Population by Age Group, Charlestown and Boston 2000

DATA ANALYSIS: Boston Public Health Commission Research Office
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

DATA ANALYSIS: Boston Public Health Commission Research Office
# Selected Socioeconomic Indicators, Boston and Charlestown, 2000

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

*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 ANALYSIS: Boston Public Health Commission Research Office
Obesity by Neighborhood, Boston, 1999-2001

Percentage of Respondents

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*

<table>
<thead>
<tr>
<th>Neighborhood</th>
<th>Percentage of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOSTON</td>
<td>63%</td>
</tr>
<tr>
<td>Allston/Brighton</td>
<td>58%</td>
</tr>
<tr>
<td>Back Bay**</td>
<td>38%</td>
</tr>
<tr>
<td>Charlestown</td>
<td>58%</td>
</tr>
<tr>
<td>East Boston</td>
<td>68%</td>
</tr>
<tr>
<td>Fenway</td>
<td>71%</td>
</tr>
<tr>
<td>Hyde Park</td>
<td>81%</td>
</tr>
<tr>
<td>Jamaica Plain</td>
<td>68%</td>
</tr>
<tr>
<td>Mattapan</td>
<td>65%</td>
</tr>
<tr>
<td>North Dorchester</td>
<td>72%</td>
</tr>
<tr>
<td>Roslindale</td>
<td>46%</td>
</tr>
<tr>
<td>Roxbury</td>
<td>66%</td>
</tr>
<tr>
<td>South Boston</td>
<td>56%</td>
</tr>
<tr>
<td>South Dorchester</td>
<td>63%</td>
</tr>
</tbody>
</table>

*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 ANALYSIS: Boston Public Health Commission Research Office
Inadequate Fruit and Vegetables Consumption by Gender, Race/Ethnicity, and Age, Boston, 2000

![Bar chart showing percentage of respondents with inadequate fruit and vegetables consumption by gender, race/ethnicity, and age in Boston, 2000.](chart.png)

- **Female**: 67% (Black), 69% (Latino), 70% (White)
- **Male**: 70% (Black), 76% (Latino), 70% (White)
- **18-24**: 81%
- **25-34**: 68%
- **35-44**: 75%
- **45-54**: 66%
- **55-64**: 58%
- **65+**: 61%

**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
CANCER
What increases the chances of getting 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**

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

* 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
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
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

**Charlestown**
- Heroin, Other Opiates: 70%
- Alcohol: 21%
- Cocaine, Crack: 7%
- Marijuana and Other: 2%

**Boston**
- Heroin, Other Opiates: 50%
- Alcohol: 36%
- Cocaine, Crack: 8%
- Marijuana and Other: 6%

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

<table>
<thead>
<tr>
<th></th>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>16</td>
<td>15</td>
<td>17</td>
<td>20</td>
<td>27</td>
</tr>
<tr>
<td>Male</td>
<td>43</td>
<td>52</td>
<td>45</td>
<td>57</td>
<td>47</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Age Group</th>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-24</td>
<td>48</td>
<td>59</td>
<td>62</td>
<td>100</td>
<td>107</td>
</tr>
<tr>
<td>25-34</td>
<td>34</td>
<td>46</td>
<td>47</td>
<td>55</td>
<td>41</td>
</tr>
<tr>
<td>35-44</td>
<td>58</td>
<td>56</td>
<td>47</td>
<td>53</td>
<td>61</td>
</tr>
<tr>
<td>45-64</td>
<td>23</td>
<td>20</td>
<td>14</td>
<td>18</td>
<td>22</td>
</tr>
</tbody>
</table>

**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

Calls per 10,000 Population

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 narcan administration.

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