

## TECHNICAL NOTES

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### Rates

A rate is a measure of some event, disease, or condition in relation to a population per unit time. For instance, the number of deaths due to heart disease per 100,000 population in a given year. Three types of rates are presented in this report: crude rates, age-specific rates (ASRs), and age-adjusted rates (AARs).

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.

Age-specific rates take into account the size and age distribution of the population. They enable the reader to compare different groups without being concerned that differences in health status are due to differences in the size of the groups or in the distribution of ages. 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 are 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 AAR is calculated by applying the age-specific rate in a population for a specific event such as death to a standard population (typically, the 2000 U.S. standard population). AARs are used for Boston mortality data overall, for overall Boston mortality data by gender, by race/ethnicity, and by neighborhood, and for hospitalization data.

New cases of a communicable disease such as hepatitis or AIDS are presented as incidence rates, which may be age-specific or crude. Cancer incidence rates may be presented as crude, age-specific, or age-adjusted. Incidence rates are usually reported on the basis of every 100,000 people per year.

## Population

Population statistics are drawn from two main sources. The first 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 is population estimates made by the U.S. Census Bureau or other sources between censuses.

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, each of which has only a few thousand residents, to larger areas such as zip codes. Census tracts or zip codes can be combined to produce Boston neighborhood-level analyses. Zip-code based populations from the 2000 U.S. Census were used in calculating the rates of tuberculosis, sexually transmitted diseases, hospitalizations, emergency department visits, substance abuse treatment, and HIV and AIDS presented in this report.

Population projections or estimates are developed by the U.S. Census Bureau and other institutions using sophisticated statistical methods. The results are designed to take into account in- and out-migration and other changes occurring in the population between census years. However, estimates of population changes between census years have some drawbacks. They do not typically account for changes in the racial composition of a community, and they do not generally permit neighborhood-level analyses. Perhaps most importantly, even small errors in the accuracy of projections for neighborhoods or other population subgroups can result in large distortions in the resulting statistical estimates. In *The Health of Boston 2008*, estimates are used in the Population Characteristics Section.

To provide data on people of Latino ethnicity, who may be of any race, this report uses the 2000 U.S. Census. This avoids the double-counting that would result if Latinos were included in the White, Black, and Asian racial categories as well as in a Latino ethnicity category. However, in hospitalization and emergency department visits data, Latinos are reported in the White, Black, Latino, or Asian category, depending on the individual hospital's practices. This produces unreliability in data reporting, and readers must interpret hospitalization and emergency department data by race/ethnicity with considerable caution.

## Racial and Ethnic Designations

The classification of race/ethnicity used in this report varies by data source. All racial and ethnic designations except those from the death certificate, some hospital discharge data, and some emergency department data are self-reported. 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. And 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 the often huge disparities in health that exist across racial and ethnic groups. Race is often a proxy for such factors as socioeconomic status, inadequate access to health care, and racial discrimination.

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. 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 *The Health of Boston*, however, Latino ethnicity is presented as a separate category. Prior to 2007, exceptions are the hospitalization and emergency department visits data, for which race/ethnicity reporting practices vary by hospital. The U.S. Census Bureau does not recommend comparing the population by race in 1990 with the population by race in 2000.

#### Age-Adjusted Mortality

Age-adjusted rates (AARs) are used to present data for comparison among several populations, such as Boston neighborhoods, in which the distribution of age can differ considerably. The calculation for AARs takes into account differences in age distribution and adjusts for them. The AAR is calculated by applying the age-specific rate in a population (for a specific event such as death) to a standard population. The year 2000 standard U.S. population is used in this report.

The International Classification of Disease (ICD) 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. 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. It should not be confused with the International Classification of Disease used for categorizing and classifying mortality data from death certificates, whose revision from ICD-9 to ICD-10 became effective with 1999 mortality data.

Mortality data from death certificates are coded using ICD-10. The change from ICD-9 to ICD-10 means that causes of death classified according to the ICD-10 are not precisely comparable to causes of death classified according to ICD-9.

#### Boston Neighborhoods

The population of individual census tracts or zip codes is typically so small that there are not a sufficient number of health-related events to permit the presentation of reliable rates. For *The*

*Health of Boston*, census tracts or zip codes, depending upon the data source, are aggregated into Boston neighborhoods for the presentation of health data.

Some of Boston's neighborhoods are clearly defined. West Roxbury, for example, is bordered by the West Roxbury Parkway, the Stony Brook Reservation, and Dedham. The boundaries of most neighborhoods, however, are less distinct and often the subject of dispute. The neighborhood definitions used here were defined by the Boston Public Health Commission in consultation with local residents, health care providers, and advocates throughout the city.

### Boston Neighborhood Survey (BNS)

The BNS is telephone survey of Boston adults (18 and older) conducted every two years. It is designed to provide information about some important sociodemographic characteristics of Boston neighborhoods. Among other topics the 2008 BNS asked respondents about: (1) community norms and neighborhood resources, (2) respondents' sense of community well-being and perceptions of community safety, (3) demographic characteristics, and (4) the well-being of neighborhood youth. The survey, which is conducted in both English and Spanish, provides results for Boston overall and for neighborhoods.

Funding for the survey is provided by the Centers for Disease Control and Prevention. The Boston Neighborhood Survey was supported by Grant/Cooperative Agreement Number U49 CE000740 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the Harvard Youth Violence Prevention Center and do not necessarily represent the official views of CDC.

### Boston Behavioral Risk Factor Surveillance System (BBRFSS)

The Behavioral Risk Factor Surveillance System (BRFSS) is 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 survey is conducted by all 50 states as well as many major cities.

The Boston Public Health Commission conducts an independent survey every other year modeled after BRFSS. 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 version, now called the Boston Behavior Risk Factor Surveillance System (BBRFSS), 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 getting grants and other funding.

### Youth Risk Behavioral Surveillance System (YRBSS)

The Youth Risk Behavior Surveillance System (YRBSS) is 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 getting grants and other funding, and other activities.

### HIV/AIDS Reporting

The 2007 HIV/AIDS data are not included in this report. According to the Massachusetts Department of Public Health HIV/AIDS Surveillance Program, a regulation change in reporting requirements set by the State occurred. As a result of processes that had to be implemented to comply with the change in regulation, data at the local level is not yet ready for release.

### 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 present in *The Health of Boston 2009* is that of the U.S. Bureau of the Census. Poverty estimates are from the censuses of 1970, 1980, 1990, and 2000 and the U.S. Bureau of the Census, American Community Survey (ACS) of 2004, 2005, 2006, and 2007.

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 were 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.

## DATA SOURCES AND LIMITATIONS

**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'.

There is an approximate 14-month delay between the close of a data year and the Department's releases of the data for outside publication.

**Breastfeeding.** Massachusetts Pregnancy Risk Assessment Monitoring System (MA PRAMS).

These data are based on a survey that relies on self-reporting by the respondent. The data are limited by the degree to which mothers respond to survey questions pertaining to breastfeeding and whether or not they respond based on actual breastfeeding experience or what is expected.

**Cancer Incidence.** Massachusetts Department of Public, Massachusetts Cancer Registry

There is a 3-year lag in published cancer incidence data. The data are based on reported new cases only and incidence data for some races/ethnicities may not be made available due to small numbers of cases. Under-reporting of cancers that may not be diagnosed in hospitals is another limitation.

**Communicable diseases (hepatitis, tuberculosis, and reportable disease listing).** 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.

**Communicable diseases (sexually transmitted diseases).** Massachusetts Department of Public Health, Center for Clinical and Laboratory Services, Division of Sexually Transmitted Disease (STD) Prevention.

As noted in the section above, communicable diseases, including those transmitted sexually, are subject to a number of limitations. 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.

Census 2000, U.S. Department of Commerce, U.S. Census Bureau, American Fact Finder.

A limitation of census data is that censuses are conducted only every ten years and may thus be out of date before a new census has been completed. Another is that 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.

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.

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 due to homicide as reported by the Boston Police Department applies to any homicides that occur in Boston without regard to the actual city of residence of the deceased. As a result, the number of deaths, such as homicides, reported by the Boston Public Health Commission will always be less than those reported by the Boston Police Department.

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, which may result in under- or over-reporting of certain causes. Data are embargoed until after public release by the Massachusetts Department of Public Health, approximately 14 months after the close of the data year.

## GLOSSARY

To help the reader compare the data presented for specific health indicators in this report to data from other sources, the definitions provided below include the codes used to classify causes of hospitalization or death. The hospitalization codes are from the Diagnostic Related Grouping (DRG), based on version 18 of the Federal Groupers. The cause-of-death codes are from the International Classification of Diseases, 10<sup>th</sup> Revision (ICD-10), a product of the World Health Organization (WHO).

**AAR:** See Age-Adjusted Mortality Rate.

**Acquired Immune Deficiency Syndrome (AIDS):** See HIV/AIDS.

**African American:** All persons self-identified as of African descent that do not also identify themselves as Latino.

**Age-Adjusted Mortality Rate (AAR):** Calculated by applying the age-specific mortality rates in a population to a standard population (typically, and in this report, the 2000 U.S. population). The age-adjusted rate of one group can be compared to the age-adjusted rate of another group with confidence that differences in the rates of the two areas or groups do not stem from differences in the age structure of their populations. AARs are extensively used in the national Healthy People 2010 goals.

**Age-Specific Rate (ASR):** The number of events such as deaths or diseases per year in a given age group per 100,000 people in that age group.

**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.

**Age-Specific Hospitalization or Emergency Department Visit Rate:** The number of hospitalizations or emergency department visits per year in a given age group per 1,000 people in that age group.

**Alcohol-Related Deaths:** Death directly attributable to 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. ICD-10 codes F10, G31.2, G62.1, I42.6, K29.2, K70, R78.0, X45, X65, and Y15 are used to define alcohol-related deaths.

**Asian:** All persons self-identified as Asian or Pacific Islander (e.g., Chinese, Japanese, Hawaiians, Cambodians, Vietnamese, Asian Indians, Filipinos) who do not also identify themselves as Latino. The numbers from the 2000 Census used in the Demographics section use a different way of counting races and ethnicity and should not be compared with numbers drawn from earlier censuses.

**Asthma and Bronchitis:** 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. Bronchitis refers to inflammation of the mucous membrane of the bronchial tubes. DRG codes 96-98.

Biracial: An Individual with ancestors from mostly two separate races.

Birth Rate: The number of live births per year, per 1,000 women ages 15-44.

Birthweight: 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.

Cancer: A group of diseases characterized by uncontrolled growth and spread of abnormal cells. ICD-10 codes C00-C97.

Census 2000: The count of the entire American population undertaken by the U.S. Census Bureau in 2000. Census 2000 should not be confused with the year 2000 standard population, which is a set of population weights used to calculate age-adjusted rates.

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 leading cause of COPD is smoking. ICD-10 codes J40-J47. For hospitalization data, DRG code 88.

Death Rate: The number of deaths per year per 100,000 population.

Demographics: The statistical study of characteristics of human populations and of population distributions such as age, sex, and race/ethnicity.

Diabetes: A chronic metabolic disease characterized by inadequate insulin production by the pancreas. ICD-10 codes E10-E14.

Diagnostic Related Grouping (DRG) Codes: Codes used to group reasons for hospitalization.

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. Does not include deaths indirectly due to drug use, such as death due to injuries occurring while under the influence of drugs or deaths caused by another person under the

influence of drugs. ICD-10 codes 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, X40-X44, X60-X64, X85, and Y10-Y14.

**Gonorrhea:** A sexually transmitted disease caused by the bacterium *Neisseria gonorrhoeae*. Symptoms in men can include a burning sensation when urinating, a white, yellow, or green discharge from the penis, or painful or swollen testicles. Symptoms in women can include a painful or burning sensation when urinating, increased vaginal discharge, or vaginal bleeding between periods. Many men and women have no symptoms.

**Healthy People 2010 Goals and Objectives:** Targets established by the U.S. Public Health Service, in conjunction with the Centers for Disease Control and Prevention and the National Center for Health Statistics, to assist communities with health promotion and disease prevention efforts and to establish health status goals to be met by the year 2010.

**Heart Disease:** A group of conditions, including valve and conductive disorders as well as hypertensive diseases. ICD-10 codes I00-I09, I11, I13, and I20-I51.

**Hepatitis A:** Liver disease caused by infection with the hepatitis A virus (HAV). HAV is transmitted person-to-person through the fecal-oral route, most commonly through contaminated food or water. Onset is abrupt, and symptoms include jaundice, fatigue, abdominal pain, nausea, diarrhea, and fever. Infection does not become chronic.

**Hepatitis B:** Liver disease caused by infection with the hepatitis B virus (HBV). HBV is transmitted person-to-person through contact with blood and other bodily fluids. Symptoms include jaundice, abdominal pain, fatigue, and joint pain. Acute infection resolves over time. Chronic infection occurs in 90% of infants born with HBV, 20-50% of children less than 5 years old, and 1-10% of persons infected as adults.

**Hepatitis C:** Liver disease caused by infection with the hepatitis C virus (HCV). HCV is transmitted through blood-to-blood contact, most often through injection drug use. About 80% of people infected with HCV will not develop any symptoms, which include jaundice, fatigue, dark urine, and abdominal pain. 75-85% of those infected with HCV will develop chronic liver disease.

**Hispanic:** See Latino.

**HIV/AIDS:** The human immunodeficiency virus (HIV) infection, which leads to Acquired Immune Deficiency Syndrome (AIDS) or other HIV-related infections. ICD-10 codes B20-B24.

**HIV+ or HIV Infected:** Having tested positive for the antibodies to human immunodeficiency virus (HIV), meaning that one is infected with the virus, with or without major related conditions. DRG codes 701-716.

**Homeless:** The federal government defines “homeless” to mean (1) an individual who lacks a fixed, regular, and adequate night-time residence; and (2) an individual who has a primary night-time residency 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.

**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.

**Human Immunodeficiency Virus (HIV):** The virus that is responsible for causing AIDS.

**ICD-10 Codes:** Data from 1999 and later years are classified according to the International Classification of Diseases, 10<sup>th</sup> Revision (ICD-10), released by the World Health Organization in 2000 and adopted by the United States National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention. ICD-10 classification replaces ICD-9 classification. For more information on these codes and their use, see <http://www.cdc.gov/nchs/icd9.htm#ICD-10-CM>.

**IMR:** See Infant Mortality Rate.

**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.

**Infant Mortality Rate (IMR):** The number of deaths under one year of age per 1,000 live births.

**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 two categories are frequently presented together in this report. ICD-10 codes are used for identifying the type of injury that resulted in death. The determination of intent are 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.

**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.

**Low Birthweight (LBW):** Birthweight less than 2,500 grams (or 5.5 lbs).

**Multiracial:** An Individual from two or more racial or ethnic groups.

**Mortality:** Death, or the relative frequency of death per unit of population in a specific time period.

**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 (see Note to Readers).

**Neighborhood:** One of 16 distinct geographical areas in Boston (see Note to Readers).

**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.

**Pneumonia/Influenza:** Bacterial or viral infections of the lungs that primarily affect the aged and persons with compromised immune systems. ICD-10 codes J10-J18.

**Pregnancy:** The condition of carrying a developing embryo or fetus in the uterus. DRG codes 370-384.

**Septicemia:** A serious infection caused by bacteria in the blood, which is sometimes called blood poisoning. Symptoms include fevers and chills, rapid breathing and heart rate, changes in mental state (such as irritability, feeling very tired, or anxious), and feeling shock. Septicemia progresses rapidly, and can be fatal.

**Sexually Transmitted Disease:** Infection spread by transfer of organisms from person to person during sexual contact.

**Standard Population:** An estimate of the U.S. population in which the age, race, and sex distributions are known, resulting in a set of population weights that can be used to calculate adjusted mortality rates. In this report, the year 2000 U.S. standard population is used to calculate age-adjusted mortality rates.

**Stroke:** A cerebrovascular accident. 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.

**Substance Use and Abuse:** Use or overuse of ingested substances both legal (such as alcohol) and illegal (such as cocaine); for alcohol-related data, ICD-10 codes F10, G31.2, G62.1, I42.6, K29.2, K70, R78.0, X45, X65, and Y15; for drug-related data, ICD-10 codes 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, X40-X44, X60-X64, X85, and Y10-Y14.

**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.

Syphilis: A sexually transmitted disease caused by the bacterium *Treponema pallidum*. The first stage of syphilis is usually a sore (chancre), followed by skin rashes and lesions of the mucous membrane, fever, swollen lymph glands, sore throat, patchy hair loss, headaches, weight loss, muscle aches, and fatigue. Although signs and symptoms of initial infection can subside without treatment, untreated syphilis can cause complications many years later, including paralysis, blindness, dementia, and death.

Tuberculosis (TB): A bacterial infection that primarily affects the lungs. TB is transmitted via airborne droplets through sneezing, coughing, or spitting. People who are infected with latent TB do not have symptoms and cannot transmit the bacteria to others. People with active TB experience symptoms including chronic cough, pain in the chest, coughing up blood or sputum, fatigue, weight loss, and fever.

µg/dL: Micrograms per deciliter. A measurement unit for level of lead in a measured quantity of blood: a billionth of a gram in a tenth of a liter. Children with blood lead levels of 10 µg/dL or higher are considered to have elevated blood lead levels.

Unintentional Injury: An accidental injury. ICD-10 codes V01.0, V01.1, V01.9, V05.0, V05.1, V05.9, V06.0, V06.1, V06.9, V09.1, V09.3, V09.9, V10.0, V10.1-V10.5, V10.9, V11.0-V11.5, V11.9, V15.0-V15.5, V15.9, V16.0-V16.5, V16.9, V17.0-V17.5, V17.9, V18.0-V18.5, V18.9, V19.3, V19.8, V19.9, V80.0-V80.2, V80.7-V80.9, V81.2-V81.9, V82.2-V82.9, V87.9, V88.9, V89.1, V89.3, V89.9, V90-V95, V96.0-V96.2, V96.8-V96.9, V97.0-V97.3, V97.8-V97.9, V98-V99, W00-X59, Y85.0, Y85.9, and Y86. Codes used by *Healthy People 2010* are slightly different.

White: All persons self-identified as White who do not also identify themselves as Latino.