

Community Meetings 2005

Health Status Report for Charlestown

February 16, 2005

Presented by the Boston Public Health
Commission



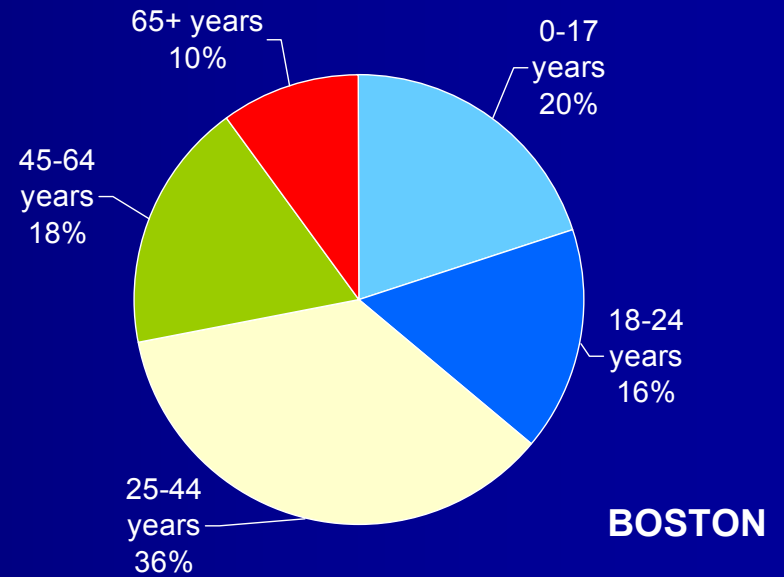
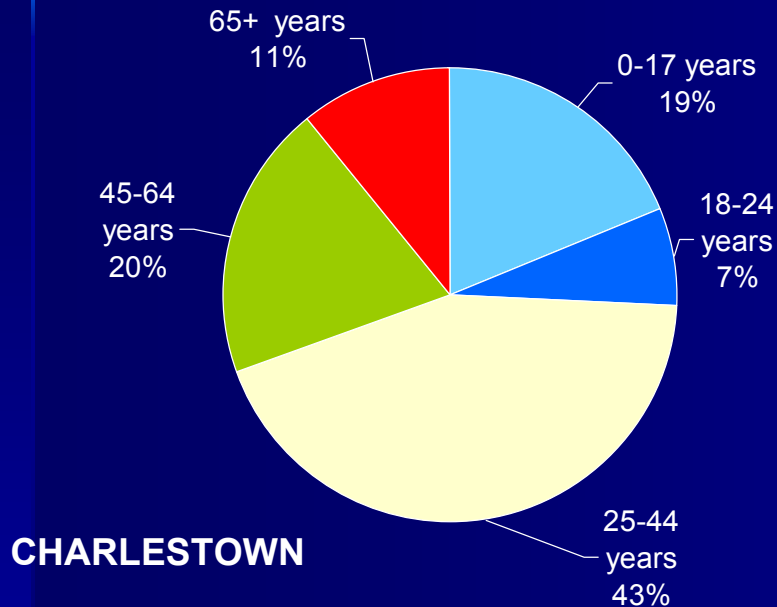
B O S T O N

Boston Neighborhoods



MAP PREPARATION:
Boston Public Health Commission
Research Office

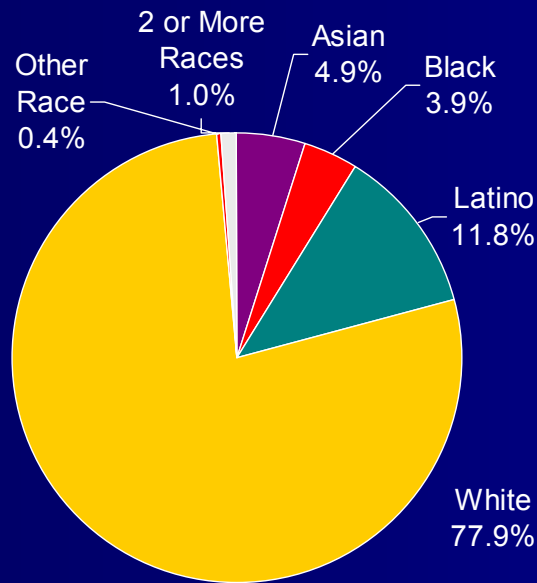
Population by Age Group, Charlestown and Boston 2000



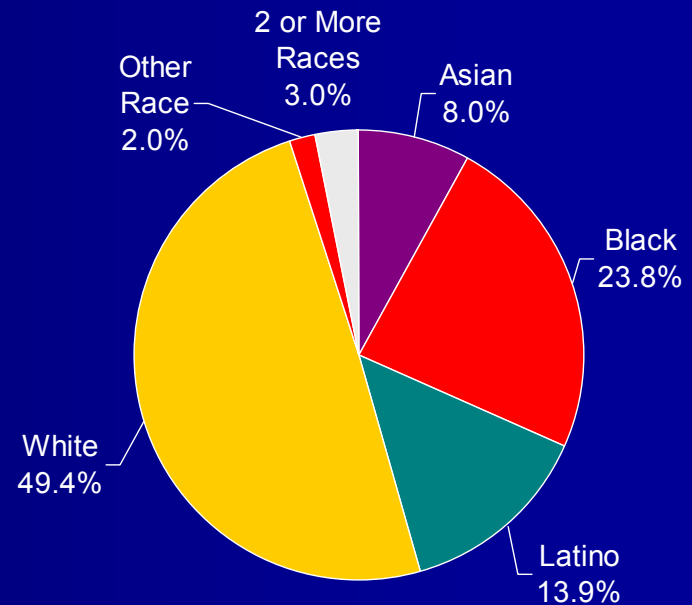
Characteristics of Charlestown

- Second smallest neighborhood of the City – about 15,000 residents
- A peninsula with land dedicated to Navy Yard, Port and Massport – somewhat isolated
- A population that includes both rich and poor, as well as middle class

Racial and Ethnic Makeup, Charlestown and Boston 2000



CHARLESTOWN



BOSTON

Selected Socioeconomic Indicators, Boston and Charlestown, 2000

Indicator	Boston Overall	Charlestown
Less than High School Graduation or GED (Adults Ages 25 and Over)	21%	13%
% Population Below Poverty Level	20%	18%
% of Children (Under 18) Below Poverty Level*	26%	37%
% of Adults 65 and Older Below Poverty Level*	18%	15%
Median Household Income in 1999	\$39,629**	\$56,145**

*Based on 1999 income ** Estimated median household income

DATA SOURCE: US Department of Commerce, Bureau of the Census, American Fact Finder, Census 2000, Summary File 3-Sample Data

DATA ANALYSIS: Boston Public Health Commission Research Office

5 Key Health Issues in Your Neighborhood and What You Can Do About Them

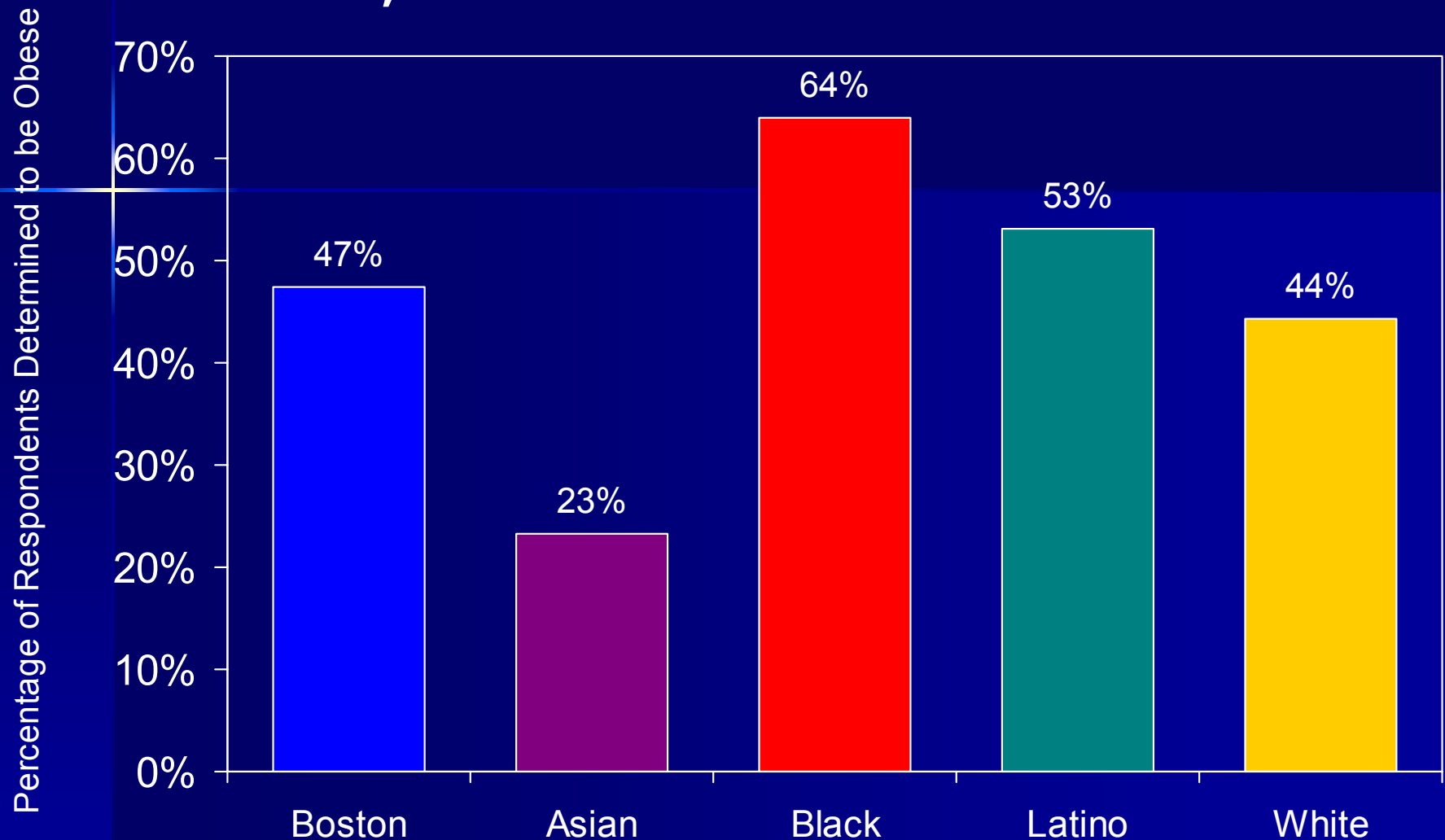
- Obesity
- Cancer
- Asthma
- Maternal and Child
- Substance Abuse

OBESITY

What health problems does obesity make worse or cause?

- Diabetes
- High blood pressure
- High cholesterol
- Heart Disease/Stroke
- Asthma
- Arthritis
- Certain cancers (especially breast, uterus, colon, esophagus)

Obesity by Race/Ethnicity, Boston, 2001*

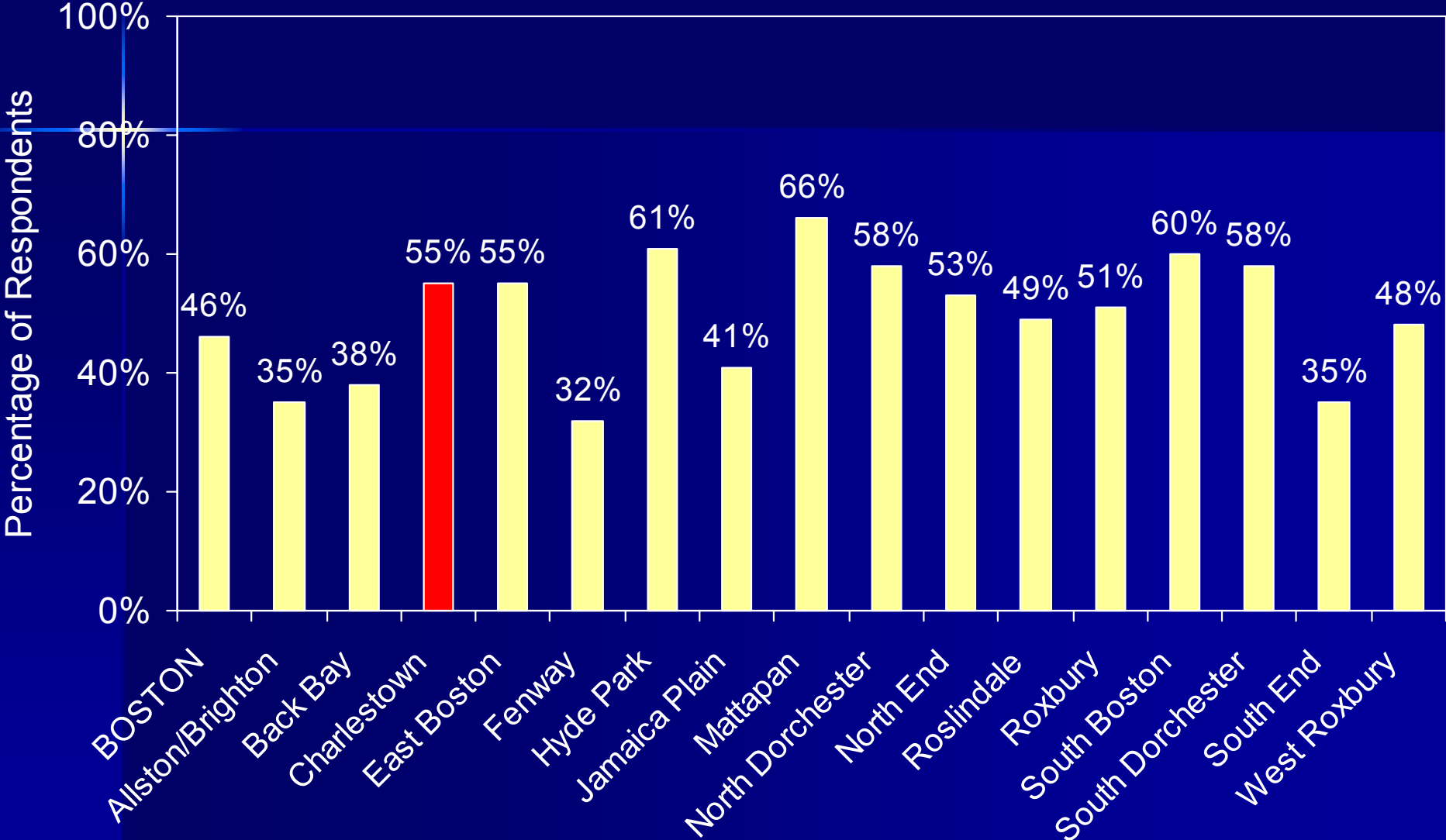


*Includes data collected from January 2001 through May 2001. The term "obesity" refers to all levels of excess weight combined. Blacks are significantly different from Whites, Latinos, and Asians ($p < .05$). Latinos are significantly different from Whites and Asians ($p < .05$)

DATA SOURCE: Behavioral Risk Factor Survey, Behavioral Risk Factor Surveillance System (BRFSS), 2001, Massachusetts Department of Public Health and Boston Public Health Commission

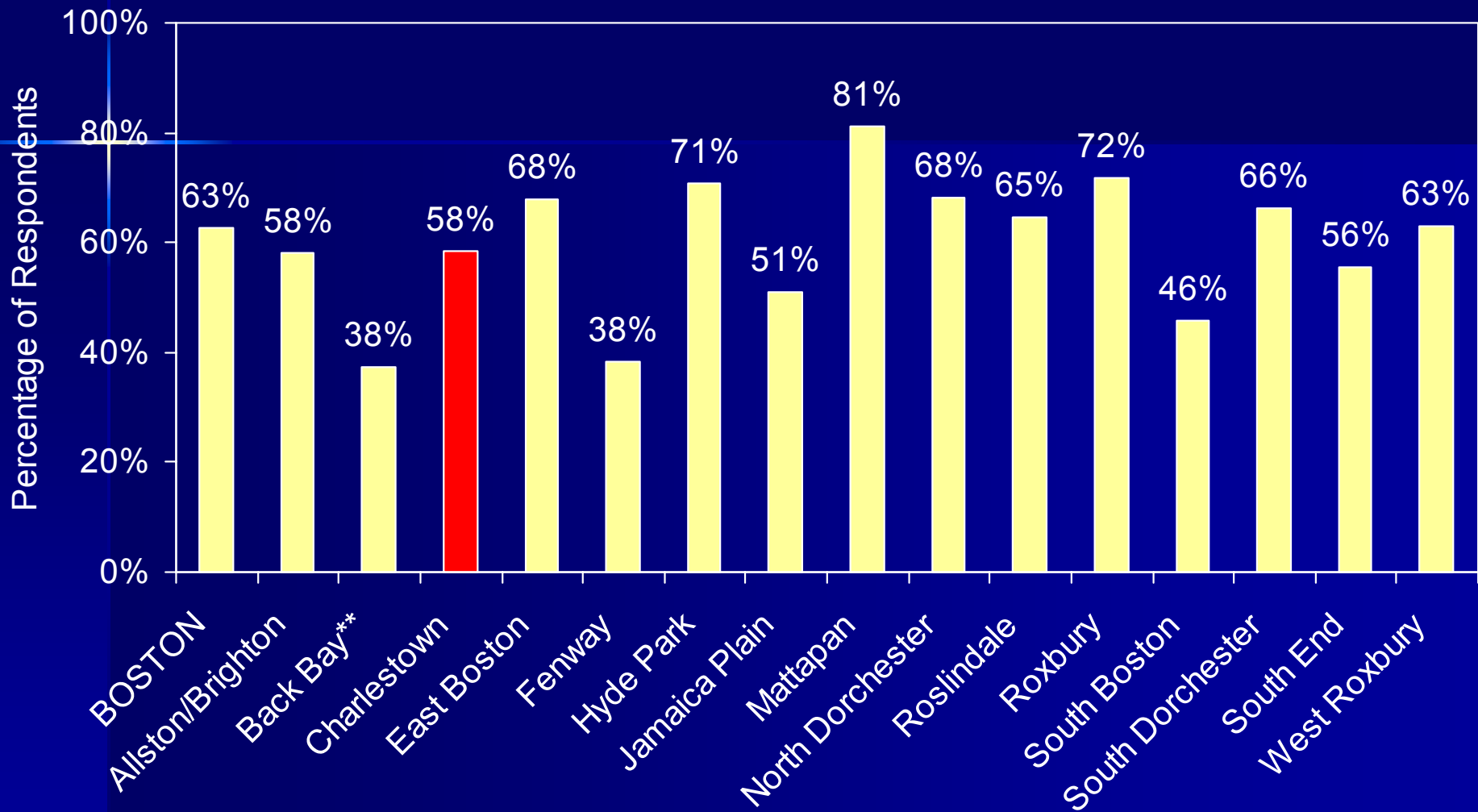
DATA ANALYSIS: Boston Public Health Commission Research Office

Obesity by Neighborhood, Boston, 1999-2001



DATA SOURCE: Behavioral Risk Factor Surveillance System, Massachusetts Department of Public Health
DATA ANALYSIS: Boston Public Health Commission Research Office

Inadequate Physical Activity by Neighborhood, Boston, 2000-2001*



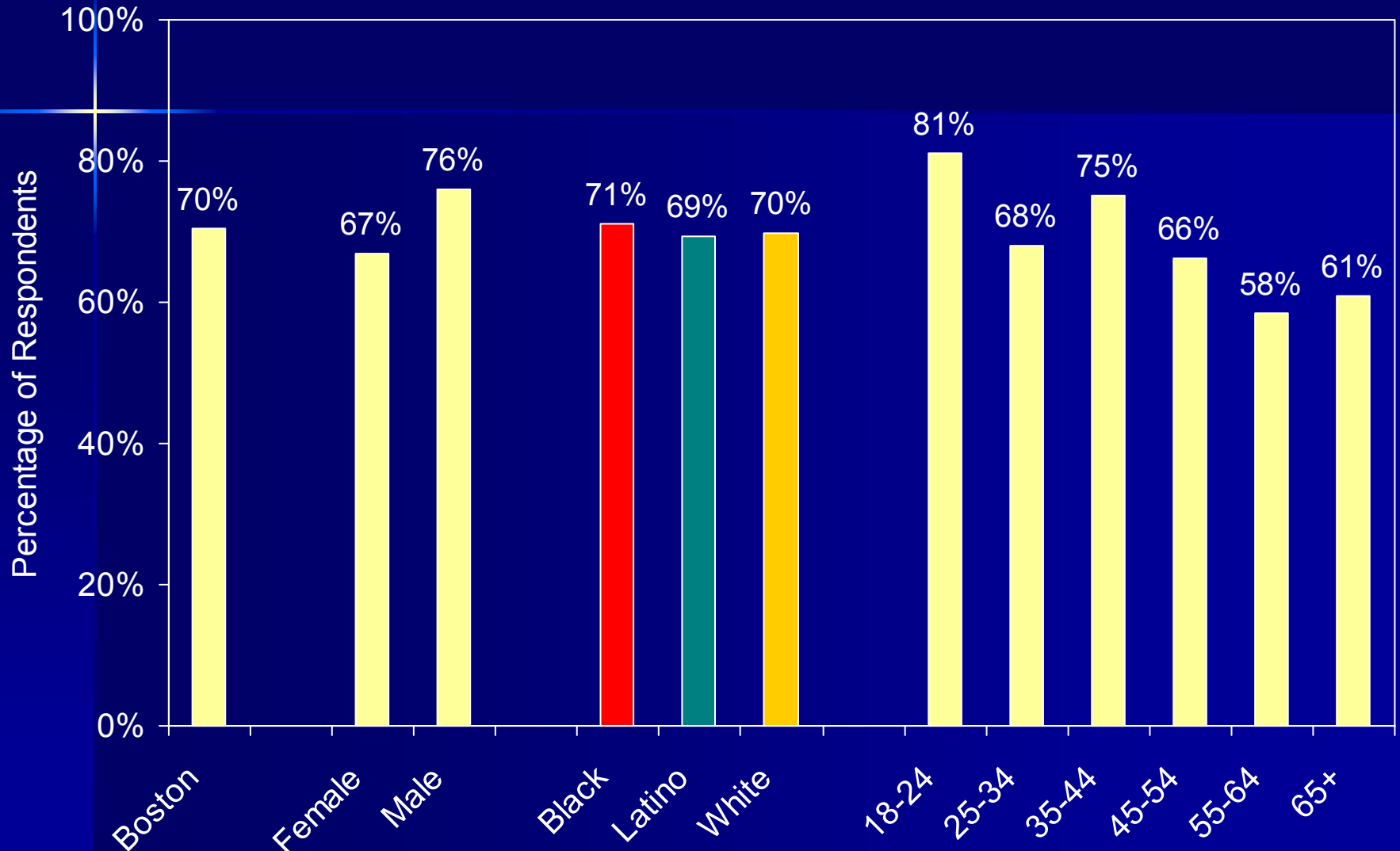
*Includes data collected from January 2000 through May 2002 ** Includes the North End

NOTE: Inadequate physical activity means having no physical activity or less than 30 or more minutes, five or more times a week.

DATA SOURCE: Behavioral Risk Factor Survey, Behavioral Risk Factor Surveillance System (BRFSS), 2000-2001, Massachusetts Department of Public Health and Boston Public Health Commission

DATA ANALYSIS: Boston Public Health Commission Research Office

Inadequate Fruit and Vegetables Consumption by Gender, Race/Ethnicity, and Age, Boston, 2000



NOTE: "Inadequate" defined as less than recommended daily amount of five or more servings.

DATA SOURCE: Behavioral Risk Factor Surveillance System, 2000, Massachusetts Department of Public Health

DATA ANALYSIS: Boston Public Health Commission

What Can Be Done About It?

- Focus on eating healthy foods
- Avoid sugary sodas, snack foods
- Reducing portion sizes and eating smaller, more frequent meals
- Exercise daily – walking is safe and effective
- Talk to your primary care doctor
- Boston Steps Program



Neighbor WALK

NATICA

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UNITED STATES
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Advancing
Life Center

Neighbor WALK

CITY OF HENRIETTA

CANCER

What increases the chances of getting of cancer?

- Smoking
- Excessive alcohol
- Family history
- Excessive exposure to sunlight
- Exposure to certain cancer causing chemicals
- Some viruses or other germs (like HIV, HPV or Chlamydia)
- Certain hormones or medications
- Age

Leading Causes of Death

Age-Adjusted Rates by Gender, Boston 2002 *

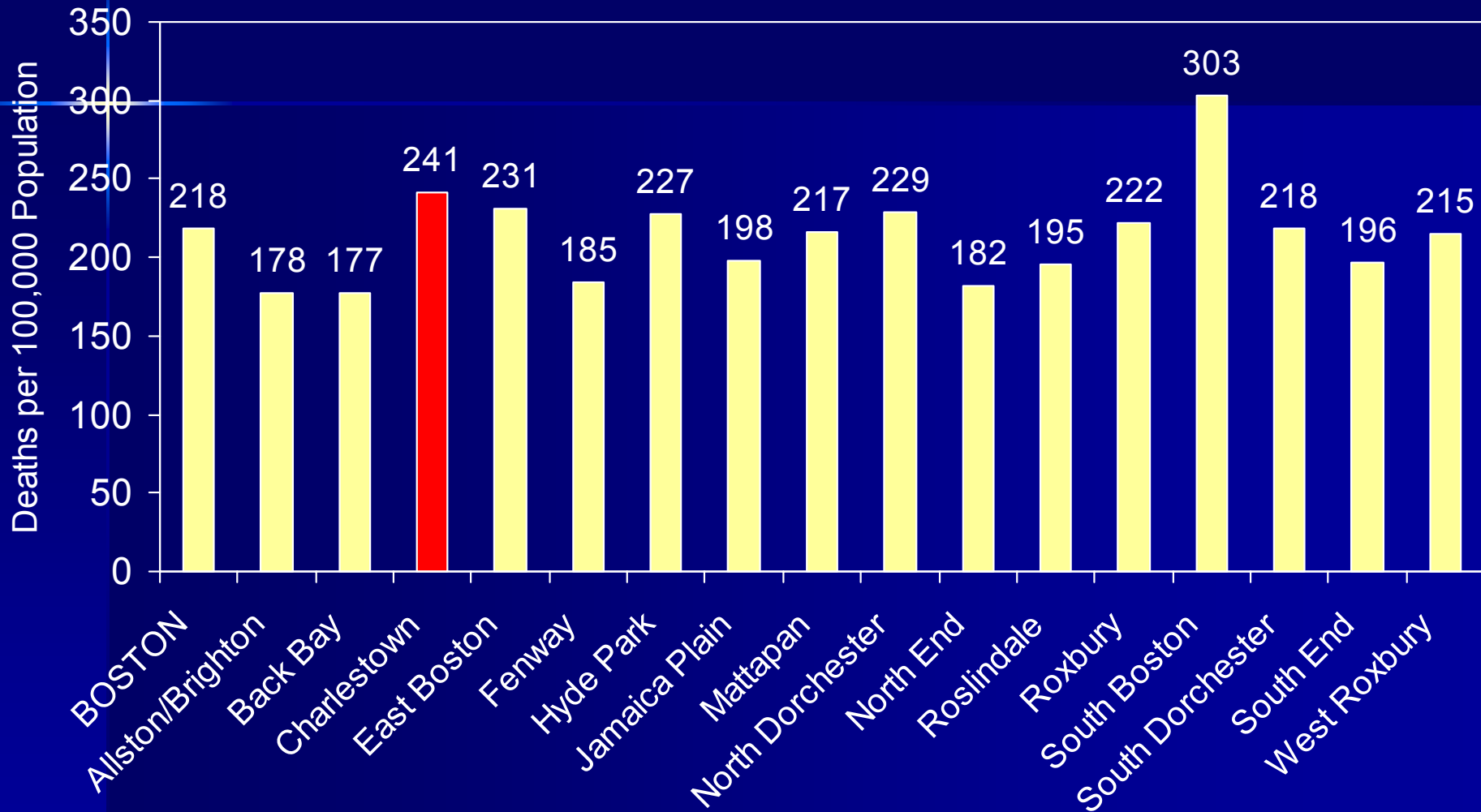
Cause of Death	BOSTON	Boston Males	Boston Females
Cancer	218.4	269.3	188.3
Heart Disease	191.7	244.6	153.2
All Injuries Combined	47.6	70.9	27.0
Stroke	44.6	51.5	39.7
COPD	31.6	41.4	24.8
Pneumonia/Influenza	30.8	32.5	29.3
Diabetes	28.5	31.9	26.6
Septicemia	22.6	24.3	22.0
Substance Abuse	21.5	31.6	9.6
Nephritis/Nephrosis	21.0	31.6	15.7
HIV/AIDS	14.4	21.3	8.1
Homicide	10.4	17.1	4.0
Suicide	3.6	6.4	---
TOTAL	871.1	1070.2	727.8

* Deaths per 100,000 population

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

DATA ANALYSIS: Boston Public Health Commission Research Office

Cancer Mortality by Neighborhood, Boston, 2000-2002

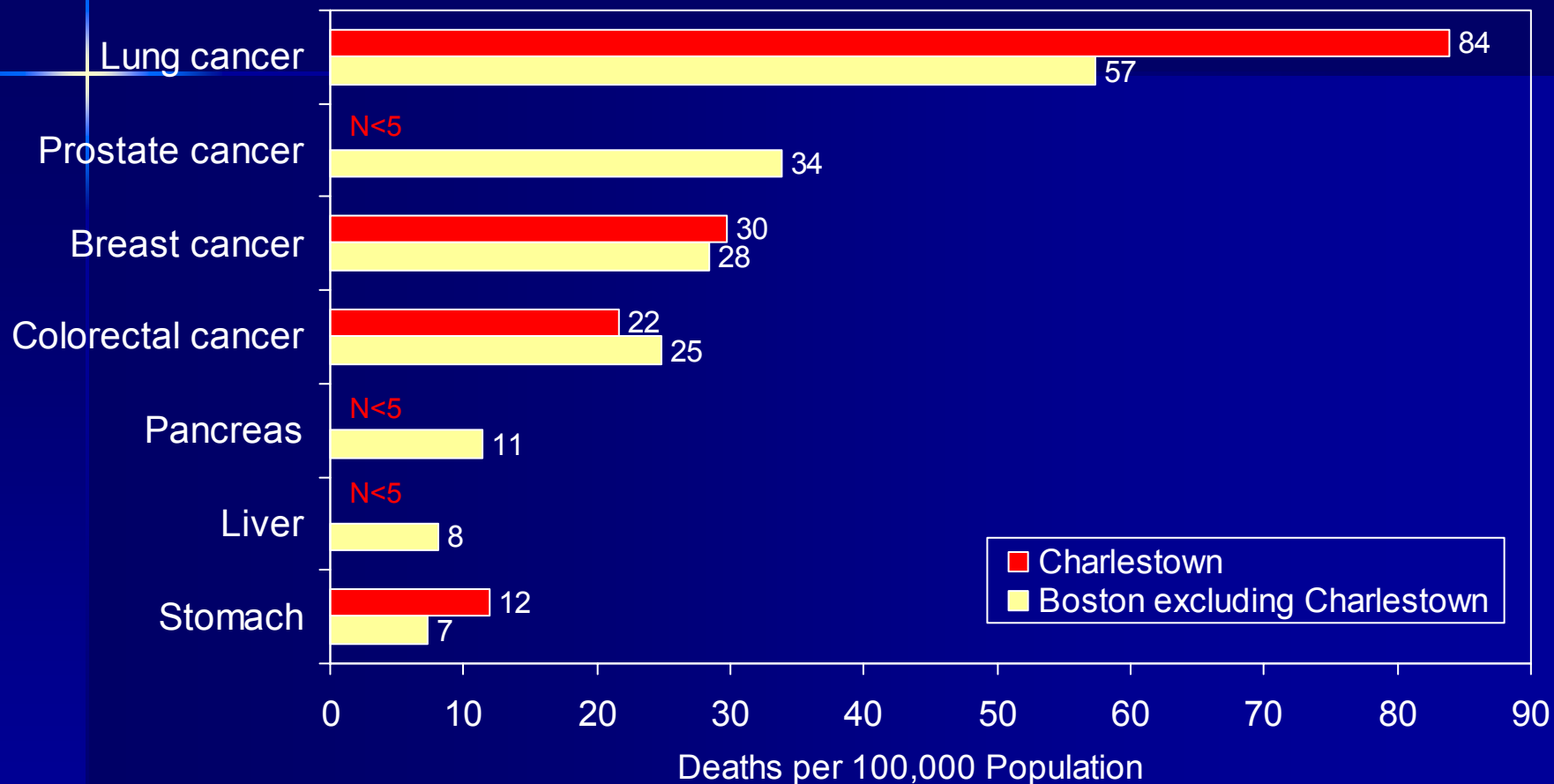


NOTE: Difference between Charlestown and Boston is not statistically significant at $\alpha = .05$.

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

DATA ANALYSIS: Boston Public Health Commission Research Office

Leading Causes of Cancer Mortality: Age-Adjusted Rates, Charlestown and Boston, 2000-2002

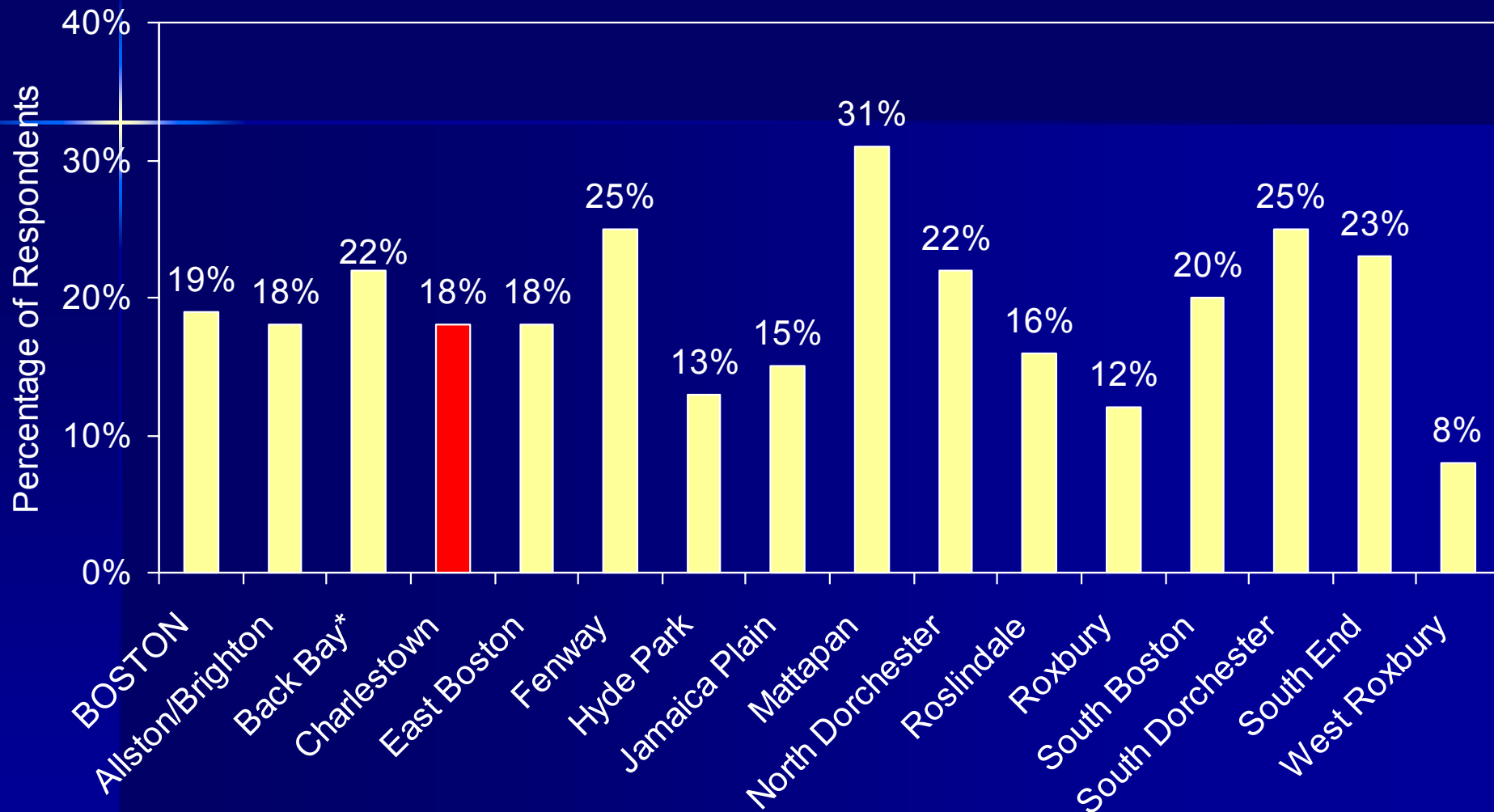


NOTE: Boston excludes Charlestown; differences between Charlestown and Boston are not statistically significant at $\alpha = .05$.

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

DATA ANALYSIS: Boston Public Health Commission Research Office

Adults Who Are Current Smokers by Neighborhood, Boston, 1999-2001

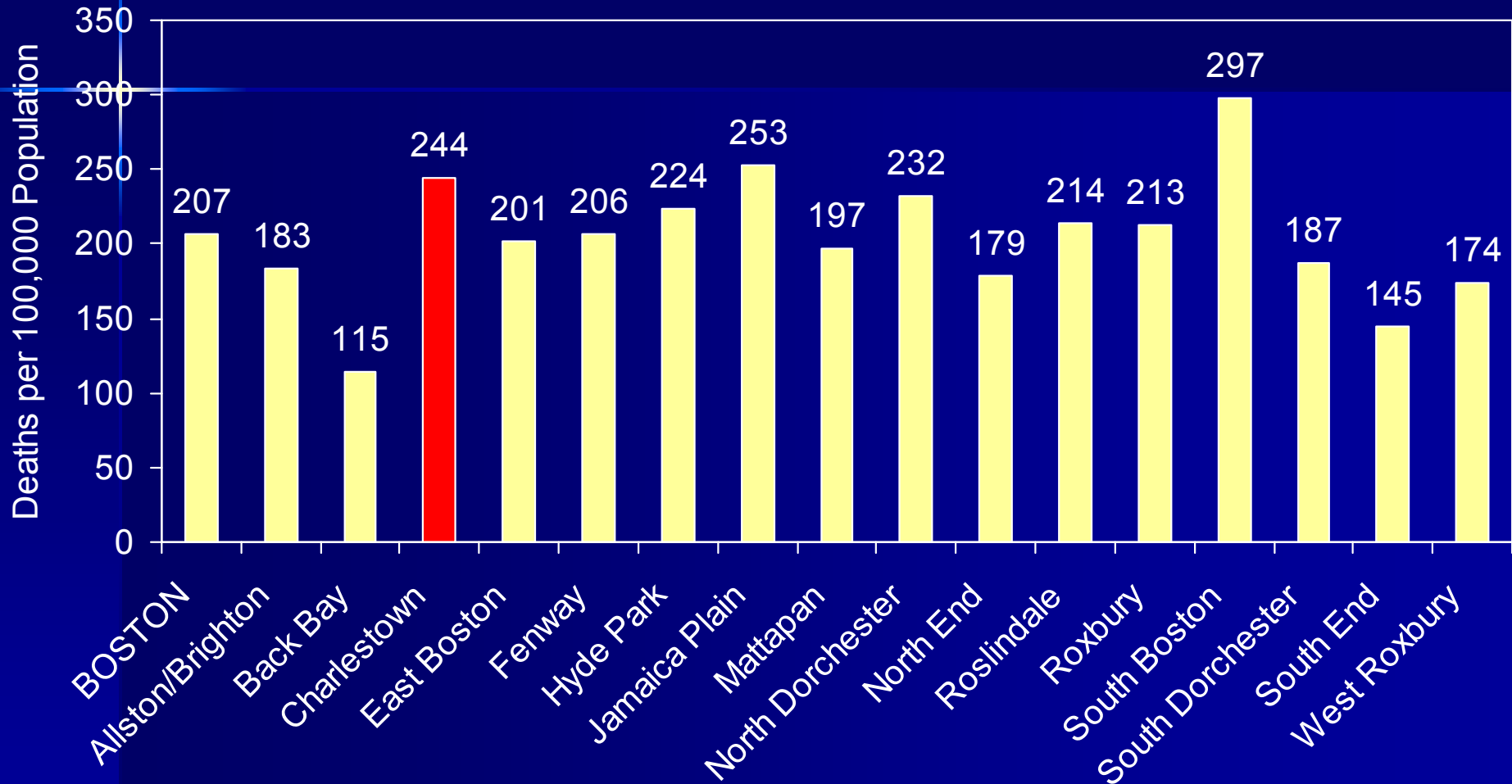


*Includes the North End

DATA SOURCE: Boston resident live births, Massachusetts Department of Public Health

DATA ANALYSIS: Boston Public Health Commission Research Office

Heart Disease Mortality by Neighborhood, Boston, 2000-2002



NOTE: The difference between the Charlestown and Boston rates is not statistically significant at $\alpha = .05$.

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health

DATA ANALYSIS: Boston Public Health Commission Research Office

What Can Be Done About It?

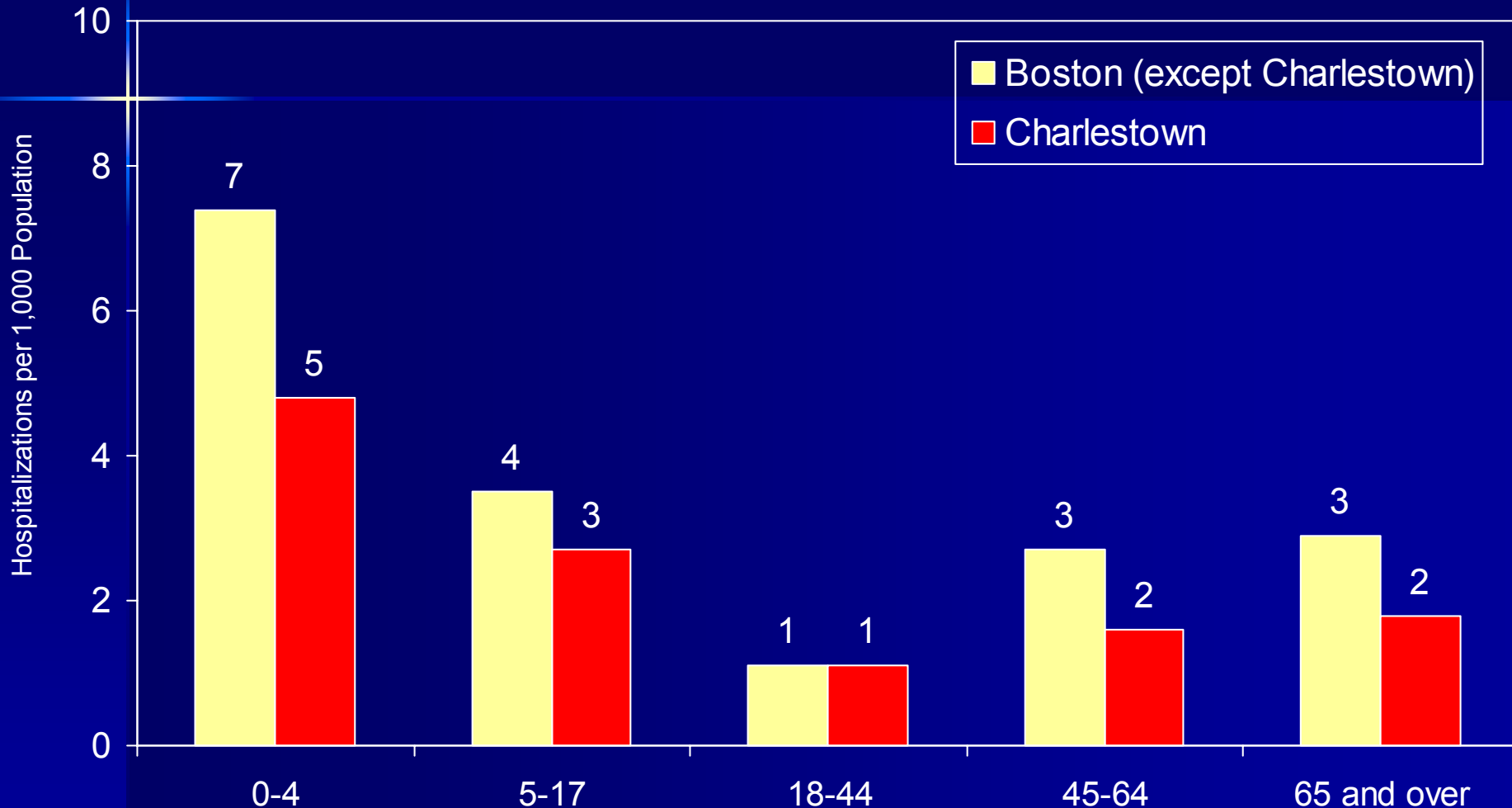
- Don't smoke
- Avoid excessive intake of alcohol
- Maintain a normal weight with exercise and a diet that is low in fat and high in fruits and vegetables
- Avoid excessive sun exposure
- Get regular cancer screening – especially breast, colon, prostate, skin
- Join community efforts to promote health & combat cancer

BPHC Health Initiatives

- **Cancer program** – Screening and education about cancer
- **Steps to a Healthy Boston** – walking groups, smoking cessation
- **Substance Abuse Services** – treatment for alcohol or substance abuse
- **Health Connection Van** – Screening for skin and prostate cancer, education about all forms of cancer
- **Mammography Van** – Screening for breast cancer

ASTHMA

Asthma Hospitalization Rates by Age Boston* and Charlestown, 1998-2002

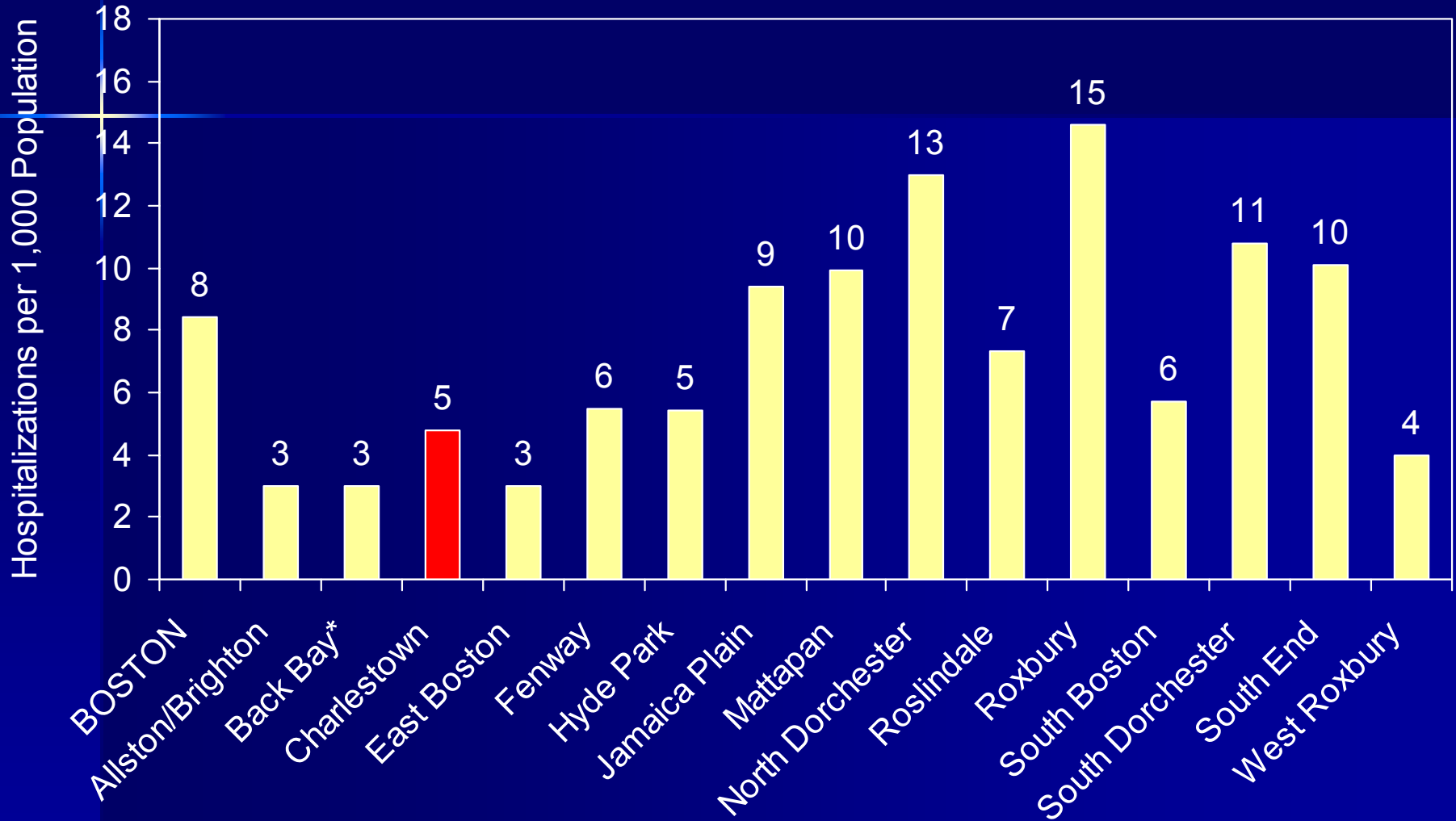


*Excluding Charlestown

DATA SOURCE: Acute Care Hospital Case Mix files, Massachusetts Division of Health Care Finance and Policy

DATA ANALYSIS: Boston Public Health Commission Research Office

Asthma Hospitalizations Among Children Under Age 5 by Neighborhood, Boston, 1998-2002



*Includes the North End

DATA SOURCE: Acute Care Hospital Case Mix files, Massachusetts Division of Health Care Finance and Policy

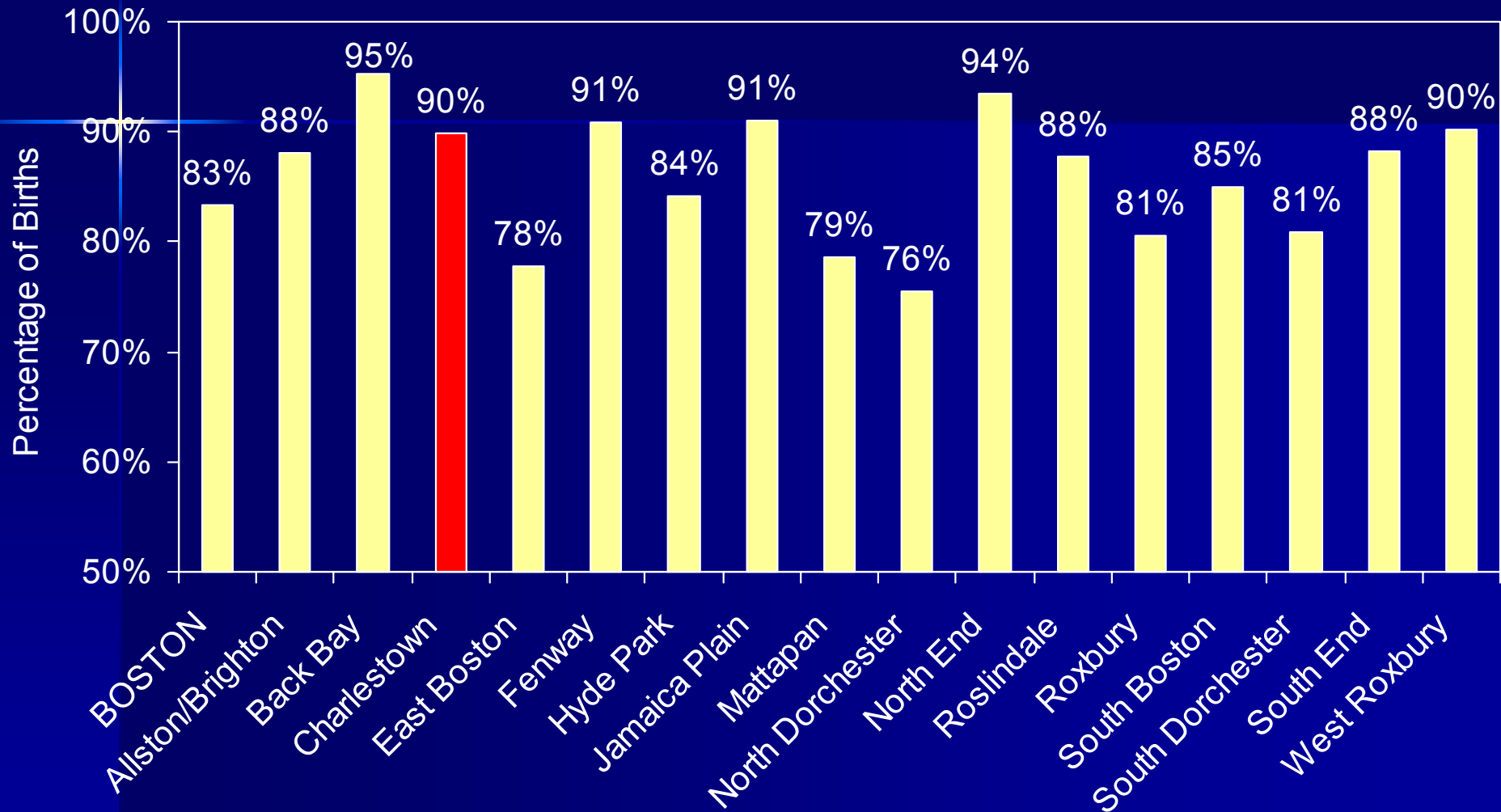
DATA ANALYSIS: Boston Public Health Commission Research Office

What Can Be Done About It?

- Don't smoke and avoid exposure to smoke
- Eliminate pests
- Remove rugs, if possible. If not, use a special dust removing vacuum
- Cover mattresses
- Consider whether pets might be making asthma worse
- Get regular and consistent medical care and try not to run out of medications
- BPHC Asthma Program - Healthy Homes Initiative

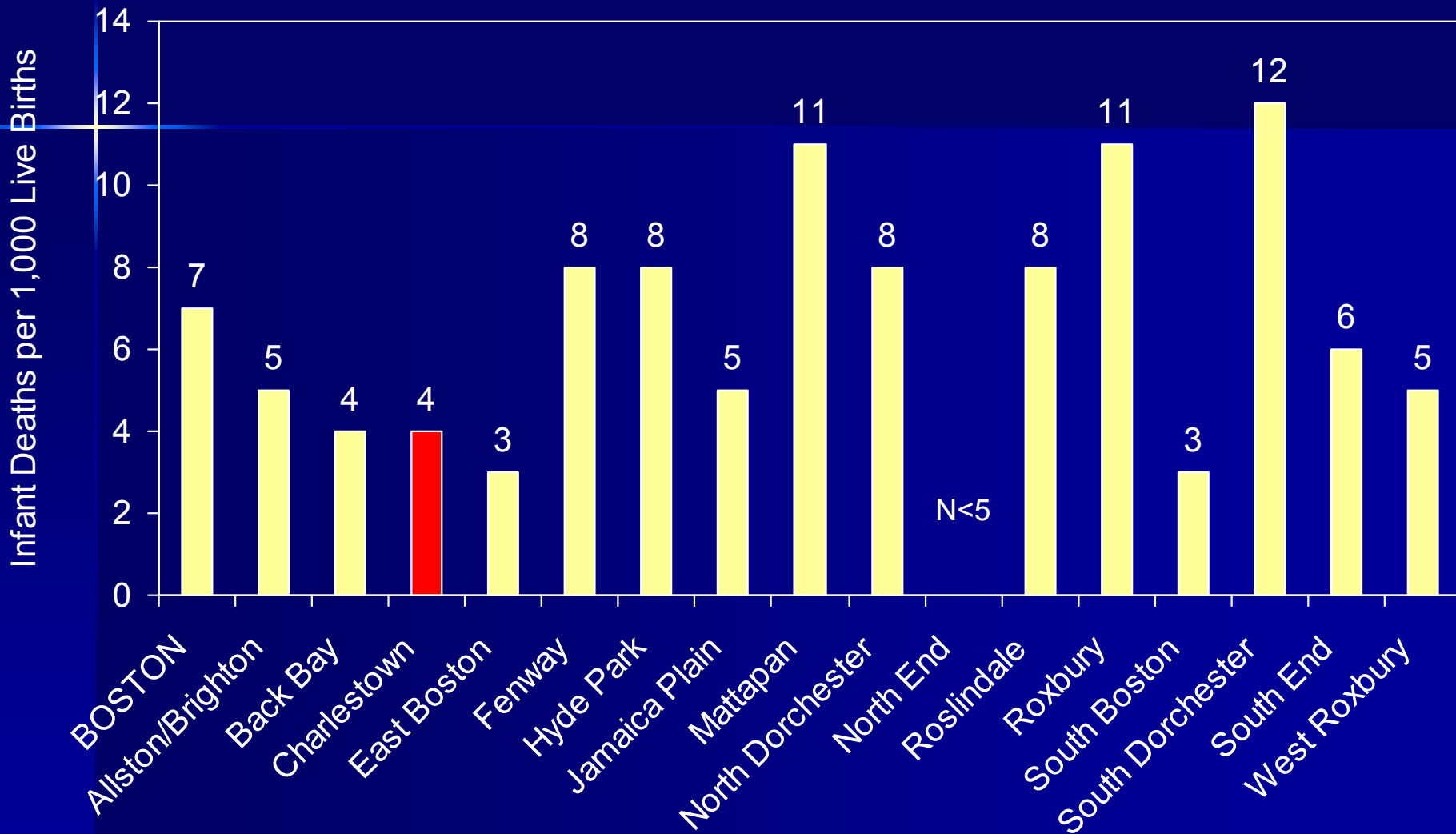
PREMATURITY and INFANT MORTALITY

Adequacy of Prenatal Care by Neighborhood, Boston, 2002



NOTE: Charlestown percentage is significantly different from Boston percentage ($p < .05$)
DATA SOURCE: Boston resident live births, Massachusetts Department of Public Health
DATA ANALYSIS: Boston Public Health Commission Research Office

Infant Mortality by Neighborhood, Boston, 1997-2002



NOTE: Difference between Boston rate and Charlestown rate is not statistically significant at $\alpha = .05$.

DATA SOURCE: Boston resident live births and infant deaths, Massachusetts Department of Public Health

DATA ANALYSIS: Boston Public Health Commission Research Office

Infant Mortality Rates by Race/Ethnicity and Year, Boston, 1992-2002



NOTE: In 2002, the rate for Blacks is significantly higher than the rate for Whites ($p < .05$).

DATA SOURCE: Boston resident deaths and live births, Massachusetts Department of Public Health

DATA ANALYSIS: Boston Public Health Commission Research Office

What Can Be Done About It?

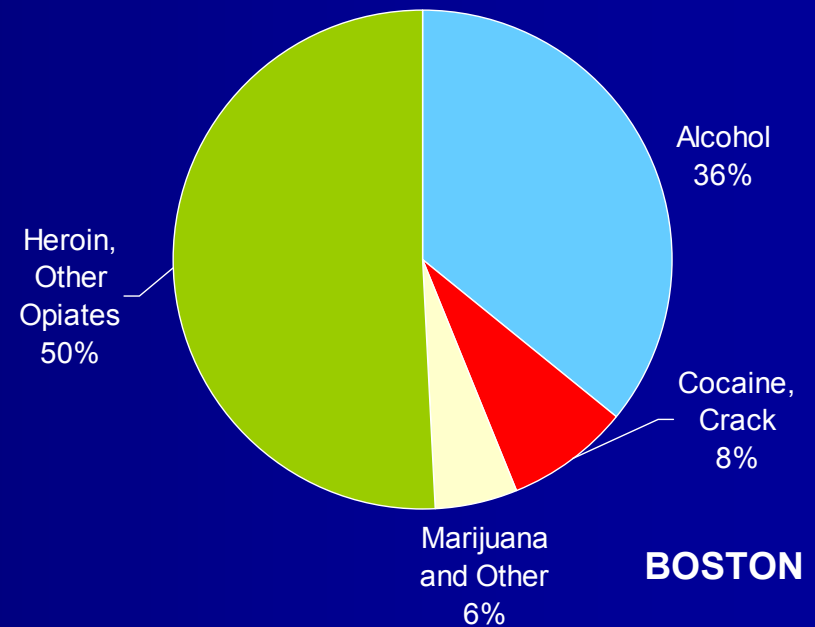
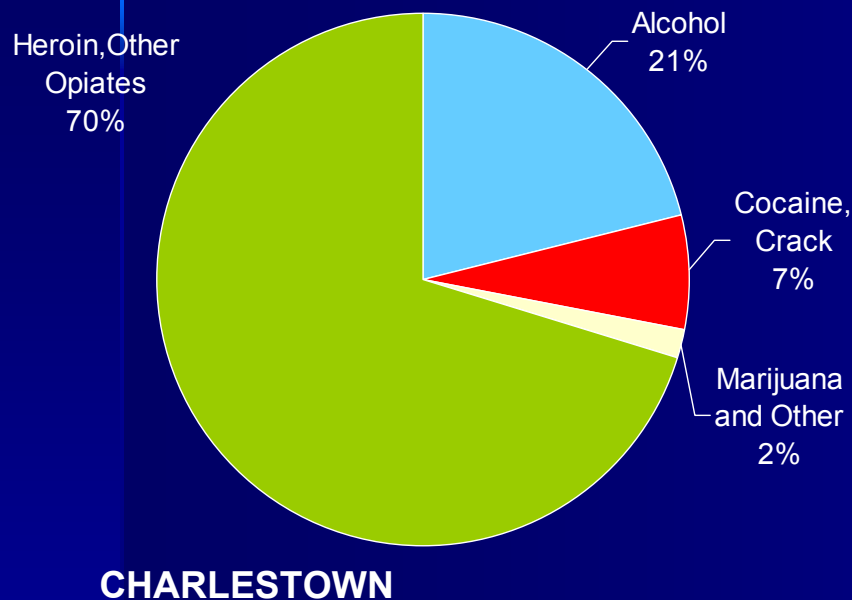
- **Improve the health of women** before they get pregnant
- **Discourage smoking/alcohol use** during pregnancy
- **Good prenatal care** to detect medical problems
- **Substance abuse treatment** for women who have addictions
- **Support** through pregnancy and infant's first year for new mothers
- **Encourage good nutrition** before and during pregnancy
- **Encourage teens to use contraception** and wait until their 20's to get pregnant

BPHC Programs

- **Healthy Baby/Healthy Child**
- **Mayor's Health Line**
- **BAHEC/Youth to Health Careers**
- **Adolescent Wellness Program**
- **Central Intake Unit, (617) 534-5554**

SUBSTANCE ABUSE

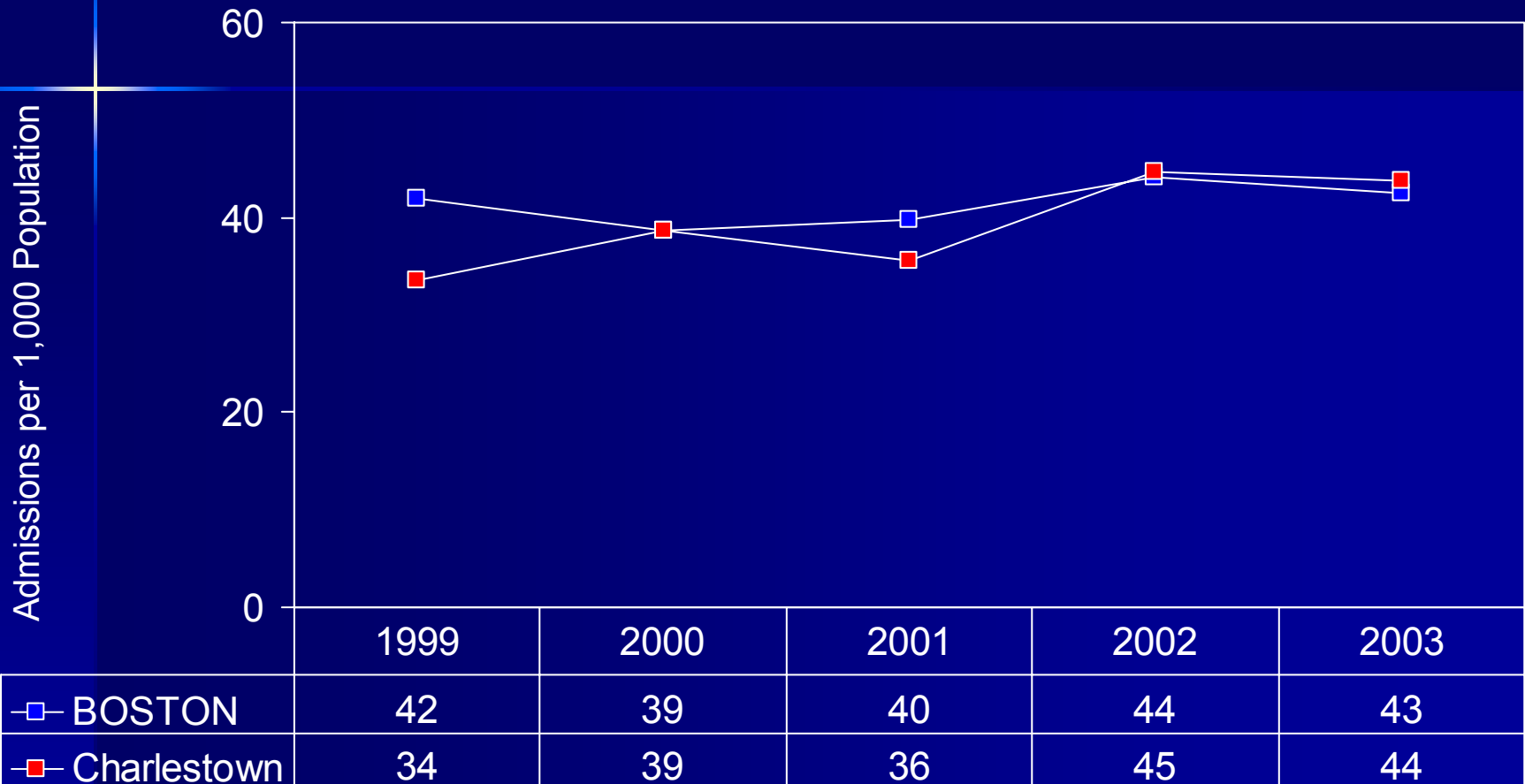
Publicly-Funded Substance Abuse Treatment Admissions by Type of Drug Use, Charlestown and Boston, 2004



DATA SOURCE: Massachusetts Department of Public Health, Bureau of Substance Abuse Services, Substance Abuse Management Information System (SAMIS)

DATA ANALYSIS: Boston Public Health Commission Research Office

Publicly-Funded Substance Abuse Treatment Admission Rates* by Year, Boston and Charlestown 1999-2003

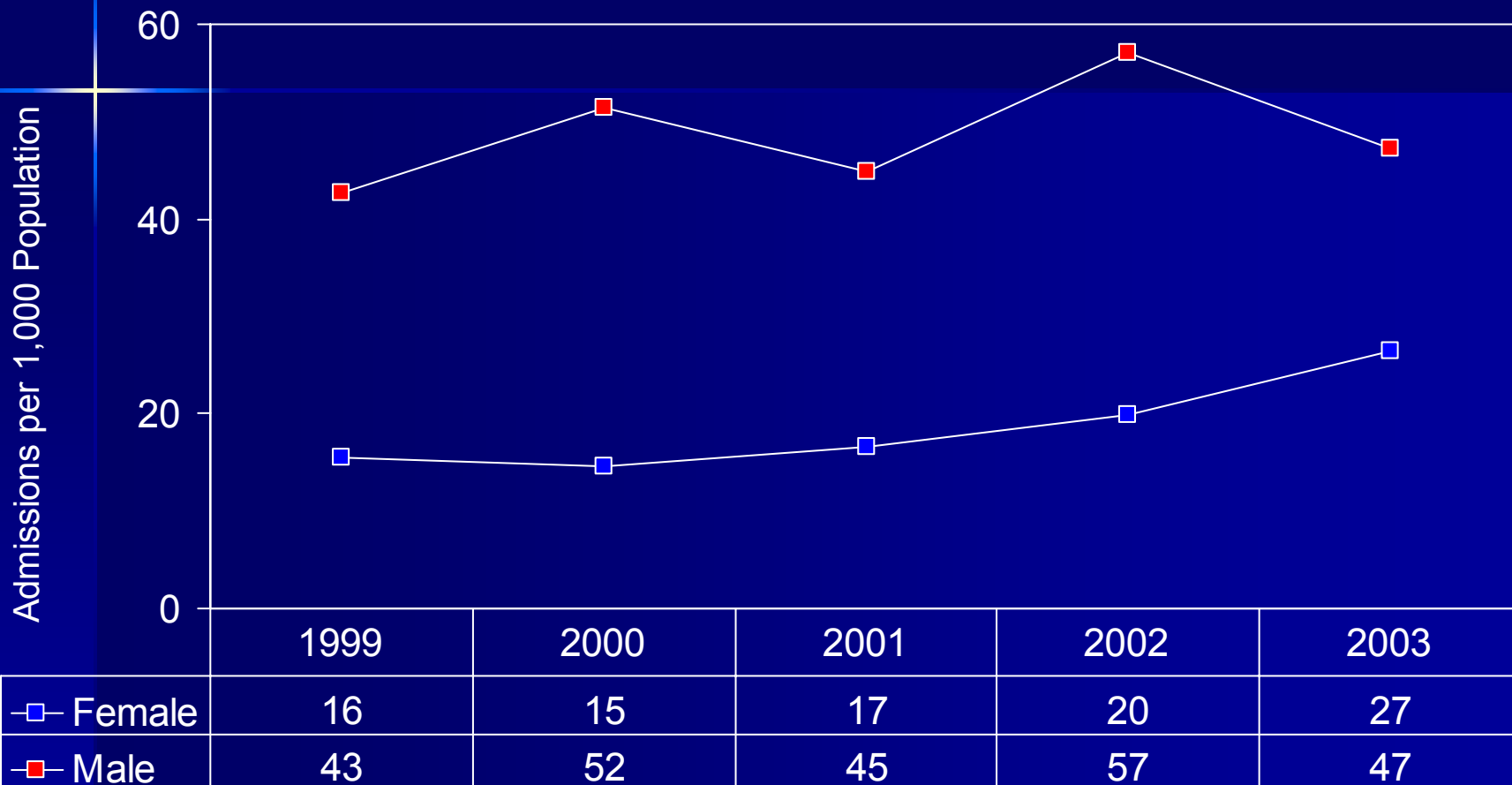


* Age-specific rates for adult population (ages 18+)

DATA SOURCE: Massachusetts Department of Public Health, Bureau of Substance Abuse Services, Substance Abuse Management Information System (SAMIS)

DATA ANALYSIS: Boston Public Health Commission Research Office

Publicly-Funded Substance Abuse Treatment Admission Rates by Gender and Year, Charlestown 1999-2003



DATA SOURCE: Massachusetts Department of Public Health, Bureau of Substance Abuse Services, Substance Abuse Management Information System (SAMIS)

DATA ANALYSIS: Boston Public Health Commission Research Office

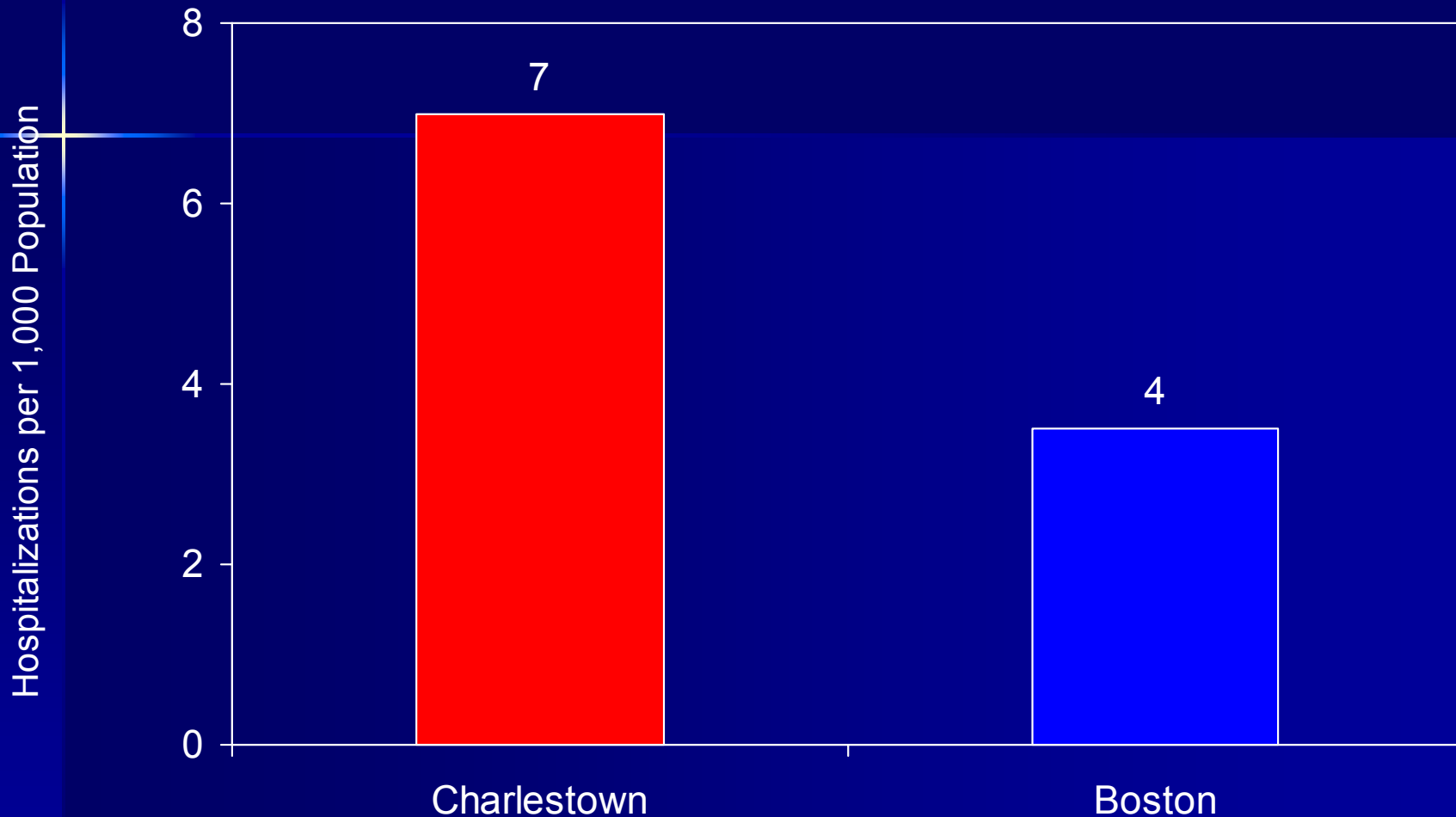
Publicly-Funded Substance Abuse Treatment Admission Rates by Age Group and Year, Charlestown 1999-2003



DATA SOURCE: Massachusetts Department of Public Health, Bureau of Substance Abuse Services, Substance Abuse Management Information System (SAMIS)

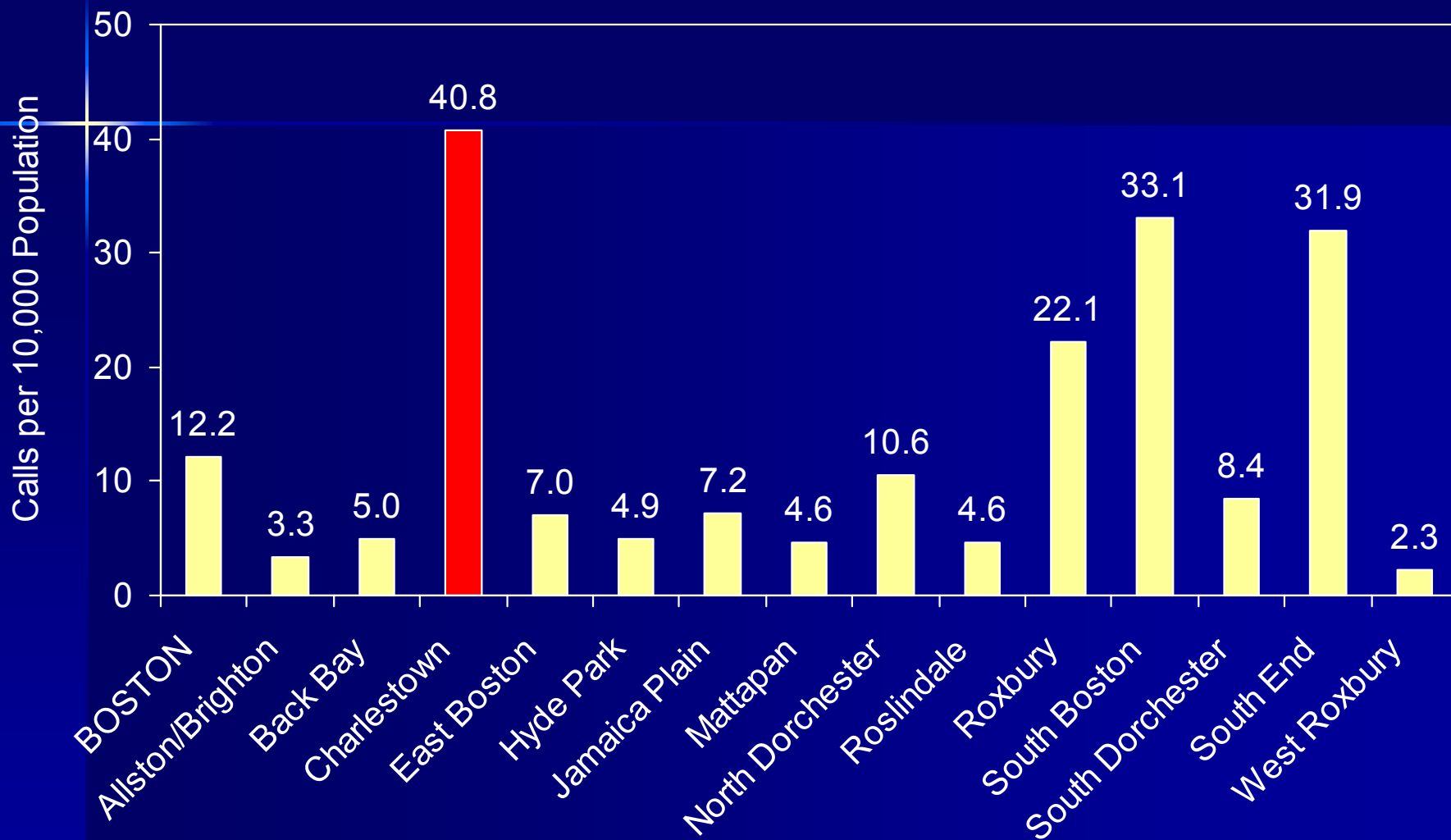
DATA ANALYSIS: Boston Public Health Commission Research Office

Drug Abuse Hospitalizations, Charlestown and Boston, 1998-2002



DATA SOURCE: Acute Care Hospital Case Mix files, Massachusetts Division of Health Care Finance and Policy
DATA ANALYSIS: Boston Public Health Commission Research Office

EMS Heroin Overdose Calls by Neighborhood, Boston, 2003



NOTE: A heroin overdose call requires at least two of the following: pinpoint pupils, nodding off, track marks, drug paraphernalia, patient admission, depressed respiratory effort, witness report, or effective naran administration.

DATA SOURCE: Boston Emergency Medical Services (BEMS),

GRAPHICS: Boston Public Health Commission Research Office.

What Can Be Done About Substance Abuse?

- Charlestown Substance Abuse Task Force
- Substance Abuse Services Central Intake
- Entre Familia/Moms Project – programs for women in recovery
- Advocate for increased state funding for substance abuse treatment programs