Consent Agenda #2
January 27, 1997



THE HEALTH OF CAMBRIDGE

CAMBRIDGE HEALTH
INFORMATION UNIT
JANUARY 1997

PREFACE

The Health of Cambridge is a compilation of selected health statistics for the City of Cambridge, presented along with information about other towns, the Commonwealth of Massachusetts, and the nation. We include as benchmarks the national health promotion and disease prevention goals expressed in Healthy People 2000 and other behavioral benchmarks to provide the reader with a prevention and measurement framework.

This document is intended to provide a snapshot of community health issues and incorporates several health priority areas defined by the Cambridge Health Policy Board in 1993, through their "Assessment Protocol for Excellence in Public Health" (APEX-PH). The data we present include only routinely and reliably collected information; we reference data sources at the bottom of each chart or graph. The specific information displayed has been selected for clarity and relevance to current community concerns. Some readers will find their particular concerns not addressed at all. Most will find their questions only partially satisfied. We hope all will take the time to reflect upon their own and their community's health, to seek greater understanding, and to work for improvement.

This is the first edition of a work that will always be in progress. Future editions will mirror the evolution of community concern, interventions and data-gathering efforts. As new questions are asked and new priorities enunciated, the search for improved health will lead to more specific and detailed information. The availability of trend data will make the impact of some interventions evaluable. As our community's understanding about health and illness matures, we will become a healthier community.

We hope that this work contributes to the vital process of community health improvement. In particular, we hope that *The Health of Cambridge* encourages greater use of data in education, planning and evaluation. We hope that it supports collaborative and interdisciplinary planning and program development. Last, we hope that it focuses attention on prevention as well as cure, on population-based initiatives as well as individual care, and on increased individual responsibility as well as institutional approaches.

Cheryl Wold, MPH
Director, Health Information Unit

Brenda Mahnken, MS
Data Manager, Health Information Unit

David H. Bor, MD
Director, Health of the City

January 1997

ACKNOWLEDGMENTS

We are indebted to the members of the Cambridge City Council for their support and advocacy for the health of the public and to the leadership of Robert W. Healy, City Manager.

We thank John O'Brien, Chief Executive Officer of the Cambridge Public Health Commission, and Cambridge Commissioner of Health for his dedication to the health of this community. We would also like to thank Melvin Chalfen, M.D., Harold Cox, the Commission's Joint Public Health Board, Cambridge Public Health subcommittee, Health of the City, and our many colleagues in and about Cambridge for their tireless commitment to health promotion and disease prevention. Finally, we are grateful to the many individuals within the Mass. Department of Public Health, the Cambridge Public Schools, Community Development, Human Services, and other Departments for their hard work and for supplying us with invaluable data.

The Health of Cambridge was published by the Cambridge Health Information Unit, established in 1995 as a collaboration between The Health of the City and The Cambridge Public Health Commission with support from the Pew Charitable Trusts. The Unit conducts community health assessment, collects and disseminates health data, improves the quality of data resources, and supports public health activities. We appreciate your feedback and information regarding additional data sources that could be useful.

Health Information Unit
Cambridge Public Health Commission
1493 Cambridge Street
Cambridge, MA 02139

Voice: 617-498-1480 x208 or x209
Fax: 617-498-1514

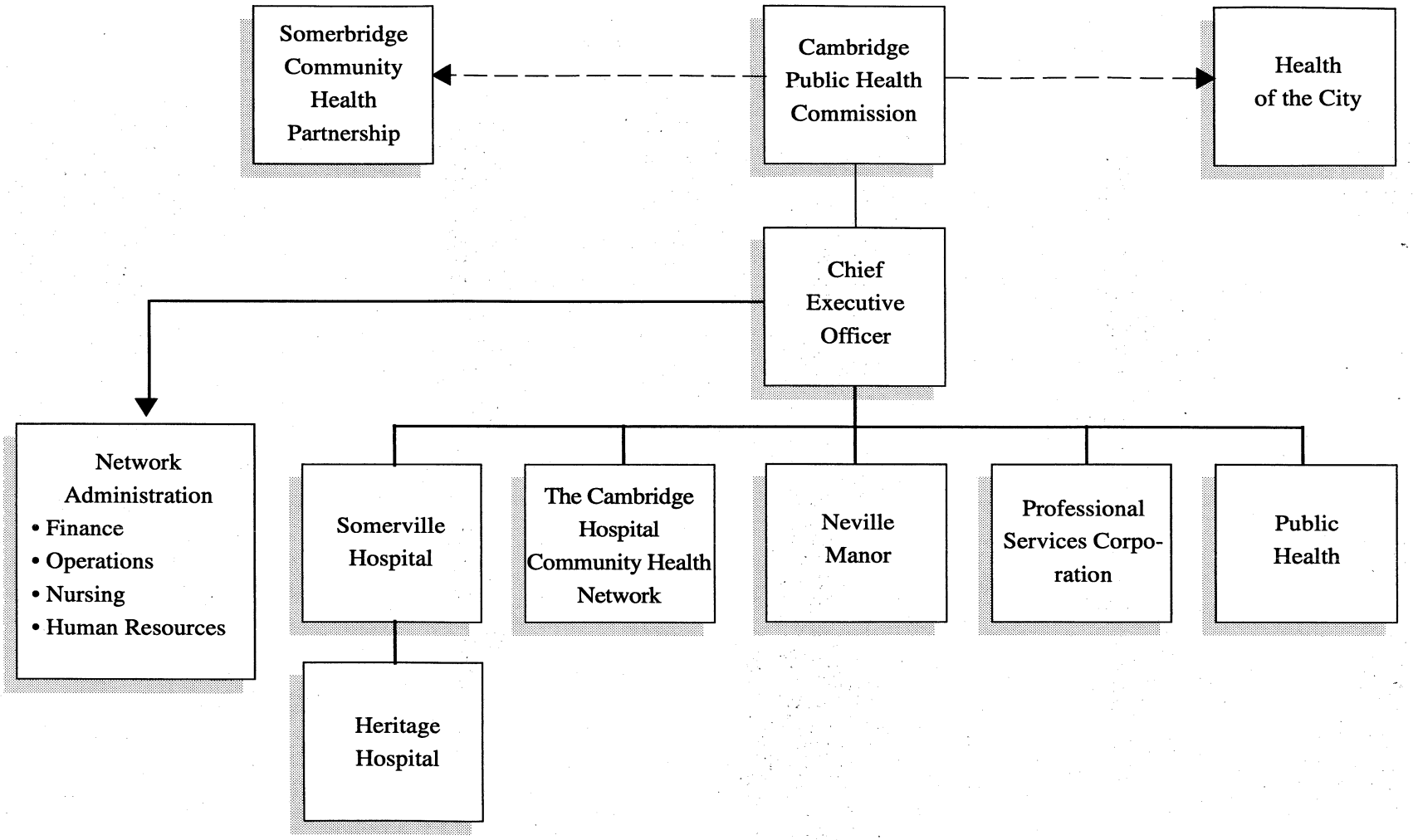
APEX PRIORITIES

Cambridge Department of Health and Hospitals
Cambridge Health Policy Board
APEX-PH[1] Priorities, 1993

1. Violence
2. Immunization of children under 2 years old / Primary care for preschoolers
3. HIV/STD'S
4. Prenatal Care
5. Substance Abuse
6. Teen Pregnancy
7. Elder Care
8. Men of Color
9. Hunger
10. Health Education
11. Tuberculosis
12. Lead Poisoning
13. Mental Health Care
14. Health Data
15. Access to Abortion
16. Dental Caries in Children

1 Assessment Protocol for Excellence in Public Health (APEXPH). Published by the National Association of City and County Health Officials, APEXPH is a tool developed collaboratively by the U.S. Centers for Disease Control and Prevention, American Public Health Association, Association of Schools of Public Health, and other national and state-level governmental and non-governmental public health organizations. The assessment provides a structured process for determining health priorities and enhancing local community health activities. The Cambridge Health Policy Board completed this process in 1993.

CAMBRIDGE PUBLIC HEALTH COMMIISSION **ORGANIZATIONAL CHART**



CONTENTS

CHAPTER 1: DEMOGRAPHICS

Cambridge Demographic Characteristics (1990 U. S. Census) 1
Population Projections for Cambridge 3
City of Cambridge - Map showing population density 4

CHAPTER 2: BIRTHS: MATERNAL AND INFANT HEALTH

Overview: Indicators of Maternal and Infant Health; and Comparison of HP2000, Mass., and Cambridge Rates 5
Total Live Births to Cambridge Residents, 1980-94 7
Births to Cambridge Residents by Race/Ethnicity, 1981-93 7
Low Weight Births, Cambridge, 1991-94 8
Low Weight Births By Race/Ethnicity, Cambridge, 1991-94 8
Births to Women with Publicly Financed Care by Race/Ethnicity in Cambridge, 1991-94 9
Births to Women with Inadequate or No Prenatal Care by Race/Ethnicity, Cambridge, 1991-94 9
Births to Teens in Cambridge, 1981-94 10
Births to Teens by Race/Ethnicity, Cambridge, 1991-94 10
Risk of Pregnancy for High School Students, Cambridge, 1992-96 11
Use of Birth Control among Students who have ever had Sexual Intercourse, Cambridge, 1992-96 11
Table: Births (number and rate) by Race/Ethnicity, Cambridge, 1981-94 12
Table: Selected Birth Characteristics, Cambridge and Massachusetts, 1991-94 13

CHAPTER 3: ACCESS TO HEALTH CARE

Overview: Indicators of Access to Health Care; and Comparison of HP2000, Mass., and Cambridge Rates 15
Leading Preventable Hospitalization Conditions by Age Group, Cambridge Residents, 1994-95 17
Asthma Hospitalizations by Age Group and Year, 1994-95 18
Preventable Hospitalizations, Cambridge Residents 65+ Years of Age, 1994-95 18
Bacterial Pneumonia Hospitalization Rates, Cambridge Residents 65+ Years of Age, 1994-95 19
Children with Cavities, Cambridge, 1995 20
Children with Untreated Cavities, Cambridge, 1995 20

Children Fully Immunized at 2 Years of Age, Cambridge and Somerville Health Centers, and Mass. 1993-96 21

CHAPTER 4: COMMUNITY VIOLENCE

Overview: Indicators of Community Violence; and Comparison of HP2000, Mass., and Cambridge Rates 23
Injury Deaths, Cambridge and Mass., 1994-95 25
Homicide by Age, Cambridge and Mass., 1994-95 25
Homicide by Age and Gender, Cambridge, 1991-94 26
Homicide by Race/Ethnicity, Cambridge and Mass., 1991-94 26
Violence-related Gunshot and Sharp Instrument Injury Rates (Selected Cities in Mass., 1994-95) 27
Violence-related Injuries by Age, Cambridge and Mass., 1994-95 28
Violence-related Injuries by Gender, 1994-95 28
Violence-related Injuries by Race/Ethnicity, 1994-95 29
Violence-related Injuries by Location of Incident, 1994-95 29
Domestic Violence Incidents by Location, Cambridge, FY 1995 30
Domestic Violence Incidents by Weapon Use, FY 1995 30
Percentage of Students that Carry Weapons, Cambridge, 1996 31
Type of Weapons Carried by H.S. Students, 1996 31
Violence-related Stressful Events Reported by H.S. Students, 1996 32
Physical Fighting reported by H.S. Students, Cambridge, 1996 32

CHAPTER 5: INJURY

Overview: Indicators of Injury; and Comparison of HP2000, Mass., and Cambridge Rates 33
Injury Deaths, Cambridge Residents, 1991-94 35
Injury Hospitalizations, Cambridge Residents, 1994 35
Injury Hospitalization Due to Falls by Age, Cambridge and Mass., 1994 36
Motor Vehicle Injury Hospitalization by Age, Cambridge and Mass., 1994 36
Self-inflicted Injury Hospitalization by Age, Cambridge and Mass., 1994 37
Suicidal Thoughts or Attempts, Cambridge H. S. Students, 1994 37
Reasons for Visits to School Health, September - November, 1996 in Cambridge Public Elementary Schools 38

CHAPTER 6: SUBSTANCE ABUSE: ALCOHOL, TOBACCO, AND DRUGS

Overview: Indicators of Substance Abuse; and Comparison of HP2000, Mass., and Cambridge Rates 39
Alcohol and Drug-Related Deaths, Cambridge, Somerville, and Mass. Residents, 1991-93 41

Alcohol and Drug-related Hospital Discharges, Residents of Selected Massachusetts Communities, 1991-93 42
Alcohol and Drug-related Hospital Discharges by Payor, Cambridge, 1993-94 43
Alcohol and Drug-related Hospital Discharges by Gender and Substance, Cambridge, 1993-94 44
Alcohol and Drug-related Hospital Discharges by Age Group and Substance, Cambridge, 1993-94 44
Alcohol and Drug Treatment Admissions by Community (Residents of CHNA #17: Cambridge, Somerville, Arlington, Belmont, Watertown) 1991-93 45
Alcohol and Drug Treatment Admissions by Substance Used, CHNA #17, FY 1995 45
Alcohol and Drug Treatment Admissions by Gender and Age Group, CHNA #17, FY 1995 46
Alcohol and Drug Treatment Admissions by Race/Ethnicity and Education, CHNA #17, FY 1995 46
Alcohol and Drug Treatment Admissions by Employment Status and Homelessness, CHNA #17, FY 1995 47
Current Substance Use by H. S. Students, Cambridge, 1992-96 48
Current Substance Use by H. S. Students, Massachusetts, 1990-95 48
Smoking among Adults by Age Group and Gender, Massachusetts, 1993 49
Smoking among Adults by Education and Gender, Massachusetts, 1993 49
Tobacco Sales to Minors, Cambridge, 1995-96 50
Table: Actual Causes of Death in U. S., 1990 and the Contribution of Substance Abuse 51

CHAPTER 7: HIV/AIDS

Overview: Indicators of HIV/AIDS; and Comparison of HP2000, Mass., and Cambridge Rates 53
Cumulative AIDS Cases in Selected Massachusetts Cities through 1995 55
AIDS in Cambridge, Boston, and Massachusetts by Year of Diagnosis, 1981-94 56
AIDS in Mass. by Gender, Total Cumulative vs. Current Annual (1994) Cases 56
AIDS in Mass. by Transmission Mode, Total Cumulative vs. Current Annual (1994) Cases 57
AIDS in Mass. by Race/Ethnicity, Total Cumulative vs. Current Annual (1994) Cases 57
AIDS in Cambridge by Age Group, Numbers and Rates, 1981-95 58
AIDS in Cambridge by Race/Ethnicity, Numbers and Rates, 1981-95 59
AIDS in Cambridge by Year and Gender, 1981-95 60
AIDS in Cambridge by Mode of Transmission, Pre-1990 vs. 1990-95 60

CHAPTER 8: SEXUALLY TRANSMITTED DISEASE

Overview: Indicators of Sexually Transmitted Disease; and Comparison of HP2000, Mass., and Cambridge Rates 61
Chlamydia by Year in Cambridge and Massachusetts, 1989-95 62
Gonorrhea by Year in Cambridge and Massachusetts, 1989-95 62
Syphilis by Year in Cambridge and Massachusetts, 1989-95 63
Chlamydia among persons of All Ages vs. 15-19 year olds, Cambridge, 1989-95 63
Chlamydia by Age Group and Gender, Cambridge, 1989-95 64
Condom Use at last Sexual Intercourse, Cambridge H.S. Students, 1989-96 64

CHAPTER 9: OTHER COMMUNICABLE DISEASE

Overview: Indicators of Other Communicable Disease; and Comparison of HP2000, Mass., and Cambridge Rates 65
Reportable Communicable Disease, Cambridge Residents, 1988-95 67
Enteric Communicable Disease, Reported Cases for Cambridge Residents, 1988-95 67
Tuberculosis Rates, Cambridge, Somerville, Boston, Mass., and U.S., 1988-95 68
New Tuberculosis Cases, Cambridge, Somerville, Boston, and Mass., 1988-95 69

CHAPTER 10: LEAD AND CHILDREN

Overview: Indicators Lead and Children; and Comparison of HP2000, Mass., and Cambridge Rates 71
Elevated Blood Lead Rates, Children 6 Months to 6 Years of Age, Cambridge, Somerville, and Boston, 1994-96 72
Screening Rates for Elevated Blood Lead, Children 6 Months to 6 Years of Age, 1994-96 72
Elevated Blood Lead, Cambridge and Somerville, Children 6 Months to 6 Years of Age, 1994-96 73
Elevated Blood Lead Including Levels 15-19 mcg/dL, Children 6 Months to 6 Years of Age, Cambridge and Somerville, 1995 73

CHAPTER 11: HUNGER, NUTRITION, AND PHYSICAL ACTIVITY

Overview: Indicators of Hunger, Nutrition, and Physical Activity; and Comparison of HP2000, Mass., and Cambridge Rates 75
WIC Program Recipients, Estimated Number Eligible and Percent Served, Cambridge Residents, June 1996 77
H.S. Students Who Went Hungry in Past Year for Lack of Money, Cambridge, 1996 77
H.S. Students Who Report Eating Breakfast, Cambridge, 1996 78
Weight Control Practices of H. S. Students, Cambridge, 1996 78
Physical Activity of H. S. Students, Cambridge (1995) vs. U. S. (1990) 79
Physical Activity of Massachusetts H. S. Students, 1995 79

CHAPTER 12: MORTALITY

Overview: Indicators of Mortality; and Comparison of
HP2000, Mass., and Cambridge Rates 81
Table: Leading Causes of Death by Age, Cambridge, 1994 83
Leading Causes of Death, Cambridge, 1991-94 84
Table: Cause Specific Mortality for Cambridge, Average Annual Rates, 1991-94 85
Table: Leading Causes of Death by Race/Ethnicity and Gender, 1991-94 86

APPENDIX: DATA SOURCES

DEMOGRAPHICS

1. DEMOGRAPHICS

CAMBRIDGE DEMOGRAPHIC CHARACTERISTICS (1990 CENSUS)

Population Trends	persons	% change
1980	95,322	
1990	95,802	+0.5
2000	96,426	+0.7

Persons by Sex	persons	percentage
Male	46,544	48.6
Female	49,248	51.4

Age Distribution	persons	percentage
Under 5 years	4,759	5.0
5-14 years	6,704	7.0
15-44 years	60,441	63.1
45-64 years	13,827	14.4
65 years and over	10,071	10.5

Race and Ethnicity	persons	percentage
White	68,550	71.6
Black	12,178	12.7
Am. Indian, Eskimo or Aleut	237	0.2
Asian or Pacific Islander	7,981	8.3
Hispanic Origin	6,506	6.8
Other	350	0.4

Highest Level of Education	persons	percentage
Persons 25 years and over	63,471	
Less than 9th grade	4,501	7.1
9th to 12th grade, no diploma	5,430	8.6
High school graduate	10,057	15.8
Some college, no degree	6,825	10.8
Associate degree	2,273	3.6
Bachelor's degree	14,819	23.3
Grad. or professional degree	19,566	30.8

chart continues

CAMBRIDGE DEMOGRAPHIC CHARACTERISTICS CONTINUED

Language Spoken at Home	persons	percentage
Persons 5 years and over	91,158	
Speak a language other than English	23,851	26.2
Do not speak English "very well"	8,916	9.8

Household Type	persons	percentage
Married Couple Family	12,177	30.9
Male Householder	1,186	3.0
Female Householder	4,212	10.7
Non-Family Household	21,830	55.4

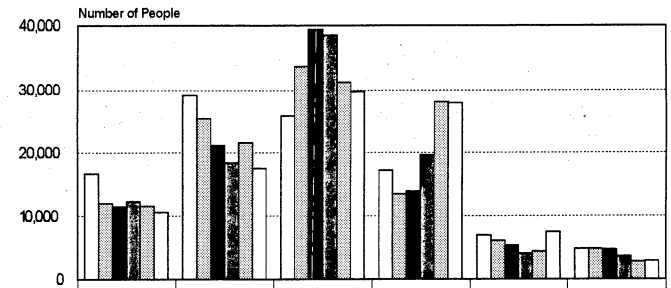
Income Distribution	households	percentage
Less than $5,000	1,997	5.1
$5,000-$9,999	3,232	8.2
$10,000-$24,999	9,234	23.4
$25,000-$34,999	6,132	15.6
$35,000-$49,999	6,579	16.7
$50,000-$74,999	6,497	16.5
$75,000-$99,999	2,611	6.6
$100,000 or more	3,055	7.8
Median Household Income	$33,140	
Median Family Income	$39,990	
Per Capita Income	$19,879	

Poverty Status Persons Below Poverty	persons	% of group
All persons	8,794	10.7
Under 18 years	2,000	15.2
18-64 years	5,820	9.7
65 years and over	974	10.7
Unrelated individuals	4,957	16.0

Families Below Poverty	families	% of group
All families	1,273	7.2
With children	1,025	12.8
Female householder	782	20.3

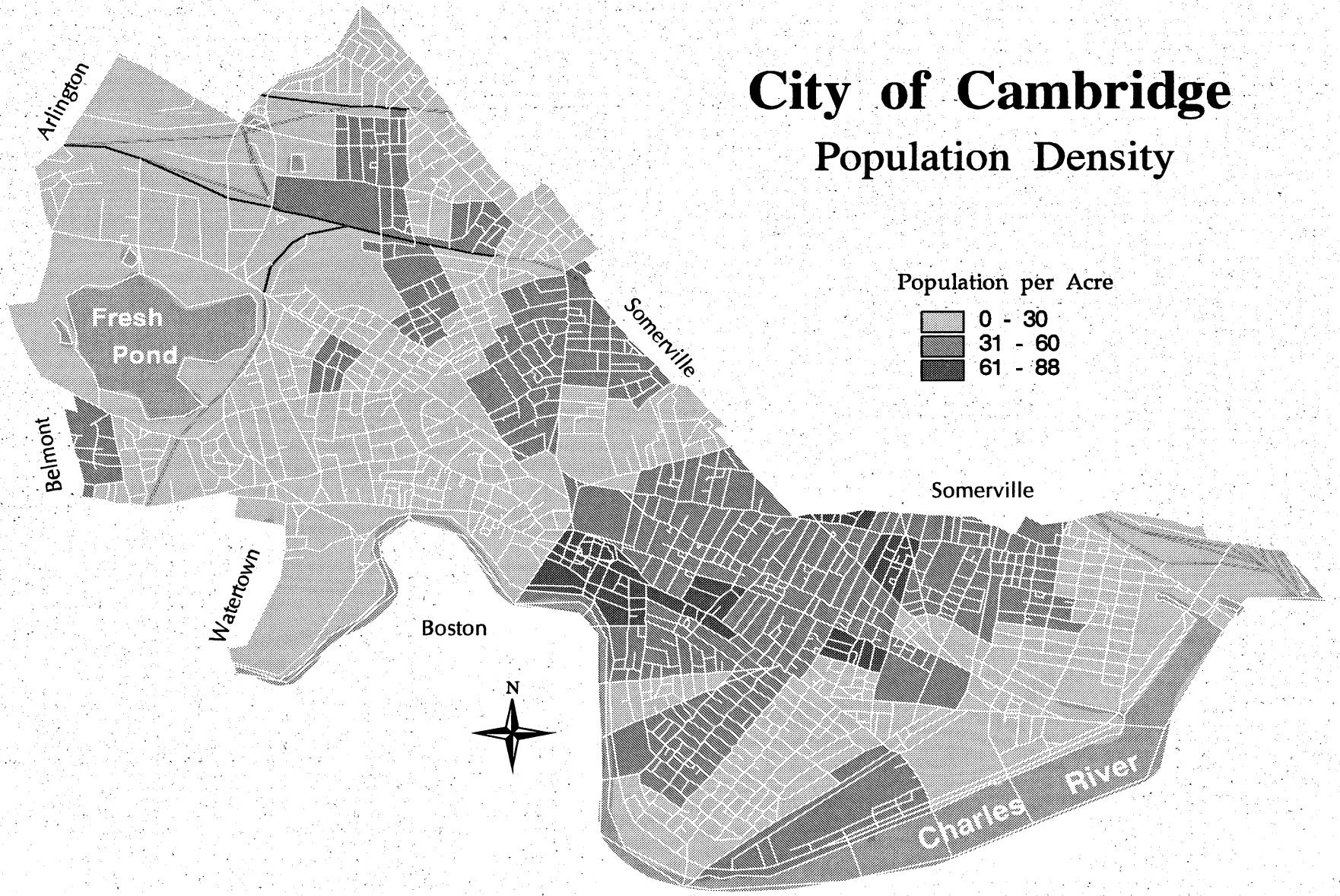
From the Data Center of the Metropolitan Area Planning Council
Data Source: 1990 U. S. Census/City of Cambridge Community Development Department

Cambridge Population Trends and Projections by Age Group



	0 to 14	15 to 24	25 to 44	45 to 64	65 to 74	75+
1970: 100,361	16,679	29,098	25,757	17,127	6,898	4,802
1980: 95,322	11,954	25,355	33,619	13,470	6,099	4,825
1990: 95,802	11,463	21,146	39,295	13,827	5,369	4,702
2000: 96,426	12,299	18,315	38,488	19,624	4,043	3,656
2010: 96,427	11,559	21,583	31,147	28,058	4,318	2,806
2020: 95,937	10,563	17,465	29,729	27,800	7,500	2,881

Source: 1970, 1980 and 1990 U. S. Census\Data Center of the Metropolitan Area Planning Council


City of Cambridge
Population Density
Population per Acre
0 - 30
31 - 60
61 - 88
Arlington
Fresh Pond
Belmont
Watertown
Boston
Somerville
Somerville
Charles River
N

BIRTHS: MATERNAL AND INFANT HEALTH

2. BIRTHS: MATERNAL & INFANT HEALTH

■ There were an average of 1,129 births in Cambridge annually during 1981-94 (14 years). The average annual birth rate[1] during this period was 11.8 per 1,000 residents. Approximately 6% of live births were to teens (women less than 20 years).

■ During 1991-94 (four years), the average annual percentage of low weight (less than 2500 grams or 5.5 lbs.) infants in Cambridge was 6.5% for all live births.

■ The percentage of women who received inadequate[2] or no prenatal care was approximately 4% overall for Cambridge, with slightly higher percentages for Hispanic (6.7%) and Black women (4.9%) during 1991-94.

INDICATORS:

- Low birth weight
- Percentage of births to women who received no/little prenatal care
- Racial/ethnic disparity in characteristics of prenatal care and health
- Health and behavior during pregnancy
- Births to teens (women less than 20 years)
- Sexual activity and contraceptive use among teens

YEAR 2000 OBJECTIVES, MASS. AND CAMBRIDGE RATES: * = Data not available

	HP 2000 Goal	Mass. Rate	Cambridge Rate
Infant mortality per 1,000 live births	7	6.3[1]	5.2[1]
Low weight births	1%	6.1%[1]	6.5%[1]
Recommended weight gain during pregnancy (percentage of women with live births who gain 17 lbs. or more)	85%	91%[3]	89%[4]
Percentage of women who smoke during pregnancy	10%	18%[3]	8%[4]

chart continues

YEAR 2000 OBJECTIVES CONTINUED

	HP 2000 Goal	Mass. Rate	Cambridge Rate
Prenatal care (percentage of women with live births who obtain):			
Prenatal care in the first trimester	90%	88%[1]	87%[1]
Adequate prenatal care[2]		83%[1]	82%[1]

Birth Data Source: Bureau of Health Statistics, Research, and Evaluation, Mass. DPH

1 1991-94 average annual percentage or rate per 1,000 live births where applicable

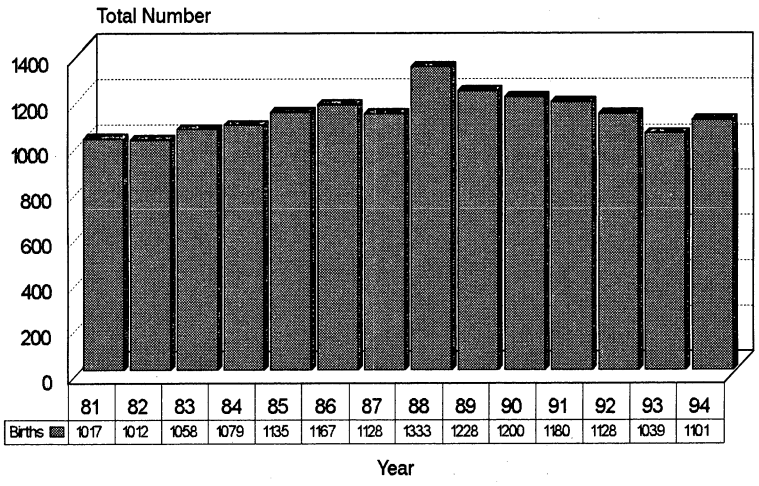
2 Prenatal care is defined as "adequate" when it begins in the first trimester and includes 9 or more prenatal visits. Intermediate prenatal care is when it begins in the second trimester or earlier, with 8 or fewer visits. Inadequate prenatal care is four visits or less, regardless of when it begins.

3 1993

4 1994

Total Births to Cambridge Residents

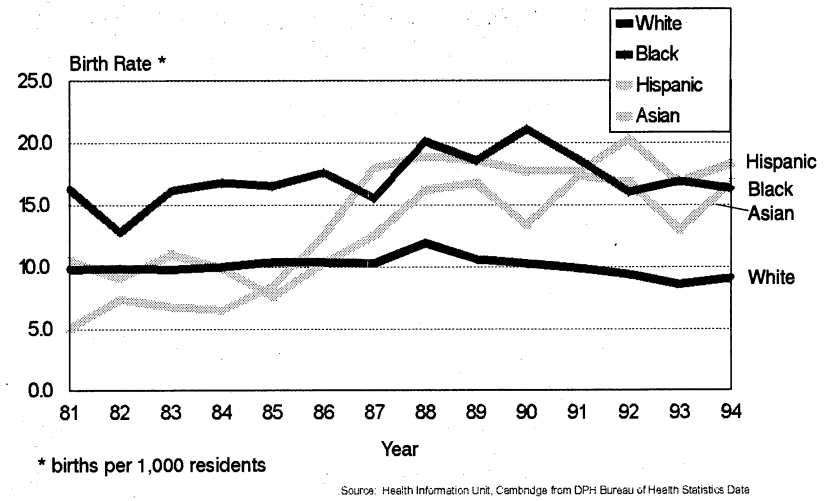
1981-94



Source: Health Information Unit, Cambridge from DPH Bureau of Health Statistics Data

Births by Race/Ethnicity

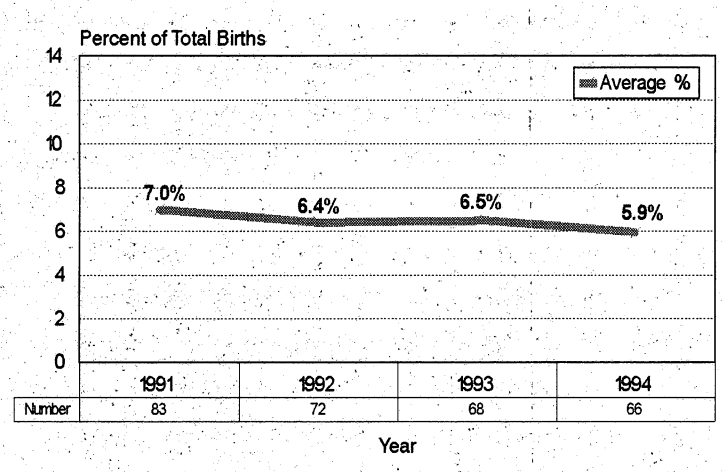
Cambridge Residents, 1981-94



Source: Health Information Unit, Cambridge from DPH Bureau of Health Statistics Data

Low Weight Births

Cambridge, 1991-94

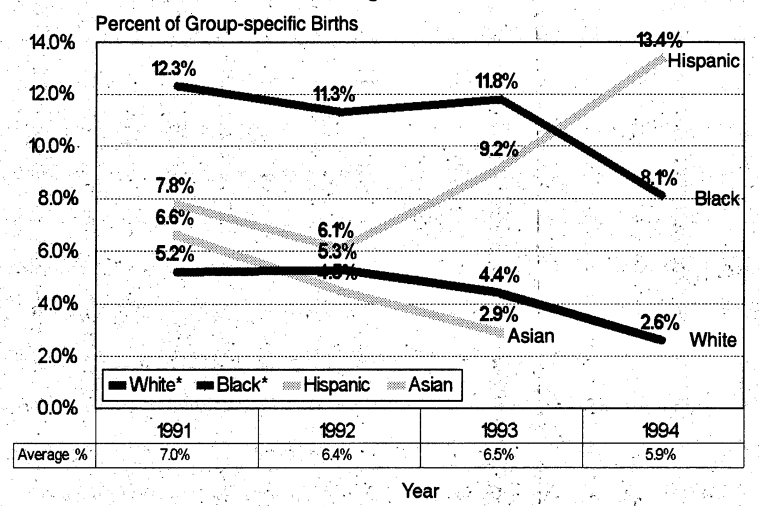


* Non-Hispanic

Source: Health Information Unit, Cambridge from DPH Bureau of Health Statistics Data

Low Weight Births by Race/Ethnicity

Cambridge, 1991-94

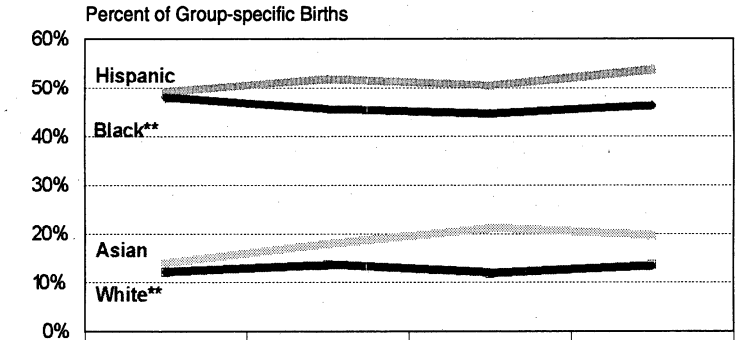


* Non-Hispanic

Source: Health Information Unit, Cambridge from DPH Bureau of Health Statistics Data

Births to Women with Publicly Financed* Care by Race/Ethnicity

Cambridge, 1991 - 94

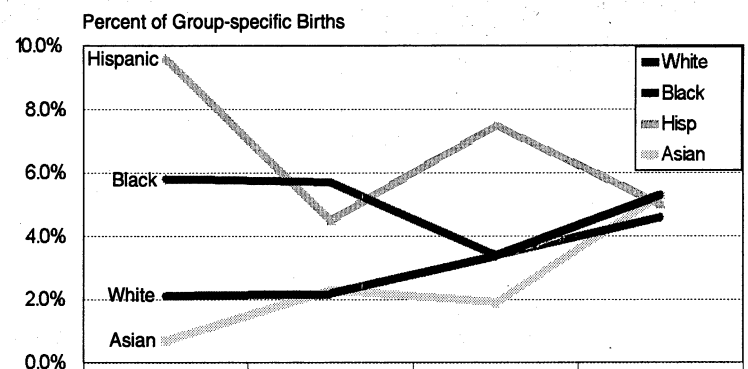


	1991	1992	1993	1994
Average	22.9%	24.4%	23.6%	24.5%

* Publicly financed prenatal care includes Medicaid, Medicare, Healthy Start, Free care and other government sources. Healthy Start is a program funded by the state of Mass. for low-income women who do not qualify for Medicaid.
** Non-Hispanic

Births to Women with Inadequate* Prenatal Care by Race/Ethnicity

Cambridge, 1991-94



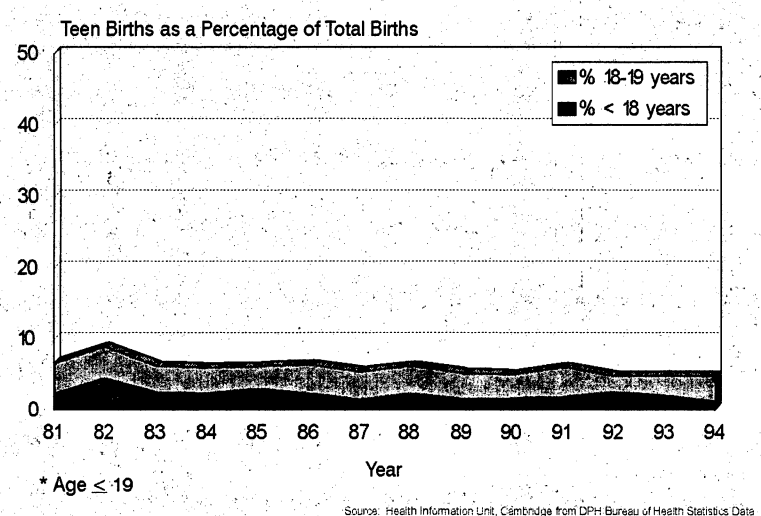
	1991	1992	1993	1994
Average %	3.5%	3.0%	3.7%	5.2%

* Includes those with no prenatal care; see chapter overview for definition of inadequate pnc.

Source: Health Information Unit, Cambridge from DPH Bureau of Health Statistics Data

Births to Teens*

Cambridge, 1981-94

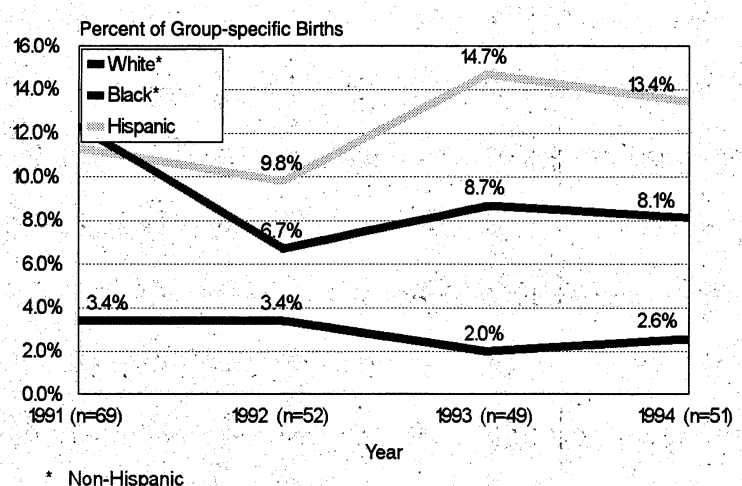


* Age ≤ 19

Source: Health Information Unit, Cambridge from DPH Bureau of Health Statistics Data

Births to Teens by Race/Ethnicity

Cambridge, 1991-94



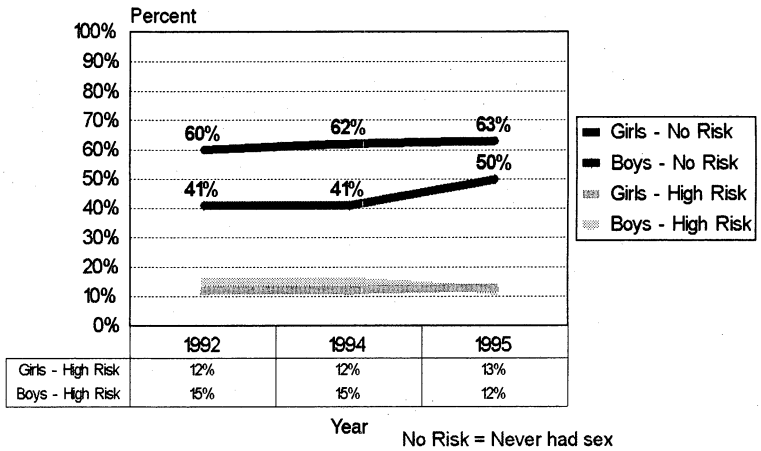
* Non-Hispanic

** Age ≤ 19

Source: Health Information Unit, Cambridge from DPH Bureau of Health Statistics Data

Risk of Pregnancy for High School Students

Cambridge (CRLS) 1992-96



	1992	1994	1995
Girls - High Risk	12%	12%	13%
Boys - High Risk	15%	15%	12%

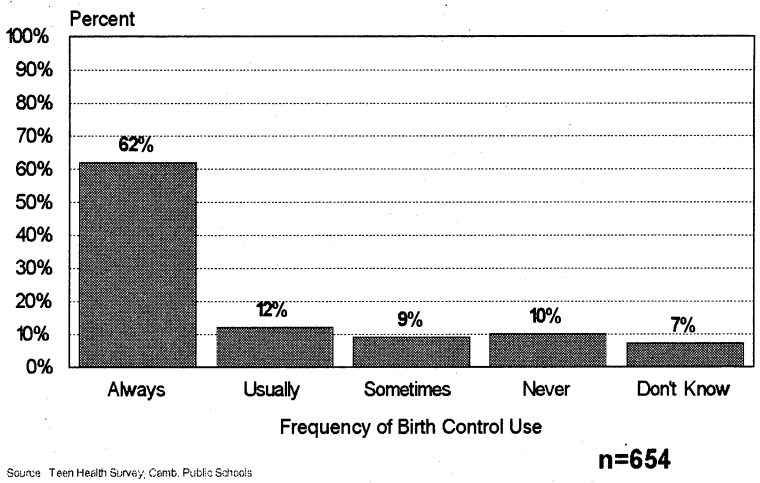
Year

No Risk = Never had sex
High Risk = Sexual intercourse in past 3 months without using birth control

Source: Teen Health Survey, Camb. Public Schools

Use of Birth Control among Students who have ever had Sexual Intercourse

Cambridge (CRLS) 1996



Frequency of Birth Control Use

n=654

Source: Teen Health Survey, Camb. Public Schools

BIRTHS BY RACE/ETHNICITY
CAMBRIDGE, 1981-94

Race/Ethnicity		Year 1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994
White	n	670	676	669	688	710	713	705	817	729	704	676	646	588	624
	rate	9.8	9.9	9.8	10.0	10.4	10.4	10.3	11.9	10.6	10.3	9.9	9.4	8.6	9.1
Black	n	198	156	196	204	201	214	189	245	226	257	228	195	206	198
	rate	16.3	12.8	16.1	16.8	16.5	17.6	15.5	20.1	18.6	21.1	18.7	16.0	16.9	16.3
Hispanic	n	33	48	44	42	55	81	117	123	121	115	115	132	109	119
	rate	5.1	7.4	6.8	6.5	8.5	12.5	18.0	18.9	18.6	17.7	17.7	20.3	16.8	18.3
Asian	n	84	73	88	79	61	82	100	129	133	107	138	134	104	133
	rate	10.5	9.1	11.0	9.9	7.6	10.3	12.5	16.2	16.7	13.4	17.3	16.8	13.0	16.7
Other*	n	32	59	61	66	108	77	17	18	19	19	23	21	32	27
Total	**n**	**1017**	**1012**	**1058**	**1079**	**1135**	**1167**	**1128**	**1332**	**1228**	**1202**	**1180**	**1128**	**1039**	**1101**
	rate	10.6	10.6	11.3	11.3	11.8	12.2	11.8	13.9	12.8	12.5	12.3	11.8	10.8	11.5

Birth rate = (number of live births / 1,000 residents) by race/ethnicity; calculated using the 1990 population from the U. S. Census
*Small numbers make rates unstable in this category

Sources: Registry of Vital Records and Statistics/Bureau of Health Statistics, Research and Evaluation, Mass. DPH;"
and Perinatal Health Statistics, Harvard Center for Reproductive and Child Health"

SELECTED BIRTH CHARACTERISTICS
CAMBRIDGE VS. MASSACHUSETTS, 1991-94

	1991		1992		1993		1994	
	Cambridge	Mass.	Cambridge	Mass.	Cambridge	Mass.	Cambridge	Mass.
Total Number	**1,183**	**88,176**	**1,128**	**87,202**	**1,039**	**84,627**	**1,101**	**83,758**
% Low Birthweight	7.0	5.9	6.4	5.9	6.5	6.2	6.0	6.4
% Adequate PNC	79.8	81.5	82.4	82.9	84.0	83.8	83.2	84.3
% Received PNC within 1st Trimester	85.5	85.8	85.9	87.2	88.3	88.0	87.3	89.0
% Inadequate/No PNC	3.5	3.2	3.0	3.0	3.7	2.8	5.2	2.5
% Publicly Financed PNC	22.9	27.2	24.4	27.8	23.6	27.8	24.5	27.9
% of Births to Teens (< age 20)	5.8	8.0	4.6	7.7	4.7	7.8	4.6	7.8

PNC = Prenatal Care
Source: Registry of Vital Records and Statistics/Bureau of Health Statistics, Research and Evaluation, Mass. DPH
Prenatal care is defined as "adequate" when it begins in the first trimester and includes 9 or more prenatal visits. Intermediate prenatal care is when it begins in the second trimester or earlier, with 8 or fewer visits. Inadequate prenatal care is four visits or less, regardless of when it begins.

ACCESS TO HEALTH CARE

3. ACCESS TO HEALTH CARE
AND PREVENTIVE HEALTH BEHAVIORS

In Massachusetts, those at highest risk for having no medical coverage include people who are 18-34 years old, of non-white race/ethnicity, and are unemployed. To meet the appropriate Healthy People 2000 Objective, 95% of the population should have a specific source of ongoing primary care for coordination of their preventive and episodic health care.

INDICATORS:

- Preventable Hospital Admissions (Ambulatory Care Sensitive Conditions)
- No medical insurance coverage
- Uninsured adults not seeking care due to costs
- Management of chronic conditions
- Routine health and screening practices
- Children with untreated dental cavities
- Immunization rates among children

YEAR 2000 OBJECTIVES, MASS. AND CAMBRIDGE RATES: (* = data not available)

	HP 2000 Goal	Mass. Rate	Cambridge Rate
Percent of fully immunized children under 2	90%	74%[2]	80%[1]
Children with untreated cavities	20% (age 6-8)	*	25% (grade 1)[3]
(percent of children in each age group)	15% (age 15)	*	18% (grade 8)[3]
Cholesterol checked within past 5 years	75%	73%[4]	*
Blood pressure checked within past 2 years	90%	95%[4]	*
Action taken to control hypertension			
Among Black males (ages 25-34)	80%	*	*
Among White males (ages 25-34)	80%	*	*
Percent of women who have had a clinical breast exam and mammogram in past 2 years			
Age 50+	60%	67%[4]	*
Age 70+	80%	*	*

chart continues

YEAR 2000 OBJECTIVES CONTINUED

	HP 2000 Goal	Mass. Rate	Cambridge Rate
Ever had a proctoscopic exam (age 40+)			
Men	40%	30%[4]	
Women	40%	28%[4]	*
Flu shot (age 65+)	*	50%[4]	*
Pneumonia vaccination (age 65+)	*	22%[4]	*
No medical coverage [5]	0%	9%[4]	*
Uninsured and did not seek care due to costs	*	49%[4]	*
Uninsured for:			
5+ years	*	21%	*
2-5 years	*	22%	*
1-2 years	*	55%	*

1 Immunization Action Project, of Cambridge, Somerville, and Chelsea, 1995
2 Immunization Program, Mass. Dept. of Public Health, 1995
3 1996 Teen Health Survey, Cambridge Public Schools
4 1993 Behavioral Risk Factor Survey System, Mass. Dept. of Public Health
5 Questions asked whether respondents had "any kind of health care coverage, including health insurance, prepaid plans such as HMO's (health maintenance organizations), or government plans such as Medicare", and "was there a time in the past 12 months when you needed to see a doctor, but could not because of the cost", and how long they have been without coverage.

LEADING PREVENTABLE HOSPITALIZATION CONDITIONS[1] BY AGE GROUP CAMBRIDGE RESIDENTS, 1994-95

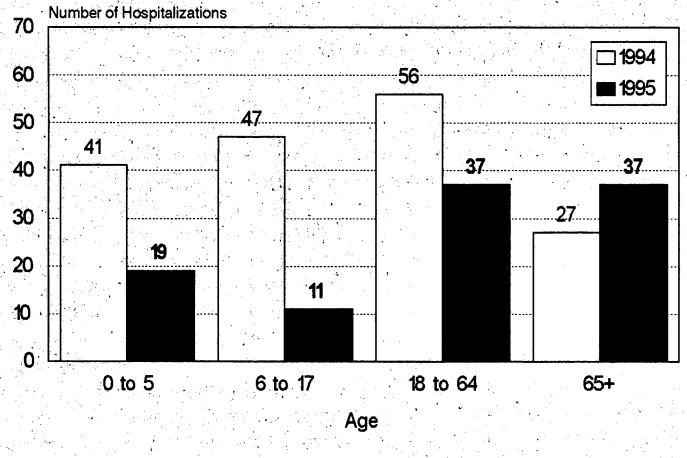
Age Group	Condition	n	%
0-5 years	Asthma	60	31.4
	Dehydration	26	13.6
	Kidney/Urinary Infection	23	12.0
	Bacterial Pneumonia	20	10.5
	Other	62	32.5
	TOTAL	191	100.0
6-17 years	Asthma	58	48.3
	Cellulitis	12	10.0
	Kidney/Urinary Infection	11	9.2
	Bacterial Pneumonia	11	9.2
	Other	28	23.3
	TOTAL	120	100.0
18-64 years	Bacterial Pneumonia	165	16.4
	Cellulitis	123	12.2
	Kidney/Urinary Infection	96	9.5
	Congestive Heart Failure	96	9.5
	Asthma	93	9.2
	Diabetes	71	7.0
	COPD	62	6.1
	Angina	48	4.8
	Other	255	25.3
	TOTAL	1009	100.0
65+ years	Congestive Heart Failure	492	26.7
	Bacterial Pneumonia	370	20.1
	Kidney/Urinary Infection	221	12.0
	COPD	204	11.1
	Dehydration	138	7.5
	Cellulitis	98	5.3
	Angina	83	4.5
	Diabetes	66	3.6
	Asthma	64	3.5
	Other	107	5.8
	TOTAL	1843	100.0

1 These hospitalizations are for selected diagnostic conditions that, if treated and properly managed in an ambulatory care setting, can potentially be avoided. See Preventable Hospitalizations in Massachusetts, January 1994, a report of the Massachusetts Division of Health Care Finance and Policy.

Source: Uniform Hospital Discharge Data Set/Mass. Division of Health Care Finance and Policy

Asthma Hospitalizations by Age and Year

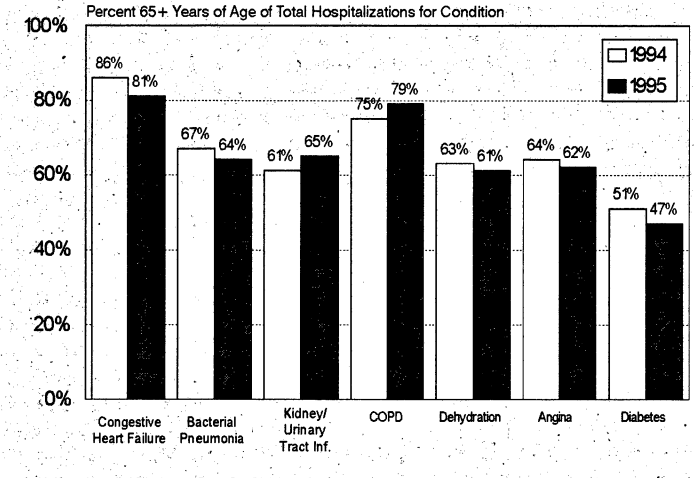
Cambridge Residents, 1994-95



Source: Uniform Hospital Discharge Data Set/Division of Health Care Finance and Policy

Preventable Hospitalizations Percent 65+ Years of Age by Condition

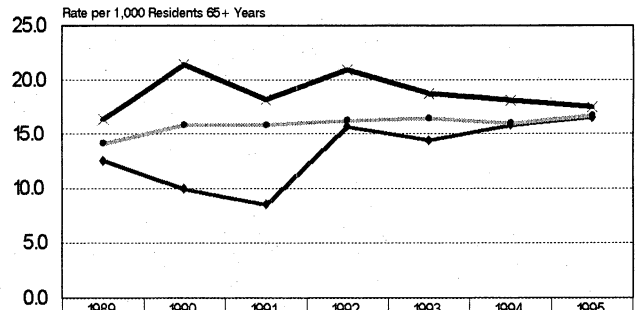
Cambridge Residents, 1994-95



Source: Uniform Hospital Discharge Data Set/Division of Health Care Finance and Policy

Bacterial Pneumonia Hospitalization Rates
65+ Years of Age

Cambridge, Somerville and Massachusetts Residents, 1989-95

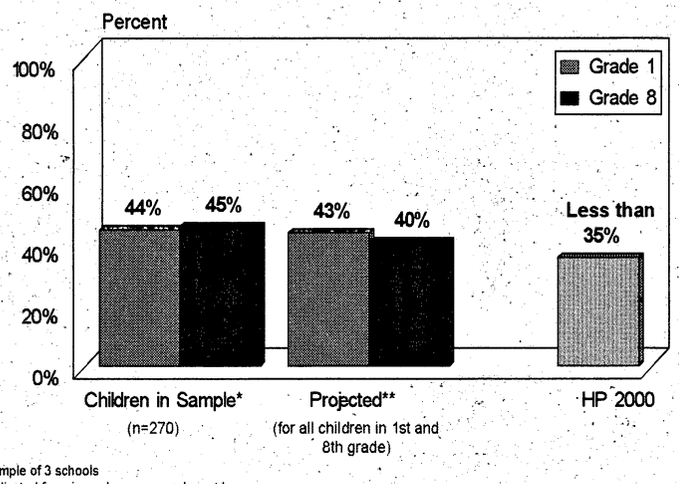


	1989	1990	1991	1992	1993	1994	1995
Cambridge	16.3	21.4	18.1	20.9	18.7	18.1	17.4
Somerville	14.1	15.8	15.8	16.2	16.5	16.0	16.7
Mass.	12.6	10.0	8.5	15.7	14.4	15.8	16.5

Source: Uniform Hospital Discharge Data Set\Division of Health Care Finance and Policy

Children with Cavities

Cambridge, 1995

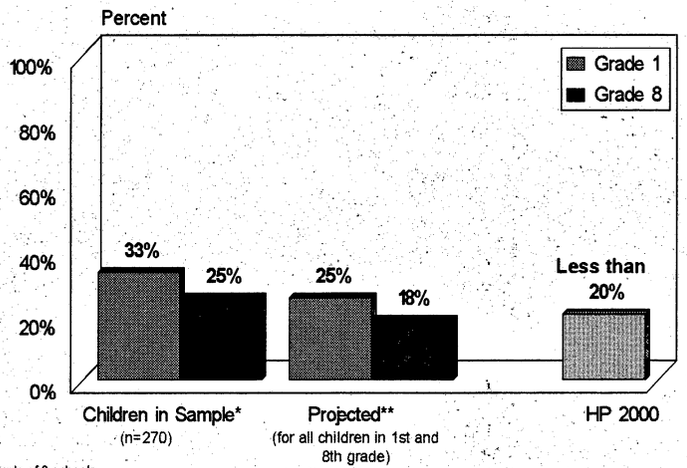


*Sample of 3 schools
**Adjusted for primary language spoken at home

Source: Harvard Dental School Assessment, Health of the City

Percent of Children with Untreated Cavities

Cambridge, 1995

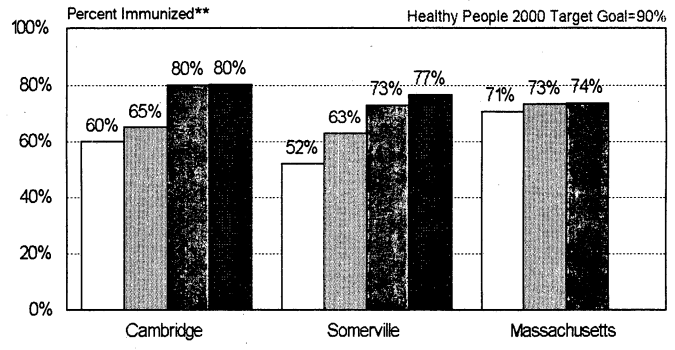


*Sample of 3 schools
**Adjusted for primary language spoken at home

Source: Harvard Dental School Assessment, Health of the City

Children Fully Immunized* at 2 Years of Age

Cambridge and Somerville Community Health Centers, 1993-96



*Based on immunization at 24 months = 4 DPT, 3 OPV, 1 MMR

**Mean percent for the health centers that provide pediatric care (5 in Cambridge and 3 in Somerville)

Source: Immunization Action Project of Cambridge, Chelsea, and Somerville; and Communicable Disease Surveillance Program, Mass. DPH

COMMUNITY VIOLENCE

4. COMMUNITY VIOLENCE

- Cambridge has ongoing City-wide initiatives to reduce and prevent violence, particularly domestic violence.
- Cambridge has lower rates of violence than other cities in Massachusetts and the state overall for injuries due to guns and sharp instruments and deaths due to homicide, but comparable to other mid-sized cities and towns.
- Cambridge residents report significant numbers of rapes and sexual assaults to the Police Department.

INDICATORS:

- Crime statistics
- Calls for assistance for domestic violence
- Injuries from weapons (guns and sharp instruments)
- Deaths due to homicide
- Weapon-carrying among teens
- Witnessing family violence among teens

YEAR 2000 OBJECTIVES, MASS. AND CAMBRIDGE RATES: (* = data not available)

	HP 2000 Goal	Mass. Rate	Cambridge Rate
Homicide (age-adjusted and age-specific per 100,000)	7.2	4.0[1]	3.5[2]
White males (15-24)		7.1[1]	*
Black males (15-24)		148.3[1]	*
Weapon-related violent injuries (age-adjusted per 100,000)	*	36.7[3]	25.1[3]
Violent Crimes reported to Police (murder, rape, robbery, assault per 100,000)	*	*	626.3[4]
Rape reported to Police (per 100,000)	*	*	32.4[4]

chart continues

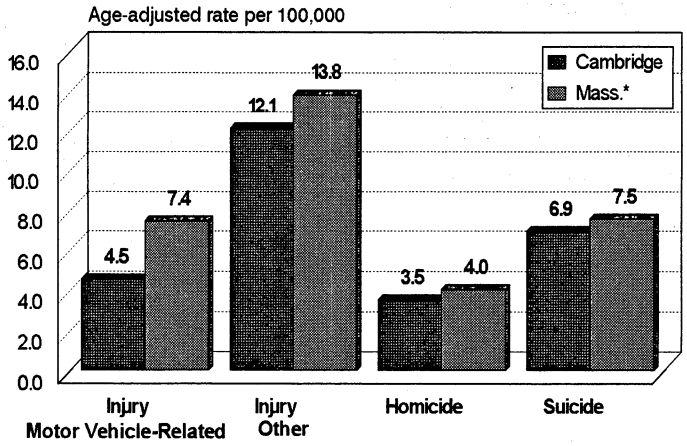
YEAR 2000 OBJECTIVES CONTINUED

	HP 2000 Goal	Mass. Rate	Cambridge Rate
Calls for Police assistance for domestic violence	*	*	770 (FY 1994) [5]
violence incidents (annual number)			999 (FY 1995) [5]
Restraining order violated	*	*	20%[5]
Victim injured during incident	*	*	29%[5]
(percent of total incidents)			
Child abuse and neglect	*	*	40[6]
(per 1,000 children less than 18 years)			
Weapon-carrying by adolescents 14-17 yrs	reduce by 20%	20%[8]	19% (boys)[7]
(annual reported prevalence*)			7% (girls)[7]
Percent of schools in community that have:			
Peer mediation in schools	50% or more	*	70%[9]
Comprehensive violence prevention programs	80%	*	*[9]

1 1994, Vital Records, Bureau of Health Statistics, Research and Evaluation, Mass. DPH
2 1991-94 average annual rate
3 1995 Weapon-related Injury Surveillance System, Mass. Dept. of Public Health
4 Violent Crimes, Rape reported to the Cambridge Police Department from Jan. 1, 1995-Sept. 30, 1995
5 Domestic Violence Incidents (July 1, 1993-June 30, 1995), Operation Safe Home, Cambridge Police Dept.
6 1993 Child Maltreatment Statistics, Mass. Dept. of Social Services
7 Teen Health Survey, Cambridge Public Schools, 1996
8 Youth Risk Behavioral Survey, Mass. Dept. of Education, 1995
9 Cambridge Public School Dept., All Cambridge Schools have some violence prevention but comprehensiveness varies.

Injury Deaths

Cambridge vs. Massachusetts, 1991-94

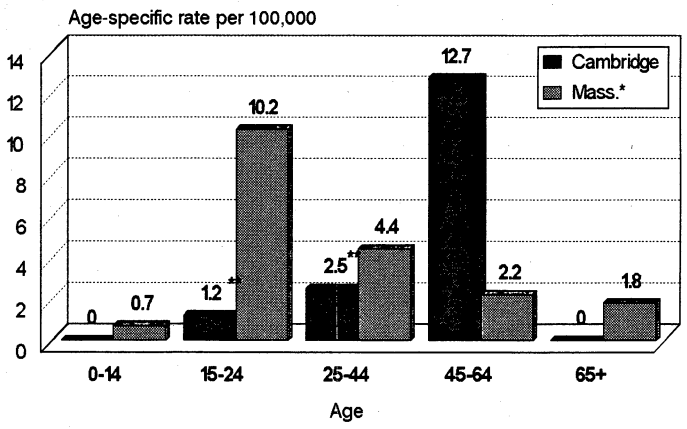


Source: Registry of Vital Records and Statistics/Bureau of Health Statistics, Research and Evaluation, Mass. DPH

* 1994 Age-adjusted rate

Homicide by Age

Cambridge vs. Massachusetts, 1991-94

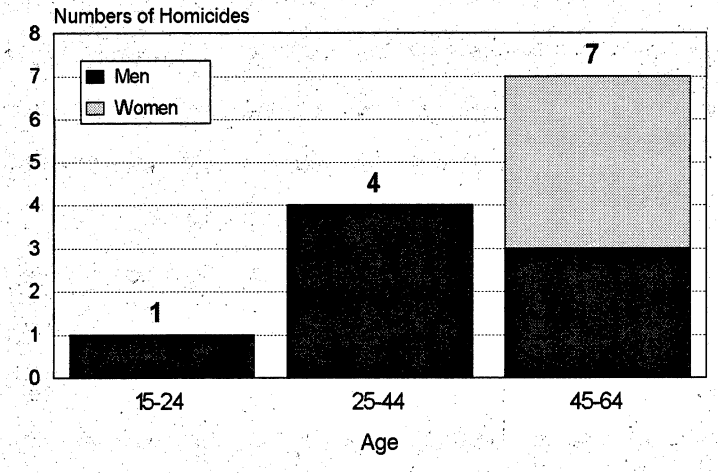


Source: Registry of Vital Records and Statistics/Bureau of Health Statistics, Research and Evaluation, Mass. DPH

* 1994 Age-adjusted rate
** Number <5

Homicide by Age and Gender

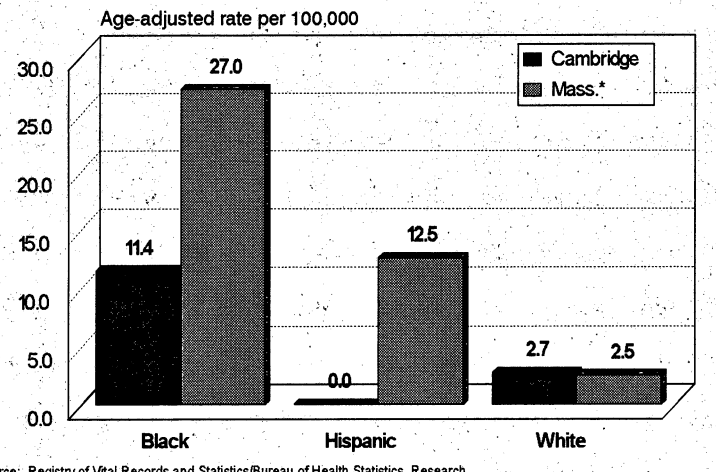
Cambridge, 1991-94



Source: Registry of Vital Records and Statistics/Bureau of Health Statistics, Research and Evaluation, Mass. DPH

Homicide by Race/Ethnicity

Cambridge vs. Massachusetts, 1991-94



Source: Registry of Vital Records and Statistics/Bureau of Health Statistics, Research and Evaluation, Mass. DPH

* 1994 Age-adjusted rate

VIOLENCE-RELATED GUNSHOT AND SHARP INSTRUMENT INJURY RATES

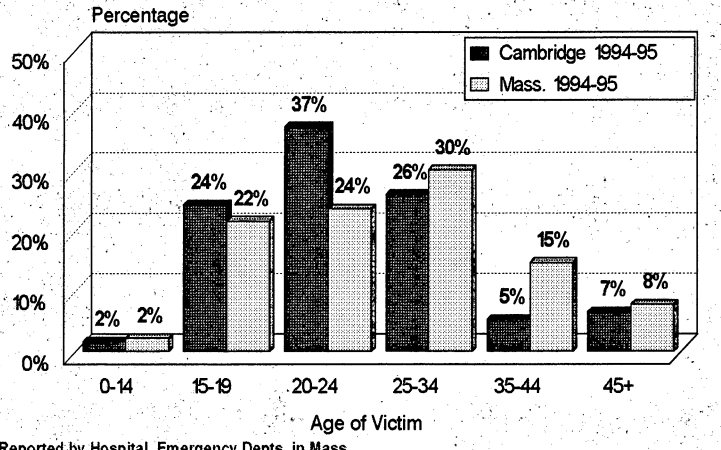
Cities/Towns with Populations over 70,000, reported in 1994 and 1995

City/Town	Reported Cases 1994	Reported Cases 1995	Rate (per 100,000) 1994	Rate (per 100,000) 1995
Brockton	144	126	155.2	135.8
Springfield	237	207	151.0	131.9
Boston	839	704	146.1	122.6
Lawrence	71	67	101.1	95.4
Worcester	150	114	88.4	67.2
Lynn	70	74	86.2	91.1
New Bedford	83	68	83.1	68.1
Somerville	**33**	**29**	**43.3**	**38.1**
Fall River	37	33	39.9	35.6
Lowell	36	37	34.8	35.8
Cambridge	**31**	**24**	**32.4**	**25.1**
Quincy	27	18	31.8	21.2
Newton	1	3	1.2	3.6
Massachusetts	**2547**	**2210**	**42.3**	**36.7**

"Data Source: Weapon-Related Injury Surveillance System (WRISS), Mass. Dept. of Public Health." Cases reported by all Massachusetts acute care hospital emergency rooms (n=88).

Violence-related Injuries by Age

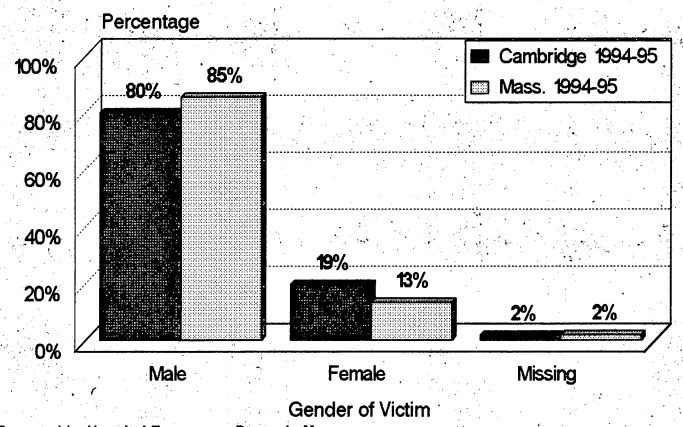
Injuries from Guns and Sharp Instruments*
Cambridge and Mass. Total, 1994-95



* Reported by Hospital Emergency Depts. in Mass.
Data Source: Weapon-related Injury Surveillance System, Mass. DPH

Violence-related Injuries by Gender

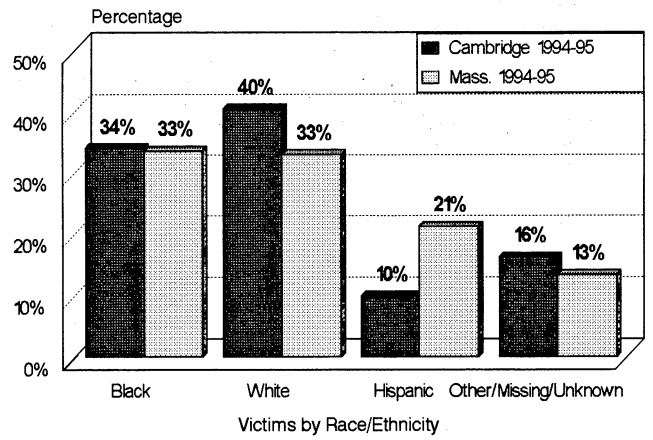
Injuries from Guns and Sharp Instruments
Cambridge and Mass. Total, 1994-95



* Reported by Hospital Emergency Depts. in Mass.
Data Source: Weapon-related Injury Surveillance System, Mass. DPH
Prepared by: Camb Health Information Unit

Violence-related Injuries by Race/Ethnicity

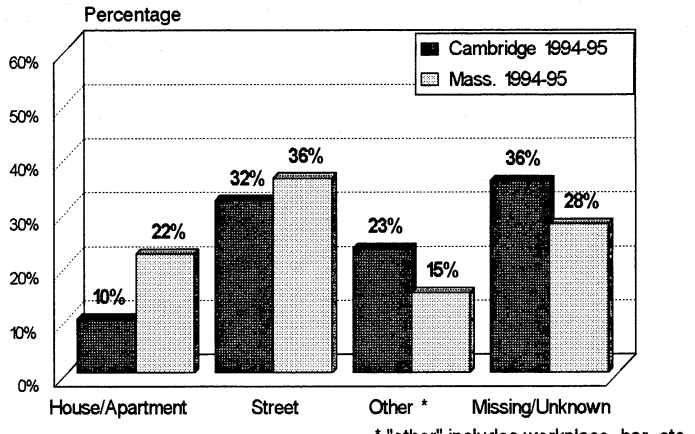
Injuries from Guns and Sharp Instruments
Cambridge and Mass. Total, 1994-95



* Reported by Hospital Emergency Depts. in Mass.
Data Source: Weapon-related Injury Surveillance System, Mass. DPH

Violence-related Injuries by Location of Incident

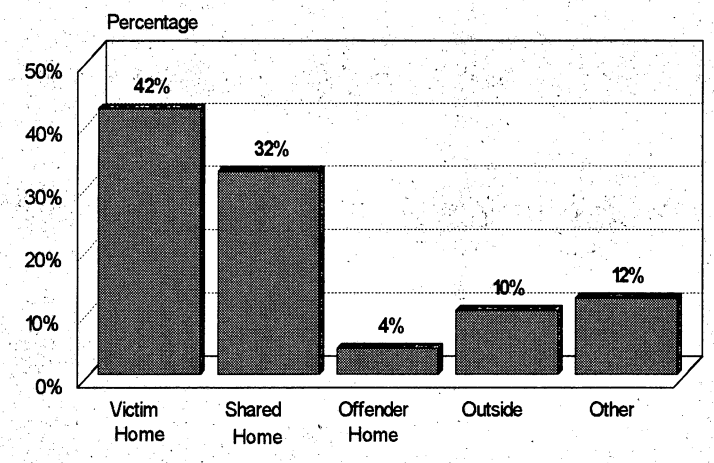
Injuries from Guns and Sharp Instruments
Cambridge and Mass. Total, 1994-95



* Reported by Hospital Emergency Depts. in Mass.
Data Source: Weapon-related Injury Surveillance System, Mass. DPH
Prepared by: Camb Health Information Unit

Domestic Violence Incidents by Location

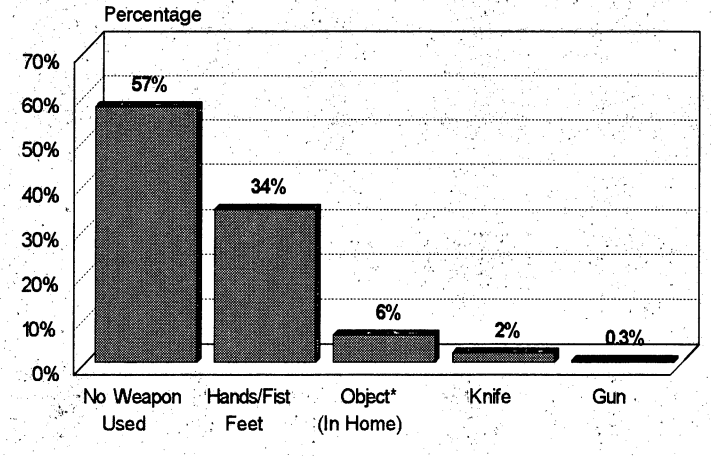
Reported to Cambridge Police, 7/94 - 7/95



Data Source: Cambridge Police Dept. Operation Safe Home

Domestic Violence by Weapon Use

Reported to Cambridge Police, 7/94 - 7/95

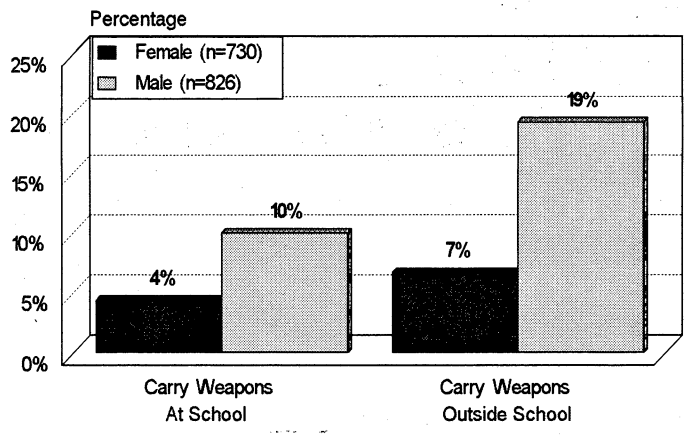


Data Source: Cambridge Police Dept. Operation Safe Home
Prepared by: Cambridge Health Information Unit

* phone, hammer, brick, etc.

Percentage of Students that Carry Weapons

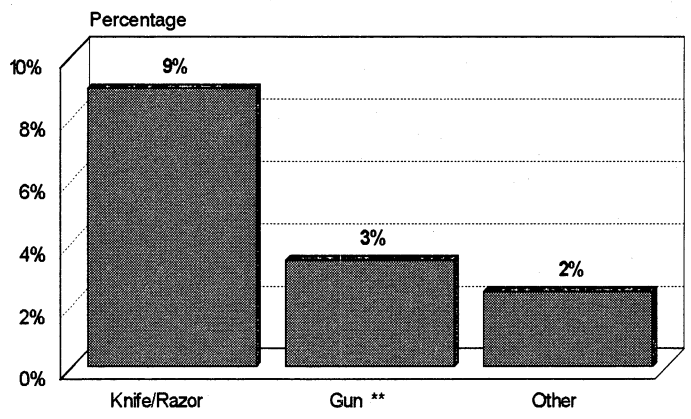
Cambridge Ringe and Latin H.S. Student Survey, 1996 (n=1,556)



Data Source: Cambridge Public School Dept.

Type of Weapons Carried by Students*

Cambridge Ringe and Latin H.S. Student Survey, 1996 (n=1,556)

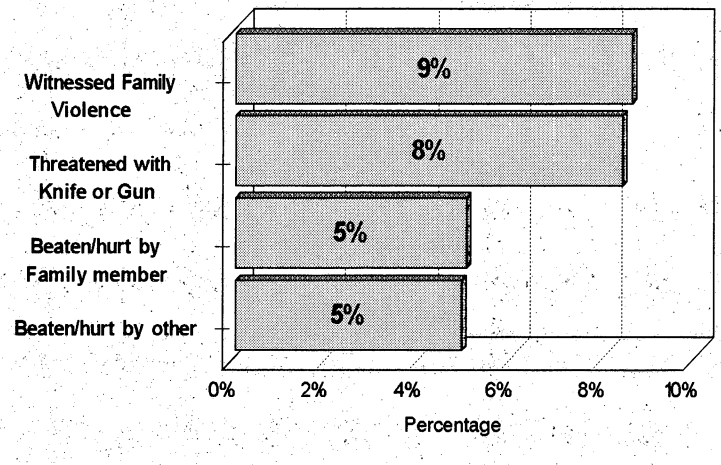


Data Source: Cambridge School Dept.
Prepared by: Cambridge Health Information Unit

* inside and outside school
** handgun or other gun type

Violence-related Stressful Events Reported by Students

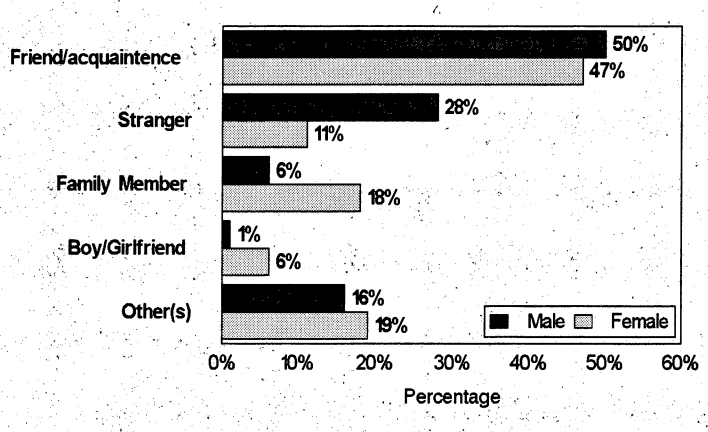
Cambridge Ringe and Latin H.S. Student Survey, 1996 (n=1,556)



Data Source: Cambridge School Dept.

Physical Fighting reported by Students in past Year (n=703)* by Relationship and Gender

Cambridge Ringe and Latin H.S. Student Survey, 1996



* female n=264
male n=439

Data Source: Teen Health Survey, Cambridge School Dept.
Prepared by the Health Information Unit

INJURY IN THE COMMUNITY

5. INJURY

- In the four year period from 1991 to 1994, 3.6% of all deaths of Cambridge residents were due to unintentional and intentional injuries.
- For the period 1991 to 1994, the number of suicides was 2.7 times greater than the number of homicides.
- Suicide was reported as the cause of death in over 30% of all injury deaths in 1991 to 1994. The rate of hospitalization due to self-inflicted injury was highest among the age group 25 to 44 for Cambridge residents in 1994.
- For 1991 to 1994, motor vehicle-related deaths made up approximately 14% of total injury deaths to Cambridge residents.
- Falls were the cause of almost one half of all injury hospitalizations of Cambridge residents in 1994 and occurred most frequently in the elderly. In 1994, rates of hospitalization due to falls among Cambridge residents were higher than the state overall.

INDICATORS:

- Hospitalization as a result of injury
- Deaths due to unintentional injury, motor vehicle-related injury, suicide, and homicide[1]
- Injuries at school
- Self-inflicted injury among H. S. students
- Seat belt usage

YEAR 2000 OBJECTIVES, MASS. AND CAMBRIDGE RATES: (* = data not available)

	HP 2000 Goal	Mass. Rate	Cambridge Rate
Percent of all deaths (1994)			
unintentional injuries	*	2.2%	1.9%
suicide and homicide	*	1.3%	1.2%
motor vehicle-related	*	0.9%	0.2%
Injury hospitalizations due to falls			
people 65+ years (per 100,000)	*	1789.9[2]	3654.1[2]
Unintentional injury hospitalizations			
(per 100,000)	754	757.8[2]	1033.4[2]
Motor vehicle-related injury deaths			
people 15-24 years (per 100,000)	33[3]	13.5[2]	2.4[4]
Seat belt use	85%[5]	56%[6]	*
adolescents grades 9-12	*	50%[7]	*

chart continues

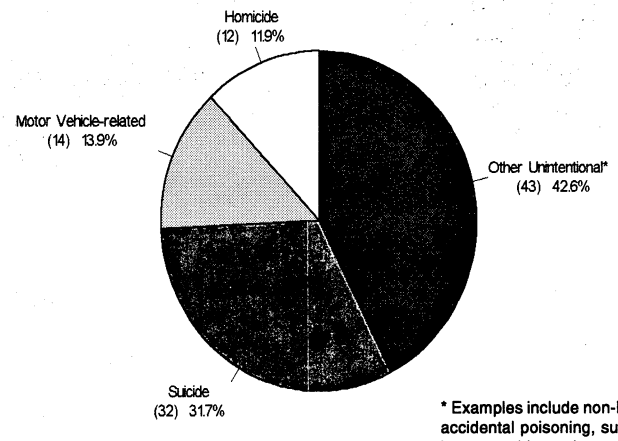
YEAR 2000 OBJECTIVES CONTINUED

	HP 2000 Goal	Mass. Rate	Cambridge Rate
Drinking and driving			
adults 18+ years	*	2.8%[8]	*
adolescents (grades 9-12)	*	16%[9]	4%[11]
Attempted suicide in past year			
adolescents (grades 9-12)	*	10%[10]	7%[11]

1 See Chapter 4, Community Violence
2 1994 rate per 100,000
3 National rates may be higher due to broader definition
4 1991-1994 average annual rate
5 Computed from direct observation of traffic and includes use among infants and children
6 Massachusetts 1993 prevalence from BRFSS, adults 18+ self-reporting "always or almost always use a seat belt when driving or riding in car
7 Massachusetts 1995 prevalence from Youth Risk Behavior Survey, adolescents self-reporting use of seat belts "always" or "most of time" when riding in a vehicle driven by someone else
8 Massachusetts 1993 prevalence from BRFSS, adults 18+ self-reporting driving at least once after having had "perhaps too much to drink" within the past month
9 Massachusetts 1995 prevalence from Youth Risk Behavior Survey, adolescents self-reporting "drove after drinking in past month"
10 Massachusetts 1995 prevalence from Youth Risk Behavior Survey, self-reported
11 1996 Cambridge Rindge and Latin School Teen Health Survey, self-reported

Injury Deaths

Cambridge Residents, 1991-1994



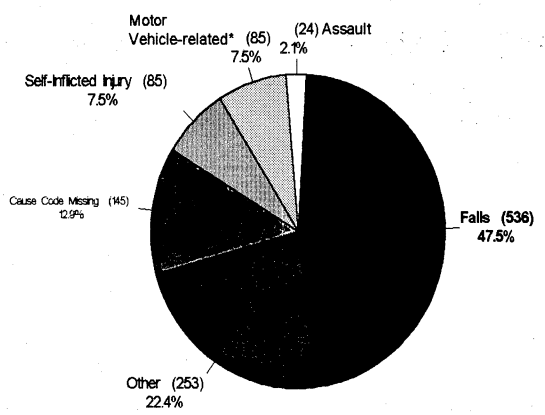
(n=101)

Data Source: Registry of Vital Records/Bureau of Health Statistics and Evaluation, Mass. DPH

* Examples include non-MV accidents, falls, accidental poisoning, suffication, drowning, burns, accidents due to environmental factors, unintentional medical misadventures and adverse effects to medicinal substances.

Injury Hospitalizations

Cambridge Residents, 1994



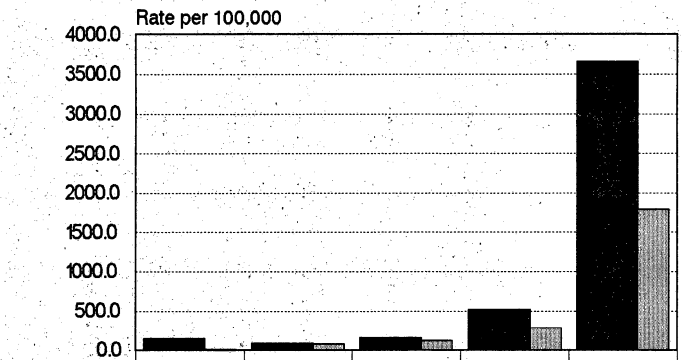
(n=1,128)

Data Source: Uniform Hospital Discharge Data Set/Mass. DPH Injury Control Program

* Includes MV occupant, pedestrian with MV, motorcycle, and bicycle with MV.

Injury Hospitalization Due to Falls by Age

Cambridge and Massachusetts Residents, 1994

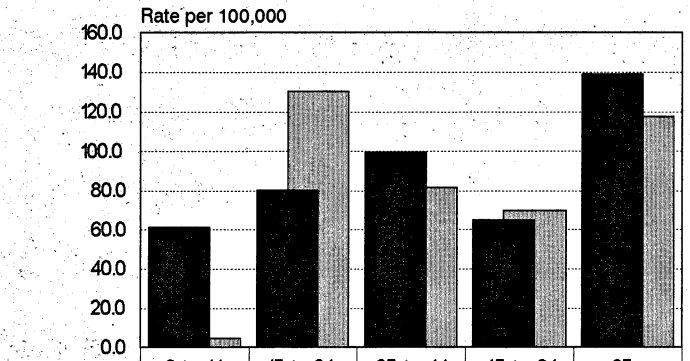


	0 to 14	15 to 24	25 to 44	45 to 64	65+
Cambridge	148.3	85.1	157.8	513.5	3654.1
Massachusetts	116	78.0	125.1	283.7	1789.9

Data Source: Uniform Hospital Discharge Data Set/Mass. DPH Injury Control Program

Motor Vehicle Injury Hospitalization by Age

Cambridge and Massachusetts Residents, 1994

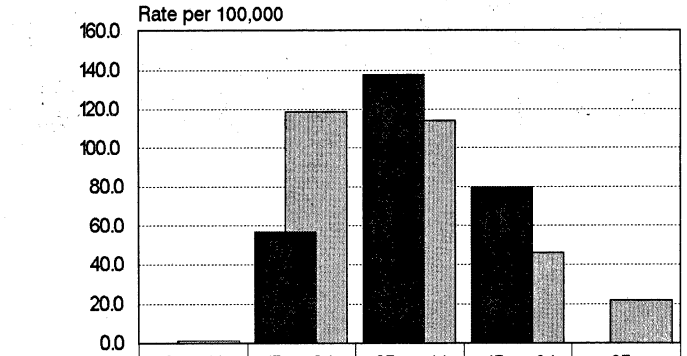


	0 to 14	15 to 24	25 to 44	45 to 64	65+
Cambridge	61.1	80.4	99.3	65.1	139.0
Massachusetts	4.5	130.4	81.5	69.9	117.5

Data Source: Uniform Hospital Discharge Data Set/Mass. DPH Injury Control Program

Self-Inflicted Injury Hospitalization by Age

Cambridge and Massachusetts Residents, 1994



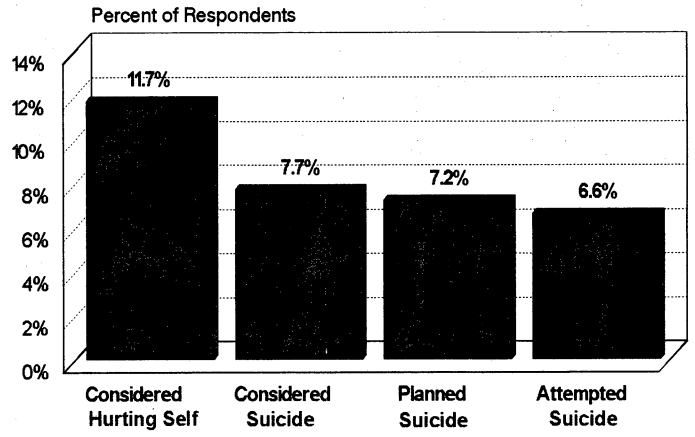
	0 to 14	15 to 24	25 to 44	45 to 64	65+
Cambridge	*	56.8	137.4	79.6	*
Massachusetts	1.3	118.5	114.1	46.0	21.7

* n < 5

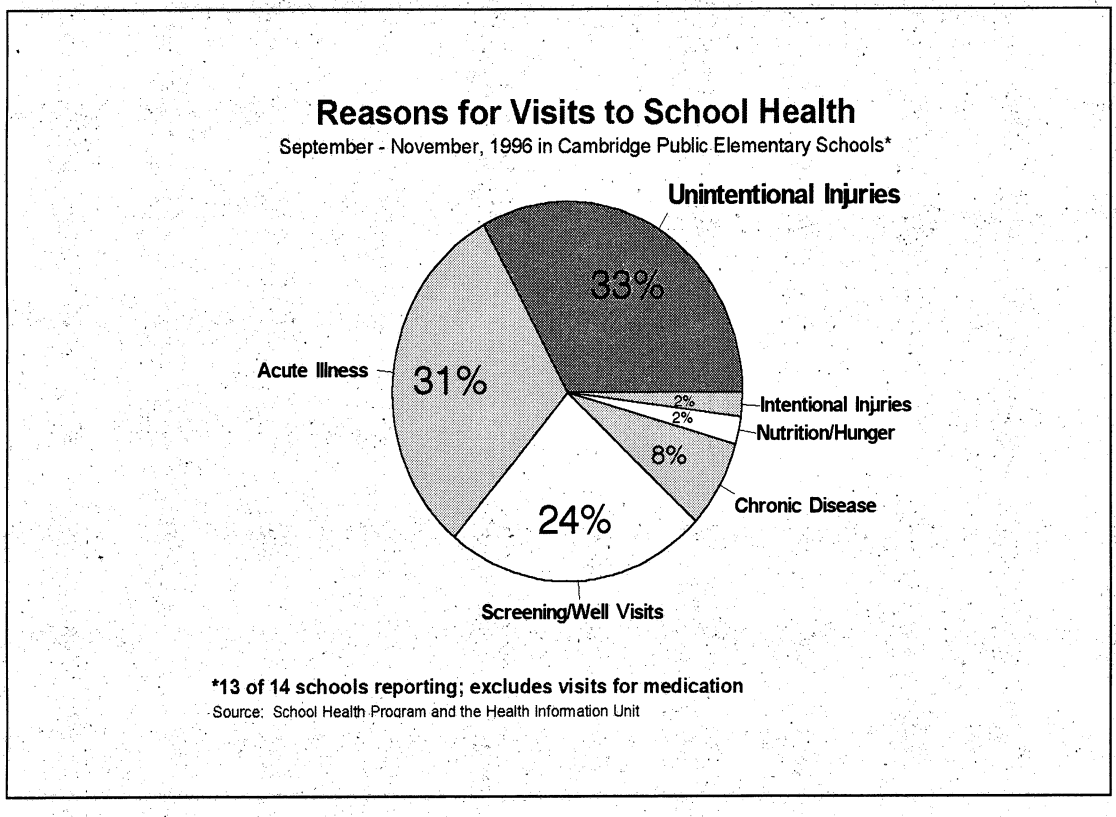
Data Source: Uniform Hospital Discharge Data Set/Mass. DPH Injury Control Program

Suicidal Thoughts or Attempts

Cambridge Rindge and Latin H. S School Survey, 1994



Data Source: Cambridge Public Schools Teen Health Survey


Reasons for Visits to School Health
September - November, 1996 in Cambridge Public Elementary Schools*
Unintentional Injuries
33%
Acute Illness
31%
2%
Intentional Injuries
2%
Nutrition/Hunger
8%
Chronic Disease
24%
Screening/Well Visits
*13 of 14 schools reporting; excludes visits for medication
Source: School Health Program and the Health Information Unit

SUBSTANCE ABUSE: ALCOHOL, TOBACCO AND DRUGS

6. SUBSTANCE ABUSE
ALCOHOL, TOBACCO AND DRUGS

- Nearly 50% of deaths in the U.S. per year are directly or indirectly related to the abuse of tobacco, alcohol, and other drugs.
- Cambridge has the highest rate of substance abuse-related hospital discharge among cities in Mass. with populations greater than 90,000.
- Residents of Cambridge have higher rates of death related to substance abuse than Massachusetts overall.
- Half of all alcohol- and drug-related hospital discharges for Cambridge residents are not covered by any form of insurance.

INDICATORS:

- Death related to substance abuse
- Hospital discharges related to substance abuse
- Admissions to publicly-funded treatment programs
- Cigarette smoking and tobacco use
- Use of alcohol, tobacco and other drugs by high school students
- Binge drinking (5+ drinks on single occasion in previous month)

YEAR 2000 OBJECTIVES, MASS. AND CAMBRIDGE RATES: (* = data not available)

	HP 2000 Goal	Mass. Rate	Cambridge Rate
Death related to alcohol and drugs (annual rate per 100,000)	*	32.0[1]	38.0[2]
Alcohol-related motor deaths (rate per 100,000) people 15-25 years	5.5 35.0	*	*
Hospital discharges related to alcohol and drugs (rate per 100,000)	*	546[1]	1,097[1]
Drug abuse-related emergency room visits (rate per 100,000)	140.0	*	*

chart continues

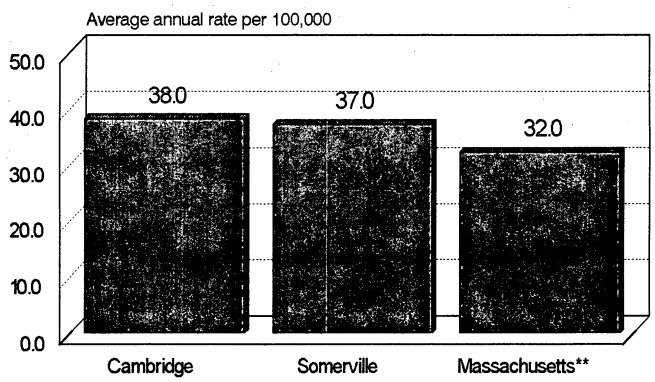
YEAR 2000 OBJECTIVES CONTINUED

	HP 2000 Goal	Mass. Rate	Cambridge Rate
Binge drinking			
(5+ drinks on single occasion in previous month)	*	20%[3]	*
High school students	*	33%[4]	29%[5]
Percent current cigarette smokers (adults age 18+)	15%	23%[3]	*
Young adults (ages 20-24)	*	25%[6]	*
High school students (smoked in past 30 days)		37%[4]	13%[5]
High school students (daily in past 30 days)	*	15%[4]	8%[5]
Primary care providers attending substance abuse information and referral training (number)	*	*	200[7]
Cambridge stores that passed compliance check (did not sell cigarettes to a minor)	*	*	88%[8]

1 1993 death rate per 100,000; 1993-94 hospitalizations—average annual rate per 100,000; Indicators of Substance Abuse Report, Bureau of Substance Abuse Services/Health and Addictions Research, Mass.DPH
2 1991-93 average annual rate per 100,000; BSAS, Mass. DPH
3 Behavioral Risk Factor Survey System, Mass. Dept. of Public Health (self-reported data)
4 Grades 9-12 Youth Risk Behavioral Survey, Mass. Dept. of Education, 1995
5 Grades 9-12 Teen Health Survey, Cambridge Public School Dept., 1996
6 Mass. Tobacco Survey, Center for Survey Research, U.Mass. Boston and Dept. of Public Health, 1993
7 1995-96 Cambridge Substance Abuse Task Force, Cambridge Dept. Human Services Programs
Note: 98% of providers trained were from Cambridge and Somerville
8 Cambridge United for Smoking Prevention and Tobacco Control Program, Dec. 1996 compliance check conducted in 68 local stores.

Alcohol and Drug-Related Deaths*

Cambridge, Somerville, and Mass. Residents, 1991-93



* Indicated by ICD-9 or E-code on Death Certificate
** 1992 Rate

Source: Health and Addictions Research, Inc.; and Bureau of Substance Abuse Services, Mass. DPH

Average number of deaths per year:
Cambridge=36
Somerville=27

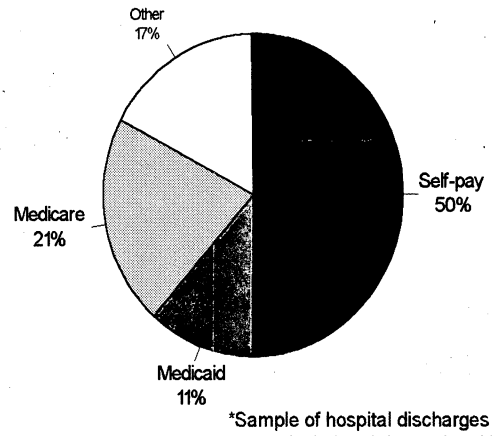
ALCOHOL AND DRUG-RELATED HOSPITAL DISCHARGES TO RESIDENTS OF SELECTED MASSACHUSETTS COMMUNITIES, 1991-93

City/Town	Population	1991-93 Mean Annual Number	Rate (per 100,000)
Lynn	81,245	1,356	1669.0
Cambridge	**95,802**	**1,050**	**1096.0**
Boston	574,283	5,603	975.7
Somerville	**76,210**	**682**	**894.9**
Springfield	156,983	1,291	822.4
Worcester	169,759	1,201	707.5
Quincy	84,985	586	689.5
New Bedford	99,922	655	655.5
Lawrence	70,207	449	639.5
Brockton	92,788	574	618.6
Lowell	103,439	624	603.3
Fall River	92,703	512	552.3
Newton	82,585	230	278.5
Massachusetts Total		**32028**	**532.3**

Source: Uniform Hospital Discharge Data Set\Mass. DPH Bureau of Substance Abuse Services
Prepared by the Cambridge Health Information Unit

Alcohol and Drug Related Hospital Discharges by Payor

Cambridge Residents, 1993-94 (n=1,010)*

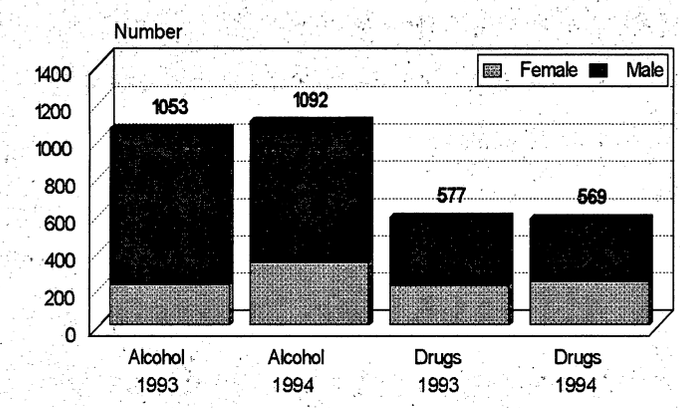


*Sample of hospital discharges obtained using alcohol and drug-related DRG's

Source: Mass. Rate Setting Commission
Prepared by the Cambridge Health Information Unit

Alcohol and Drug-Related Hospital Discharges* by Gender and Substance

Cambridge Residents, 1993-94

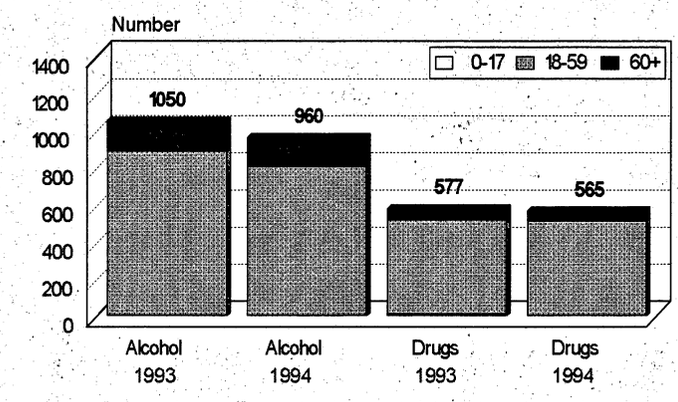


Source: Uniform Hospital Discharge Data Set/Health and Addictions Research, Inc.; and Bureau of Substance Abuse Services, Mass. DPH
Prepared by the Cambridge Health Information Unit

* Total discharges, not individuals
Total n=1,412
Approx. 15% of admits are for both alcohol and drugs (counted once in total)

Alcohol and Drug-Related Hospital Discharges* by Age Group and Substance

Cambridge Residents, 1993-94

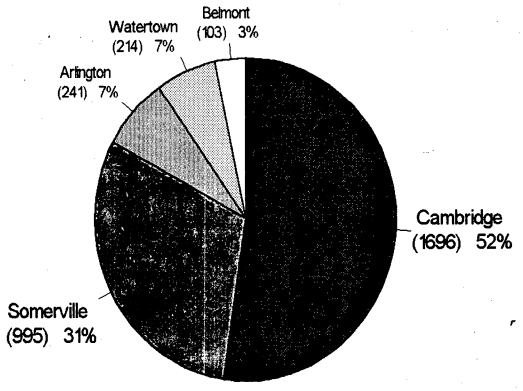


Source: Uniform Hospital Discharge Data Set/Health and Addictions Research, Inc.; and Bureau of Substance Abuse Services, Mass. DPH
Prepared by the Cambridge Health Information Unit

* Total discharges, not individuals
Total n=1,412
Approx. 15% of admits are for both alcohol and drugs (counted once in total)

Alcohol and Drug Treatment Admissions*

Residents of CHNA #17: Cambridge, Somerville, Arlington, Belmont, Watertown
Average Number of Admissions per Year, 1991-93

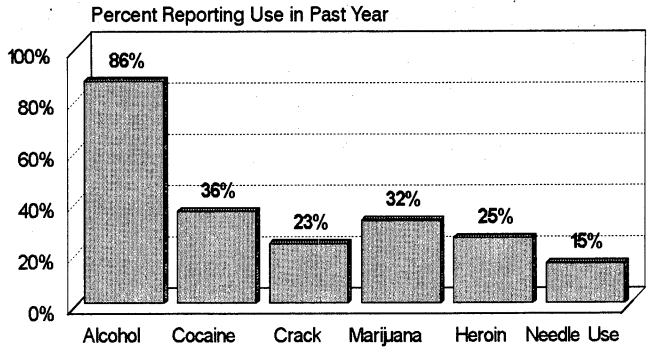


Source: Health and Addictions Research, Inc.; and
Bureau of Substance Abuse Services, Mass. DPH

* Admissions to publicly funded treatment programs

Alcohol and Drug Treatment Admissions*
Type of Reported Substance Use

Residents of CHNA #17: Cambridge, Somerville, Arlington, Belmont, Watertown
(Total Admissions=4,234 for FY 1995**)

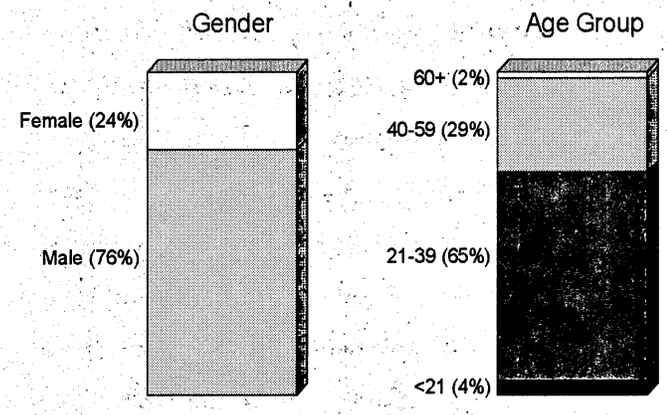


Source: Health and Addictions Research, Inc.; and
Bureau of Substance Abuse Services, Mass. DPH

* Admissions to publicly funded treatment programs
** Fiscal Year 1995 (July 1994 through June 1995)

Alcohol and Drug Treatment Admissions*

Residents of CHNA #17: Cambridge, Somerville, Arlington, Belmont, Watertown
(Total Admissions=4,234 for FY 1995**)

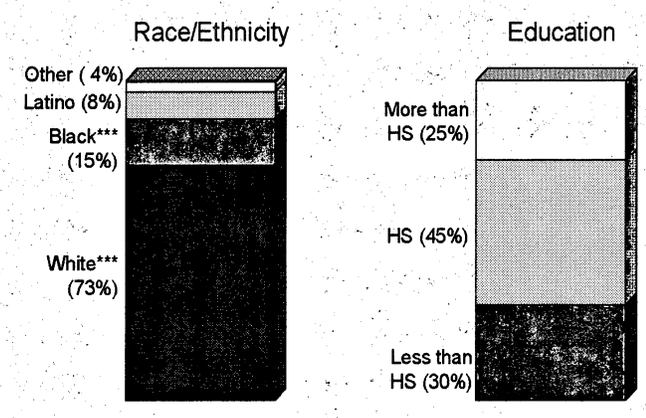


Source: Health and Addictions Research, Inc., and Bureau of Substance Abuse Services, Mass. DPH

* Admissions to publicly funded treatment programs
** Fiscal Year 1995 (July 1994 through June 1995)

Alcohol and Drug Treatment Admissions*

Residents of CHNA #17: Cambridge, Somerville, Arlington, Belmont, Watertown
(Total Admissions=4,234 for FY 1995**)

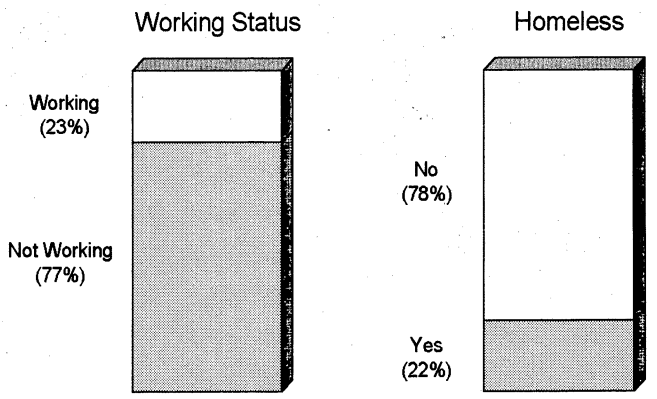


Source: Health and Addictions Research, Inc., and Bureau of Substance Abuse Services, Mass. DPH

* Admissions to publicly funded treatment programs
** Fiscal Year 1995 (July 1994 through June 1995)
*** Non-Latino

Alcohol and Drug Treatment Admissions*

Residents of CHNA #17: Cambridge, Somerville, Arlington, Belmont, Watertown
(Total Admissions=4,234 for FY 1995**)

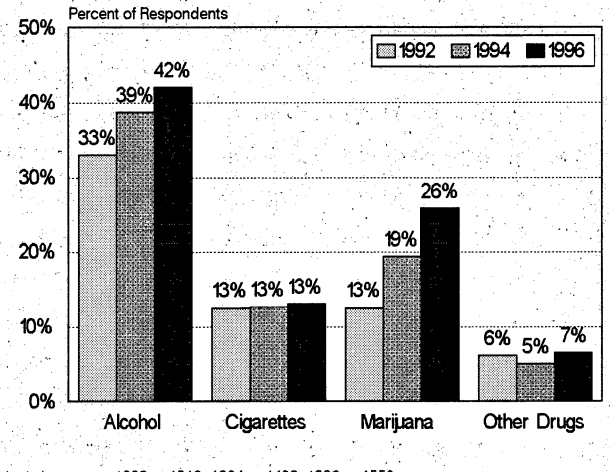


Source: Health and Addictions Research, Inc.; and Bureau of Substance Abuse Services, Mass. DPH

* Admissions to publicly funded treatment programs
** Fiscal Year 1995 (July 1994 through June 1995)

Current* Substance Use by High School Students

Cambridge, 1992-96

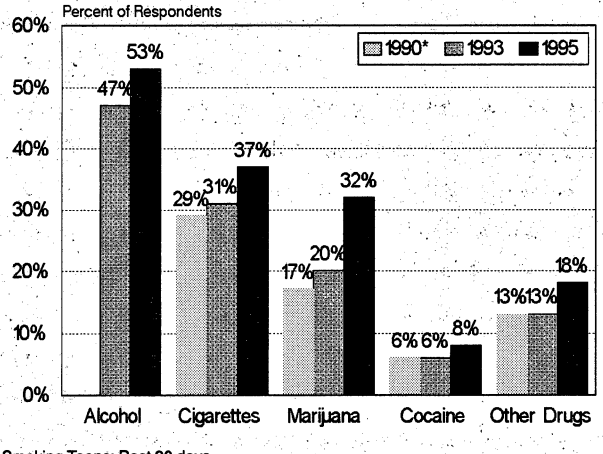


Total students in survey: 1992 n=1512; 1994 n=1432; 1996 n=1556.
Source: Cambridge Public Schools Teen Health Survey
Prepared by the Cambridge Health Information Unit

* Used in last 30 days

Current* Substance Use by High School Students

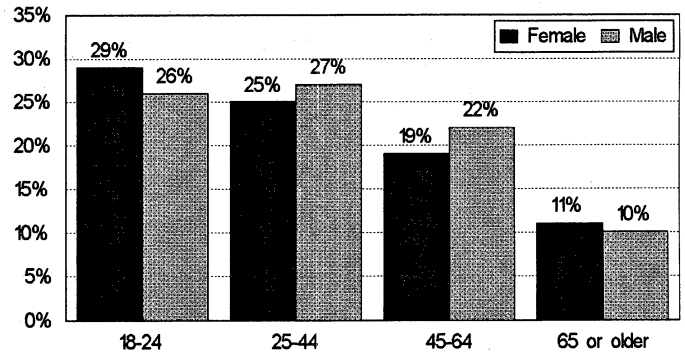
Massachusetts, 1990-95



Current Smoking Teens: Past 30 days
Source: Youth Risk Behavioral Survey, 1995
Prepared by the Cambridge Health Information Unit

Current Smoking* among Adults in Massachusetts by Gender and Age

Massachusetts Tobacco Survey, 1993

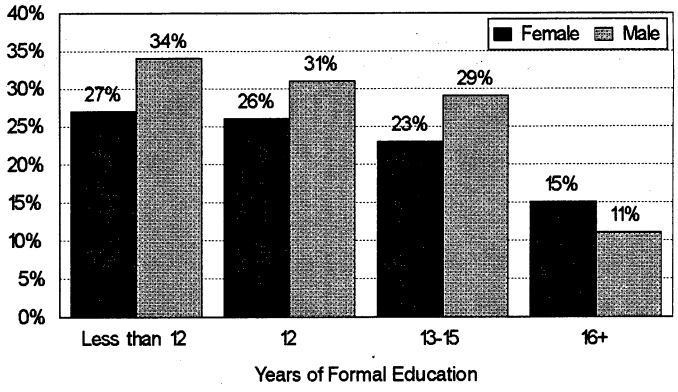


* Current smoking among adults: Smoked 100+ cigarettes in life and smokes every or almost every day

Source: 1993 Massachusetts Tobacco Survey, Mass. DPH and Center for Survey Research, University of Massachusetts, Boston

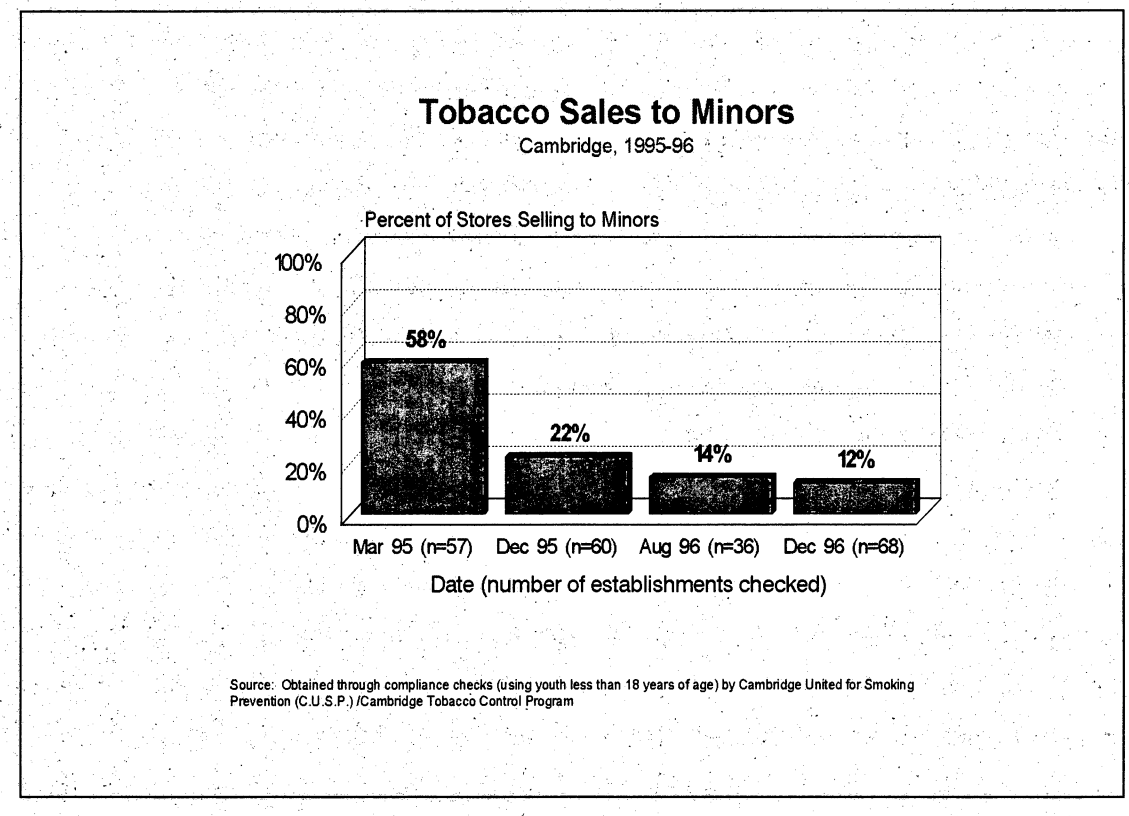
Current Smoking* among Adults in Massachusetts by Gender and Education

Massachusetts Tobacco Survey, 1993



* Current smoking among adults: Smoked 100+ cigarettes in life and smokes every or almost every day

Source: 1993 Massachusetts Tobacco Survey, Mass. DPH and Center for Survey Research, University of Massachusetts, Boston



Source: Obtained through compliance checks (using youth less than 18 years of age) by Cambridge United for Smoking Prevention (C.U.S.P.) /Cambridge Tobacco Control Program

ACTUAL CAUSES OF DEATH IN THE U.S., 1990 AND THE CONTRIBUTION OF SUBSTANCE ABUSE

Cause	Estimated Number	% of Total Deaths	Related Morbidity and Mortality
Tobacco	**400,000**	19	Cancers of the lung, esophagus, oral cavity, pancreas, kidney, bladder, and perhaps other organs, cardiovascular disease, (coronary artery disease, stroke, high blood pressure), lung disease (COPD, pneumonia), low birth weight, and burns.
Diet/Activity Pattern	300,000	14	
Alcohol	**100,000**	5	Cirrhosis, cancers, motor-vehicle fatalities, home injuries, drownings, job injuries, numerous other mental health, social and economic consequences
Microbial Agents	90,000	4	
Toxic Agents	60,000	3	
Firearms	35,000	2	
Sexual Behavior	30,000	1	
Motor Vehicles	25,000	1	
Illicit Use of Drugs	**20,000**	<1	Overdose, motor-vehicle death and injury, HIV infection, homicide, suicide, pneumonia, hepatitis, endocarditis.
Total	**1,060,000**	**50%**	
Estimated number of Alcohol, Tobacco and Drug Deaths for 1990	**520,000**		

From "Actual Cause of Death in the United States in 1990", McGinnis, et al; JAMA vol. 270 (18), 2207-2212.

HIV/AIDS

7. HIV/AIDS

- As of January 1996, there have been 305 Cambridge residents diagnosed and reported with AIDS; approximately 35% of these individuals are living and 65% have died.
- Sixty-seven percent of all cases (64% of males and 79% of females) were diagnosed after 1990.
- Seventy-one percent of persons were diagnosed at less than 40 years of age: 51% were diagnosed at ages 30-39 years; 18% were diagnosed at ages 20-29 years; 2% were diagnosed as children (pediatric cases).
- In Massachusetts, male-to-male sex, injection drug use, and heterosexual sex account for the largest proportion of AIDS cases to date. While male-to-male cases represent the largest number of cases, they are declining as a percentage of annual cases reported in favor of injection drug use and heterosexual contact.

INDICATORS:

- Case reports to the AIDS Surveillance Program
- Deaths due to HIV/AIDS
- HIV infection among subpopulations
- Sexual activity among teens
- Condom use among teens
- Injection drug use and IDU's in treatment

YEAR 2000 OBJECTIVES, MASS. AND CAMBRIDGE RATES:

	HP 2000 Goal	Mass. Rate	Cambridge Rate
Death rate due to HIV/AIDS (rate per 100,000)	*	15.6[1]	19.0[2]
Persons ages 25-44	*	6.7[1]	43.9[2]
Black males (age 25-44)		212.2[1]	168.5[2]
Hispanic males (age 25-44)		200.9[1]	100.5[2]
Cumulative AIDS cases (rate per 100,000)	*	174.5[3]	318.4[3]
Annual AIDS (1994) cases (rate per 100,000)	*	17.9[3]	41.8[3]
HIV infection in childbearing women (per 1,000 births, 1994)		2.0[4]	*

chart continues

YEAR 2000 OBJECTIVES, MASS. AND CAMBRIDGE RATES: (* = data not available)

	HP 2000 Goal	Mass. Rate	Cambridge Rate
Injection drug users in publicly-funded treatment programs	50%	*	*
Injection drug users offered clean syringes, prevention supplies and education	*	816[8]	*See Note
Injection drug users receiving >1 linkage to drug treatment		224[8]	*
Adolescents who ever had intercourse by age 14 (#HP2000=by age 15)	15% #	25%[5]	26%[6]
Condom use at last sexual intercourse			
Adolescents (age 15-19)	60-75%	56% (grades 9-12) 5	78% (grades 9-12) 6
Percent of residents who received HIV test	*	30% men[7]	
		21% women[7]	
Percent that received counseling with test		31%[7]	

1 1994 rate per 100,000; Vital Records, Bureau of Health Statistics, Research and Evaluation, Mass. DPH
2 1991-94 average annual rate per 100,000
3 AIDS Surveillance Program, Mass. Dept. of Public Health
4 Seroprevalence of childbearing women in inner-city Boston=14.7 per 1,000 births; in Metropolitan Boston the rate was 1.8 per 1,000 births. HIV/AIDS Epidemiological Profile, Mass. DPH, FY 1996
5 Youth Risk Behavioral Survey, Mass. Dept. of Education, 1995
6 Teen Health Survey, Cambridge Public School Dept., 1996
7 Behavioral Risk Factor Survey System, CDC and Mass. Dept. of Public Health, 1993
8 Combined Boston and Cambridge data for 94-95 Pilot Needle Exchange programs (AHOPE), HIV/AIDS Quarterly Review, Mass. DPH

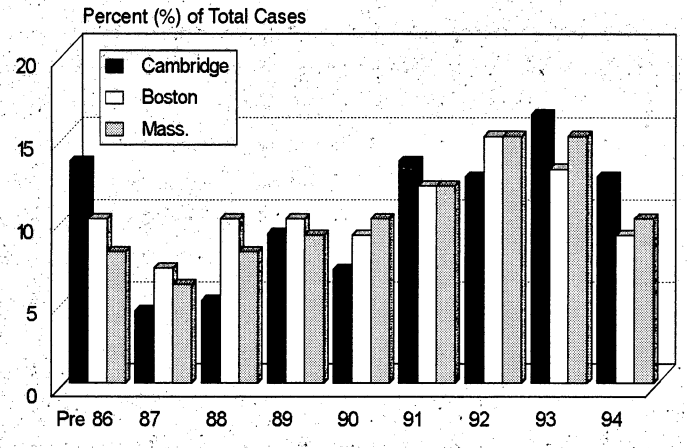
CUMULATIVE AIDS CASES IN SELECTED MASSACHUSETTS CITIES AND TOWNS[1]

City of Residence	Population[2]	Reported Cases	Cumulative Case Rate (per 100,000)
Provincetown	3,561	248	6964.3
Boston	574,283	4175	727.0
Springfield	156,983	709	451.6
Holyoke	43,704	188	430.2
New Bedford	99,922	393	393.3
Cambridge	**95,802**	**327**	**341.3**
Worcester	169,759	541	318.7
Lawrence	70,207	196	279.2
Brockton	92,788	246	265.1
Somerville	**76,210**	**199**	**261.1**
Lynn	81,245	212	260.9
Revere	42,786	106	247.7
Brookline	54,718	126	230.3
Lowell	103,439	217	209.8
Malden	53,884	113	209.7
Quincy	84,985	152	178.9
Fall River	92,703	120	129.4

1 Cases reported as of 12/1/96; Mass. resident, non-prisoner cases only"
2 1990 U.S. Census
Source: AIDS Surveillance Program/Mass. DPH

AIDS in Cambridge, Boston, and Mass.

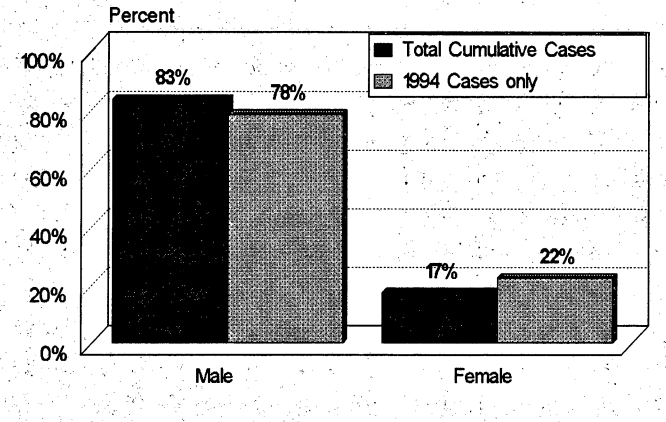
1981-94



Source: AIDS Surveillance Program/Mass. DPH
Prepared by the Cambridge Health Information Unit

AIDS in Massachusetts by Gender

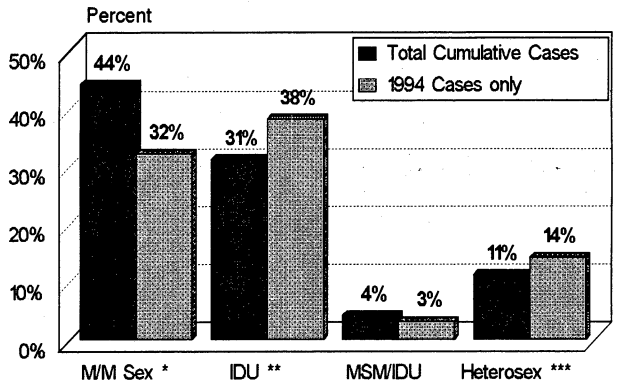
Total Cumulative Cases vs. Current Annual (1994) Cases



Source: AIDS Surveillance Program/Mass. DPH
Prepared by the Cambridge Health Information Unit

AIDS in Massachusetts by Transmission Mode

Total Cumulative Cases vs. Current Annual (1994) Cases

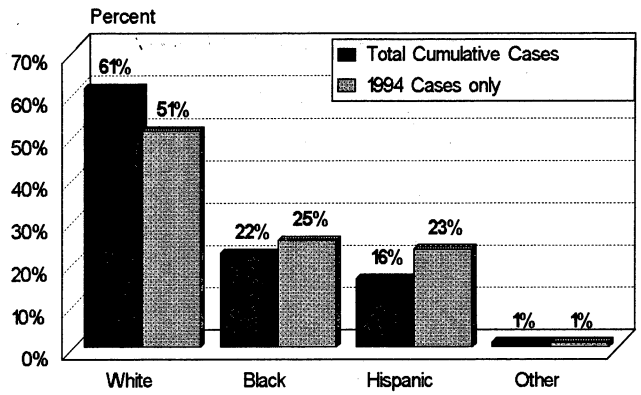


* Male to male sexual contact
* Injection Drug Use
* Heterosexual contact

Source: AIDS Surveillance Program/Mass. DPH
Prepared by the Cambridge Health Information Unit

AIDS in Massachusetts by Race/Ethnicity

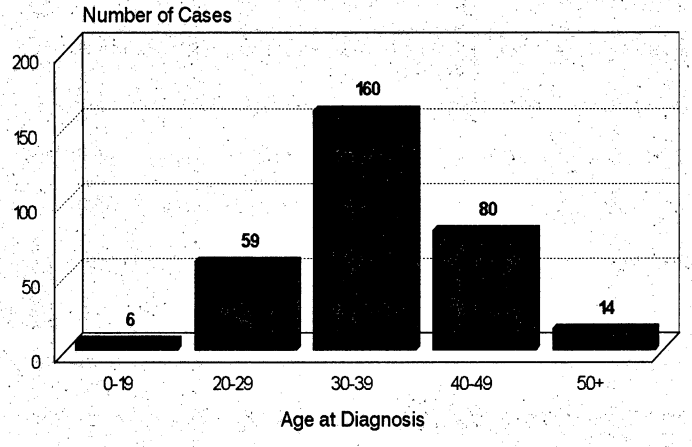
Total Cumulative Cases vs. Current Annual (1994) Cases



Source: AIDS Surveillance Program/Mass. DPH
Prepared by the Cambridge Health Information Unit

AIDS by Age Group

Cambridge 1981-95

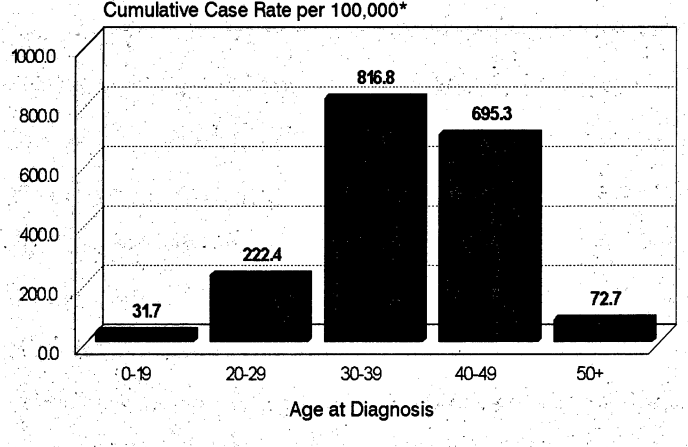


Source: AIDS Surveillance Program/Mass. DPH

(n=319)

AIDS by Age Group

Cambridge 1981-95



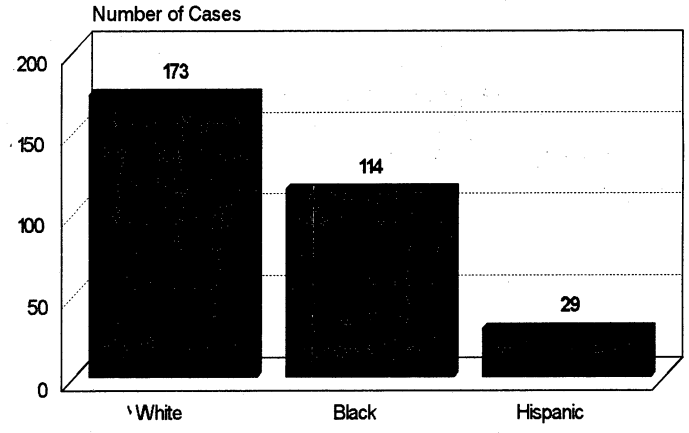
*Population estimates from the 1990 U. S. Census

Source: AIDS Surveillance Program/Mass. DPH

(n=319)

AIDS by Race/Ethnicity

Cambridge, 1981-95

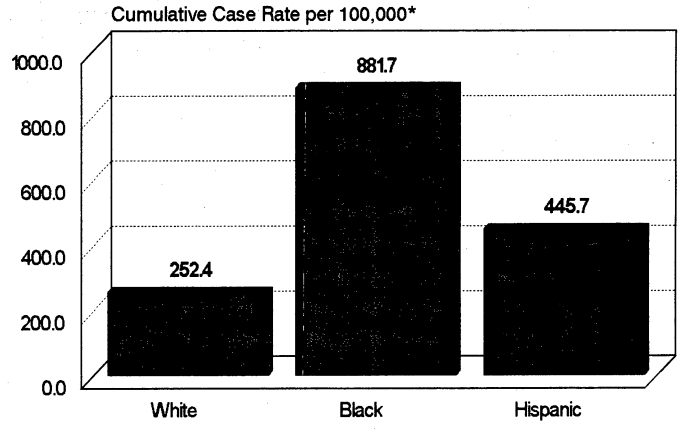


(n=319)

Source: AIDS Surveillance Program/Mass. DPH

AIDS by Race/Ethnicity

Cambridge, 1981-95

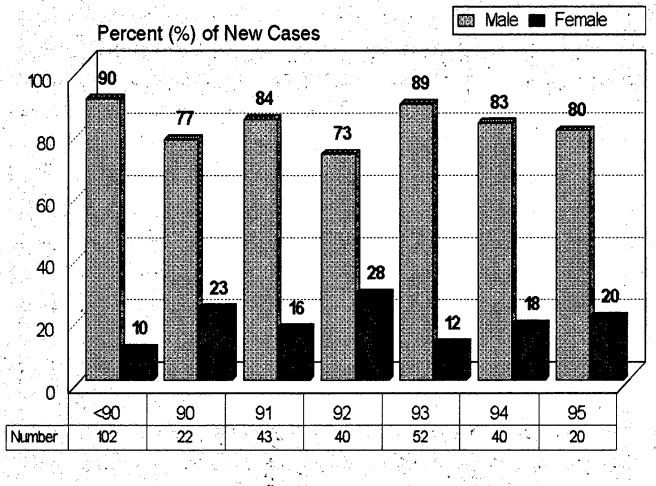


*Population estimates from the 1990 U. S. Census
Source: AIDS Surveillance Program/Mass. DPH

(n=319)

AIDS by Year and Gender

Cambridge, 1981-95

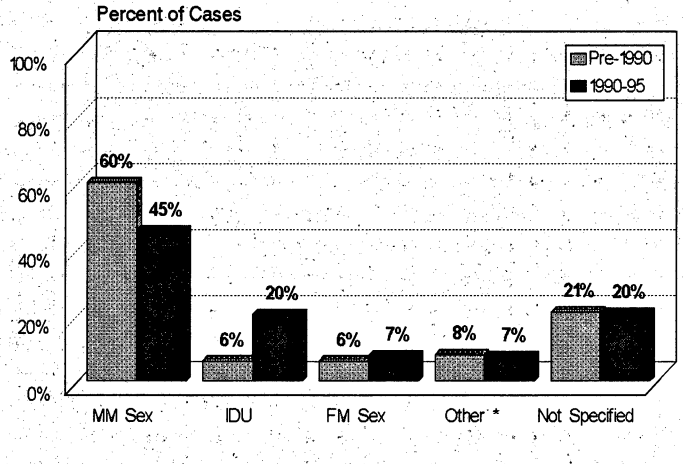


	<90	90	91	92	93	94	95
Number	102	22	43	40	52	40	20

Source: AIDS Surveillance Program/Mass. DPH

AIDS by Transmission Mode

Cambridge, Pre-1990 (n=102) vs. 1990-95 (n=217)



Source: AIDS Surveillance Program/Mass. DPH

* mm/idu, blood products, or pediatric.

SEXUALLY TRANSMITTED DISEASE

8. SEXUALLY TRANSMITTED DISEASE

- Most of the STD's reported for Cambridge residents are among ages 15-34.
- The most frequently reported STD's are Chlamydia, Gonorrhea, and Syphilis.
- Cambridge's rate of Chlamydia was higher than the Mass. rate for 1989-95 (7 years) with the exception of 1993.

INDICATORS:

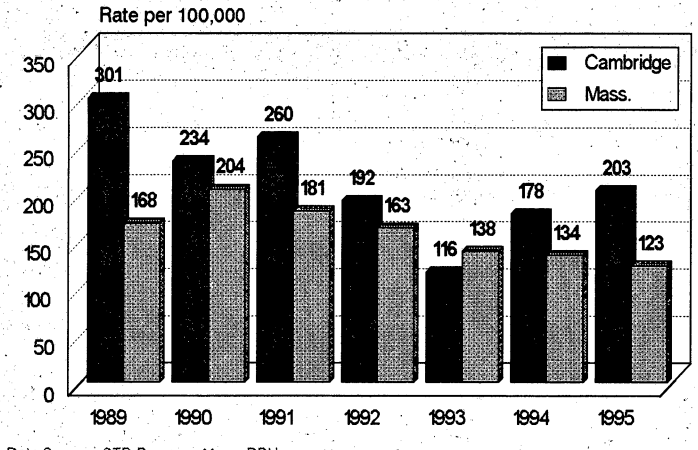
- Case Reports to the STD Surveillance Program
- Sexual activity among teens
- Condom use among teens

YEAR 2000 OBJECTIVES, MASS. AND CAMBRIDGE RATES: (* = data not available)

	HP 2000 Goal	Mass. Rate	Cambridge Rate
Gonorrhea (per 100,000)	225	44.2[1]	45.0[1]
Primary and Secondary syphilis (per 100,000)	10.0	8.4[1]	6.3[1]
Chlamydia (per 100,000)	*	123.0[1]	203.5[1]
Adolescents (age 15-19)	*	572.0[1]	656.0[1]
Adolescents who have ever had sexual intercourse	15% age ≤15 40% age ≤17	46%[2]	44%[3]
Adolescents who had intercourse at or before age 14	15% #	25%[2]	26%[3]
Adolescents who always use condoms for intercourse	*	*	58%[3]
Condom use at last sexual intercourse Adolescents (age 15-19)	60-75%	56%[2]	78%[3]
High school students who report ever having an STD	*	*	6%[3]

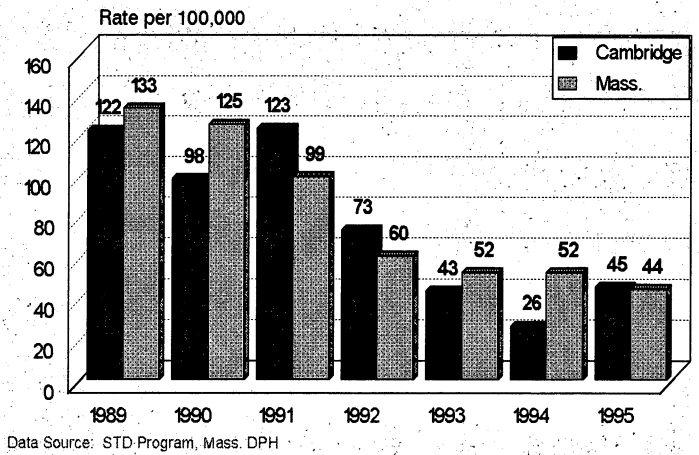
1 STD Surveillance Program, Mass. Dept. of Public Health
2 Youth Risk Behavioral Survey, Mass. Dept. of Education, 1995
3 Teen Health Survey, Cambridge Public School Dept., 1996; data above for grades 9-12

Chlamydia in Cambridge vs. Mass.,
1989-95



Data Source: STD Program, Mass. DPH
Prepared by the Cambridge Health Information Unit

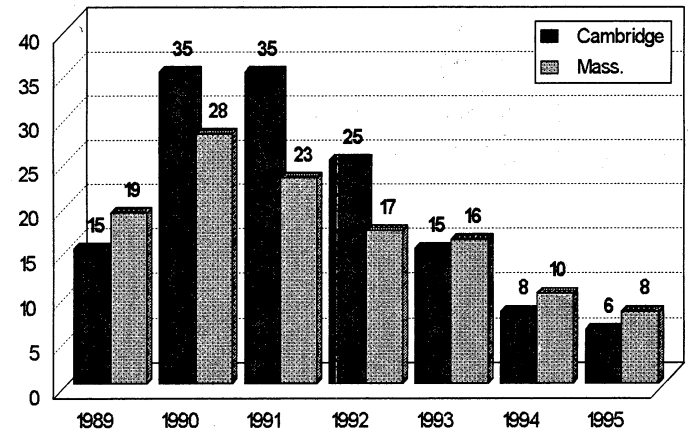
Gonorrhea in Cambridge vs. Mass.,
1989-95



Data Source: STD Program, Mass. DPH
Prepared by the Cambridge Health Information Unit

Syphilis in Cambridge vs. Mass.,

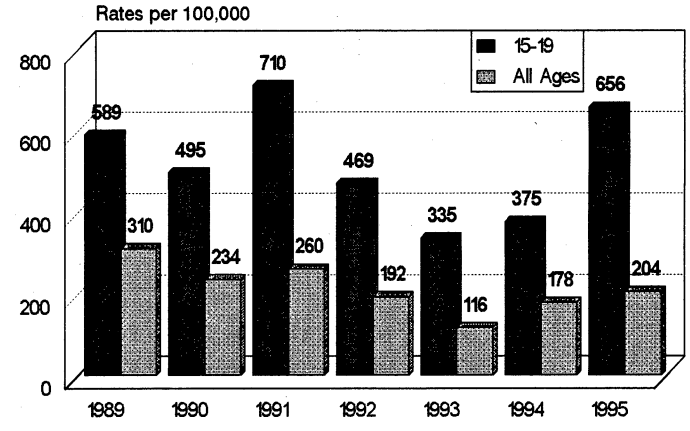
1989-95



Data Source: STD Program, Mass. DPH
Prepared by the Cambridge Health Information Unit

Chlamydia in Cambridge

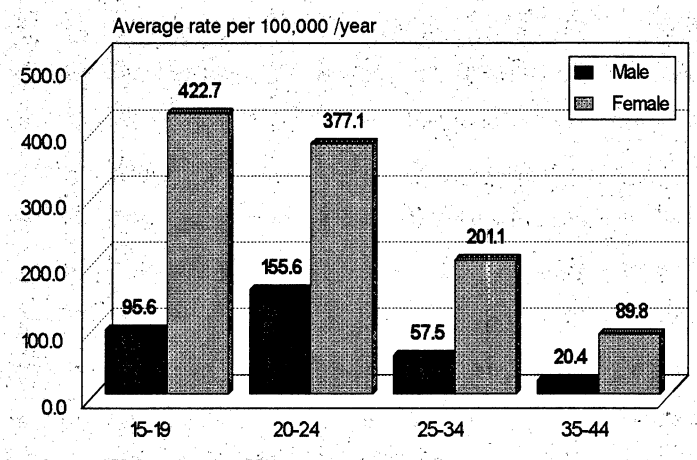
All ages vs. 15-19 year olds, 1989-95



Data Source: STD Program, Mass. DPH
Prepared by the Cambridge Health Information Unit

Chlamydia Rates in Cambridge

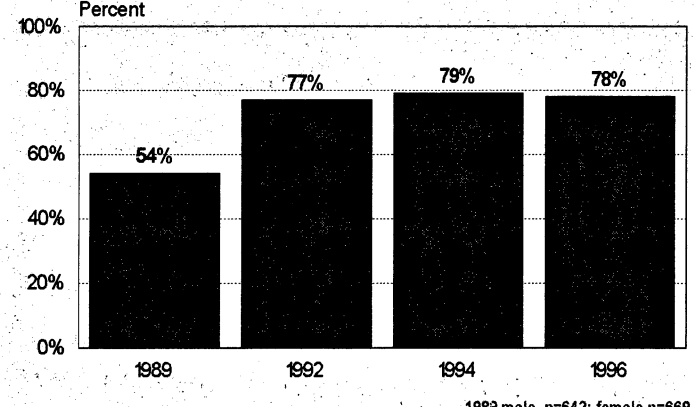
By age group and gender, 1989-95



Data Source: STD Program, Mass. DPH
Prepared by the Cambridge Health Information Unit

Condoms at last Sexual Intercourse *

Cambridge Teen Health Survey (CRLS) 1989-96



1989 male, n=642; female n=669
1992 male n=729; female n=752
1994 male n=691; female n=716
1996 male n=826; female n=730

Source: Teen Health Survey, Cambridge School Dept.

OTHER COMMUNICABLE DISEASE

9. OTHER COMMUNICABLE DISEASE (REPORTABLE)

- There are over 50 communicable diseases that healthcare providers must report confidentially to local health departments. In Cambridge, investigation, intervention, and health education are performed by public health nurses to limit the spread of communicable disease.
- For the time period 1988 to 1995, approximately 200 to 300 cases per year of reportable communicable diseases (excluding AIDS, STD, and TB) in Cambridge residents were reported to the Massachusetts DPH by the Cambridge Health Department. These exclude investigated cases reported to surrounding towns and cities for those who work in Cambridge (restaurants, schools, etc.).
- Most reportable cases were attributable to enteric disease[1], with Campylobacteriosis, Salmonellosis, and Giardiasis occurring most frequently.
- Some vaccine-preventable diseases such as measles, rubella, and mumps continue to occur in Cambridge, although infrequently
- Rates of new cases of tuberculosis in Cambridge are higher than the state, but similar to the U. S. overall.

INDICATORS:

- Reportable communicable disease incidence
- Tuberculosis incidence
- AIDS incidence[2]
- Sexually transmitted disease incidence[3]
- Immunization rates[4]

YEAR 2000 OBJECTIVES, MASS. AND CAMBRIDGE RATES: (* = data not available)

	HP 2000 Goal	Mass. Rate	Cambridge Rate
Measles (per 100,000)	0.0	0.07[5]	0.4[6]
Rubella (per 100,000)	0.0	0.18[5]	0.9[6]
Mumps (per 100,000)	0.2	0.05[5]	0.3[6]
Pertussis (per 100,000)	0.4	8.10[5]	4.3[6]
Salmonella species (per 100,000)	16	31.0[5,7]	30.3[5]
Campylobacter jejuni (per 100,000)	25	26.4[5,8]	60.5[5,8]

chart continues

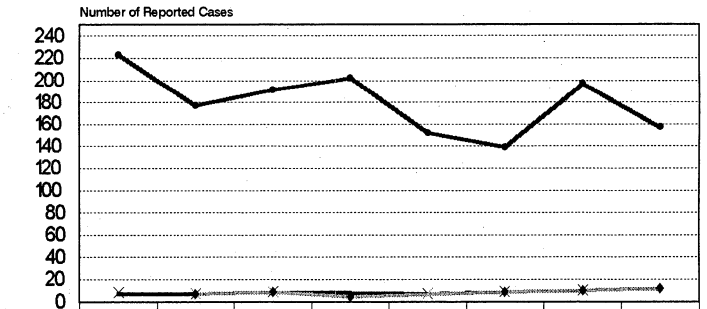
YEAR 2000 OBJECTIVES CONTINUED

	HP 2000 Goal	Mass. Rate	Cambridge Rate
Acute Hepatitis (per 100,000)			
A	23	2.7[5]	8.4[5]
B	40	1.9[5]	6.4[6]
C	13.7	1.8[5]	0.1[6]
Bacterial meningitis (per 100,000)	4.7	1.7[5]	2.1[6]
Tuberculosis incidence (per 100,000)	3.5	5.5[5]	8.4[5]

1 These diseases affect the gastrointestinal system and typically cause stomach upset, diarrhea, and/or vomiting.
2 See Chapter 7, HIV/AIDS
3 See Chapter 8, Sexually Transmitted Disease
4 See Chapter 3, Access to Health Care and Preventive Health Behaviors
5 1995 incidence rate per 100,000
6 1988-1995 average annual incidence rate per 100,000 is reported because of small annual frequency (n < 5)
7 Does not include *typhimurium*
8 Rate includes all species of *Cambylobacter* (*jejuni* is the most common)

Reportable Communicable Disease

Cambridge Residents, 1988-95



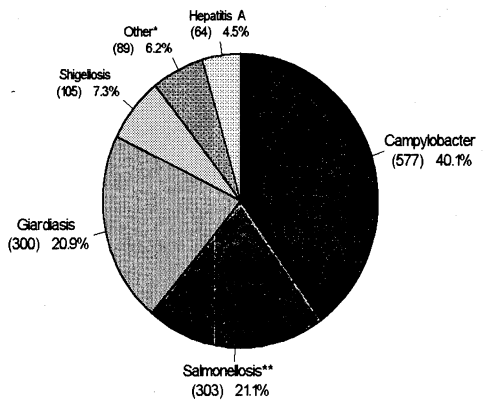
	1988	1989	1990	1991	1992	1993	1994	1995
Enteric**	223	177	191	202	152	139	197	157
VP***	*	7	9	5	*	9	10	12
Hep B/C	8	7	9	*	7	9	10	*

* < 5 cases
** Includes hepatitis A
*** Vaccine-preventable includes measles, rubela, mumps, pertussis and Haemophilus influenza (no reported cases of diptheria, polio, or tetanus)

Source: Communicable Disease Surveillance Program, Mass. DPH, and Cambridge Public Health Dept.

Enteric Communicable Disease

Reported Cases in Cambridge Residents, 1988-95



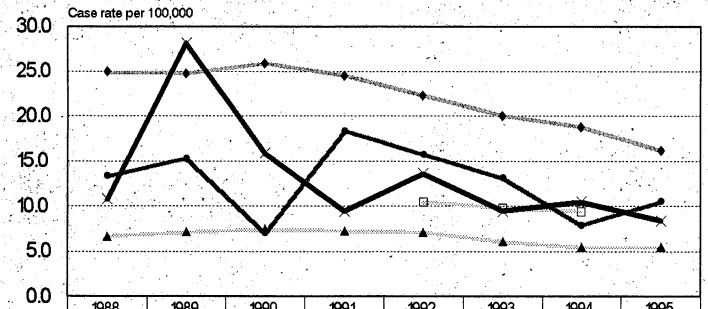
*Includes Amebiasis, Cryptosporidium, E. coli, Listeriosis, Toxoplasmosis, Trichinosis, and Yersina enterocolitis

** Includes typhimurium

Source: Communicable Disease Surveillance Program, Mass. DPH, and Cambridge Public Health Dept.

Tuberculosis Incidence Rates

Cambridge, Somerville, Boston, Mass., and U. S., 1988-95



	1988	1989	1990	1991	1992	1993	1994	1995
Cambridge	10.8	28.1	15.9	9.4	13.6	9.4	10.4	8.4
Somerville	13.3	15.3	7.0	18.4	15.8	13.1	7.9	10.5
Boston	25.0	24.8	26.0	24.6	22.3	20.0	18.8	16.2
Mass.	6.7	7.2	7.4	7.3	7.1	6.1	5.5	5.5
U. S.					10.5	9.8	9.4	

Source: TB Surveillance Program, Mass. DPH; and Cambridge Public Health Dept.

NEW TUBERCULOSIS CASES
CAMBRIDGE, SOMERVILLE, BOSTON, AND MASSACHUSETTS, 1988-95

City/Town	Year 1988	1989	1990	1991	1992	1993	1994	1995
Cambridge	10	25	14	9	13	9	10	8
Somerville	10	11	5	14	12	10	6	8
Boston	132	142	149	141	128	115	108	93
Massachusetts	382	421	438	436	428	366	329	330

Sources: TB Surveillance Program/Mass. DPH; and Cambridge Public Health Dept.

LEAD AND CHILDREN

10. LEAD AND CHILDREN

- In Cambridge, approximately 2500 to 3400 children per year in the age range 6 months to 6 years are screened for high blood lead levels.
- The rate of screening for elevated blood lead in Cambridge children 6 months to 6 years of age was 67% in fiscal year 1996. For children with the greatest risk of exposure, ages 9 months to 4 years, the screening rate was 78% in this same time period.
- From 1994 to 1996, a state lead poisoning prevention program found that 3.0 to 4.6 per 1000 children screened have dangerously elevated levels (≥20 mcg/dL).
- It is estimated that 71% of the housing stock in Cambridge was built prior to 1950, contributing to the risk of lead exposure among children.

INDICATORS:

- Children with elevated blood lead levels
- The quantity of older homes in the community (higher probability of having lead paint)

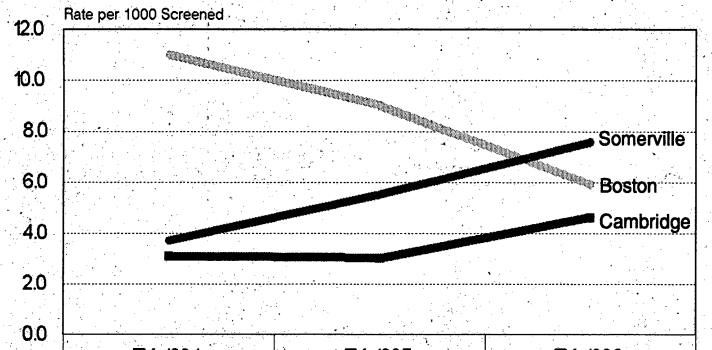
YEAR 2000 OBJECTIVES, MASS. AND CAMBRIDGE RATES: (* = data not available)

	HP 2000 Goal	Mass. Rate	Cambridge Rate
Homes tested for lead-based paint	50%	*	*
Percent of children (6 months to 6 years) screened for elevated blood lead levels	*	61%[1]	67%[1]
Number of children (6 months to 6 years) identified with elevated blood lead levels			
15-19 mcg/dL	*	*	16[2]
≥ 20 mcg/dL	*	*	10[1]

1 Massachusetts Lead Poisoning Prevention Program, 1996 Fiscal Year Needs Assessment
2 Massachusetts Lead Poisoning Prevention Program, 1995 Fiscal Year Needs Assessment; 1996 data not available

Elevated Blood Lead Rates*

Children 6 Months to 6 Years of Age
Cambridge, Somerville, and Boston, 1994-96



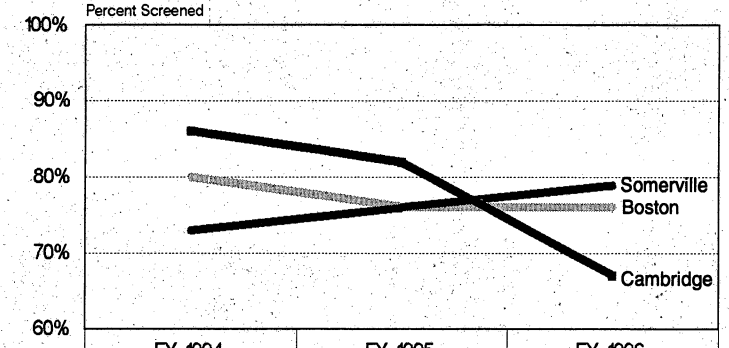
	FY 1994	FY 1995	FY 1996
Cambridge	3.1	3.0	4.6
Somerville	3.7	5.5	7.6
Boston	11.0	9.0	5.9

Source: Massachusetts Lead Poisoning Prevention Program/Mass. DPH

* ≥ 20 mcg/dL

Screening Rates for Elevated Blood Lead

Children 6 Months to 6 Years of Age
Cambridge, Somerville, and Boston, 1994-96

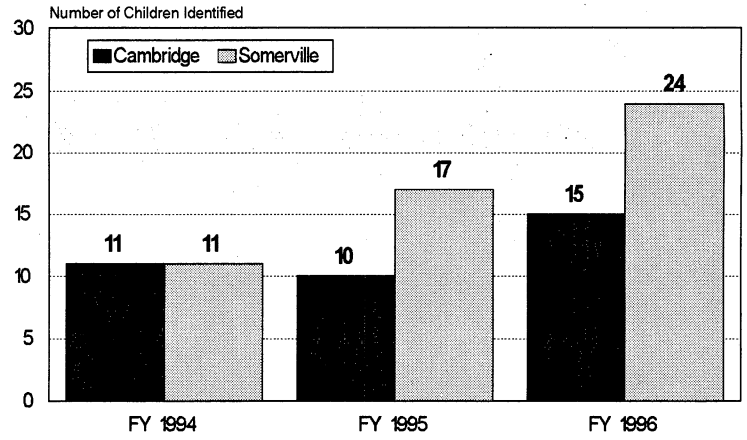


	FY 1994	FY 1995	FY 1996
Cambridge	86%	82%	67%
Somerville	73%	76%	79%
Boston	80%	76%	76%

Source: Massachusetts Lead Poisoning Prevention Program/Mass. DPH

Elevated Blood Lead Levels*

Children 6 Months to 6 Years of Age
Cambridge and Somerville, 1994-96

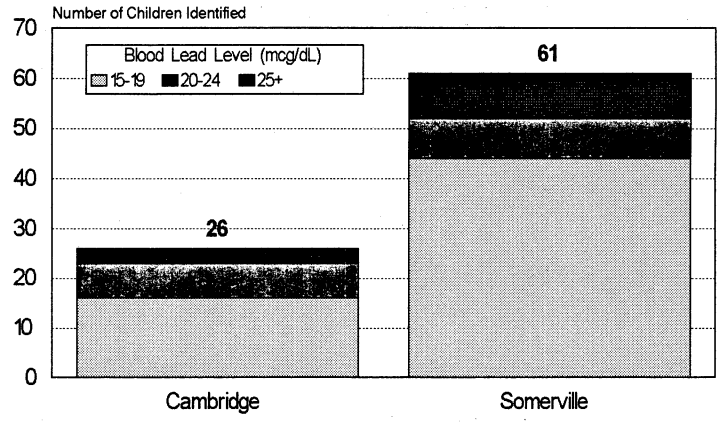


Number for Boston: 1994=346; 1995=264; 1996=167
Source: Massachusetts Lead Poisoning Prevention Program/Mass. DPH

* ≥ 20 mcg/dL

Elevated Blood Lead

Including Levels 15-19 mcg/dL
Children 6 Months to 6 Years of Age
Cambridge and Somerville, 1995



Source: Massachusetts Lead Poisoning Prevention Program, Mass. Dept. of Public Health

HUNGER, NUTRITION AND PHYSICAL ACTIVITY

11. HUNGER, NUTRITION AND PHYSICAL ACTIVITY

- Based on health and socioeconomic indicators, Cambridge ranked 25 among 351 Massachusetts cities and towns in an assessment of need for nutritional services performed by the Massachusetts WIC Program (serves mothers, infants, and children <5 years of age).[1]
- Over the past several years, the percentage of Cambridge elementary school children qualifying for free or reduced priced meals has been approximately 45% to 50%. At the end of the 1995-96 school year, 46% of the total elementary school population had qualified for discounted school meals, with a range of 21% to 71% for individual schools.[2]
- Obesity is associated with increases risk for heart disease, diabetes, certain cancers, and other negative health outcomes; adolescent obesity is a predictor of obesity in adulthood.[3] Nationally, adolescent obesity is estimated to be at 21%. A combination of high caloric intake and lack of physical activity is thought to account for increasing obesity among adolescents.[4]
- Societal overemphasis on being too thin can contribute to poor body perception, eating disorders and unsound weight-loss practices, especially among female teenagers. Among Massachusetts female teenagers, 62% are trying to lose weight. According to the Cambridge Teen Health Survey, 30% of adolescent girls worry about their weight.

INDICATORS:

- Eligibility and utilization of food subsidy and meal delivery programs
- Heart disease, cancer, and stroke mortality[5]
- Diabetes prevalence
- High blood cholesterol prevalence
- Overweight prevalence
- Physical activity behaviors
- Body weight self-perceptions and related dietary behaviors and physical activity among H. S. students

YEAR 2000 OBJECTIVES, MASS. AND CAMBRIDGE RATES: (* = data not available)

	HP 2000 Goal	Mass. Rate	Cambridge Rate
Cambridge Food Pantry Network, # families served/mo.	*	*	3,000[6]
Percent of elementary school children receiving free or discounted school lunches	*	*	46%

chart continues

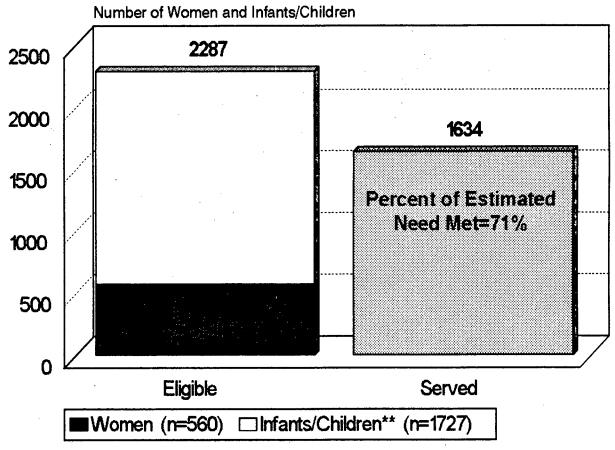
YEAR 2000 OBJECTIVES CONTINUED

	HP 2000 Goal	Mass. Rate	Cambridge Rate
Diabetes in total population			
prevalence	2.5%	4.0%	*
High blood cholesterol prevalence			
males 20-74 years	20%	22%	*
females 20-74 years	20%	20%	
Overweight prevalence			
adults 20-74 years	20%	23%	*
adolescents 12-19 years	15%	*	*
Percent who meet average daily goal			
vegetables/fruits (5 servings)	50%	*	*
grain products (6 servings)	50%	*	*
Vigorous physical activity at least 3+ days/week			
people 6+ years of age	75%	*	*
adolescents (grades 9-12)	*	62.7%[7]	45[8]
Sedentary lifestyle			
people 6+ years of age	15%	*	*
Worry about weight (too heavy or too thin)			
adolescent girls (grades 9-12)	*	*	30%[9]
adolescent boys (grades 9-12)	*	*	12%[9]
Currently trying to lose weight			
adolescent girls (grades 9-12)	*	62%[6]	*
adolescent boys (grades 9-12)	*	23%[6]	*

1 Massachusetts WIC Program Needs Assessment Data for Local WIC Program Service Areas, August 1996
2 City of Cambridge Department of Human Services, percentages underestimate eligibility and need as parents must submit an income declaration to qualify
3 1988 Surgeon General's Report on Nutrition and Health
4 *Morbidity and Mortality Weekly Report,* 43 (44).
5 See Chapter 12, Mortality
6 Additional smaller food banks also provide for Cambridge residents.
7 1995 Massachusetts Youth Risk Behavior Survey
8 1995 Food and Activity Survey
9 1996 Cambridge Rindge and Latin School Teen Health Survey

WIC Program Recipients

Estimated Number Eligible and Number Served
Cambridge Residents, June 1996*

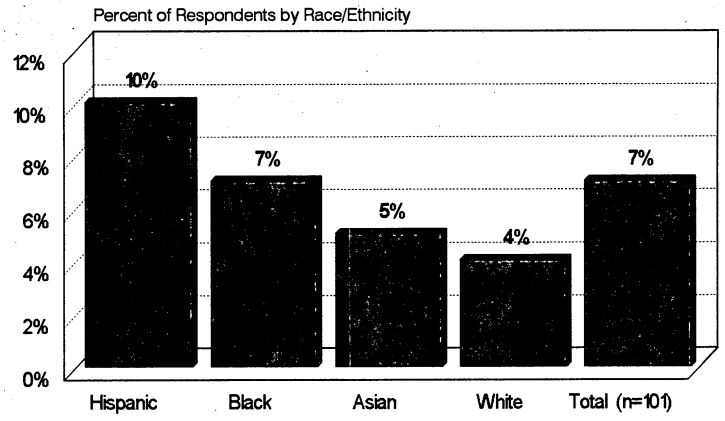


*Number actively served at end of fiscal year
** Children <5 years of age

Source: Massachusetts WIC Pro

H. S. Students Who Went Hungry in Past Year for Lack of Money

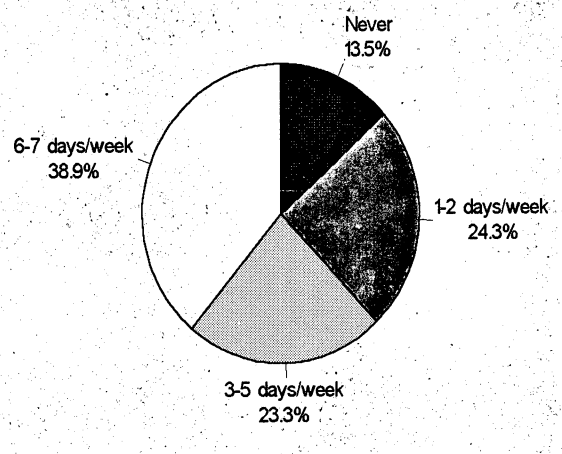
Cambridge Rindge and Latin H. S. Teen Health Survey, 1996



Total students in survey=1,556
Source: Cambridge Public Schools Teen Health Survey

H. S. Students Who Report Eating Breakfast

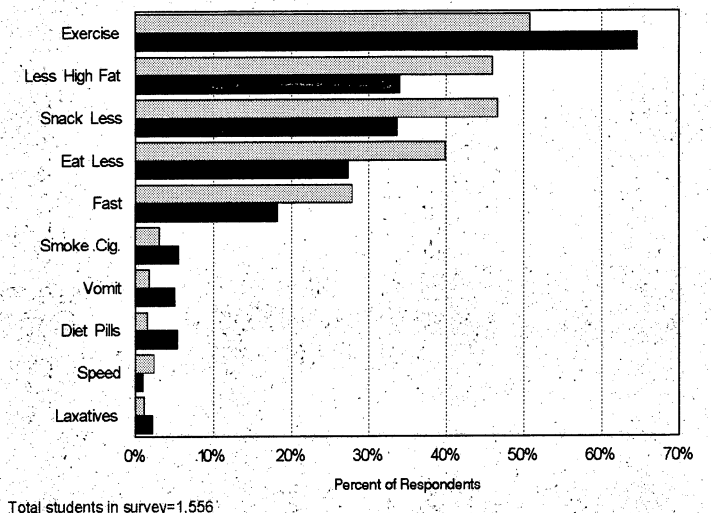
Cambridge Rindge and Latin H. S. Teen Health Survey, 1996



Total students in survey=1,556
Source: Cambridge Public Schools Teen Health Survey

Weight Control Practices of H. S. Students

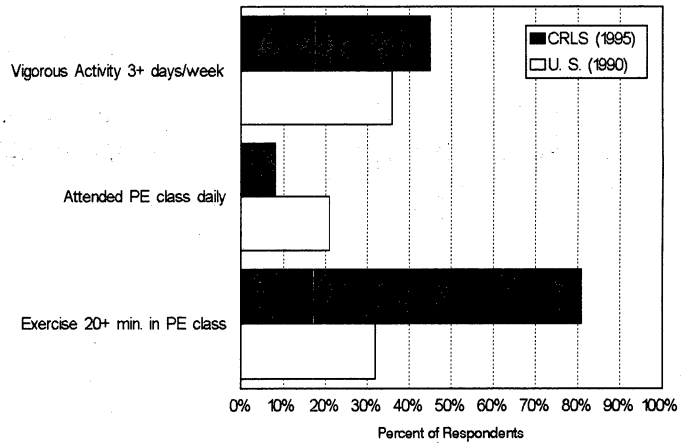
Cambridge Rindge and Latin H. S. Teen Health Survey, 1996



Total students in survey=1,556
Source: Cambridge Public Schools Teen Health Survey

Physical Activity of H. S. Students

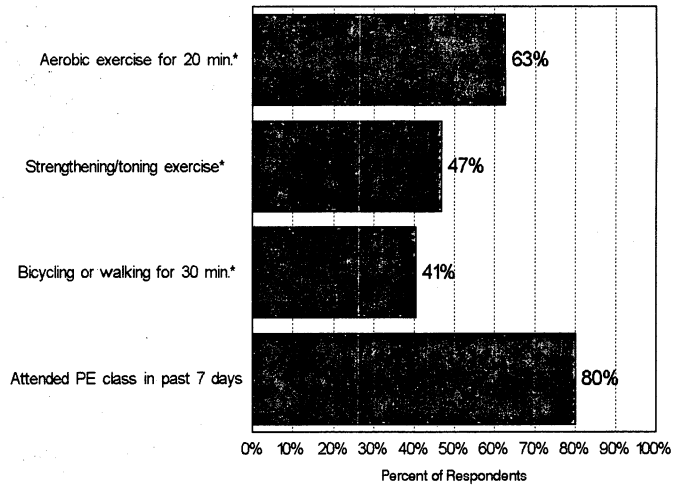
Cambridge Rindge and Latin H. S. vs. U. S.



Source: 1995 Food and Activity Survey of Cambridge H. S. Students/Cambridge Public Schools

Physical Activity of Massachusetts H. S. Students

Grades 9-12, 1995



* on 3 or more days one week prior to survey administration
Source: 1995 Massachusetts Youth Risk Behavior Survey

MORTALITY

12. MORTALITY

- From 1991 to 1994, there were 2785 deaths among Cambridge residents. The average annual age-adjusted rate for this four year time period is 508 deaths per 100,000. This is slightly higher than the Massachusetts 1994 rate of but comparable to the U. S. 1994 age-adjusted mortality rate for all causes.
- Cause-specific mortality trends in Cambridge are similar to Massachusetts and the U.S. overall.
- In Cambridge for the time period 1991 to 1994, suicide and unintentional injury were the leading causes of death among teenagers and young adults 15 to 24 years of age; AIDS/HIV was the highest cause of mortality in the age group 25 to 44 years; and for 45 years of age and above, the leading causes of death were heart disease and cancer.
- Among blacks in Cambridge, average annual mortality (1991-1994) due to heart disease was higher than the state 1994 rate.
- The average annual mortality rate due to influenza and pneumonia for people 65 years and older from 1991 to 1994 was higher in Cambridge than the 1994 state rate for elders.

INDICATORS:

- Cause-specific mortality
- Cause-specific mortality by age, race and gender
- Health behavior/screening practices

YEAR 2000 OBJECTIVES, MASS. AND CAMBRIDGE RATES: (* = data not available)

	HP 2000 Goal	Mass. Rate	Cambridge Rate
Heart disease deaths (per 100,000)	100	120.9[1]	135.4[2]
Blacks (per 100,000)	115	137.2[1]	153.2[2]
Stroke deaths (per 100,000)	20	20.5[1]	20.4[2]
Blacks (per 100,000)	27	38.0[1]	32.7[2]
Cancer deaths (per 100,000)	130	132.6[1]	143,7[2]
Blacks (per 100,000)	175	167.2[1]	157.4[2]
AIDS/HIV-related deaths adults 25 to 44 years (per 100,000)	*	36.7[1]	43.9[2]

chart continues

YEAR 2000 OBJECTIVES CONTINUED

	HP 2000 Goal	Mass. Rate	Cambridge Rate
Influenza and pneumonia deaths			
adults 65+ years (per 100,000)	*	290.8[1]	324.3[2]
Cigarette smoking prevalence			
adults 18 years and older	15%	21%[3]	*
Blood pressure checked within past 2 years			
adults 18 years and older	90%[4]	95%[3]	*
Blood cholesterol checked in past 5 years			
adults 18 years and older	75%	73%[3]	*
Breast exam and mammography			
females 50+ years (preceding 1-2 years)	60%	67%[3]	*
Pap test			
females 18+ years, ever received	95%	92%[3]	*
females 18+ years, received in past 3 years	85%	84%[3]	*
Digital rectal exam			
adults 50+, received in past 2 years	40%	53%[3]	*
Protoscopic exam			
adults 50+, received in past 2 years	40%	36%[3]	*

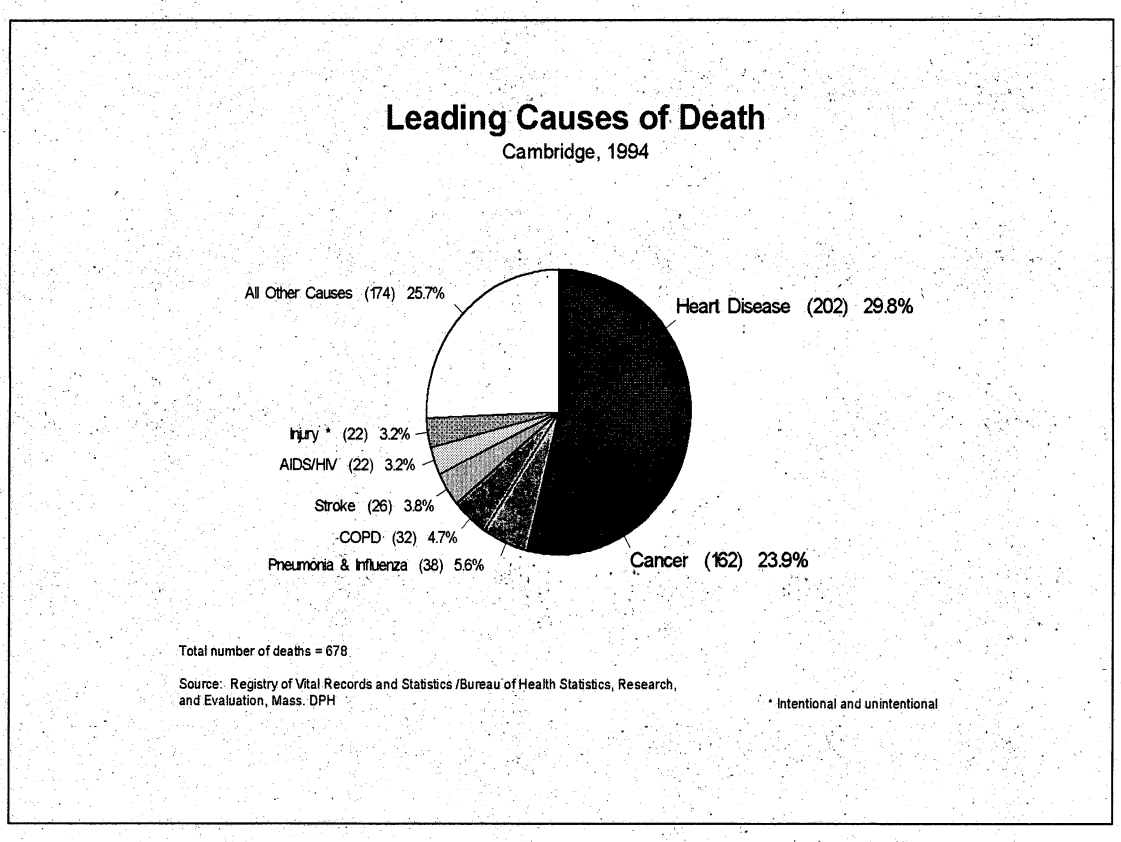
1 1994 age-adjusted rate per 100,000
2 1991-1994 average annual age-adjusted rate per 100,000
3 1993 Massachusetts prevalence from BRFSS/self-reported data
4 Includes adults who have had blood pressure checked in past 2 years and can state whether it is normal or high.

LEADING CAUSES OF DEATH BY AGE
CAMBRIDGE, 1991-94

Age	Cause of Death	number	rate*
15-24 years	**Suicide and Unintentional Injury**	7	8.3
	All Other Causes	8	9.5
	Total	15	17.7
25-44 years	**AIDS and HIV-related**	69	43.9
	Cancer	38	24.2
	Suicide and Unintentional Injury	28	17.8
	Alcohol and Drug-related	23	14.6
	All Other Causes	64	40.7
	Total	222	141.2
45-64 years	**Cancer**	168	303.8
	Heart Disease	106	191.7
	All Other Causes	158	285.7
	Total	432	781.1
65-74 years	**Cancer**	200	931.3
	Heart Disease	175	814.9
	COPD	30	139.7
	Diabetes	22	102.4
	Cerebrovascular Disease	19	88.5
	All Other Causes	117	544.8
	Total	563	2621.5
75+ years	**Heart Disease**	521	2770.1
	Cancer	283	1504.7
	Influenza/Pneumonia	114	606.1
	Cerebrovascular Disease	110	584.9
	COPD	66	350.9
	Diabetes	42	223.3
	All Other Causes	383	2036.4
	Total	1,519	8076.4

*Age-specific rate per 100,000

Source: Registry of Vital Records and Statistics/Bureau Health Statistics, Research and Evaluation, Massachusetts DPH


Leading Causes of Death
Cambridge, 1994
All Other Causes (174) 25.7%
Heart Disease (202) 29.8%
Injury * (22) 3.2%
AIDS/HIV (22) 3.2%
Stroke (26) 3.8%
COPD (32) 4.7%
Pneumonia & Influenza (38) 5.6%
Cancer (162) 23.9%
Total number of deaths = 678
Source: Registry of Vital Records and Statistics /Bureau of Health Statistics, Research, and Evaluation, Mass. DPH
* Intentional and unintentional

CAUSE SPECIFIC MORTALITY FOR CAMBRIDGE AVERAGE ANNUAL RATES, 1991-1994

Cause of Death	Cambridge n	Cambridge rate	Mass. rate (1994)	U. S. rate (1994)	Healthy People 2000 Target
All Causes	2785	508.1	453.6	508.4	-
Heart Disease	814	135.4	120.9	140.0	100.0
Cancer	692	143.7	132.6	132.1	130.0
Influenza/Pneumonia	143	19.6	14.7	13.1	-
Cerebrovascular Disease	142	20.5	20.4	26.7	20.0
COPD	112	19.1	18.5	20.9	25.0
AIDS-related	85	19.0	-	-	-
Diabetes	76	13.4	-	-	34.0
Unintentional Injury	57	10.9		29.8	29.3
Non-Motor Vehicle-related	43	7.7	13.8	-	-
Motor Vehicle-related	14	3.2	7.4	-	-
Chronic Liver Disease/Cirrhosis	36	7.9	-	7.9	6.0
Suicide	32	6.9	7.5	11.6	10.5
Homicide	12	3.5	4.0	9.7	7.2

Rates are age-adjusted to the 1940 standard population and are per 100,000 residents

Sources: Registry of Vital Records and Statistics/Bureau of Health Statistics, Research and Evaluation, Mass. DPH; and Healthy People 2000 Review 1995-1996

LEADING CAUSES OF DEATH BY RACE/ETHNICITY AND GENDER CAMBRIDGE, 1991-94

			Race/Ethnicity*		
		Total	White	Black	Hispanic
Heart Disease					
Total	n	813	706	95	10
	rate	135.4	138.0	153.2	71.5
Males	n	381	326	47	-
	rate	191.0	193.0	232.2	-
Females	n	432	380	48	-
	rate	95.6	99.7	99.1	-
Cancer					
Total	n	692	589	89	<5
	rate	143.7	149.0	157.4	-
Males	n	363	308	46	-
	rate	189.7	196.7	219.6	-
Females	n	329	281	43	-
	rate	117.0	122.6	125.1	-

Rates are age adjusted to the 1940 standard population and are per 100,000 residents

* Cannot report for categories with small numbers (<5)

Source: Registry of Vital Records and Statistics/Bureau of Health Statistics, Research and Evaluation, Mass. DPH

DATA SOURCES

DATA SOURCES

Massachusetts Department of Public Health

AIDS Surveillance Program
Bureau of Communicable Disease Control
305 South Street
Jamaica Plain, MA 02130

Children's Lead Poisoning Prevention Program
470 Atlantic Avenue
Boston, MA 0221

Communicable Disease Surveillance Program
Bureau of Communicable Disease Control
305 South Street
Jamaica Plain, MA 02130

Division of Sexually Transmitted Disease Control
Bureau of Communicable Disease Control
305 South Street
Jamaica Plain, MA 02130

Division of Tuberculosis Prevention and Control
Bureau of Communicable Disease Control
305 South Street
Jamaica Plain, MA 02130

Injury Prevention and Control Program
Bureau of Family and Community Health
250 Washington Street
Boston, MA 02108

Massachusetts WIC Program
250 Washington Street
Boston, MA 02108

Registry of Vital Records and Statistics
Bureau of Health Statistics, Research and Evaluation
470 Atlantic Avenue
Boston, MA 02210

Weapon-Related Injury Surveillance System (WRISS)
250 Washington Street
Boston, MA 02108

Additional State Sources

Division of Health Care Finance and Policy
(Uniform Hospital Discharge Data Set)
Two Boylston Street
Boston, MA 02116

Local Sources

Cambridge Food Pantry Network/Cambridge Equal Opportunity Commission
11 Inman Street
Cambridge, MA 02139

Cambridge Police Department
5 Western Avenue
Cambridge, MA 02139

Cambridge Prevention Coalition/Substance Abuse Task Force
19R Brookline Street
Cambridge, MA 02139

Cambridge United for Smoking Prevention
City of Cambridge Department of Human Services Programs
51 Inman Street
Cambridge, MA 02139

City of Cambridge Community Development Department (1990 U. S. Census Information)
57 Inman Street
Cambridge, MA 02139

Immunization Action Project of Cambridge, Chelsea, and Somerville
1493 Cambridge Street
Cambridge, MA 01239

Public Health Nursing,
School Health Program, and
Tobacco Control Program
Cambridge Department of Public Health
1493 Cambridge Street
Cambridge, MA 02139

Teen Health Survey
Cambridge Rindge and Latin School and Teen Health Center
Cambridge Public Schools Office of Assessment and Resource Development
459 Thorndike Street
Cambridge, MA 02128

Publications

Behavioral Risk Factor Surveillance System (BRFSS): 1993 Summary Report
Chronic Disease Surveillance Program
Bureau of Health Statistics, Research and Evaluation
Massachusetts Department of Public Health
250 Washington Street
Boston, MA 02108

Data Sources Continued

Healthy People 2000 Review 1994/Healthy People 2000 Review 1995-96
Department of Health and Human Services
Public Health Service
Centers for Disease Control and Prevention
Nation Center for Health Statistics
6525 Belcrest Road
Hyattsville, MD 20782

Massachusetts Youth Risk Behavior Survey Results (1995)
Massachusetts Department of Education
350 Main Street
Malden, MA 02148

Massachusetts Tobacco Survey (1993)
A report to the Massachusetts Department of Health
Lois Biener, Floyd J. Fowler, Jr. & Anthony M. Roman
Center for Survey Research
University of Massachusetts, Boston

Miscellaneous

Data Center of the Metropolitan Area Planning Council
60 Temple Place
Boston, MA 02111

CM-65

Cambridge Health Information Unit
"The Health of Cambridge" Report.

In City Council January 27, 1997