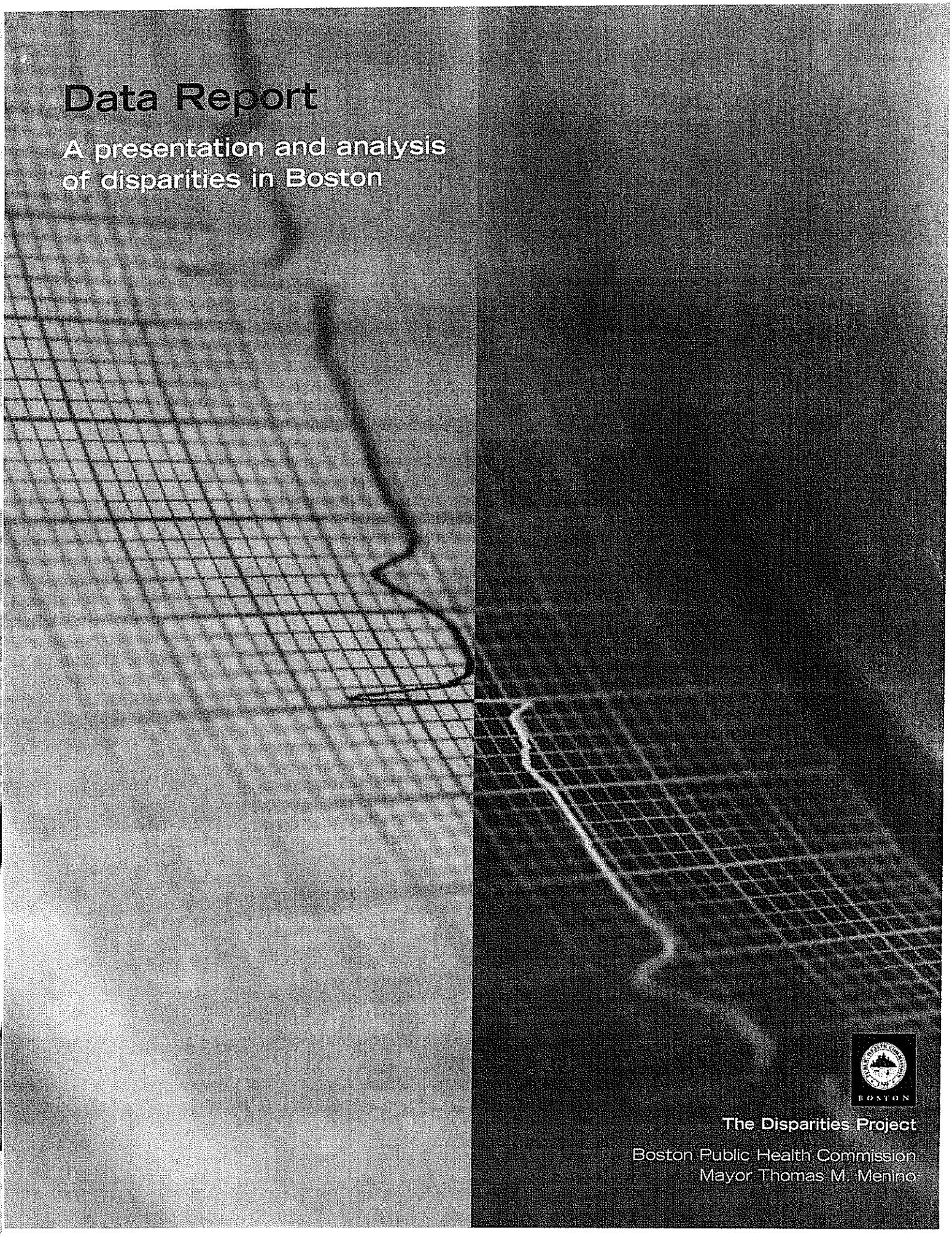
Data Report

A presentation and analysis of disparities in Boston



The Disparities Project

Boston Public Health Commission

Mayor Thomas M. Menino

The Disparities Project is an initiative of Mayor Thomas M. Menino and the Boston Public Health Commission.

Its goal is to reduce disparities in health based on race and ethnicity.

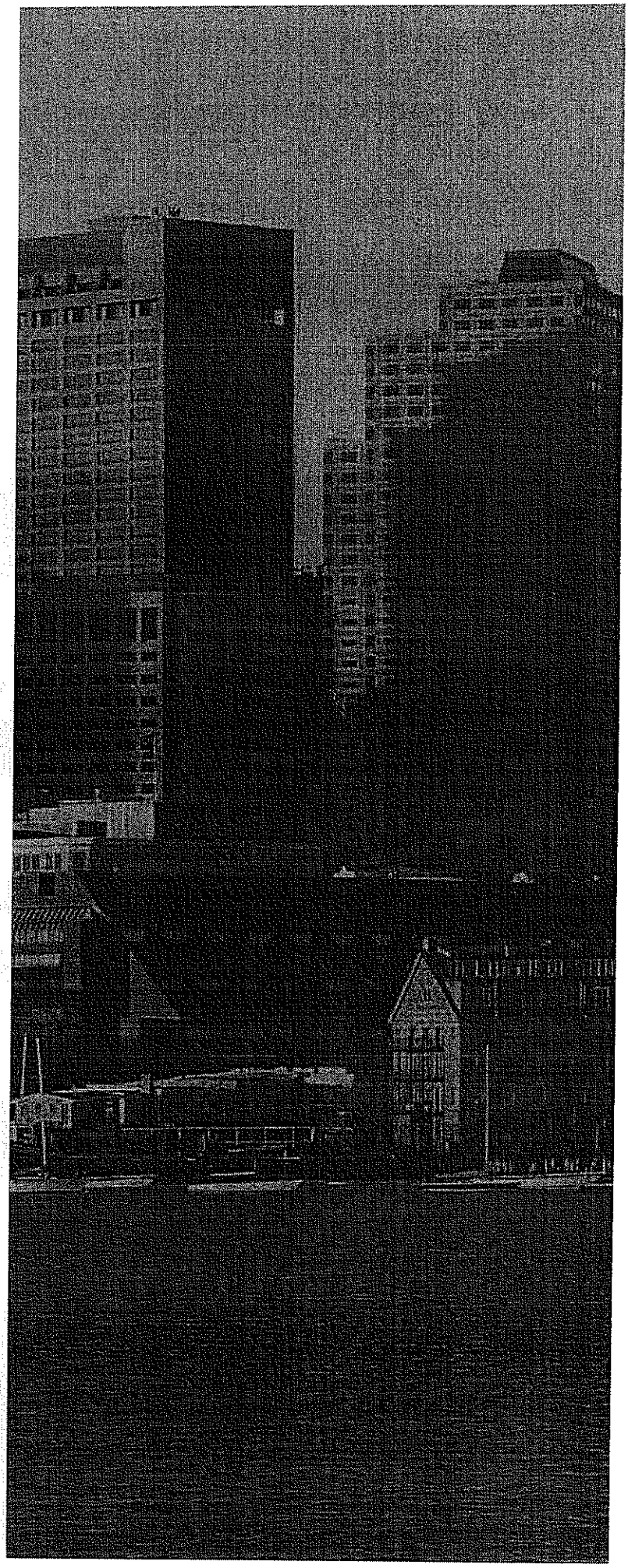
This edition was printed June 2005.
For more information or to view this report on-line, please visit **www.bphc.org/disparities.**

Other reports released by the Boston Public Health Commission as part of the Disparities Project:

Hospital Working Group Report
Action steps and recommendations for Boston hospitals

Mayor's Task Force Blueprint
A plan to eliminate racial and ethnic disparities in health

The goal of these reports is to have the City's institutions and organizations come together and take action on suggestions that promote fairness, equality and good health for all of Boston's citizens.



Design by Boston Public Health Commission, Communications Department.

Dear Fellow Bostonians:

As the nation's first health department, the Boston Public Health Commission has worked for more than two centuries to protect the health of Boston residents. We have encountered and responded to many significant public health challenges, from the great epidemics of the 18th century to the occupational hazards posed by a rapidly industrializing economy in the 19th century, to HIV/AIDS, obesity and chronic diseases in the 20th and 21st centuries. In virtually every era certain populations were often in poorer health than others; more vulnerable to disease and less likely to receive adequate care. The poorest residents often suffered more as did immigrants, Black Bostonians and other populations that faced discrimination.

During the past century, a time of great progress in health care and in public health, no city was more highly regarded than Boston with its state-of-the-art hospitals, its outstanding community health centers, and its innovative community-oriented public health campaigns. Yet, many people, indeed, people living within the shadow of our most distinguished institutions, have not shared equally in the benefits. As research has shown, in the last several years Asian, Black, and Latino residents, as well as recent immigrants, are less healthy than White, native-born Americans; have less access to medical treatment; and experience worse outcomes when they get treatment.

Mayor Thomas M. Menino, numerous health care leaders and community-based coalitions and others are trying to address this enormous gap. Any such response must examine the possible reasons for the disparities, and it must thoroughly consider what is already known about the unequal burden of disease, disability, and death across the many racial and ethnic groups that make up our population. In this report, we highlight the socio-economic factors most likely to contribute to the inequalities – such as the persistence of racism, the burden of poverty, and the declining availability of affordable health insurance. We also present the most recent health data from a wide variety of sources. Our emphasis is on Boston-specific information, although at times we draw on national information.

This report has been prepared and released as part of a major citywide initiative led by the Mayor and the Boston Public Health Commission. The initiative has involved the work of the Mayor's Task Force on Racial and Ethnic Health Care Disparities and a Citywide Hospital Working Group, both of which the Mayor organized more than a year ago. The reports of these two groups, which are being released in conjunction with this one, provide more context and, most important, a series of concrete and achievable action steps. We hope the reports together will promote a coordinated movement to eliminate these unacceptable inequities.

John Auerbach, MBA
Executive Director
Boston Public Health Commission

TABLE OF CONTENTS

Acknowledgements

This report is the result of the work and dedication of many Boston Public Health Commission staff.

The analysis of the data in this report was prepared by the BPHC Research Office under the direction of Mary Ostrem, DrPH. The Research Office staff who contributed were *Veronica Banks, MPH, Leslie Chen, BS, Eleni Digenis-Bury, MPH, Dan Dooley, BA, Osasu Osayimwen, MBBS, MPH, and Phyllis Sims, MS.*

John Auerbach, MBA, Valerie Bassett, Michelle Bordeu, MPH, Maia BrodyField, MPH, Lisa Costanzo, Philip DeChavez, MD,MPH, Kristin O'Connor Golden, John Rich, MD, MPH, and Monica Valdes Lupi, JD, MPH, each contributed to the content and production of the report.

Special thanks to *Linda Lowenthal* and *Scott Troppy,* MPH for their contributions.

Highlights of this Report

- Boston is an increasingly diverse city, with more than half the population now made up of Asian, Black, and Latino residents. One in every four Bostonians was born outside the United States, and 8.2% of all Bostonians speak little or no English.

- Across the lifespan, Boston's racial and ethnic groups have strikingly disparate risks of illness and death.

    - Black Bostonians, as a group, have worse health than all other residents on a broad range of indicators, with higher rates of preterm birth, overweight, diabetes, hypertension, heart disease, hospitalization, cancer mortality, and premature death from a variety of conditions.

    - Latino Bostonians, as a group, have worse health than White residents on certain health indicators. Examples include asthma hospitalization and mortality, HIV, overweight, diabetes, and mental health. Asian Bostonians, as a group, have greater barriers to care than Whites and higher rates of tuberculosis and hepatitis B.

    - Socio-economic factors play a major role in health disparities. A growing body of evidence demonstrates that social and environmental issues – poverty, housing quality, public safety, access to supermarkets and recreational centers – greatly influence the health of individuals, families and populations. For example, in a number of the neighborhoods with higher rates of violence, residents are less likely to exercise outside.

    - The generally lower income and education levels of Black and Latino Bostonians do not adequately explain the city's health disparities. For example, upper-income Black families with more education have higher infant mortality rates than lower-income Whites with less education.

    - Personal behavior such as smoking – while important to health – also does not adequately explain the disparities. For example, although smoking is linked to women's risk of having a preterm baby, Black women who do not smoke have a higher preterm birth rate than White women who do smoke.

    - For people of color, discrimination and racism contribute to long-term and potentially debilitating stress and anxiety. And real or perceived discrimination, both individual and systemic, creates barriers to health treatment.