Community Meetings 2006

Health Status Report for South Dorchester
April 25, 2006
Presented by the
Boston Public Health Commission



Boston Neighborhoods



The Challenges in Understanding Health in Dorchester-Number 1

- Dorchester is not one or two neighborhoods-but several distinct ones
- Some have names and distinct "corners" or "squares"
- Others are more vague "areas"
- None have clear boundaries

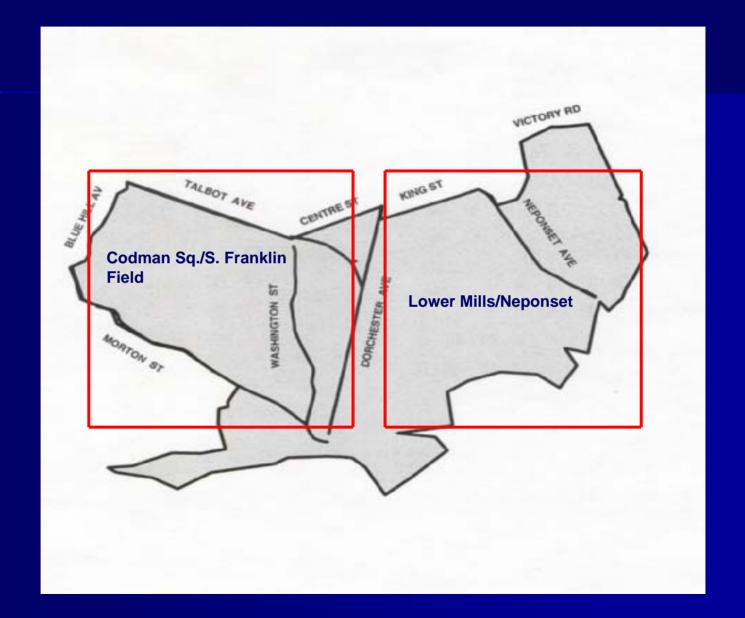
The Challenges in Understanding Health in Dorchester –Number 2

- Health data is collected and analyzed in different ways that may not match the notions of a neighborhood
- Meaningful analysis requires that the number of cases is large enoughrequiring enlarging the neighborhood boundaries

The Challenges in Understanding Health in Dorchester-Number 3

- No matter what we choose as neighborhoods, we can't get it completely right
- For this report, we settle on dividing Dorchester into North and South & dividing South Dorchester into east and west
- More or less, a) Codman Square/Franklin Field and b) Lower Mills/Neponset

South Dorchester



Lower Mills/Neponset and Codman Square/S. Franklin Field At a Glance: Key Population Characteristics

Population:

- In 2000, the population of South Dorchester was 45,291 residents
- 21,753 residents lived in the Lower Mills/Neponset area of South Dorchester
- 23,538 residents lived in the Codman Square/S. Franklin Field area
- Income Levels: According to the 2000 U.S. Census, the median household income for
 - Lower Mills/Neponset residents ranges from \$41,848 to \$47,109
 - Codman Square/S. Franklin Field \$23,524 to \$41,268

Key Population Characteristics, continued

- Primary Language: English is the primary language spoken at home by about 78% of Lower Mills/Neponset residents, Vietnamese by 6%, Spanish or Spanish Creole by 5%, and French Creole by 4%
- English is the primary language spoken by 68% of Codman Square/S. Franklin Field residents (similar to Boston), Spanish or Spanish Creole by 12%, French Creole by 10%, and Vietnamese and Portuguese or Portuguese Creole by about 3%

Population by Age Group, 2000

Age	Boston overall	Lower Mills/Neponset	Codman Square/S.
			Franklin Field
0-17	20%	22%	33%
18-24	16%	9%	10%
25-44	36%	35%	31%
45-64	18%	20%	20%
65+	10%	14%	7%

Racial and Ethnic Makeup, 2000

Race	Boston Overall	South Dorchester Overall	Lower Mills/Neponset	Codman Square/S. Franklin Field
Asian	8%	6%	8%	4%
Black	23%	48%	23%	66%
Latino	14%	8%	4%	13%
White	49%	33%	60%	10%
2 or More Races	3%	4%	3%	5%
Other Race	2%	1%	1%	3%

Key Population Characteristics, continued: of those who are foreign-born

	Lower Mills/Neponset		Codman Square/S. Franklin Field
Caribbean:	34%	Caribbean:	63%
Haiti	18%	Haiti	23%
Jamaica	7%	Jamaica	14%
Other	9%	Trinidad &	8%
Caribbean		Tobago	
countries			
Europe:	24%	Africa:	13%
Ireland	16%	Western	11%
		Africa	
Other European	18%	Other African	2%
countries		countries	

DATA SOURCE: U.S. Department of Commerce, Bureau of the Census, American FactFinder, Census 2000 DATA ANALYSIS: Boston Public Health Commission Research Office

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

- Overweight & Obesity
- Cancer (Breast, Prostate)
- Asthma
- Prematurity and Low Birthweight
- HIV/AIDS
- Substance Abuse
- Violence

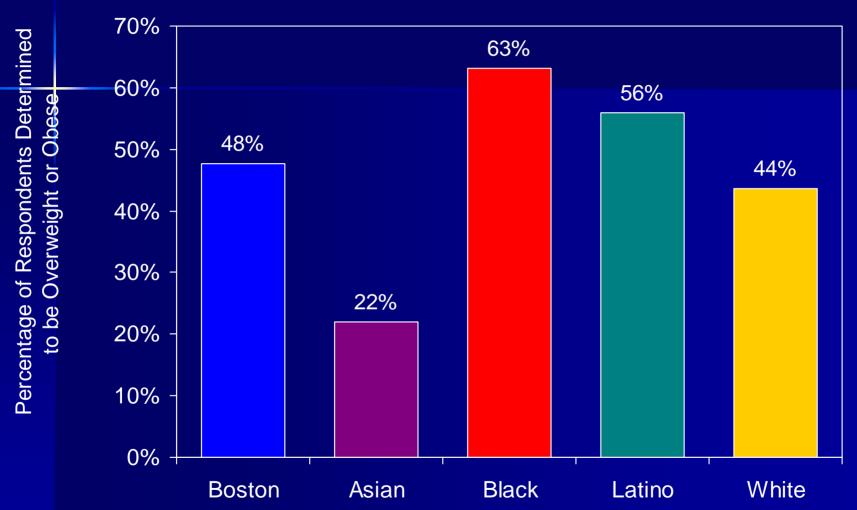
Overweight & Obesity



What Health Problems Does Excess Weight Increase the Risk of Getting or Worsen?

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

Boston Adults Who Are Overweight or Obese by Race/Ethnicity, Boston, 1999, 2001, and 2003*

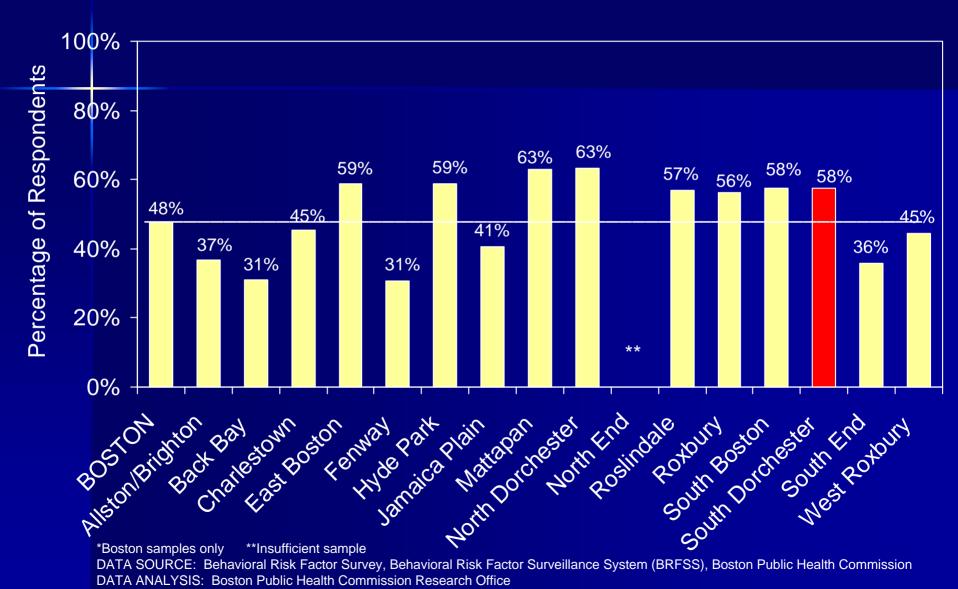


^{*}Boston samples only

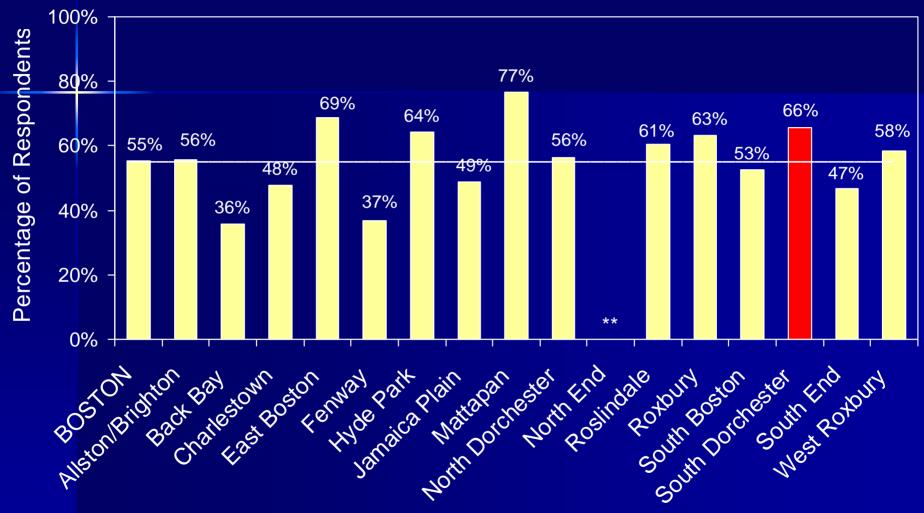
NOTE: The term "obesity" refers to all levels of excess weight combined.

DATA SOURCE: Behavioral Risk Factor Survey, Behavioral Risk Factor Surveillance System (BRFSS), Boston Public Health Commission DATA ANALYSIS: Boston Public Health Commission Research Office

Adults Who Are Overweight or Obese by Neighborhood, Boston, 1999, 2001, and 2003*



Inadequate Physical Activity by Neighborhood Boston, 2001 and 2003*



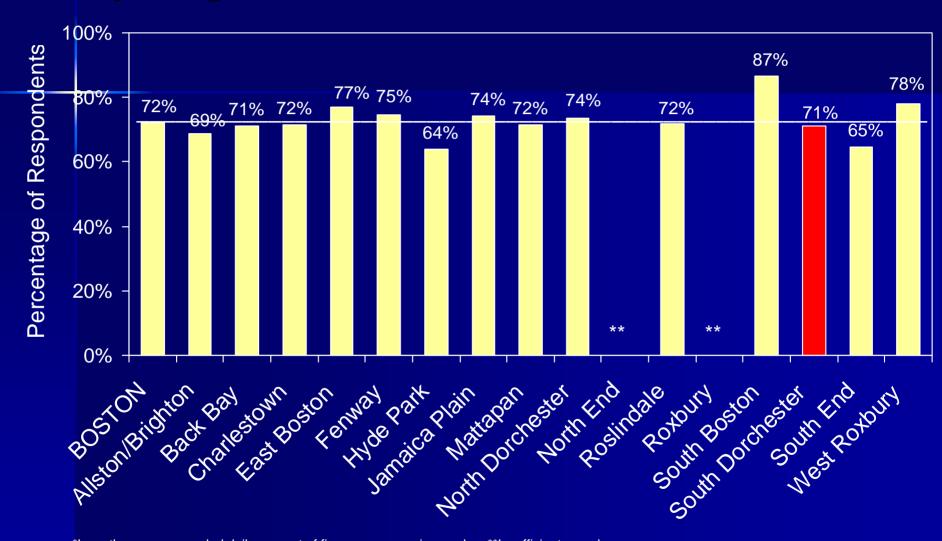
*Boston samples only **Insufficient sample

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), Boston Public Health Commission

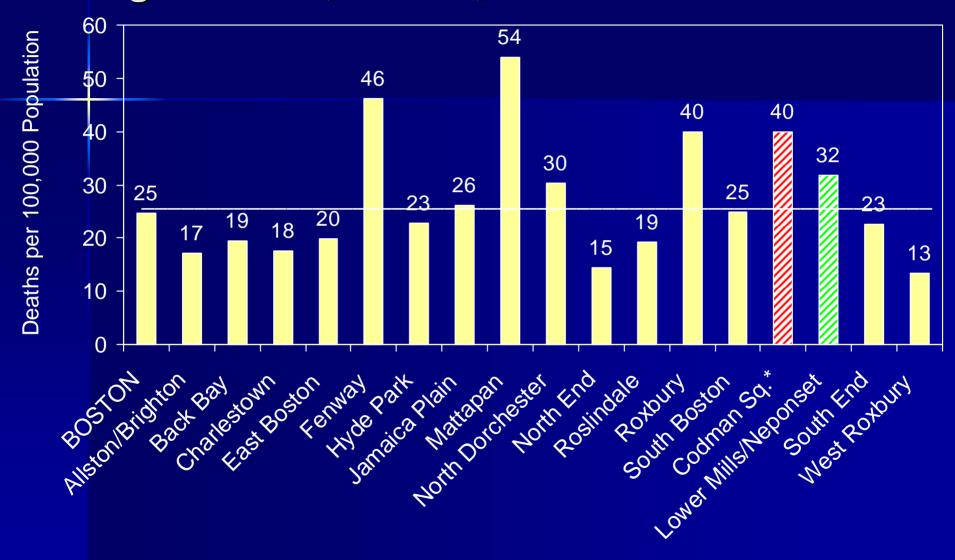
DATA ANALYSIS: Boston Public Health Commission Research Office

Inadequate Fruit and Vegetable Consumption* by Neighborhood, Boston, 2003

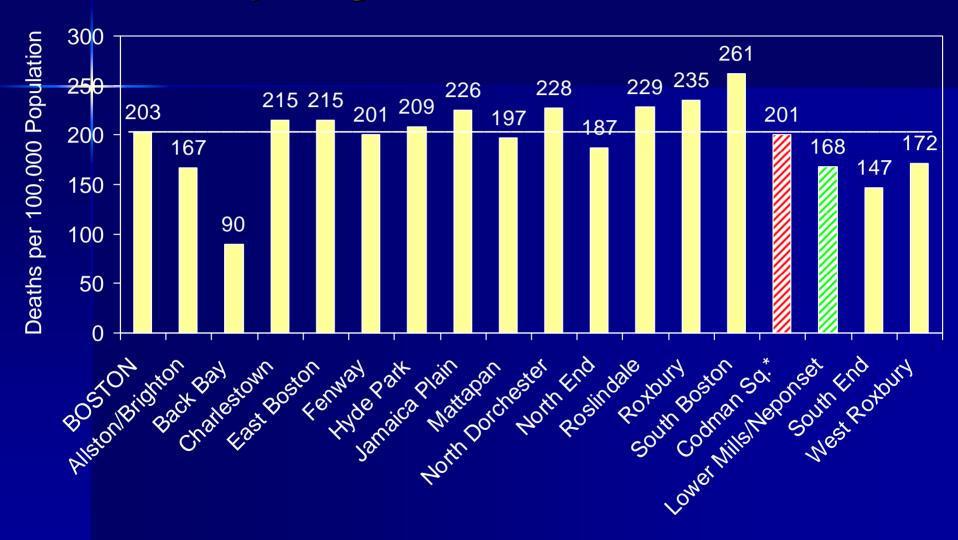


*Less than recommended daily amount of five or more servings a day. **Insufficient sample
DATA SOURCE: Behavioral Risk Factor Survey, Behavioral Risk Factor Surveillance System (BRFSS), Boston Public Health Commission
DATA ANALYSIS: Boston Public Health Commission Research Office

Diabetes Mortality: Age-Adjusted Rates by Neighborhood, Boston, 2001-2003



Heart Disease Mortality: Age-Adjusted Rates by Neighborhood, Boston, 2001-2003



What Can You Do to Reduce the Risk of Becoming Overweight or Obese?

- Focus on eating healthy foods
- Avoid sugary sodas, snack foods
- Reduce portion sizes and eat smaller, more frequent meals
- Try to exercise daily
- Talk to your primary care doctor
- Participate in the Boston Steps Program

South Dorchester NeighborWalk



- Boston Urban Asthma Coalition
- Codman Square Neighborhood Council
- Dorchester House Multi-Service Center
- Dorchester Nazarene Compassionate Center
- Franklin Field Franklin Hill Dorchester Healthy Boston Coalition
- Franklin Field Tenant Task Force
- Kit Clark Senior Services
- Little Zion Church
- Metropolitan Baptist Church

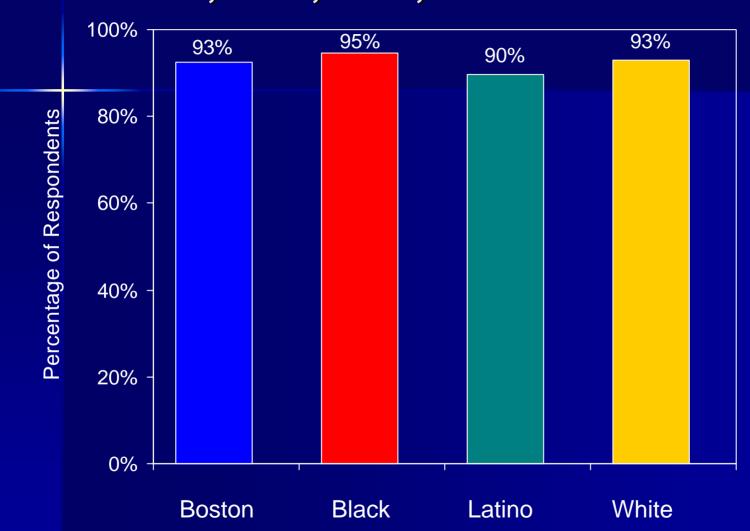
BREAST CANCER



What Increases the Chances of Getting Breast Cancer?

- Age (chance increases with age)
- Excessive alcohol intake
- Family history
- Postmenopausal hormone use
- Physical inactivity
- Obesity
- Environmental factors

Ever Had a Mammogram* by Race/Ethnicity Boston, 1999, 2001, and 2003**

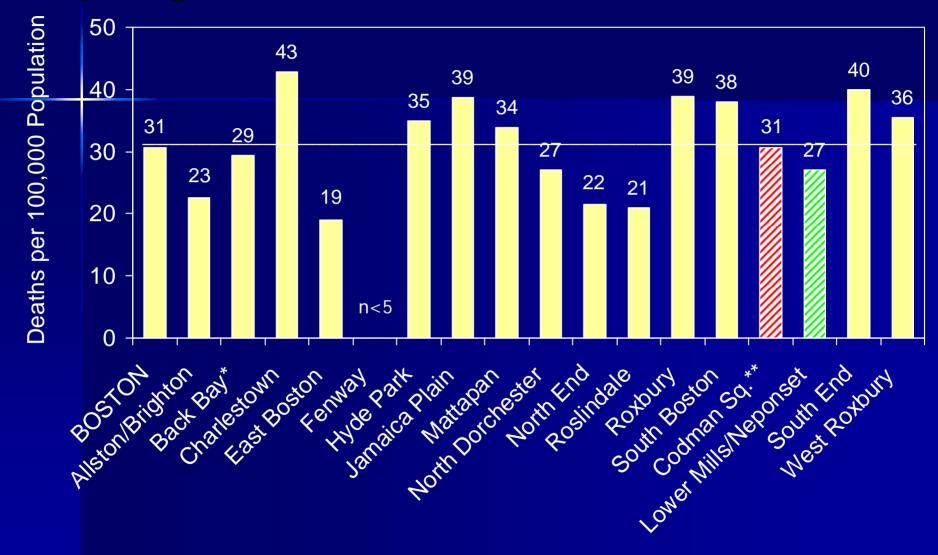


^{*}Women Ages 40 and over

DATA SOURCE: Behavioral Risk Factor Survey, Behavioral Risk Factor Surveillance System (BRFSS), Boston Public Health Commission DATA ANALYSIS: Boston Public Health Commission Research Office

^{**}Boston samples only

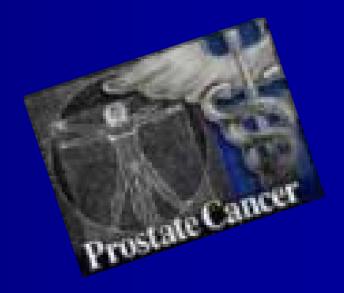
Breast Cancer Mortality: Age-Adjusted Rates by Neighborhood, Boston, 2001-2003



Pink and Black Campaign



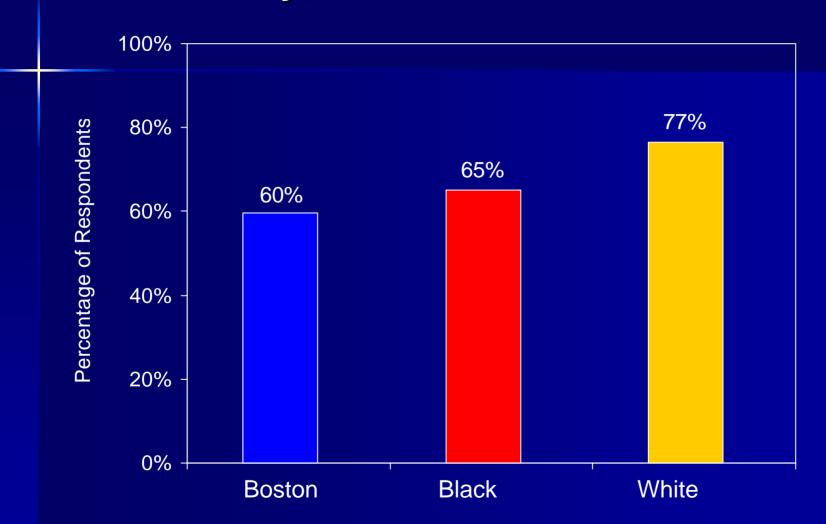
PROSTATE CANCER



What Increases the Chances of Getting Prostate Cancer?

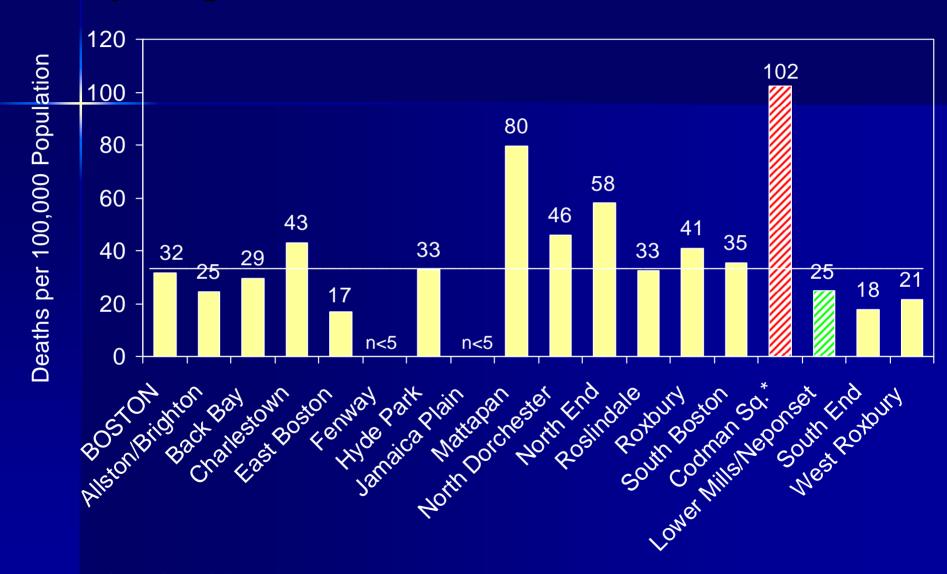
- Age (chance increases with age, especially after age 50)
- Race
- Family history
- Diet rich in animal fat, meat, and high-fat dairy products
- Physical inactivity

Ever Had PSA Test for Prostate Cancer* by Race/Ethnicity, Boston, 1999, 2001, and 2003**



^{*}Ages 40 and over for Black men and ages 50 and over for White men **Boston samples only DATA SOURCE: Behavioral Risk Factor Survey, Behavioral Risk Factor Surveillance System (BRFSS), Boston Public Health Commission DATA ANALYSIS: Boston Public Health Commission Research Office

Prostate Cancer Mortality: Age-Adjusted Rates by Neighborhood, Boston, 2001-2003



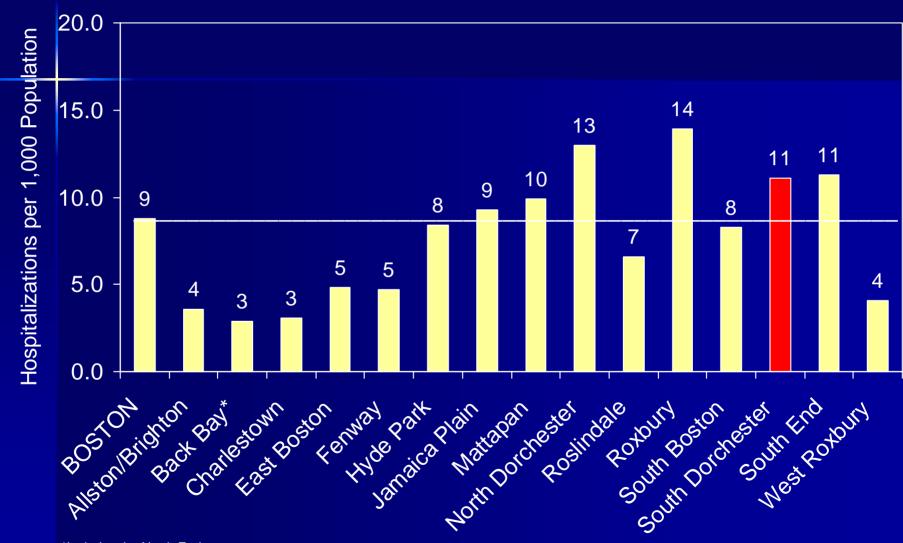
What Can You Do to Reduce the Risk of Prostate Cancer?

- Get regular check-ups with your doctor/provider
- Discuss when it is best to obtain the PSA screening test
- Join community efforts to promote health & combat cancer

ASTHMA



Asthma Hospitalizations Among Children Under Age 5 by Neighborhood, Boston, 2000-2004



*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 Asthma?

- 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

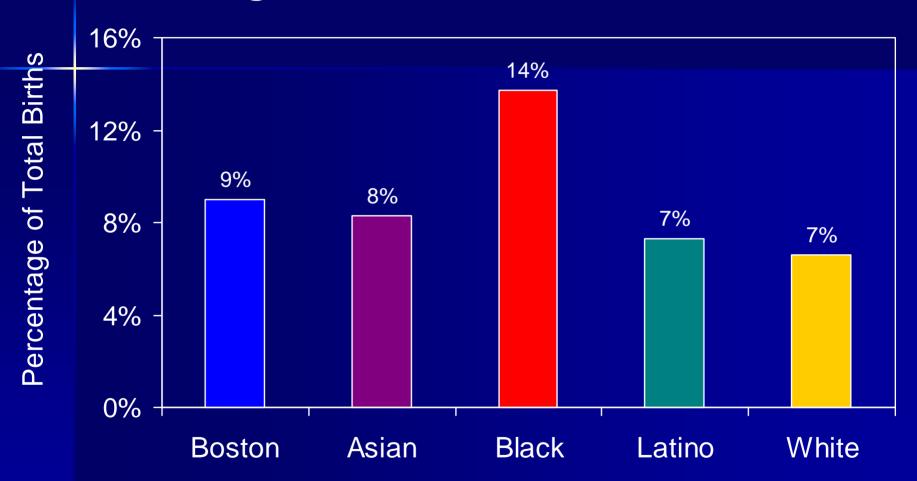
PREMATURITY and LOW BIRTHWEIGHT



What Increases the Chances of Prematurity?

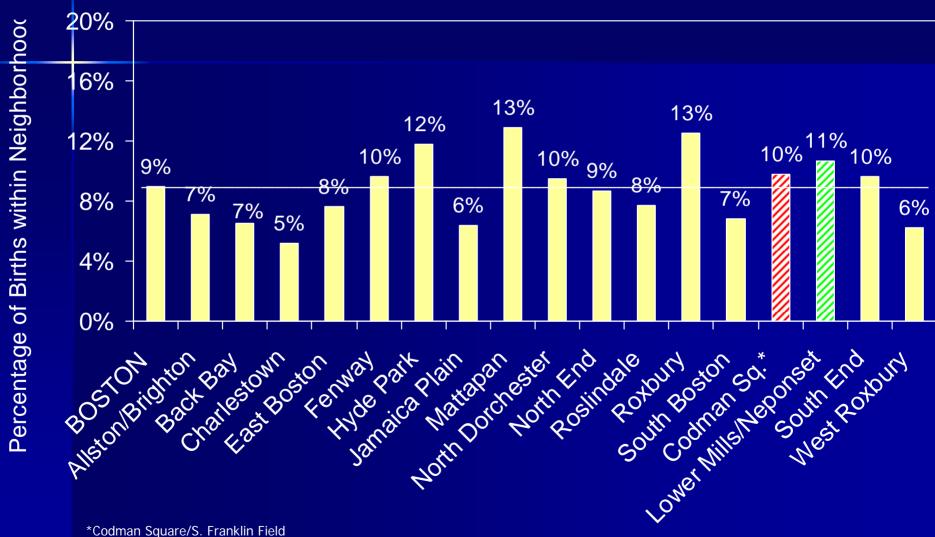
- Late or no prenatal care
- Multiple births (having twins, triplets or more) during one pregnancy
- Substance use: tobacco, alcohol and other drugs
- Previous premature birth
- Health of the mother prior to pregnancy
- Domestic violence
- Age of Mother

Low Birthweight by Race/Ethnicity: Percentages of Births, Boston, 2003



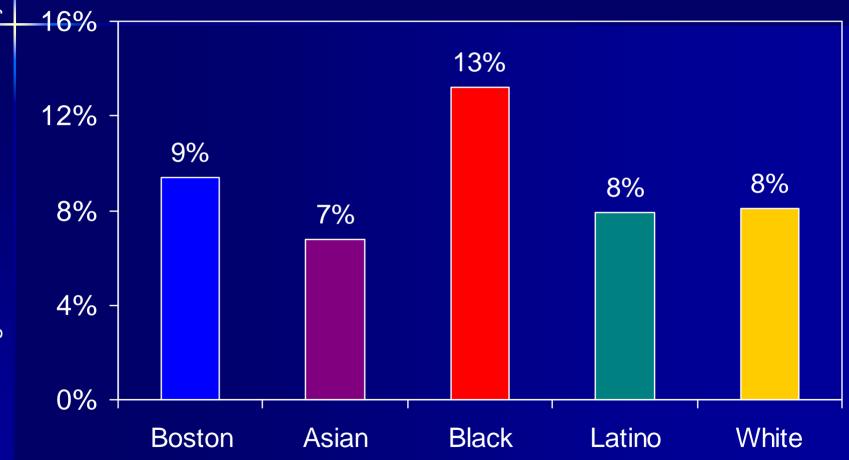
DATA SOURCE: Boston resident live births, Massachusetts Department of Public Health DATA ANALYSIS: Boston Public Health Commission Research Office

Low Birthweight by Neighborhood: Percentages of Births, Boston, 2003

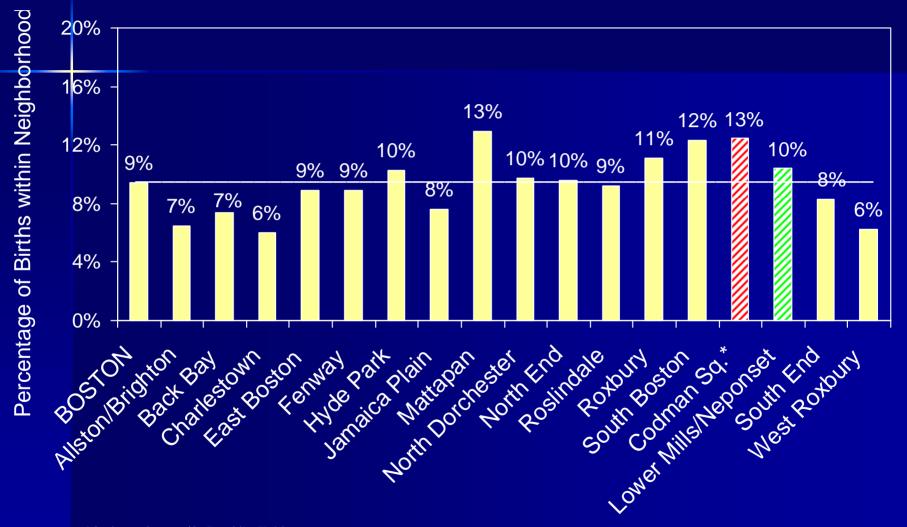


DATA SOURCE: Boston resident live births, Massachusetts Department of Public Health DATA ANALYSIS: Boston Public Health Commission Research Office

Premature Births by Race/Ethnicity: Percentages of Births, Boston, 2003



Premature Births by Neighborhood: Percentages of Births, Boston, 2003



*Codman Square/S. Franklin Field
DATA SOURCE: Boston resident live births, Massachusetts Department of Public Health
DATA ANALYSIS: Boston Public Health Commission Research Office

What Can Be Done to Prevent Prematurity and Low Birthweight?

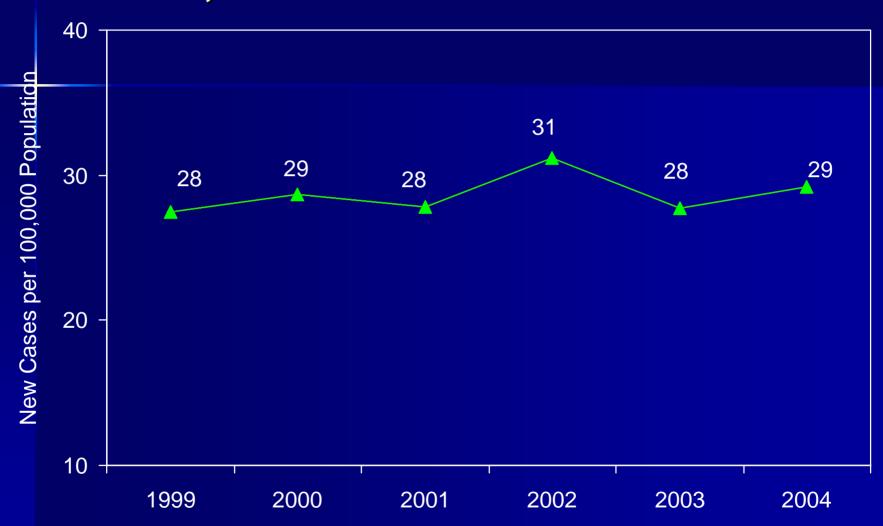
- Improve the health of women before they get pregnant
- Discourage smoking/alcohol use during pregnancy
- Increase access to good prenatal care to detect medical problems
- Provide substance abuse treatment for women who have addictions
- Give support through pregnancy and infant's first year for new 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
- Boston Healthy Start Initiative
- Mayor's Health Line
- BAHEC/Youth to Health Careers
- Adolescent Wellness Program
- Central Intake Unit, (617) 534-5554

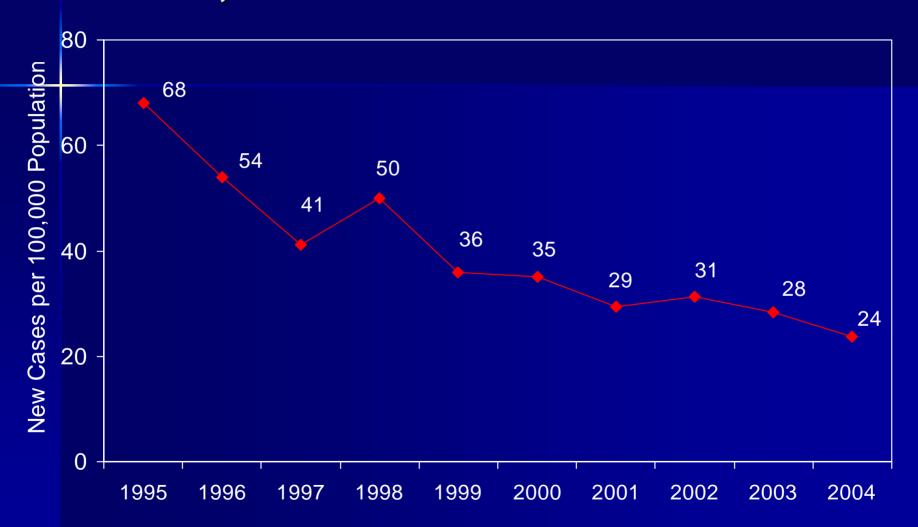


HIV Incidence Rates by Year Boston, 1999-2004



NOTE: These data do not include people with AIDS or inmates of correctional facilities in Boston DATA SOURCE: Massachusetts Department of Public Health HIV/AIDS Surveillance Program DATA ANALYSIS: Boston Public Health Commission Research Office

AIDS Incidence Rates by Year Boston, 1995-2004

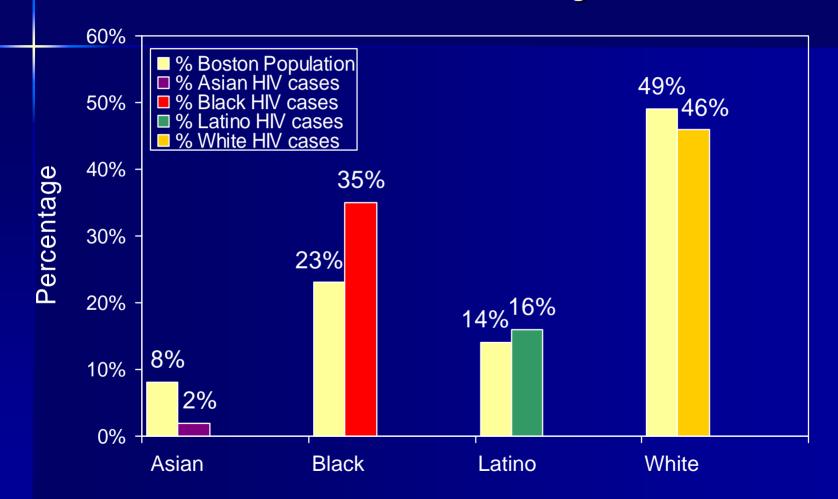


NOTE: Inmates of correctional facilities in Boston are not included in these data.

DATA SOURCE: Massachusetts Department of Public Health HIV/AIDS Surveillance Program

DATA ANALYSIS: Boston Public Health Commission Research Office

HIV Cases and Boston Population by Race/Ethnicity: Percentage Distribution, Boston, as of January 1, 2006

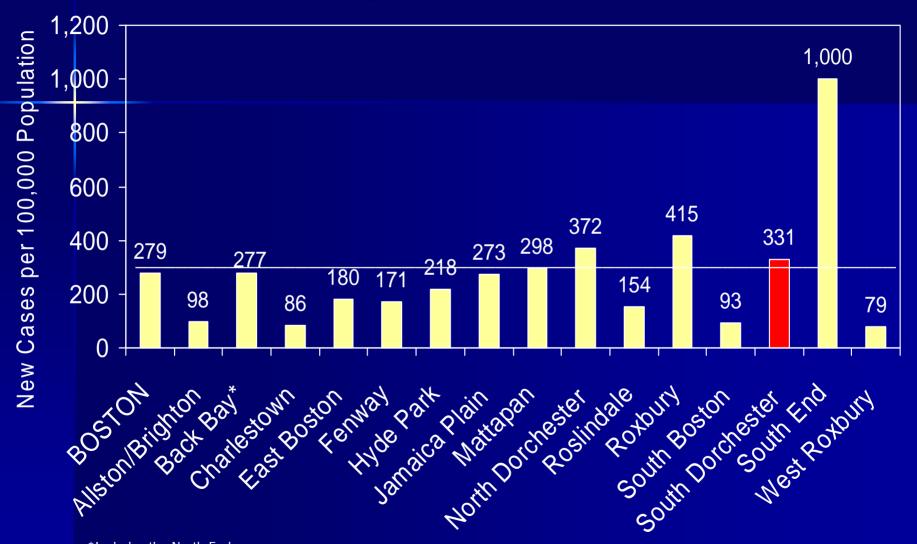


NOTES: The data shown do not include persons of Other or Unknown race/ethnicity. Also excluded are those with HIV who have subsequently progressed to AIDS or inmates of Boston correctional facilities.

DATA SOURCE: Massachusetts Department of Public Health HIV/AIDS Surveillance Program

DATA ANALYSIS: Boston Public Health Commission Research Office

HIV/AIDS Cases by Neighborhood: Cumulative Incidence Rates, Boston, 2000-2005



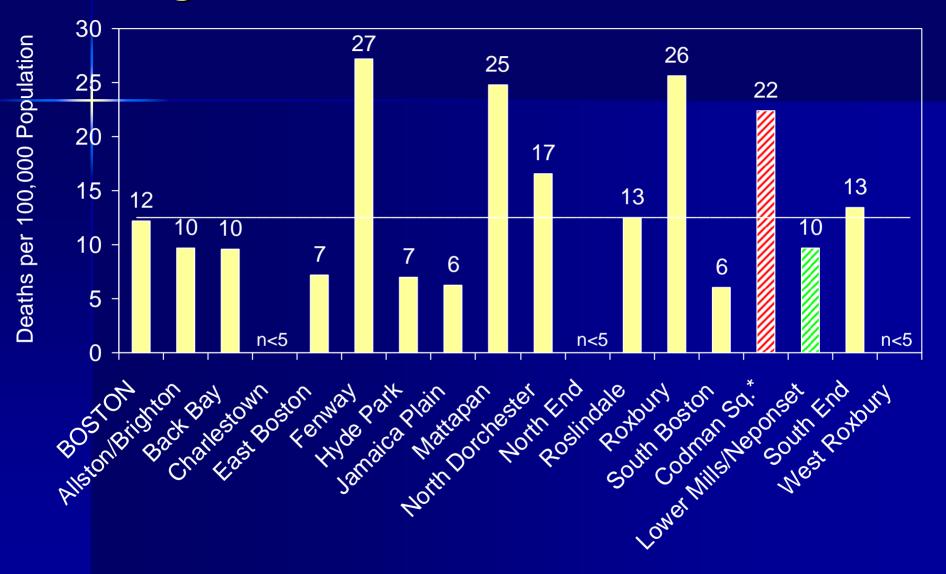
^{*}Includes the North End

NOTES: Data shown in chart do not include those who are homeless or persons whose neighborhood of residence is unknown, except for Boston overall. Also excluded are inmates of Boston correctional facilities.

DATA SOURCE: Massachusetts Department of Public Health HIV/AIDS Surveillance Program

DATA ANALYSIS: Boston Public Health Commission Research Office

HIV/AIDS Mortality: Age-Adjusted Rates by Neighborhood, Boston, 2001-2003



What Can Be Done To Prevent HIV/AIDS?

- Before having sex, educate yourself
- If you do have sex, do it safely:
 - Talk with your partner and know their sexual history
 - Use a latex condom every time you have anal, vaginal, or oral sex
 - Never reuse condoms
- Don't share needles and syringes used for injecting drugs or for body piercing or tattooing
- Talk to your health care provider about the risk of HIV infection and whether you should be tested

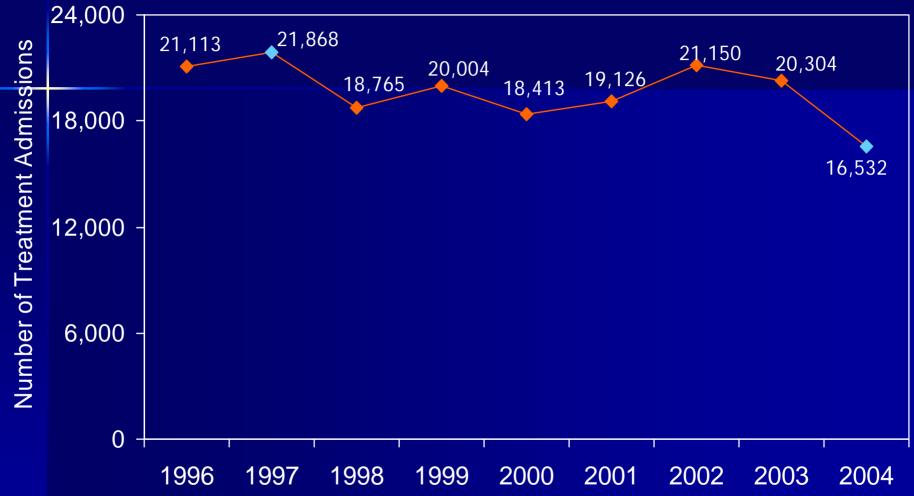


SUBSTANCE ABUSE





Substance Abuse Treatment Admissions by Year: Boston, 1996-2004



NOTES: An individual client may be admitted to more than one program or treatment session. Data shown are for fiscal years July 1996 through June 2004.

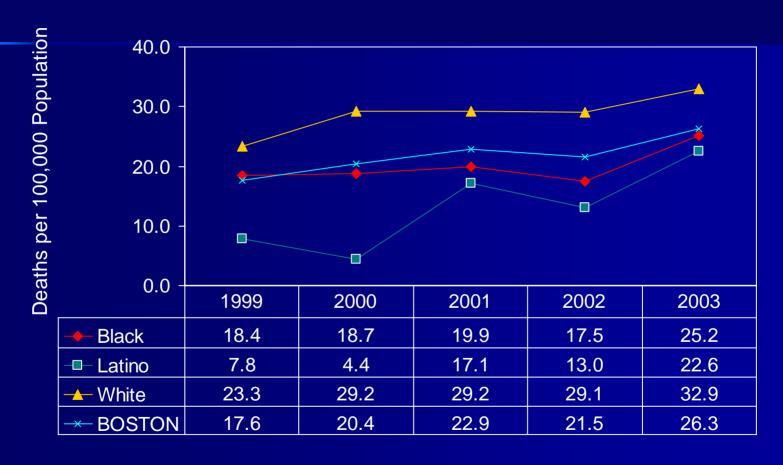
DATA SOURCE: Massachusetts Department of Public Health, Bureau of Substance Abuse Services, Substance Abuse Management Information System (SAMIS).

DATA ANALYSIS: Boston Public Health Commission Research Office

Gaps in access to detox and followup care

- People being turned away from care
 - Only 140 community-based beds available
 - About 250 people a week unable to find a bed
- Uninsured individuals face extra challenges
 - 78% of failed attempts to access detox
 - Only 38 community-based beds available
- Emergency room visits rising
 - Unavailability of community detox results in more costly ER visits
 - ER \$2,400 more expensive than 3-day inpatient stay

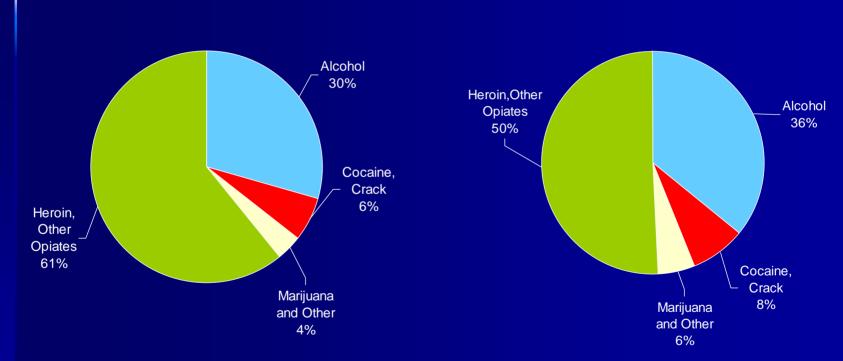
Substance Abuse Mortality by Race/Ethnicity and Year: Age Adjusted Rates, Boston, 1999-2003



NOTES: The rates for years prior to 2003 have been updated and may differ from those reported in previous publications. These data do not include persons of Asian, Other, or Unknown race/ethnicity except in the Boston overall count and rate. There were too few substance abuse deaths among Asians during each year of 1999-2003 to permit the separate presentation of rates.

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health DATA ANALYSIS: Boston Public Health Commission Research Office

Substance Abuse Treatment Admissions by Type of Drug Use, South Dorchester and Boston, 2004



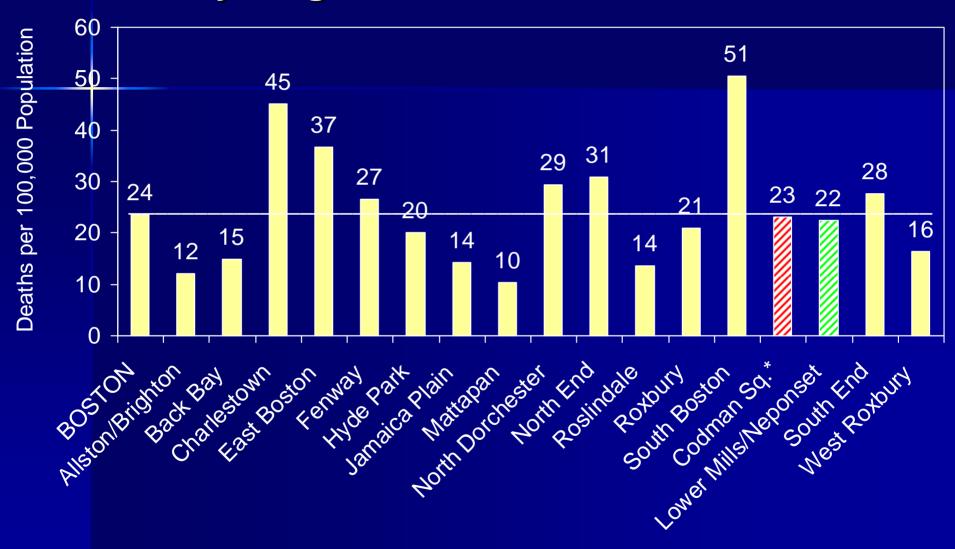
South Dorchester BOSTON

NOTES: An individual client may be admitted to more than one program or treatment session. Data shown are for fiscal year July 2003 through June 30, 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

Substance Abuse Mortality: Age-Adjusted Rates by Neighborhood, Boston, 2001-2003



*Codman Square/S. Franklin Field
DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health
DATA ANALYSIS: Boston Public Health Commission Research Office

What Can Be Done About Substance Abuse?

- Prevention: NO Drugs Coalition
- Treatment: accessible through Substance Abuse Services Central Intake
- Advocate for increased state funding for substance abuse treatment programs

VIOLENCE and TRAUMA

75 Homicides '05

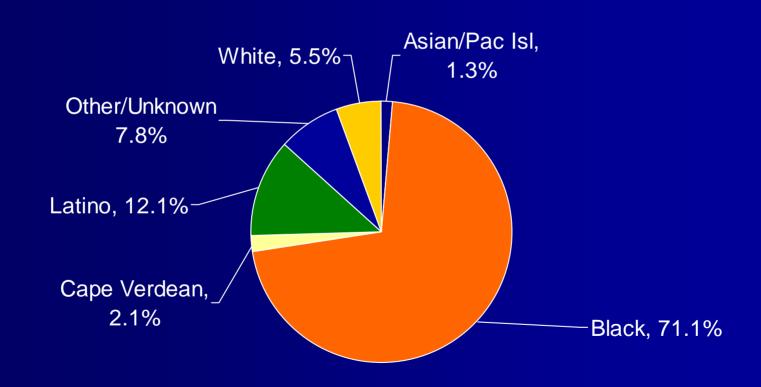


75 Homicides '05



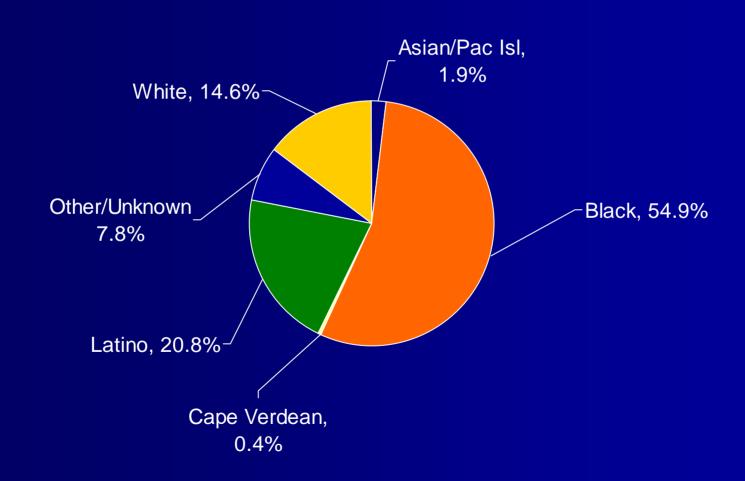
Nonfatal Gunshot Injuries by Race/Ethnicity, Boston, 2002-2004 Combined

(Black Bostonians are 24% of total population and 71% of victims of gunshots)

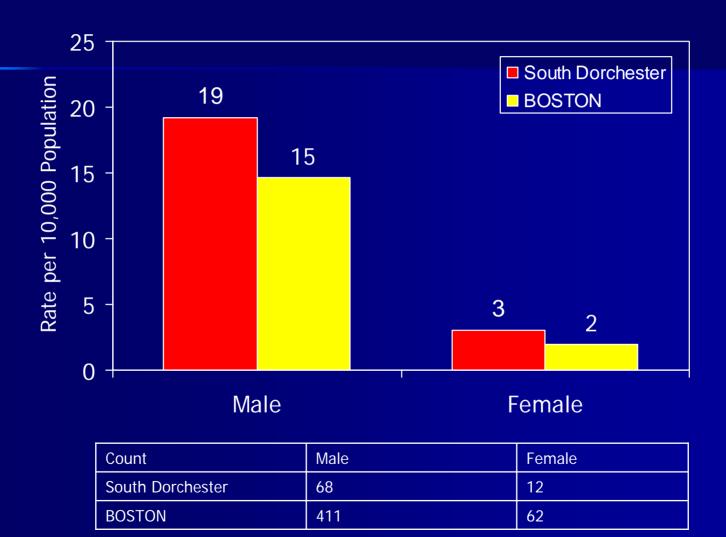


Nonfatal Stabbing Injuries by Race/Ethnicity, Boston, 2002-2004 Combined

(Latinos are 14% of total population and 21% of stabbing victims Blacks are 24% of total population and 55% of stabbing victims)



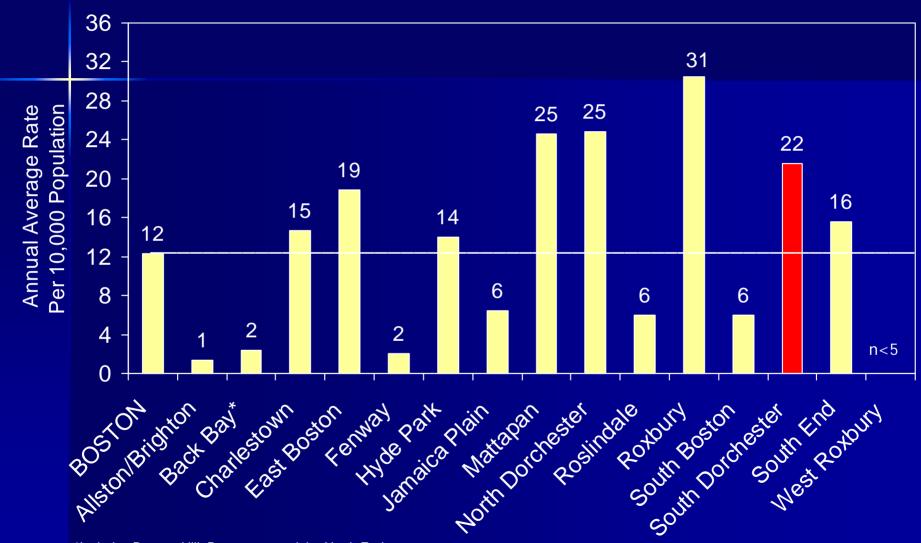
Nonfatal Assault-Related Gunshot and Stabbing Injuries by Sex: South Dorchester and Boston, 2005



NOTE: These data do not include persons whose sex was not reported, excerpt in the Boston overall count and rate.

DATA SOURCE: Weapon-related injuries, Massachusetts Department of Public Health, Weapon-Related Injury Surveillance System DATA ANALYSIS: Boston Public Health Commission Research Office

Nonfatal Assault-Related Gunshot and Stabbing Injuries by Neighborhood: Ages 15-44, Boston, 2003-2005

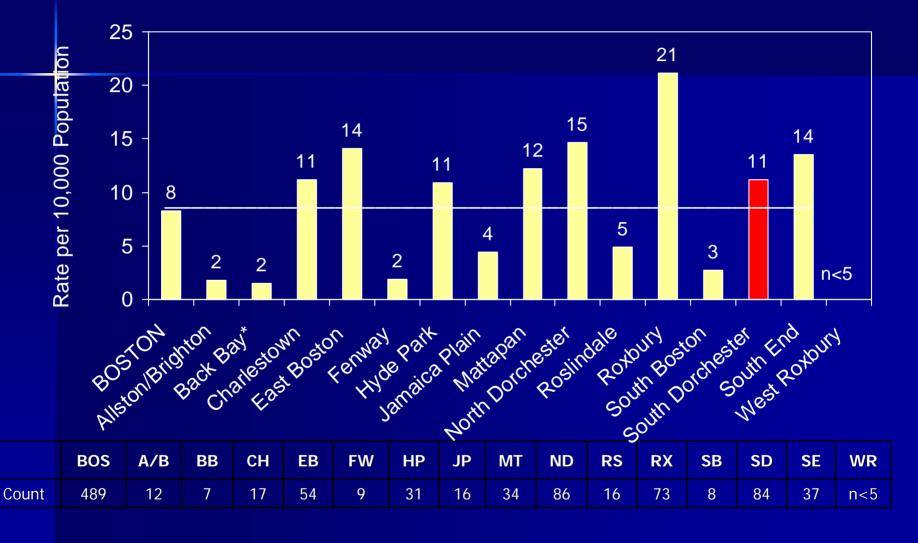


*Includes Beacon Hill, Downtown, and the North End.

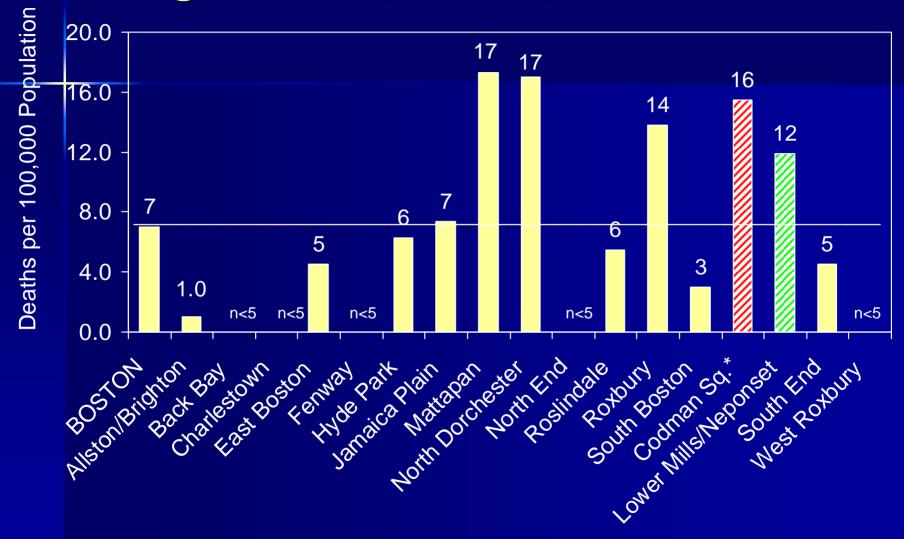
DATA SOURCE: Weapon-related injuries, Massachusetts Department of Public Health, Weapon-Related Surveillance System

DATA ANALYSIS: Boston Public Health Commission Research Office

Nonfatal Assault-Related Gunshot and Stabbing Injuries by Neighborhood: Boston, 2005



Homicide: Age-Adjusted Rates by Neighborhood, Boston, 1999-2003



What Can Be Done About Violence and Trauma

Improve community education and support

- Comprehensive Community Safety Initiative Grove Hall, Intergenerational Crime Families
- B-SMART Bowdoin-Geneva, Leadership Team focused on reducing crime and improving the quality of life
- Community Forum Meetings: Project Right violence prevention and basketball for youth

Trauma Trainings

- Expand partnership with the Children's Trauma Recovery Foundation
 - Provide specialized training for ministers
 - Increase the numbers of trained lay people who can provide support & referral

What Can Be Done About Violence and Trauma, continued

Provide trauma information

These reactions can be are normal in the day: and weeks ofter the trauma. Usually, as time goes by, these feelings get less and less, and eventually they go away completely.

- · Trouble sleeping
- · Charges Inyour appeals
- · Feeling dred primesble
- · Having nightmans
- · Feeling newous
- . Feeline "sumb" or taving no failings at all
- Feeling "jumpy" or like you need to check around you all the time
- · Needing to keepy our loved ones close to you
- · Having "Lashbacks"seeing a replay of the

If you continue to have trouble sleeping or ifyou are having other reactions that are uncomfortable. contact your doctor or counselor and let them know. If you don't have a doctor or counselor, you will find some numbers to call on this page to help you find one. You don't have to go through this by yourself.

Тганша.

How to deal with bad things that happen to wow. nour family and wour community.



Besten Rablic Houlds Commission

Major Thomas M. Merido

reactions you can expect from a child who has been involved in a frightening overs. You should be concerned Fary of

- know whether the person who was injured or killed
- Acting out the trauma when they are playing
- Orawing pictures about

- Bedwessing
- Physical complaints the stomach aches or headaches

Normal reations to transpa

These are the kinds of

- Wanting to talk about what happened
- Hoe wanting to eath about what happened

- Titouble sleeping

Healing

How to deal with bad things that happen to wow. your family and nour соминий ти.





For

Parents

Payton Dublic Houlth Carpel color MayorThomas M. Mesino.



For

Adults

The Disparities Project

6 hospitals and 2 CHCs have been funded to collect race, ethnicity, language and educational info on its patients using a framework developed by the BPHC's Hospital Working Group

HOSPITALS:

- BIDMC
- BMC
- BWH
- Caritas Carney
- Children's Hospital
- MGH

HEALTH CENTERS:

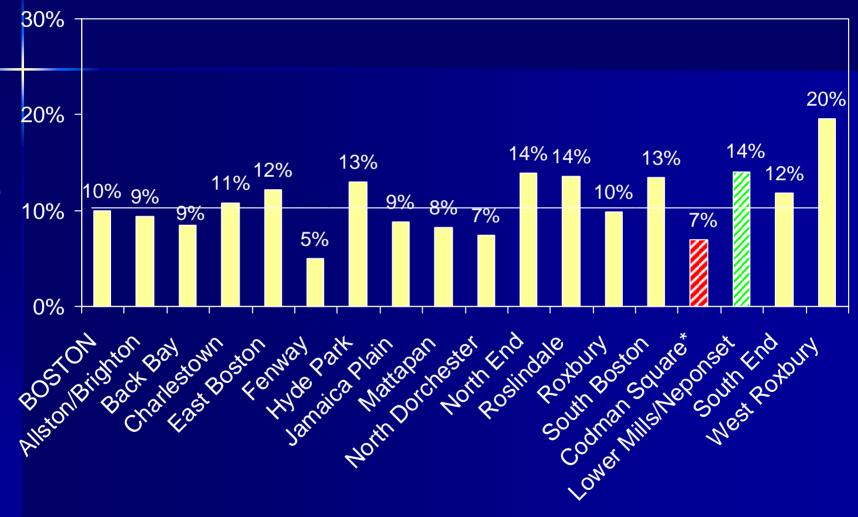
- South Cove CHC
- Uphams Corner Health Center

Questions? Comments?

Extra Slides

Percentage of 65 Years of Age and Over Within Neighborhood .

Population Ages 65 Years and Over by Neighborhood, Boston, 2000





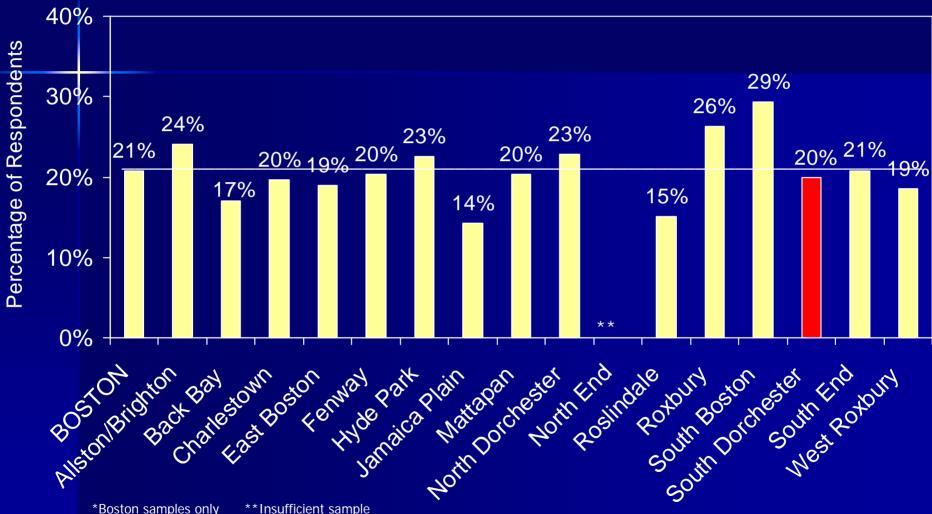
LUNG CANCER



What Increases the Chances of Getting Lung Cancer?

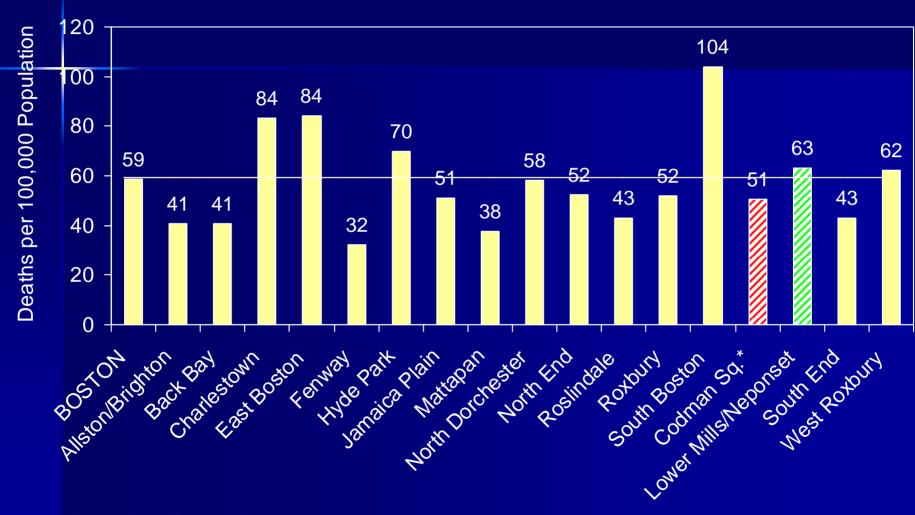
- Smoking (over 85% of lung cancers are caused by smoking)
- Second-hand tobacco smoke
- Asbestos
- Radon
- Other cancer-causing agents

Adults Who Are Current Smokers by Neighborhood, Boston, 1999, 2001, 2003*



DATA SOURCE: Behavioral Risk Factor Survey, Behavioral Risk Factor Surveillance System (BRFSS), Boston Public Health Commission DATA ANALYSIS: Boston Public Health Commission Research Office

Lung Cancer Mortality: Age-Adjusted Rates by Neighborhood, Boston, 2001-2003



*Codman Square/S. Franklin Field
DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health
DATA ANALYSIS: Boston Public Health Commission Research Office

What Can You Do to Prevent Lung Cancer?

- Don't smoke
- If you do smoke, try to quit
- Eliminate second hand smoke

BPHC Health Initiatives

- Cancer program Screening and education about cancer
- Steps to a Healthy Boston Walking groups, smoking cessation
- Smoke-Out Campaign
- 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