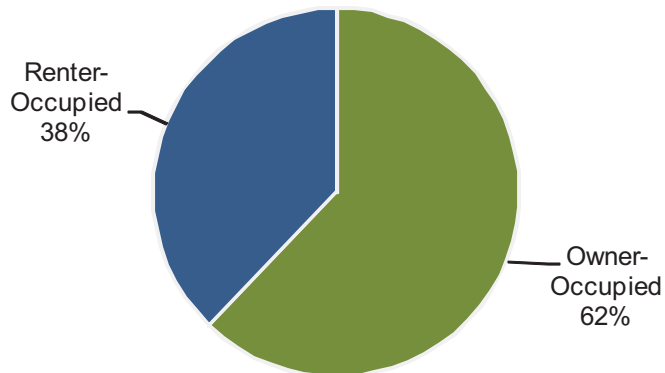
Figure 20.2 Type of Household, West Roxbury, 2010



DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, AmericanFactFinder

In West Roxbury, 59% of households were family households. The highest percentage of households were family households with a married couple present (41%). Thirty-four percent of households consisted of persons living alone.

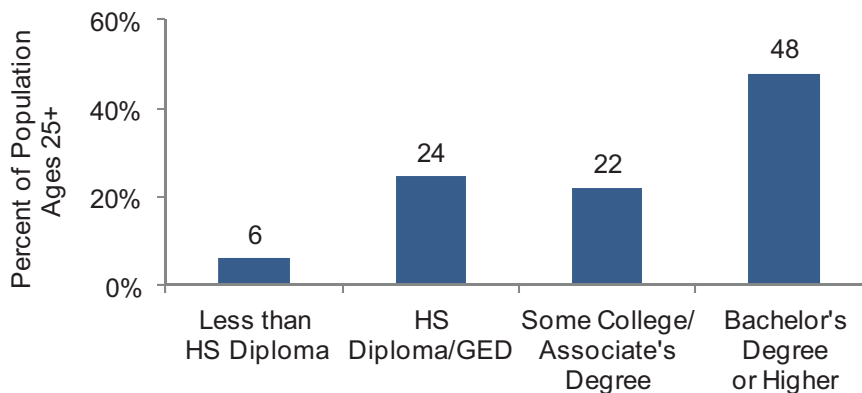
Figure 20.3 Housing Tenure, West Roxbury, 2010



DATA SOURCE: Census 2010, US Department of Commerce, Bureau of the Census, American FactFinder

In West Roxbury, almost two-thirds (62%) of occupied units were owner-occupied.

**Figure 20.4 Educational Attainment,
West Roxbury, 2006-2010**



DATA SOURCE: US Census Bureau, 2006-2010 American Community Survey

In West Roxbury, 48% of the population had a Bachelor's degree or higher, and 24% of the population had a high school degree/GED. Lower percentages of the population had either less than a high school diploma (6%) or some college/Associate's degree (22%).

Figure 20.5a Selected Health Indicators, West Roxbury

Selected Health Indicators	Annual Rates							Average Annual Rates ¹	
	2005	2006	2007	2008	2009	2010	2011	WR	BOSTON
	Adolescent Birth Rate (per 1,000 females ages 15-17)	n<5	n<5	n<5	n<5	n<5	n<5	NA	2.7
Low Birth Weight Births (percent of live births)	6.1%	8.1%	7.0%	5.9%	6.2%	8.8%	NA	7.0%	9.3%
Preterm Births (percent of live births)	7.4%	8.8%	8.5%	8.0%	6.4%	9.9%	NA	8.2%	9.9%
Asthma Emergency Department Visits (per 1,000 children under age 5)	◇	15.7	13.2	6.9	13.8	10.0	n<7	10.3	31.5
Elevated Blood Lead Levels (percent of children testing positive)	1.0%	1.4%	1.0%	0.5%	1.1%	0.5%	0.7%	0.9%	1.4%
Chlamydia Incidence (per 100,000 residents)	NA	NA	NA	NA	96.7	154.7	189.5	146.9	720.9
Hepatitis C Incidence (per 100,000 residents ages 15-25)	NA	n<5	n<5	n<5	n<5	n<5	NA	78.3	45.7
Heart Disease Hospitalizations* (per 1,000 residents)	9.9	10.1	8.2	9.2	8.7	8.2	8.6	9.0	11.2
Diabetes Hospitalizations* (per 1,000 residents)	1.1	0.9	1.1	1.2	1.3	0.8	1.4	1.1	2.3
Cerebrovascular Disease Hospitalizations (Incl. Stroke)* (per 1,000 residents)	2.0	1.7	2.1	1.6	1.9	2.1	2.1	1.9	2.5
Nonfatal Gunshot/Stabbing Emergency Department Visits* (per 1,000 residents)	n<7	n<7	0.4	n<7	n<7	n<7	n<7	0.3	0.9
Cerebrovascular Disease Deaths (Incl. Stroke)* (per 100,000 residents)	36.7	49.9	46.9	25.3	25.3	34.5	NA	36.4	35.3
Homicide* (per 100,000 residents)	n<5	n<5	n<5	n<5	n<5	n<5	NA	n<5	7.9
Substance Abuse Deaths* (per 100,000 residents)	n<5	47.9	51.1	18.2	27.6	16.9	NA	28.7	33.9
Suicide* (per 100,000 residents)	n<5	n<5	n<5	n<5	n<5	n<5	NA	7.5	5.7

¹Combines all years shown individually for the indicator for which data are available.

*Age-adjusted rates

◇Data suppressed to protect confidentiality.

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Shaded in red are neighborhood rates or percentages that are higher than the corresponding Boston rate or percentage for the same year(s).

Birth and death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 20.5b Selected Health Indicator, West Roxbury					
Selected Health Indicator	Rolling Averages				BOSTON
	2002-2007	2003-2008	2004-2009	2005-2010	2005-2010
Infant Deaths (per 1,000 live births)	2.5	2.1	2.1	2.6	5.8

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes

In data values may occur during data quality processes.

For data source information see end of section.

Figure 20.5c Selected Health Indicators, West Roxbury		
Leading Causes of Death, 2005-2010		
Cancer	Rate*	Count
2005	178.6	68
2006	200.3	70
2007	173.2	66
2008	165.2	59
2009	184.4	70
2010	199.1	74
WR 2005-2010	183.5	407
BOS 2005-2010	181.4	5,678
Diseases of the Heart	Rate*	Count
2005	178.3	70
2006	151.0	63
2007	176.1	70
2008	154.6	66
2009	151.5	61
2010	127.8	56
WR 2005-2010	156.6	386
BOS 2005-2010	152.0	4,831
Cerebrovascular Disease (Incl. Stroke)	Rate*	Count
2005	36.7	16
2006	49.9	21
2007	46.9	22
2008	25.3	11
2009	25.3	11
2010	34.5	14
WR 2005-2010	36.4	95
BOS 2005-2010	35.3	1,116

*Age-adjusted rates per 100,000 residents

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Shaded in red are neighborhood rates that are higher than the corresponding Boston rate for the same year(s).

Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 20.6 Selected Adult Survey Health Indicators, West Roxbury

Selected Adult Survey Health Indicators	Percentage of Adult Residents and Confidence Intervals (CI)						
	2001	2003	2005	2006	2008	2010	BOSTON 2010
Cigarette Smoking							
Percent	15%	20%	15%	10%	16%	15%	16%
CI	(6.0-24.3)	(6.8-32.9)	(6.8-23.7)	(5.6-14.2)	(8.4-23.7)	(8.7-20.4)	(14.0-17.3)
Regular Physical Activity							
Percent	49%	59%	56%	54%	55%	53%	57%
CI	(35.4-62.0)	(43.1-74.2)	(45.6-65.6)	(45.6-62.4)	(46.6-63.9)	(44.6-61.5)	(54.7-59.3)
Asthma							
Percent	10%	*	12%	11%	14%	7%	11%
CI	(1.6-18.8)		(5.9-17.9)	(6.5-16.1)	(7.3-20.4)	(3.4-11.0)	(9.5-12.4)
Diabetes							
Percent	*	4%	10%	4%	7%	6%	6%
CI		(0.5-8.5)	(4.2-14.8)	(1.5-5.7)	(3.5-10.6)	(2.8-8.4)	(5.4-7.0)
Obesity							
Percent	15%	13%	13%	13%	23%	24%	21%
CI	(6.7-23.6)	(1.3-23.8)	(7.5-19.4)	(7.7-18.8)	(15.2-31.1)	(15.7-32.4)	(18.9-22.7)
Persistent Sadness							
Percent	*	*	4%	8%	7%	9%	9%
CI			(0.8-6.3)	(3.6-13.4)	(3.6-10.8)	(3.3-15.4)	(8.1-10.7)

*Insufficient sample size

DATA SOURCE: Boston Behavioral Risk Factor Survey, 2001, 2003, 2005, 2006, 2008, and 2010, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission

Figure 20.7a Selected Health Indicators by Race/Ethnicity, West Roxbury					
Selected Health Indicators	Years	Average Annual Rates			
		Asian	Black	Latino	White
Adolescent Birth Rate (per 1,000 females ages 15-17)	2010	n<5	n<5	n<5	n<5
Low Birth Weight Births (percent of live births)	2008-2010	7.7%	5.8%	13.9%	6.3%
Preterm Births (percent of live births)	2008-2010	7.7%	8.5%	13.0%	7.4%
Infant Deaths (per 1,000 live births)	2010	n<5	n<5	n<5	n<5
Asthma Emergency Department Visits (per 1,000 children under age 5)	2008-2011	n<7	25.6	30.4	4.5
Heart Disease Hospitalizations* (per 1,000 residents)	2010-2011	5.7	15.4	7.8	8.0
Diabetes Hospitalizations* (per 1,000 residents)	2009-2011	n<7	2.5	2.7	1.0
Cerebrovascular Disease Hospitalizations (Incl.Stroke)* (per 1,000 residents)	2009-2011	1.7	2.5	1.8	2.0
Nonfatal Gunshot/Stabbing Emergency Department Visits* (per 1,000 residents)	2009-2011	n<7	n<7	n<7	0.2
Cerebrovascular Disease Deaths (Incl. Stroke)* (per 100,000 residents)	2010	n<5	n<5	n<5	36.3
Homicide* (per 100,000 residents)	2010	n<5	n<5	n<5	n<5
Substance Abuse Deaths* (per 100,000 residents)	2009-2010	n<5	n<5	n<5	22.7
Suicide* (per 100,000 residents)	2009-2010	n<5	n<5	n<5	10.4

* Age-adjusted rates

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Birth and death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

Figure 20.7b Selected Health Indicators by Race/Ethnicity, West Roxbury		
Leading Causes of Death, Average Annual Rates, 2006-2010		
Asian	Rate*	Count
†	†	†
†	†	†
†	†	†
Black	Rate*	Count
Diseases of the Heart	183.1	17
Cancer	161.8	16
†	†	†
Latino	Rate*	Count
Cancer	63.6	5
†	†	†
†	†	†
White	Rate*	Count
Cancer	197.9	313
Diseases of the Heart	157.9	294
Cerebrovascular Disease (Incl. Stroke)	37.8	74

*Age-adjusted rates per 100,000 residents

†Not calculated, n<5

Gray text represents rates based on counts less than 20 and should be interpreted with caution.

Black text represents rates based on counts of at least 20.

Death data for 2010 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

For data source information see end of section.

West Roxbury Notes, Data Sources, and Data Analysis

Figure 20.1a, 20.1b Population by Age and Sex, West Roxbury, 2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 20.2 Type of Household, West Roxbury, 2010

NOTE: The census defines a family household as one in which at least one person living in the household is related by birth, marriage, or adoption to the householder (head of household).

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 20.3 Housing Tenure, West Roxbury, 2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 20.4 Educational Attainment, West Roxbury, 2006-2010

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 20.5a-20.5c Selected Health Indicators, West Roxbury

DATA SOURCES:

Adolescent Birth Rate, Low Birth Weight Births, and Preterm Births: Boston resident live births, Massachusetts Department of Public Health

Asthma Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Elevated Blood Lead Levels: Boston Public Health Commission Office of Environmental Health

Chlamydia Incidence: Massachusetts Department of Public Health, STD Division

Hepatitis C Incidence: Communicable Disease Database, Boston Public Health Commission, Communicable Disease Control Division

Heart Disease Hospitalizations, Diabetes Hospitalizations, and Cerebrovascular Disease

Hospitalizations (Incl. Stroke): Inpatient Hospital Discharge Database, Massachusetts Center for Health Information and Analysis

Nonfatal Gunshot/Stabbing Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Cerebrovascular Disease Deaths (Incl. Stroke), Homicide, Substance Abuse Deaths, and Suicide:

Boston Resident Deaths, Massachusetts Department of Public Health

Infant Deaths: Boston Resident Live Births and Deaths, Massachusetts Department of Public Health

Leading Causes of Death: Boston Resident Deaths, Massachusetts Department of Public Health

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 20.6 Selected Adult Survey Health Indicators, West Roxbury

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Figure 20.7a, 20.7b Selected Health Indicators by Race/Ethnicity, West Roxbury

DATA SOURCES:

Adolescent Birth Rate, Low Birth Weight Births, and Preterm Births: Boston resident live births, Massachusetts Department of Public Health

Infant Deaths: Boston Resident Live Births and Deaths, Massachusetts Department of Public Health

Asthma Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Heart Disease Hospitalizations, Diabetes Hospitalizations, and Cerebrovascular Disease

Hospitalizations (Incl. Stroke): Inpatient Hospital Discharge Database, Massachusetts Center for Health Information and Analysis

Nonfatal Gunshot/Stabbing Emergency Department Visits: Hospital Emergency Department Visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Hospital Observation Database, Massachusetts Center for Health Information and Analysis

Cerebrovascular Disease Deaths (Incl. Stroke), Homicide, Substance Abuse Deaths, Suicide, and Leading Causes of Deaths: Boston Resident Deaths, Massachusetts Department of Public Health
DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

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TECHNICAL NOTES

Rates

Population

Racial and Ethnic Designations

Age-Adjusted Rate

International Classification of Disease (ICD)

Boston Neighborhoods

Maps

U.S. Census Poverty Designation

Rates (Also See Age-Adjusted Rate)

A rate is a measure of a type of event, disease, or condition occurring among a population per unit(s) of time, for instance, the number of deaths due to heart disease per 100,000 population for a given year or across multiple years. Three types of rates are presented in this report: crude rates, age-specific rates (ASRs), and age-adjusted rates (AARs).

Most health indicator rates in this report are based on the primary diagnosis only. Nonfatal assault-related gunshot/stabbing emergency department visits and substance abuse death rates are based on consideration of multiple levels of diagnosis.

The population denominators used in calculating health indicator rates are from the 2010 U.S. Census and are used for rates for single years, such as 2010 as well as for rates of combined years such as 2009-2010. **Rates in this report cannot be compared to previous Health of Boston reports since those rates were calculated based on population denominators from the 2000 U.S. Census.**

Crude rates are used to present data pertaining to the entire population, such as all of Boston, or to present data pertaining to an entire group within a population, such as all males or females. A crude rate is calculated by dividing the number of events for the entire population by the total population. It is usually calculated on the basis of every 100,000 people or, in the case of birth rates, every 1,000 females of childbearing age.

Age-specific rates (ASRs) take into account the size of a specific age group within a population, for example, 15-24 year old females. ASRs enable the reader to compare different groups without being concerned that differences in observed health status are due to differences in the sizes of the underlying specific age group population. An ASR is calculated by dividing the number of events among people in an age group by the number of people in that age group. ASRs for deaths and for communicable diseases are usually calculated on the basis of every 100,000 people.

Age-adjusted rates (AARs) are used to present data for comparison among two or more populations, such as Boston neighborhoods, in which distribution of age may differ considerably. The calculation for AARs takes into account the differences at various levels of the age distribution and adjusts for them. An AAR is derived by: (1) calculating age-specific rates across all age groups (2) applying the population distribution of the 2000 U.S. standard population to the age-specific rates, (3) summing the adjusted age-specific rates. In *Health of Boston: A Neighborhood Focus 2012-2013*, AARs are mainly used for presentation of Boston death and hospital data.

New cases of a communicable disease such as hepatitis C and Chlamydia are presented as incidence rates, which may be age-specific or crude. In this report, hepatitis C and Chlamydia incidence rates are presented as crude rates. Incidence rates are usually reported on the basis of every 100,000 people per year.

Population

Two types of population statistics are used in this report. The first type is the census of the population taken every ten years by the federal government, a literal count of people living in the United States. The second type is population estimates made by the U.S. Census Bureau. Data from the 2010 U.S. Census are presented in the Boston and Neighborhood Demographic and Socioeconomic sections in *Health of Boston: A Neighborhood Focus 2012-2013*.

The national decennial census provides the best actual count of the U.S. population. It presents data to the level of small areas called census tracts, which may have only a few thousand residents, to larger areas such as zip codes. Census tracts or zip codes can be combined to permit Boston neighborhood-level analyses. Zip-code based populations from the 2010 U.S. Census were used in calculating the rates of infectious diseases, sexually transmitted infections, hospitalizations, and emergency department visits presented in this report. Census tract based populations from the 2010 U.S. Census were used in calculating birth and death rates.

Population estimates are developed by the U.S. Census Bureau based on the American Community Survey (ACS). The year-to-year results are designed to take into account in- and out-migration and other changes occurring in the population between census years. Estimates, by their nature, are less precise than population census data. Because they have resulted from a sample, estimates present with a margin of error that seeks to describe their level of accuracy. Margins of error need be considered when making any comparisons among estimate data. In *Health of Boston: A Neighborhood Focus 2012-2013*, ACS estimates are used in the Demographic and Socioeconomic sections for Boston overall and Boston neighborhoods. Though corresponding margins of error are not presented with these estimates, differences cited reflect statistical significance at the 95% confidence level. Additionally, socioeconomic estimates with coefficients of variation equal to or greater than 30% have not been included. For more information on the treatment of ACS estimates within this report, please contact the Boston Public Health Commission Research and Evaluation Office.

Racial and Ethnic Designations

All racial and ethnic designations are self-reported, except those from the death certificates, some hospital discharge data, and some emergency department data.

Several cautions should be kept in mind when using data reported by race/ethnicity. Race and ethnicity are social constructions, not biological facts. There is often more genetic variation between members of the same race than between members of different races. In addition, the meanings of these designations are highly subject to historical, cultural, and political forces. Not only do these designations change over time, but there is also a very subjective element that influences who is

considered a member of one group or another. The concept of race can be notably vague: the term "Black," for example, includes people describing themselves as African American, African, or Caribbean, groups with distinct histories and differing health risks.

Nevertheless, racial designations are useful in that they are nearly universally used by people in the United States to describe themselves, and they permit us to identify and address health inequities that exist across racial and ethnic groups.

Boston-specific data in this report are presented for each racial and ethnic subgroup when numbers are large enough to allow calculation of percentages or reliable rates. In this report, percentages and rates with counts of less than 20 have been calculated but those results should be interpreted with caution. Few sources have data in large enough numbers to allow presentation of data about smaller groups such as the many ethnicities included in the category "Asian."

Since Latinos can be of any race, federal data sources often report Latino persons within the race categories Black or White. In *Health of Boston: A Neighborhood Focus 2012-2013*, this was done for data presented in the socioeconomic sections by race/ethnicity but Latino ethnicity was also included alongside other racial/ethnic groups. Prior to 2008, Massachusetts' hospitalization and emergency department visits data by race/ethnicity was subject to variation in reporting practices by hospitals. Also, because of changes made by the U.S. Census Bureau in the collection and reporting of population data by race/ethnicity, comparing 1990 U.S. Census population data by race/ethnicity with 2000 or 2010 U.S. Census population data by race/ethnicity is discouraged.

Age-Adjusted Rate (Also see Rates)

The age-adjusted rate (AAR) is a calculation that adjusts for the differences in age distribution when comparing populations. It can be used for calculating death rates and hospitalization rates. An age-adjusted death rate is calculated by applying a standard population age distribution (i.e., the 2000 standard U.S. population) to the age-specific death rates in a population, summing the adjusted age-specific rates, and multiplying by 100,000.

An age-adjusted hospitalization rate is calculated by applying the year 2000 standard U.S. population age distribution to the age-specific hospitalization rates for a given population and then summing the adjusted age-specific rates. Hospitalization rates are typically presented per 1,000 population.

International Classification of Disease (ICD)

The causes of death used in describing specific death rates are based on The International Classification of Disease (ICD) which is a coding system developed by the World Health Organization (WHO) and 10 international centers. The ICD system standardizes medical terms used on death certificates and groups them for statistical purposes. Death data from death certificates are coded using ICD-10. The change from ICD-9 to ICD-10 became effective with 1999 death data which means that causes of death classified according to ICD-10 are not precisely comparable to causes of death classified according to ICD-9.

The International Classification of Disease, Ninth Revision, Clinical Modification (ICD-9-CM) is used for categorizing and classifying morbidity data from inpatient and outpatient records of hospitals.

Boston Neighborhoods

Neighborhoods can be identified in a number of ways. In *Health of Boston: A Neighborhood Focus 2012-2013*, zip codes and census tracts are used to identify neighborhood boundaries since this

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information is often collected with health data. Please note that the census tract and zip code neighborhood definitions used in this report may differ from what are used by other organizations and agencies.

The choice to utilize census tract or zip code based neighborhood definitions was driven by what the data source would accommodate: census-tract based neighborhood definitions were used for neighborhood-level demographic, socioeconomic, birth, and death data whereas zip code-based neighborhood definitions were used for neighborhood-level hospitalization, hospital emergency department visit, and infectious disease data.

The census tracts and zip codes used in this report for identifying neighborhoods are those from the 2010 U.S. Census (see below). In previous Health of Boston reports, the census tracts and zip codes were from the 2000 U.S. Census. Because Boston's census tract and zip code definitions and population totals changed from 2000 to 2010, the overall Boston and neighborhood rates included in this report should not be compared to those in previous Health of Boston reports.

Neighborhood	Census Tracts	Zip Codes
Allston/Brighton	1.0-8.03	02134, 02135, 02163
Back Bay (Back Bay, Downtown, West End, North End)	101.03-101.04, 106-108.02, 201.01-203.03, 301-305, 9815.01, 9817	02108-02110, 02113-02114, 02116, 02199
North End (only)	301-305	02113
Charlestown	401-408.01	02129
East Boston	501-512, 9813, 9816	02128
Fenway	102.03-105	02115, 02215
Hyde Park	1401.02-1404, 9807	02136
Jamaica Plain	1201.03-1207, 0812, 9810, 9818	02130
Mattapan	1010.01-1011.02	02126
North Dorchester	901-924, 9803	02121, 02125
Roslindale	1101.03-1106.07	02131
Roxbury	801-811, 813-821	02119, 02120
South Boston	601.01-612, 9812.01, 9812.02	02127, 02210
South Dorchester	1001-1009, 9811	02122, 02124
South End (includes Chinatown)	701-702, 703, 704, 705-712.01	02111, 02118
Chinatown (only)	701-702,704	02111
West Roxbury	1301-1304.06	02132

A map showing neighborhoods by census tracts and a map showing neighborhoods by zip codes are available at the end of this section.

Maps

In addition to community asset maps for Boston neighborhoods which display some major resources available in each neighborhood, this year's report also includes several neighborhood maps to supplement selected demographic and health indicator data provided in various sections of the report. The maps serve as a visual representation of birth outcomes, chronic disease mortality, chronic disease hospitalizations, substance abuse, and suicide among Boston neighborhoods.

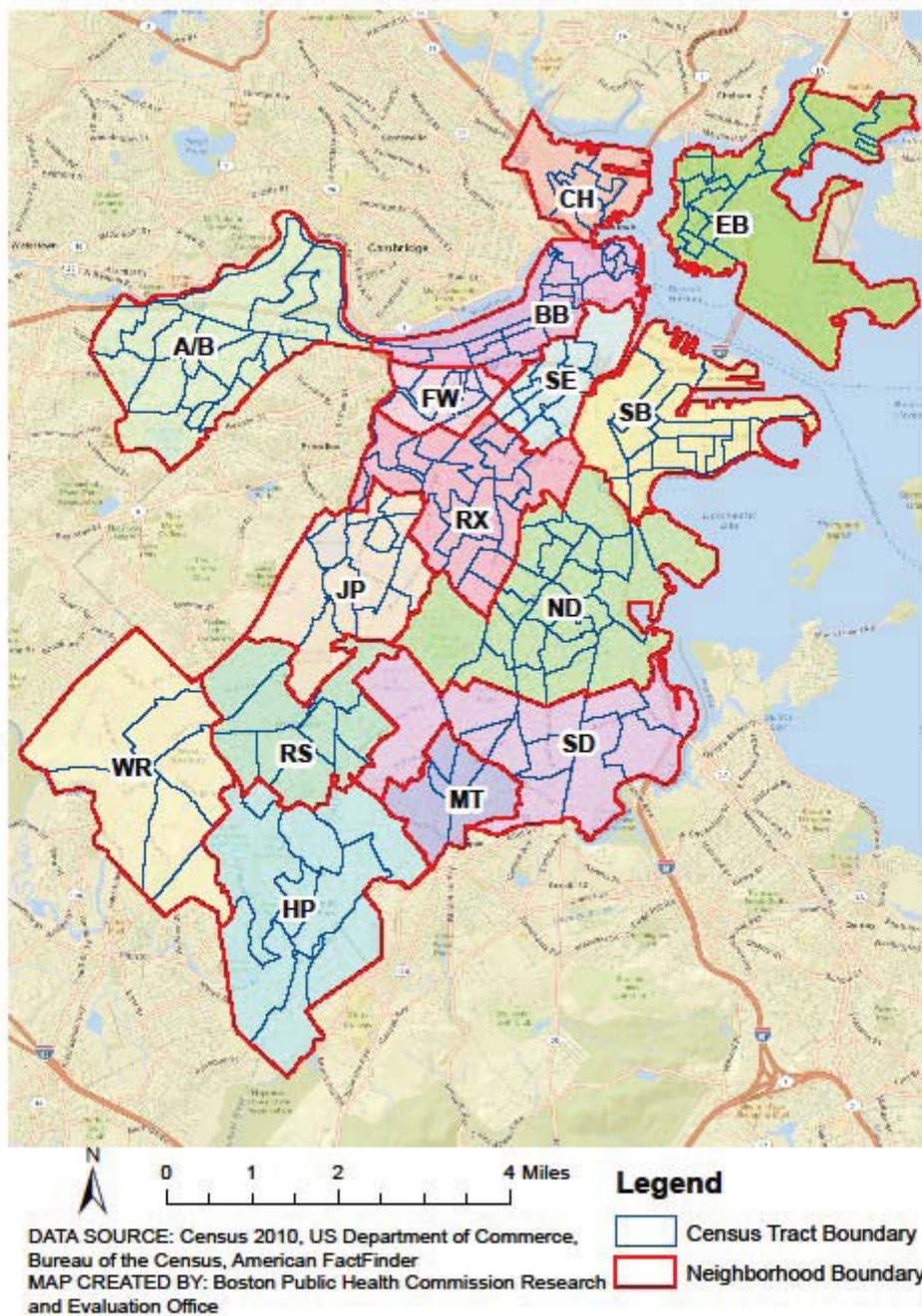
U.S. Census Poverty Designation

There are two predominant definitions of poverty. One is defined by the U.S. Census Bureau and referred to as "poverty thresholds," and the other is defined by the Department of Health and Human Services and referred to as "poverty guidelines." The poverty definition used for data presented in poverty-related charts in *Health of Boston: A Neighborhood Focus 2012-2013* is that of the U.S. Bureau of the Census. Poverty estimates are derived from the U.S. Census Bureau, American Community Survey (ACS) for 2010. Poverty estimates for Boston neighborhoods are derived from the U.S. Census Bureau, 2006-2010 American Community Survey.

The U.S. Census Bureau's definition of poverty is a federal definition characterized by a series of "poverty thresholds" which specify before-taxes, monetary income maximums, in dollars, an individual and/or family can earn in a given year and still be declared impoverished. This definition is based on same household of residence and takes into account family size and whether or not any members in one or two-person familial units are over the age of 65. It does not include any income that may have been generated through federal financial assistance programs, capital gains, or from children under the age of 15; foster children are not included in the calculations.

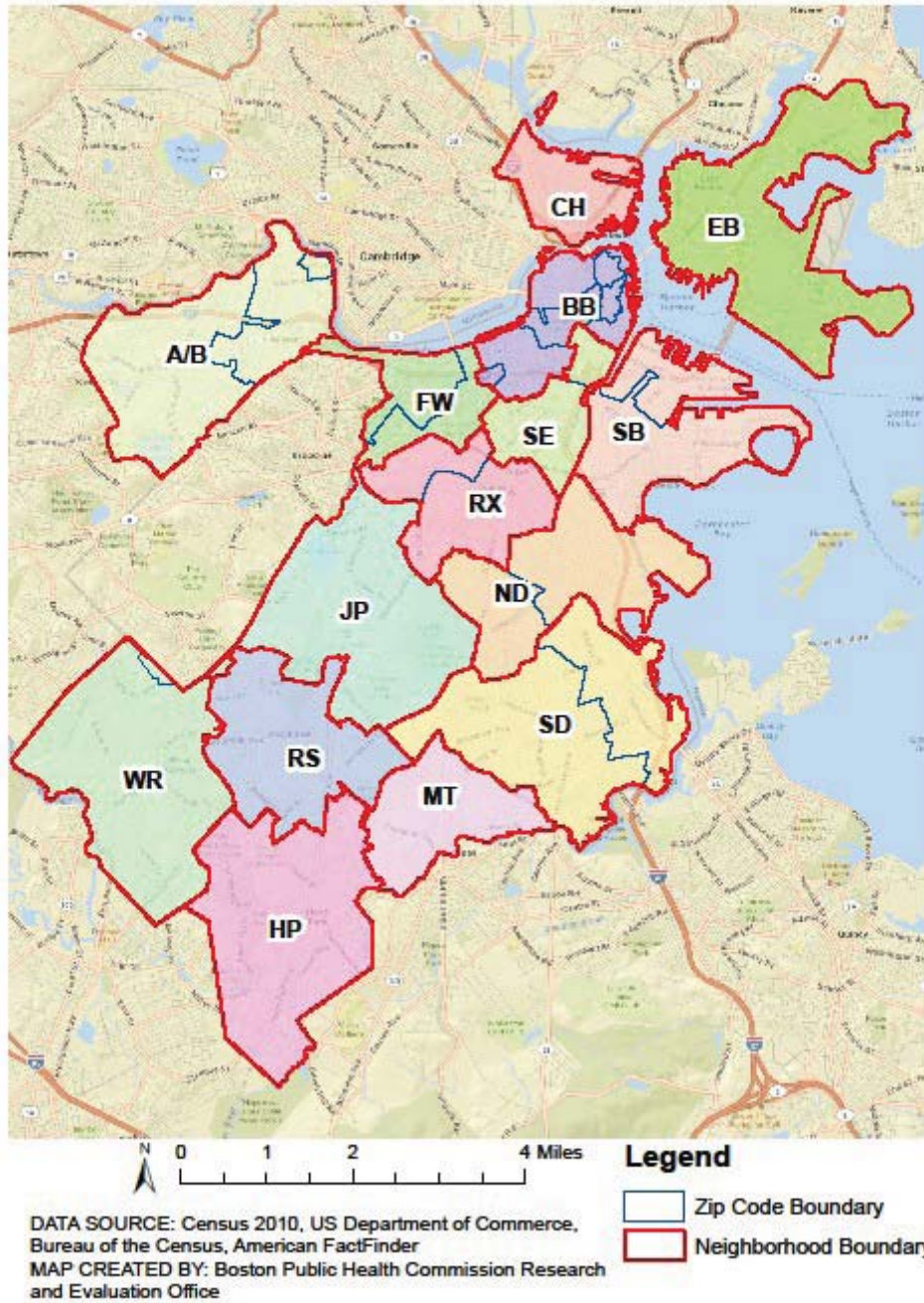
Starting in 1969, poverty thresholds have been modified annually to account for inflation according to rates specified by the Consumer Price Index. Poverty thresholds are not adjusted for regional differences in mean/median income levels, nor do they include prison inmates, residents of nursing homes, students who live in on-campus university housing, and persons who live in military barracks; however, persons living in shelters are included.

BPHC Neighborhoods Defined by 2010 Census Tract



ABBREVIATIONS KEY: A/B=Allston/Brighton, BB=Back Bay (includes Beacon Hill, Downtown, the North End, and the West End), CH=Charlestown, EB=East Boston, FW=Fenway, HP=Hyde Park, JP=Jamaica Plain, MT=Mattapan, ND=North Dorchester, RS=Roslindale, RX=Roxbury, SB=South Boston, SD=South Dorchester, SE=South End (includes Chinatown), and WR=West Roxbury

BPHC Neighborhoods Defined by Zip Code



ABBREVIATIONS KEY: A/B=Allston/Brighton, BB=Back Bay (includes Beacon Hill, Downtown, the North End, and the West End), CH=Charlestown, EB=East Boston, FW=Fenway, HP=Hyde Park, JP=Jamaica Plain, MT=Mattapan, ND=North Dorchester, RS=Roslindale, RX=Roxbury, SB=South Boston, SD=South Dorchester, SE=South End (includes Chinatown), and WR=West Roxbury

DATA SOURCES AND LIMITATIONS

American Community Survey, 2010, and 2006-2010, U.S. Department of Commerce, U.S. Census Bureau, Population Division, Population Estimates Program.

The American Community Survey (ACS) uses a sample of the population to provide information about demographic, housing, and socioeconomic characteristics of communities for the years between censuses. People who live in households, students, and those in institutions or other group quarters (e.g. jails, college dormitories, and nursing homes) are sampled. In addition to single year estimates, *Health of Boston: A Neighborhood Focus 2012-2013* presents some 5-year estimates (2006-2010) where indicated.

The ACS results used in describing the Boston population are subject to the limitations common to all surveys. Samples produce estimates that can never be as precise as tabulations of the whole population. Other kinds of errors can further affect the precision of estimates, and nonrandom (or systematic) error has the potential to bias findings.

Births, Massachusetts Department of Public Health, Center for Health Information, Statistics, Research, and Evaluation, Division of Research and Epidemiology, Registry of Vital Records and Statistics.

The recording of resident live births is nearly complete for Massachusetts resident births, including those that take place at home or out of state but to Massachusetts residents.

Race/ethnicity is self-reported by the mother. Infants are assigned their mother's race/ethnicity, not a combination of both parents' race/ethnicity.

Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission

The Boston Behavioral Risk Factor Surveillance System (BBRFSS) is a system of telephone health surveys of adults ages 18 and over that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury.

The Boston Public Health Commission conducts an independent survey every other year modeled after the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS) survey. Over time, the survey has been modified by the Commission to be more reflective of health risk behaviors specific to the Boston population. However, the Boston Behavior Risk Factor Surveillance System (BBRFSS) survey has maintained many standard core questions included in the BRFSS used by the State. Results from the survey are used by the Commission to plan and implement health initiatives; to identify health problems within a population; to identify racial/ethnic disparities in access to and utilization of health care, in risk behaviors, and selected health conditions; to establish and monitor health objectives; to support health-related legislative activities; to evaluate disease prevention activities and programs, and to assist in receiving grants and other funding.

Census 2010, U.S. Department of Commerce, U.S. Census Bureau, American Fact Finder.

The U.S. census is conducted every ten years. Census 2010 data were used in the calculation of rates for 2005 forward in *Health of Boston: A Neighborhood Focus 2012-2013*. Since the population data used for these rates is the same from year to year, the impact of actual year to year population changes on rates during the time period 2005 through 2009 or 2010 is largely unknown. As a result, observed rate changes over time may to some extent reflect actual changes in the underlying population. Additionally, undercounts of certain subpopulations may occur when people, for example, undocumented immigrants, avoid being recorded in the census for fear of contact with the

government or for other reasons. Because U.S. Census 2010 population data were used in the calculation of rates in this report, rates in previous Health of Boston reports are not comparable.

The collection and coding of race and ethnicity data has changed significantly over time. Hispanic ethnicity was not asked until 1930, and then was limited to Mexican ancestry. It was collected in 1940 for all Hispanics/Latinos, but not again until 1970, and then only in samples, not in the count of the whole population. Beginning in 1980, Hispanic origin has been a regular part of the data collection. The capacity to distinguish race groups from Hispanic/Latino origin was not built into the census until 1980. See Race and Ethnicity section in Technical Notes for additional information.

Deaths, Massachusetts Department of Public Health, Center for Health Information, Statistics, Research, and Evaluation, Division of Research and Epidemiology, Registry of Vital Records and Statistics.

Death data used by the Boston Public Health Commission pertain only to Boston residents.

Death records are completed with the assistance of an informant, typically a family member or funeral director, which may result in errors (for example, in race/ethnicity reporting) that would not occur in self-reported data.

Inconsistencies in the recording of immediate cause of death, intervening causes, and the underlying cause of death have been documented nationally. Such inconsistencies may result in under- or over-reporting of certain causes. Death data are embargoed until after public release by the Massachusetts Department of Public Health, approximately 14 months after the close of the data year.

Death due to homicide as reported by the Boston Police Department (not included in this report) applies to any homicide that occurs in Boston without regard to the actual city of residence of the deceased. As a result, the number of homicides reported by the Boston Public Health Commission (i.e., Boston resident homicides) will likely differ from those reported by the Boston Police Department.

Inpatient Hospital Discharge Database, Massachusetts Center for Health Information and Analysis (formerly Massachusetts Division of Health Care Finance and Policy).

The inpatient hospital discharge data included in this report do not represent individuals but rather discharges from Massachusetts hospitals.

Prior to 2007, the collection of race/ethnicity information varied by reporting hospital. Some hospitals requested self-reported information from patients who were hospitalized while others had staff report patient race/ethnicity. Due to changes in reporting practices, race/ethnicity data for 2007, 2008, 2009, and 2010 cannot be compared to data for previous years.

Infectious Diseases, Boston Public Health Commission, Communicable Disease Control Division.

Data from communicable disease surveillance systems are limited by the degree to which people with a condition seek health care that results in testing and reporting to the system. Many such diseases are asymptomatic or mild, or are treated presumptively without formal testing, and for some conditions, reporting may be less than complete. All of these factors may contribute to underestimates of the frequency of disease and/or distortions in the pattern of disease seen in the reported data.

Lead Screening, Boston Public Health Commission, Environmental Health, Boston Childhood Lead Poisoning Prevention Program.

Massachusetts law requires annual mandatory screening of children between 6 and 48 months of age. The Boston Public Health Commission Lead Poisoning Prevention Program conducts annual screening of Boston children 72 months of age or under.

The elevated blood lead level data reported in this report are solely related to those children who are screened. The guidelines used for diagnosing elevated blood lead levels in children were changed earlier this year. See Technical Notes.

Observational Stay Discharge Database, Massachusetts Center for Health Information and Analysis (formerly Massachusetts Division of Health Care Finance and Policy).

The observational stay data included in this report do not represent individuals but rather discharges from Massachusetts hospital observational stay settings.

Prior to 2007, the collection of race/ethnicity information varied by reporting hospital. Some hospitals requested self-reported information from patients who were hospitalized while others had staff report patient race/ethnicity. Due to changes in reporting practices, race/ethnicity data for 2007, 2008, 2009, and 2010 cannot be compared to data for previous years.

Outpatient Hospital Emergency Department Database, Massachusetts Center for Health Information and Analysis (formerly Massachusetts Division of Health Care Finance and Policy).

The outpatient hospital emergency department data presented in *Health of Boston: A Neighborhood Focus 2012-2013* represents visits not individuals. As with hospital discharge and observational stay data, unduplicated counts of *individuals* using emergency department services are not available in this report.

Of note, emergency department visit data (e.g., nonfatal assault-related gunshot and stabbing wounds) result from an aggregation of patient data across three databases representing each of the three hospital settings from which a patient seen in the emergency department may be ultimately discharged from hospital care (i.e., hospital inpatient, observational stay, and outpatient hospital emergency department). The aggregated total represents an unduplicated count of emergency department visits.

Prior to 2007, the collection of race/ethnicity information varied by reporting hospital. Some hospitals requested self-reported information from patients who had hospital emergency visits while others had staff report patient race/ethnicity. Due to changes in reporting practices, race/ethnicity data for 2007, 2008, 2009, and 2010 cannot be compared to data for previous years.

Sexually Transmitted Infections (Chlamydia, gonorrhea, and syphilis), Massachusetts Department of Public Health, Center for Clinical and Laboratory Services, Division of Sexually Transmitted Disease (STD) Prevention.

New cases of Chlamydia, syphilis and gonorrhea infection are reported to the Massachusetts Department of Public Health by diagnosing physicians and laboratories. Undiagnosed cases and variations in screening practices and compliance with reporting requirements may influence the accuracy of reported sexually transmitted diseases. Due to changes in case identification practices, counts and rates of sexually transmitted diseases, such as Chlamydia, presented in *Health of Boston: A Neighborhood Focus 2012-2013* cannot be compared to data in Health of Boston reports prior to 2011.

Youth Risk Behavioral Surveillance System (YRBSS), Centers for Disease Control and Prevention

The Youth Risk Behavior Surveillance System (YRBSS) is a system of national school-based surveys conducted by the Centers for Disease Control and Prevention (CDC) every other year among public high school students in grades 9-12. It is currently conducted in 44 states and 22 cities. The survey contains questions related to risk behaviors such as unintentional injuries and violence, alcohol and drug use,

tobacco use, and sexual behavior; unhealthy eating behaviors, physical inactivity; and the prevalence of obesity and asthma.

The Boston Public Health Commission uses results from the YRBSS to identify the prevalence of health risk behaviors among Boston youth, identify racial/ethnic disparities, plan and implement health initiatives, support health-related legislative activities, assist in obtaining grants and other funding, and other activities.

GLOSSARY

This glossary provides the reader with definitions of terms commonly used throughout this report.

Adolescent Births: In this report, adolescent births are considered births to females ages 15-17. However, some other organizations and agencies consider adolescent births as births to females ages 15-19.

Age-Adjusted Rate (AAR): Used to present data for comparison among several populations, such as Boston neighborhoods, in which distribution of age can differ considerably. The calculation for AARs takes into account the differences in age distribution and adjusts for them. The age-adjusted rate of one group can then be compared to the age-adjusted rate of another group with confidence that differences in the rates of the two areas or groups likely do not stem from differences in the age structure of their underlying populations. See Technical Notes for additional information.

Age-Specific Rate (ASR): The number of events such as deaths or cases of disease experienced by individuals within a specified population age group per the total number of individuals within the specified population age group during a specified time period (e.g., per year).

Age-Specific Birth Rate: The number of live births to women in an age group divided by the female population of that age group, expressed per 1,000 females in that age group.

Alzheimer's Disease: A degenerative brain disease that is progressive, irreversible and ultimately fatal. It affects memory, thinking, and language skills slowly destroying them. Individuals with Alzheimer's disease eventually also have behavioral problems and an inability to perform normal daily activities. In this report, ICD-10 codes G30, G30.0, G30.1, G30.8, G30.9 are used to identify deaths from Alzheimer's Disease for analysis.

Asian: All persons self-identified as Asian or Pacific Islander (e.g., Chinese, Japanese, Hawaiians, Cambodians, Vietnamese, Asian Indians, and Filipinos) who do not also identify themselves as Latino.

Asthma: Asthma is a chronic inflammatory condition defined by sudden periodic attacks of difficulty in breathing accompanied by wheezing caused by a spasm of the bronchial tubes.

Asthma Emergency Department Visits: Emergency department visits for children under age 5 in this report were identified among three databases from the Massachusetts Center for Health Information and Analysis (formerly Massachusetts Division of Health Care Finance and Policy): Inpatient Hospital Discharge Database, Outpatient Emergency Department Database, and Outpatient Hospital Observation Database. ICD-9-CM code 493 was used to identify asthma-related cases.

Boston Behavioral Risk Factor Surveillance System (BBRFSS): See Data Sources and Limitations and Technical Notes sections of this report.

Birth Weight: The weight of an infant at the time of delivery. It may be recorded in either grams or pounds/ounces. If recorded in pounds/ounces, it is converted to grams for use in this report based on the following formula: 1 pound = 453.6 grams; 1,000 grams = 2 pounds and 3 ounces.

Black: All persons self-identified as Black (e.g., African Americans, Haitians, West Indians) who do not also identify themselves as Latino.

Blood Lead Levels: The amount of lead in micrograms per deciliter, detected in the blood during finger stick screening or venous confirmation blood tests. Elevated blood level in children has been identified by the detection of lead ≥ 10 micrograms per deciliter (≥ 10 $\mu\text{g}/\text{dL}$).

Body Mass Index (BMI): BMI is calculated by dividing a person's weight in kilograms by his or her height in meters squared (kg/m^2); a measure of the appropriateness of weight in relation to height and allows for categorization of people into weight classes. This calculation is used to screen and monitor populations in order to detect risks of health or nutritional disorders. BMI is used differently with children than with adults and is plotted according to age and sex-specific charts. The BMI cut points for adults are as follows:

Overweight	BMI of 25.0 to 29.9
Obese	BMI of 30.0 or more

Cancer: A term used to describe diseases in which abnormal cells divide without control and can spread to other parts of the body. Cancer is a leading cause of death. According to the National Cancer Institute, there are more than 100 different types of cancer. In this report, ICD-10 codes C00-C97 are used to identify cancer deaths for analysis.

Census 2010: The count of the entire American population undertaken by the U.S. Census Bureau in 2010.

Cerebrovascular Disease: A group of brain dysfunctions (including stroke) related to the disease of the blood vessels supplying the brain. ICD-9-CM codes 430-438 are used to identify hospitalizations and ICD-10 codes I60-I69 are used to identify deaths due to cerebrovascular disease.

Chlamydia: A sexually transmitted disease caused by the bacterium *Chlamydia trachomatis*. About half of infected men and three-quarters of infected women have no symptoms. Chlamydia can permanently damage a woman's reproductive organs if not treated promptly.

Chronic Obstructive Pulmonary Disease (COPD): Diseases including bronchitis, asthma, emphysema, and allergies from inhaled organic dust particles, which decrease the ability of the lungs to oxygenate the blood. The major cause of COPD is smoking. ICD-10 codes J40-J47 are used in identifying COPD deaths, and ICD-9-CM codes 490-496 are used in identifying COPD hospitalizations for analysis.

Codes (hospital and death): The hospitalization codes used are from the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM). The cause-of-death codes are from the International Classification of Diseases, 10th Revision (ICD-10). ICD-9-CM and ICD10 are products of the World Health Organization (WHO).

Community Assets: Community assets are the resources that improve the quality of community life and provide a healthier environment for residents.

Confidence Interval: A range of values based on a chosen probability level within which the true value of a population parameter is likely found. With a 95% confidence interval, one can assume the true value has a high probability of being contained within the interval (i.e., falling between the two values that define the end points of the interval).

Crude Rates: A crude rate is calculated by dividing the number of events for the entire population by the total population. It is usually calculated on the basis of every 100,000 people. Crude rates are used to present data pertaining to the entire population, such as all of Boston, or to present data pertaining to an entire group within a population, such as all males or females. Also see the Technical Notes section of this report.

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Death Rate: The number of deaths per year per 100,000 people. This can be presented as an age-specific rate, crude rate, or age-adjusted rate.

Demographics: The statistical study of characteristics of human populations and of population distributions such as age, sex, and race/ethnicity.

Diabetes: Diabetes Mellitus is a group of diseases in which the body cannot effectively regulate blood glucose (sugar) due to deficiencies in producing or utilizing a hormone called insulin. ICD-9-CM code 250 is used to identify hospitalizations due to diabetes for the purpose of analysis. Due to this change in diagnostic code used in identifying diabetes hospitalizations and the use of population from the 2010 U.S. Census, counts and rates cannot be compared to hospitalization data presented in previous Health of Boston reports.

Diseases of the Heart: A class of diseases that involves the heart and/or blood vessels. ICD-10 codes I10-I25, I26-I28, I30, I31, I33, I34-I38, I40, I42, I44-I45, I46, I47-I51, and I70-I99 are used to identify deaths.

Emergency Department Visits: See Hospital Emergency Department Visits.

Heart Disease: A group of conditions, that includes valve and conductive disorders as well as hypertensive diseases. ICD-9-CM codes 391-398, 402, 404, 410 -416, 420-429 are used in identifying heart disease hospitalizations.

Hepatitis C: A viral disease caused by the hepatitis C virus (HCV) that leads to swelling of the liver.

Hispanic: See Latino.

Homeless: The federal government defines “homeless” to mean (1) an individual who lacks a fixed, regular, and adequate night-time residence; or (2) an individual who has a primary night-time residence that is (i) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); (ii) an institution that provides a temporary residence for individuals intended to be institutionalized; or (iii) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. This term does not include any individual imprisoned or otherwise detained under an Act of Congress or a state law.

Homicide: A death intentionally caused by a person other than the deceased. ICD-10 codes X85-Y09 and Y87.1 are used in identifying homicides for analysis.

Hospital Emergency Department Visits: Visits to acute care hospital emergency departments for care. Emergency department visit data (e.g., nonfatal assault-related gunshot and stabbing wounds) result from an aggregation of patient data across three databases representing each of the three hospital settings from which a patient seen in the emergency department may be ultimately discharged (i.e., hospital inpatient, observational stay, and outpatient hospital emergency department). The aggregated total represents an unduplicated count of emergency department visits.

Hospitalization: A patient’s continuous stay of one night or more in the hospital for observation, care, diagnosis, or treatment before being released by the hospital, or before death. Hospitalization data presented in this report represents only hospitalizations from acute, short-stay, non-federal hospitals.

Incidence: The number of new cases of a particular disease over a period of time (usually a year) and in relation to the population in which it occurs.

Incidence Rates: Incidence rates are the number of new cases in a given time period divided by the number of people at risk in the population at the beginning of the study. Incidence rates are usually reported on the basis of every 100,000 people per year. New cases of a communicable disease, such as hepatitis, are presented as an incidence rate, which may be age-specific or crude.

Infant Death Rate: The number of deaths under one year of age per 1,000 live births.

Infectious Diseases: Infectious diseases are illnesses resulting from the presence of pathogenic microbial agents, such as viruses, bacteria, fungi, parasites, and prions. Transmission can occur from one person or species to another.

Injury: Injury deaths include five categories: homicides, suicides, motor vehicle-related injuries, (other) unintentional injuries, and “undetermined” injuries (for which it was not determined on the death certificate whether the injury was intentional). The latter three categories are presented together in this report (see Other Injury Deaths). ICD-10 codes are used for identifying the type of injury that resulted in death. The determination of intent appearing on a death certificate or in medical records is for purposes of medical record-keeping only. Visits to emergency departments, clinics, hospitals, physician offices, and other outpatient facilities for treatment of injuries are identified by type of injury using ICD-9-CM E-codes.

Insufficient Sample Size: In this report the phrase “insufficient sample size” is used on occasion when certain data points are not presented. This occurs when survey data are stratified by population groups and, as a result, there is not a large enough sample (number of survey respondents or recorded health events) to allow the presentation of reliable point estimates. Data are also not presented if a sample size is too low to protect the confidentiality of the respondents.

International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes: Hospitalization data shown in this report are classified according to ICD-9-CM. This is the official system of assigning codes to diagnoses and procedures associated with hospital utilization in the United States.

International Classification of Disease, Tenth Revision (ICD-10) codes: Death data presented in this report are classified according to the ICD-10, released by the World Health Organization in 2000 and adopted by the United States National Center for Health Statistics (NHS), Centers for Disease Control and Prevention.

Latino: Includes people of any race (Asian, Black, White, or Other) self-identified as Hispanic or Latino (such as Puerto Rican, Mexican, Cuban, Spanish, or Dominican).

Lead Screening: The measurement of blood lead levels in children to identify those who have been exposed to toxic levels of environmental lead. In Boston, annual screening of children between 6 and 48 months of age is mandatory. Also see Blood Lead Levels.

Low Birth Weight (LBW): Birth weight of less than 2,500 grams (5 pounds, 8 ounces).

Micrograms per Deciliter ($\mu\text{g}/\text{dL}$): A measurement unit for level of lead in a measured quantity of blood: a billionth of a gram in a tenth of a liter. As of May 2012, children with blood lead levels of 5 $\mu\text{g}/\text{dL}$ or higher are considered to have elevated blood lead levels. Previously 10 $\mu\text{g}/\text{dL}$ or higher was the measurement used.

Mortality: Death, or the relative frequency of death per unit of population in a specific time period.

NA: A notation used to indicate that no data was available for this indicator.

n<5: A notation used to indicate that for this health indicator there were fewer than five occurrences (for example, births, deaths, new case of a disease) and therefore a rate could not be presented. Also see the Note to Readers section of this report.

n<7: A notation used to indicate that for this health indicator there were fewer than seven occurrences (for example, hospitalizations, ED visits, outpatient observation) and therefore a rate could not be presented. Also see the Note to Readers section of this report.

Neighborhood: One of 15 distinct geographical areas in Boston. See the Technical Notes section of this report.

Nephritis/Nephrosis: Inflammation of the kidneys (nephritis), or kidney disease with severe protein loss and fluid retention or degenerative changes in the kidneys without inflammation (nephrosis). For data from 1999 and later years, ICD-10 codes N00-N07, N17-N19, and N25-N27 are used to identify deaths from nephritis/nephrosis for analysis.

Nonfatal Assault-Related Gunshot/Stabbings: Injuries due to assault-related gunshots and/or piercings and cuts by a sharp object such as a knife. Such injuries were identified among three databases from the Massachusetts Center for Health Information and Analysis (formerly Massachusetts Division of Health Care Finance and Policy): Inpatient Hospital Discharge Database, Outpatient Emergency Department Database, and Outpatient Hospital Observation Database. ICD9 E-codes, E956 and E965 are used to identify emergency department visits for nonfatal assault-related gunshot/stabbings for the purpose of analysis.

Obesity: Obesity is a condition in which an accumulation of excess body fat has occurred to the extent that it may lead to adverse health events. Adults with a Body Mass Index (BMI) of 30 or higher are considered obese. Obesity for high school students is determined by a BMI percentile standard ranking of 95% or higher.

Other Injury Deaths: Injury deaths are those due to motor vehicle accidents, other land transport accidents, unspecified transport accidents, falls, accidental discharge of firearms, accidental drowning and submersion, accidental exposure to smoke, fire, and flames, accidental poisoning and exposure to noxious substances, other and unspecified nontransport accidents and their sequelae, discharge of firearms of undetermined intent, other and unspecified events of undetermined intent and their sequelae.

Point Estimate: A single value calculated from survey sample data indicating the estimated percentage of a population with a given characteristic. A point estimate serves as the best approximation for an unknown population parameter and should be interpreted with information that considers the standard error associated with the estimate. See the Note to Readers section of this report.

Population: The total number of residents. Population statistics in this report are drawn from two main sources. The first is the census of the population taken every ten years by the federal government which provides a literal count of people living in the United States. The second is population estimates made by the U.S. Census Bureau American Community Survey.

Poverty Level : A poverty level is the minimum level of income deemed necessary to achieve an adequate standard of living in a given country. The poverty definition used in *Health of Boston: Neighborhood Focus 2012-2013* is that of the US Census Bureau . Small adjustments are made to these thresholds based on the composition of the family. Also see the Data Sources and Limitations section and the Technical Notes section of this report.

Pregnancy: The condition of carrying a developing embryo or fetus in the uterus.

Preterm Births : A preterm birth refers to the birth of a baby less than 37 weeks gestational age. Preterm births are the major cause of low birth weight and infant mortality in the United States.

Regular Physical Activity: Defined for adolescents as engaging in physical activity for at least one hour per day on five or more days during the past week. For adults, regular physical activity is defined as engaging in vigorous activity 20 minutes per day on 3 or more days during the past week or engaging in moderate activity for 30 minutes per day on 5 or more days during the past week.

Rolling Average: A statistical method and presentation of data that assists trend identification by effectively “smoothing out” random fluctuations over time. A rolling average rate uses aggregated data from multiple years to generate the average annual rate at each time point. Calculation of the rate at each successive time point requires adding data from the newest (i.e., next) data year and dropping data from the oldest data year. In this report, five-year or six-year rolling average infant death rates are presented because the small number of infant deaths per year produces an annual rate that fluctuates widely over time.

Sample Size: Sample size refers to the number of observations of a statistical sample. For survey data, the sample size refers to the number of people who responded to the survey (i.e., respondents). Also see definition for insufficient sample size.

Sexually Transmitted Infections (STIs): Infection spread by transfer of organisms from person to person during sexual contact. Also known as Sexually Transmitted Diseases (STDs).

Socioeconomic Status (SES): An economic and sociological measure based on income, education, and occupation that describes an individual's or family's economic and social position relative to others. Socioeconomics is the statistical study of the social and economic characteristics of a population, such as education and poverty levels. Also see Socioeconomic Profile and Demographic Profile sections of this report.

Standard Population: Population data used to scale data from different sources to a common single population, thus allowing rate comparisons that have adjusted for underlying population differences. For this report, fixed age and race distributions from the year 2000 U.S. standard population were used during calculation of age-adjusted rates.

Statistical Significance: An attribute of an observed difference in data that is assessed using statistical tests that help determine whether the observed difference accurately describes the actual experience of the population of interest.

Stroke (also known as a cerebrovascular accident): A stroke occurs when a blood vessel in the brain bursts or when the blood supply to part of the brain is blocked, depriving the brain of oxygen. ICD-10 codes I60-I69 are used in identifying deaths due to stroke and ICD-9-CM codes 430-438 are used in identifying hospitalizations due to stroke for analysis.

Substance Abuse Deaths: Deaths in which alcohol and/or drugs played a causal role (Alcohol-Related Deaths and Drug-Related Deaths). Due to changes in case identification practices, counts and rates of substance abuse deaths cannot be compared to data presented in previous Health of Boston reports. **Alcohol-Related Deaths:** Death induced by alcohol use/abuse, such as liver disease due to alcohol consumption, and accidental alcohol overdose. This category does not include deaths indirectly due to alcohol use, such as deaths due to injuries occurring while intoxicated or deaths caused by another person who was intoxicated. The alcohol-related death code definition is from National Vital Statistics Reports, Vol. 58, No. 19, May 20, 2010 (page 120). ICD-10 codes E24.4, F10, G31.2, G62.1, G72.1, I42.6, K29.2, K70, K85.2, K86.0, R78.0, X45, X65, and Y15 are used across multiple cause levels to identify alcohol-related deaths. **Drug-Related Deaths:** Deaths due to use of drugs other than alcohol and

tobacco, including direct physiological causes as well as some accidental deaths in which drug use/abuse is involved. This classification does not include deaths indirectly due to drug use, such as deaths due to injuries occurring while under the influence of drugs or deaths caused by another person under the influence of drugs. The drug-related death codes definition used is from National Vital Statistics Reports, Vol. 58, No. 19, May 20, 2010 (pages 119-120). ICD-10 codes D52.1, D59.0, D59.2, D61.1, D64.2, E06.4, E16.0, E23.1, E24.2, E27.3, E66.1, F11.0-F11.5, F11.7-F11.9, F12.0-F12.5, F12.7-F12.9, F13.0- F13.5, F13.7-F13.9, F14.0-F14.5, F14.7-F14.9, F15.0- F15.5, F15.7-F15.9, F16.0-F16.5, F16.7-F16.9, F17.0, F17.3-F17.5, F17.7-F17.9, F18.0-F18.5, F18.7-F18.9, F19.0-F19.5, F19.7-F19.9, G21.1, G24.0, G25.1, G25.4, G25.6, G44.4, G62.0, G72.0, I95.2, J70.2, J70.3, J70.5, K85.3, L10.5, L27.0, L27.1, M10.2, M32.0, M80.4, M81.4, M83.5, M87.1, R50.2, R78.1, R78.2, R78.3, R78.4, R78.5, X40-X44, X60-X64, X85, and Y10-Y14 are used across multiple cause levels for identifying drug-related deaths.

Suicide: The intentional and voluntary taking of one's own life. For data from 1999 and later years, ICD-10 codes X60-X84 and Y87.0 are used in identifying suicides for analysis.

White: All persons self-identified as White who do not also identify themselves as Latino.

Youth Risk Behavioral Surveillance System (YRBSS): See Data Sources and Limitations and Technical Notes sections of this report.