Lahey Health

Community Health Needs Assessment

EXECUTIVE SUMMARY FOR THE CITY OF GLOUCESTER, MASSACHUSETTS

Submitted To:

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Introduction

Beverly Hospital in Beverly, Massachusetts and Addison Gilbert Hospital in Gloucester, Massachusetts are two of the North Shore's leading health care facilities and are dedicated to meeting the healthcare needs of those living in North Shore and Cape Ann communities. The hospitals are part of Lahey Health System, Inc. (LHS), a vertically and horizontally integrated network of hospitals, long-term care facilities, assisted living facilities, health and social service agencies, and community-based primary care and specialty care. LHS is recognized for the care and services it provides to residents throughout the North Shore and Cape Ann area and is committed to ensuring that a full continuum of high-quality, coordinated health and human services are available to those who live in its primary and secondary service areas. The hospitals, in close partnership with its affiliates, other health-related service organizations, and the community at-large, strive to develop programs and services that address community need and improve the area's overall health status.

To support this commitment, LHS hired John Snow, Inc. (JSI), a nationally recognized public health consulting firm to conduct a comprehensive community health needs assessment for the communities on the North Shore / Cape Ann and particularly those that are part of Addison Gilbert and Beverly hospital's primary service area. The overall goals of the assessment were to identify the major health care needs, service gaps, barriers to access, and health priorities for those living in the region. As part of the assessment, JSI compiled quantitative and qualitative information from a broad array of sources, which will be discussed in more detail below. By informing and motivating the communities involved in the assessment, LHS is eager to build collaborative relationships, leverage existing community resources, and encourage community dialogue. Ultimately, the purpose of the assessment was to facilitate the development of short and long-term strategic plans to guide the health investments for the North Shore and Cape Ann communities.

As part of this project JSI has compiled a series of reports that have presented the findings from this assessment. Most of these reports have reported findings for the North Shore overall and have presented data for Essex County as well as aggregate data for all the towns that were part of the assessment. The following is a more targeted report that reviews the assessment's approach and presents summary findings specifically for the City of Gloucester, Massachusetts. The purpose of this report is to provide vital information specifically for City officials, town residents, and the health and social service organizations that serve the town so that they can be used to improve the health and well being of those who live or work in Gloucester's communities.

I. Assessment Approach and Specific Methods

A broad range of quantitative data was compiled for all of the cities and towns that are part of Addison Gilbert and Beverly hospital's primary service areas. An additional, more targeted set of data was also collected for a subset of key cities/towns, including those that are part of Cape Ann in the northeast portion of Essex County. The cities and towns that were part of this more targeted analysis were Gloucester, Essex, Hamilton, Ipswich, Manchester, Rockport, and Wenham. Comparison data was also compiled for Essex County, the Commonwealth of Massachusetts, and the nation, whenever possible.

The assessment initiative was conducted in two distinct phases. In **Phase I** the JSI Project Team conducted a preliminary needs assessment that relied heavily on secondary health-related data drawn from the Massachusetts Department of Health's, Massachusetts Community Health Information Profile (MassCHIP) system as well as other national, state and local sources. These data allowed the Project Team to assess health status, explore hospital emergency department and inpatient trends, and identify the leading health issues and barriers to care, as well as identify segments of the population that were most at-risk. More specifically, this preliminary assessment compiled data related to:

- Demographic and socio-economic characteristics (e.g., age, gender, race/ethnicity, language, ancestry, and income)
- Social determinants of health (e.g., education, crime, housing, employment, and child abuse/neglect)
- Health status and morbidity/mortality (e.g., chronic disease, cancer, mental health, substance abuse/addiction, infectious disease, oral health, and maternal and child health)
- Access to care and service utilization (e.g., insurance status, primary care/specialty care engagement use, and hospital emergency department and inpatient use)

In **Phase I** the Project Team also conducted more than 50 interviews with hospital and community-based health and social service providers as well as other key community stakeholders. Interviews were held with city/town health officials, health/social service providers, advocacy organizations, elected officials, school administrators/staff, and other community members. The purpose was to identify issues and concerns about specific health needs and priorities in various communities and to share information about the assessment process. Ongoing and potential collaborative efforts within communities and with the hospitals, and potential partners for future collaboration, were identified for later strategic planning efforts. These interviews helped to refine topics for data collection and analysis and set the stage for the development of a comprehensive community survey.

Phase II consisted of primary data collection through the distribution of a community survey conducted through the mail to randomly selected households in the targeted communities. The purpose of the community mail survey was to capture detailed information from the population at-large as well as from hidden, hard-to-reach populations that might not be well-represented in community interviews. The 20-page survey drew on validated questions from existing health surveys, including those developed by the federal Center for Disease Control and Prevention. This helped to ensure that the resulting survey data was valid, reliable, and comparable to other databases. Topics addressed in the survey included:

- Access and barriers to care
- Health behaviors and lifestyle
- Chronic disease and prevention
- Self-reported health status
- Disabilities and care giving
- Elder health
- Perceived health concerns and community priorities

Approximately 2,300 surveys were distributed and 1,179 were returned, representing a response rate of approximately 50%, for the overall survey sample. Final data reports were weighted to correct for higher rates of response from older and female residents.

At the culmination of Phase II, the JSI Project Team and the project's Steering Committee conducted integrated analyses, facilitated hospital and community-based strategic planning, and developed a series of reports for hospital administration, Board of Trustees, community-based providers, and the community at-large.

In Phase III, the JSI Project Team worked with the hospital's External Affairs Department to disseminate the information to the community. The hospital has also used the information to refine its operations and outreach efforts so that it could be more responsive to those it serves and address the health issues that were highlighted by the initiative.

The following is a summary of the key findings from each of the major components of the assessment.

II. Key Findings

Overall JSI's review of the data compiled for the assessment revealed that those living in the North Shore region of Massachusetts are healthier than and have better access to health care and social services than those living in Essex County overall, the Commonwealth of Massachusetts, and the nation. Upon reviewing data on the leading health care indicators related morbidity and mortality, the residents from the cities and towns in the region were also more likely to have lower rates of disease, hospitalization, and death than the County, State, and nation.

However, despite this overall assessment, there were clear disparities in access and in health outcomes for certain segments of the population, particularly for those in racial/ethnic minority groups and those in low income brackets who live in households earning less than 200% of the federal poverty level (FPL). The assessment also revealed that Essex County and the region has a higher proportion of older adults and a larger proportion of the households in the region have at least one member living in them that is over 65 years old. Older adults face unique access barriers and have significantly higher rates of morbidity, and certainly mortality, than other segments of the population across nearly all health areas. With these factors in mind, any community health strategy in the region needs to put special emphasis on low income populations, racial/ethnic minority populations, and older adults.

Below is a review of key findings specifically for the City of Gloucester. The findings and data laid out in this section are derived from our integrated analysis of all the data that was compiled during the assessment, including the quantitative, secondary data from the Massachusetts Department of Public Health review, the community mail survey, and our community interviews. The findings are broken up into seven (7) categories:

- Access to Care
- Chronic Disease
- Health Risk Factors
- Mental Health
- Substance Abuse
- Oral Health
- Maternal and Child Health

Access to Care

With the passage of the Massachusetts Health Care Insurance Reform Law in 2006, Massachusetts became the first state in the nation to adopt measures that would lead to near universal health insurance coverage. As a result, almost everyone in the Commonwealth has

comprehensive health insurance. The North Shore area also has a comprehensive array of health and social service organizations that are able to provide nearly all of the enabling, supportive, preventive, acute, chronic disease management, specialty care, hospital-based, and other community-based services they need.

The most significant issues with respect to access to care were related to dental services, particularly for adults and mental health and substance abuse services for low income and middle income brackets. In addition, a significant proportion of the population in the region struggled to access prescription drugs, due primarily to the cost of co-pays and deductibles. Access to care was also affected by transportation and cost barriers, which were by far the two most significant barriers to care for those in the region. These issues have a particularly strong impact on low income and older adult populations who are most likely to be isolated and struggle to make ends meet financially.

In Gloucester, issues related to health care access mirrored the region. Gloucester has a robust health and social service system with no absolute gaps in service across the full continuum of care. Gloucester even has a robust safety net system for uninsured residents and those in low income brackets. There are numerous health care service providers that tailor their services and operations to underserved populations, including organizations that provide primary medical care, mental health, substance abuse, and dental services for children. These organizations serve patients who are publically insured as well as those who are uninsured and have limited incomes. This does not mean that everyone receives the care they need in a timely way. There are often long-wait times for some types of services as well as major transportation barriers and cost barriers for those who must pay co-pays or insurance deductibles. As stated above the biggest access issues relate to behavioral health and dental. With respect to dental the issue is primarily with low income or uninsured adults. With respect to behavioral health, the issues are broader with individuals and families in low and middle income brackets as well children often struggling to access needed services.

- **Health Insurance Status:** Health insurance rates in Gloucester were high and comparable to regional and State rates

  (Health Insurance: Gloucester - 93%, Overall Survey Sample - 95%, Essex County - 95%, State - 96%)

- **Usual Source of Care:** Nearly everyone in Gloucester has access to a primary care provider or doctor

  (Regular PCP or Doctor: Gloucester - 95%, Overall Survey Sample - 96%, Essex County - 92%, State - 91%)

- **Dental Insurance:** Significant proportions of the population in the region lack dental insurance, including those in Gloucester

  (No Dental Insurance: Gloucester- 41%, Overall Survey Sample - 40%, Low income – 58%)

- **No Dental Care:** Significant proportions of the population in the region had no dental care in the past 12 months

  (No Dental Care in Past Year: Gloucester - 34%, Overall Survey Sample - 27%, Low Income - 45%, State - 19%)

- **No Prescription Drugs:** Significant proportions of the population in the region were unable to obtain prescription drugs due to cost, including those in Gloucester

  (No Prescription Drugs: Gloucester -16%, Overall Survey Sample - 12%, Low Income – 23%)

- **Shortage of Behavioral Health Providers.** A common theme from our key informant interviews was the idea that there was a shortage of behavioral health providers that accepted insurance, particularly public insurance, and only a small handful of providers that served individuals on a discounted basis.

- **Higher Hospital Emergency Department and Hospital Inpatient Utilization.** Residents of Gloucester were much more likely to be discharged from hospital emergency departments for mental health- and substance abuse-related conditions than residents in the State and County overall. Gloucester residents were also more likely to be discharged from hospital impatient beds for conditions that are considered preventable or avoidable, particularly those discharged for pneumonia or chronic obstructive pulmonary disease (COPD). This is indicative of a shortage of or lack of engagement in primary care.

  (Mental Health Emergency Department Discharges per 100,000: Gloucester - 3,176, Essex County – 1,934, State -1,855)

  (Substance Abuse Emergency Department Discharges per 100,000: Gloucester – 1,535, Essex County - 774, State -768)

  (Preventable Inpatient Hospitalizations per 100,000 for Pneumonia: Gloucester - 507, Essex County – 448, State -419)

  (Preventable Inpatient Hospitalizations per 100,000 for COPD: Gloucester - 531, Essex County - 439, State -432)

Chronic Disease

Chronic diseases such as diabetes, heart disease, stroke, hypertension, respiratory disease, and cancer are the major causes of morbidity, disability and mortality, both in the region and the state. These conditions are in fact among the leading causes of death across the nation. Caused by a mixture of factors including genetic, environmental, and lifestyle, chronic diseases are pervasive, difficult to treat and occur in an increasing proportion of our society.

The regional prevalence, hospitalization, and death rates for chronic diseases are comparable to the rates at the State in almost all cases but there are some important exceptions, particularly with respect to diabetes and hypertension. There is also some indication that some residents in the region are not properly engaged or receiving appropriate preventive, acute, or chronic disease management service in primary care. As evidenced by higher rates of hospital emergency department and hospital inpatient utilization for some conditions.

Gloucester has many of the highest rates of chronic disease in the region for the leading chronic diseases such as diabetes, hypertension, chronic lower respiratory disease, and lung cancer. Data suggests that the higher morbidity and mortality rates are driven largely by low income populations as well as those in racial/ethnic minority groups that tend to have higher rates of

disease and service utilization and are more likely to live in Gloucester than other parts of the region.

- **Diabetes:** Relative to the region and the state, residents of Gloucester are more likely to have diabetes, particularly those in low income categories

  (Diabetes (all types): Gloucester – 15%, *Overall Survey Sample - 13%, Low income 15%, State - 7%)*

- **Heart Disease and Stroke:** Heart disease and stroke are among the leading causes of death in the region. In Gloucester heart disease death rates are slightly lower than the County and State rates. Death rates from stroke (cerebrovascular disease) are slightly higher than the County and State rates.

  (Heart Disease Death Rate per 100,000: Gloucester - 213, Essex County - 221, State - 222)

  (Stroke Death Rate per 100,000: Gloucester - 43, Essex County - 37, State - 37)

- **Hypertension:** Regionally, including those living in Gloucester, the proportion of the population with hypertension is slightly higher than the County and State. The low income population is also more likely to have hypertension.
  (Gloucester - 32%, Overall Survey Sample - 31%, Low Income - 38%, County – 24%, State - 26%)

- **Respiratory Disease:** Regionally, the proportion of the population with asthma and the death rates for chronic lower respiratory disease and pneumonia are slightly lower compared to the County and State, including in Gloucester.
  (Asthma Prevalence in Adults: Gloucester - 14%, Overall Survey Sample - 13%, Essex County - 15%, State - 15%)

  (Chronic Lower Respiratory Disease Death Rate per 100,000: Gloucester - 39, Essex County - 34, State - 34)

  (Pneumonia Death Rate per 100,000: Gloucester - 16, Essex County - 20, State - 22)

- **Cancer:** Hospitalization and death rates for cancer (all-types) are comparable or lower than the state rates for all cities/towns in the region but there are a number of notable exceptions where certain cities/towns have higher rates for certain cancers, including in Gloucester.

  (Cancer Death rate per 100,000 - all-types: Gloucester - 193, Essex County 182, State - 183)

  (Cancer Hospitalization rate per 100,000 – all-types: Gloucester - 446, Essex County – 436, State - 415)

  (Lung Cancer Death rate per 100,000: Gloucester - 66, Essex County - 51, State - 51)

- **Cancer Screening:** Regionally, the proportion of the female population who has had a recent mammogram and a recent pap test is comparable or higher than the State, including in Gloucester, but the rate for those in low income brackets is considerably lower.

(Recent *Mammogram: Gloucester - 81%, Overall Survey Sample - 82%, Low Income - 74%, Essex County - 84%, State - 80%)*

(Recent Pap Test: Gloucester - 89%, Overall Survey Sample - 87%, Low Income - 83%, Essex County - 88%, State - 87%)

Healthy Behaviors and Risk Factors

There are a number of risk factors that have a major impact on chronic disease and the general level of health for individuals and communities. The risk factors with the greatest health effects are overweight/obesity, physical exercise, poor nutrition, and smoking. These factors can lead to variety of conditions such as diabetes, heart disease, hypertension, COPD, asthma, cancer, and arthritis. Obesity is a particular and increasing problem at a national and state-level, as well as at regional level. Conversely healthy habits and behaviors with respect to nutrition and physical exercise can be protective and improve heart and lung function, diabetes control, and hypertension, and reduce the risk of cancer, fall-related injuries, and other conditions. Gloucester is not immune to these issues and has some of the highest rates of these behavioral risk factors of any city or town in the region.

- **Overweight/Obesity:** The prevalence of obesity and overweight (according to Body Mass Index) for the region was comparable to state but nonetheless extremely high with approximately 50% of the population reporting as either overweight or obese. In Gloucester, 58% of the population is either overweight or obese and in the low income population 60% of the population falls into these categories.

  Obesity/overweight was perceived to be the #1 or #2 most significant health problem across all of the groups in the survey.

- **Lack of Physical Exercise:** The proportion of residents throughout the region reporting no physical exercise was comparable to the State but, once again, was very high in Gloucester, especially among lower income populations.

  (No Physical Exercise: Gloucester - 22%, Overall Survey Sample – 19%, Low Income - 34%, State - 21%)

- **Tobacco Use:** Regionally, the proportion of the population who currently smokes cigarettes is comparable to the State. However, among low income populations overall and cities/towns with higher proportions of low income populations like Gloucester the proportion of cigarette smokers was higher.

  (Current Smokers: Gloucester - 16%, Overall Survey Sample - 11%, Low Income - 19%, State - 14%)

Mental Health

Depression, anxiety and stress are major health issues throughout the nation and place significant burdens on individuals, families and communities. Numerous national studies have shown that many of the leading chronic illnesses, such as diabetes and heart disease, are linked to mental illness and the rates of co-occurring physical and mental illness are extremely high. Mental illness also plays a significant role in increasing health care expenditures and is responsible for a large proportion of total hospital emergency department visits and inpatient stays. Numerous

data elements from the survey and the state quantitative morbidity and mortality data highlight the burden that it places on the region, especially among low income populations.

Mental illness is one of the leading health care issues in Gloucester. Significant proportions of the population report having poor mental health and the hospital emergency department discharge rates for mental health-related issues was higher for those living in Gloucester than for those living in the County or the State overall.

- **Poor Mental Health:** Regionally, the proportion of survey respondents who reported being in poor mental health more than 15 days in a given month was comparable to the State. However, among low income populations overall and cities/towns with higher proportions of low income populations like Gloucester the proportion of people reporting this level of illness was higher.

  (Poor Mental Health > 15/month: Gloucester -12%, Overall Survey Sample - 9%, Low Income - 18%, State - 9%)

- **Depression and Anxiety:** The proportion of people in Gloucester who reported being sad/blue more than 15 days in a given month was higher than the proportion of those who reported this level of illness in the Overall Survey Sample. Similarly, the proportion of people in Gloucester who reported being tense or anxious more than 15 days in a given month was also higher than the proportion of people who reported this level of illness in the Overall Survey Sample. However, the percentage of the low income population reporting being sad/blue or tense/anxious was much higher than the overall population or even those living in Gloucester.

  (Sad/Blue > 15/month: Gloucester - 11%, Overall Survey Sample - 8%, Low Income - 18%)

  (Tense/Anxious > 15/month: Gloucester - 17%, Overall Survey Sample - 12%, Low Income - 26%)

Substance Abuse

Like mental health, substance abuse is a major health issue throughout the region but particularly in Gloucester. Data clearly shows that this cuts across all income and geographic groups and causes significant burdens and loss of productivity upon individuals, families and communities. Substance abuse increases health care expenditures as well as community expenditures on law enforcement and incarceration.

The extent of alcohol abuse and prescription drug abuse provided some of the more dramatic findings in the assessment. Regionally, those who responded to our survey were much more likely to report as "heavy" alcohol drinkers (more than 7 drinks a week for women and more than 14 drinks a week for men) or binge drinkers (more than 4 drinks at any one sitting for women and more than 5 drinks at any one sitting for men) than those in the County and the State overall. Regionally, high proportions of the population also abused prescription drugs.

- **Heavy and Binge Drinking: T**he proportion of survey respondents who reported as heavy drinkers was significantly higher than the proportions for the state, particularly in the more affluent areas of the region.

(Heavy Drinking: Gloucester – 12%, Overall Survey Sample - 12%, Low Income - 10%, Essex County - 6%, State - 6%)

(Binge Drinking: Gloucester - 28%, Overall Survey Sample - 27%, Low Income - 21%, Essex County - 16, State - 17%)

- **Prescription Drug Abuse:** A large proportion of people who responded to the survey reported abusing prescription drugs, particularly in the low income brackets. Proportions in Gloucester overall mirrored the regional proportions.

  (Prescription Drug Abuse: Gloucester - 10%, Overall Survey Sample - 9%, Low Income - 16%)

Oral Health

Good oral health is important for good nutrition, overall general health and even mental health as related to self-esteem and sense of well-being. Proven preventive measures include good personal dental hygiene and regular dental care including recommended interventions such as cleaning and placement of sealants. Many respondents lacked dental insurance in the region and were in the majority in some communities and sub-groups. Lack of insurance and/or high deductibles/co-pays lead to lack of dental care for both prevention and treatment of decay and other problems. In Gloucester the City Health Department has a strong program that serves children but low income and/or uninsured adults regardless of income struggle to access services due to cost as there are virtually no dental providers who take publically insured adults or provide care at a discounted rate.

- **Dental Insurance:** Except for the most affluent communities in the region, almost half of the respondents from the cities/towns that were included in the community survey lacked dental insurance.

  (No Dental Insurance: Gloucester - 41%, Overall Survey Sample - 40%, Low Income - 58%)

- **No Dental Care:** Regionally, higher proportions of those survey reported not having any dental care within the last 12 months compared to the State.
  (No Dental Care in Past Year: Overall Survey Sample – 27%, Low Income - 45%, State - 19%)

Maternal-child health

The health and well-being of pregnant women and children is always a priority. The region has strong levels for almost all of the indicators for maternal-child health, with better rates than both the county and the state. These strengths are reflections of, among other things, adequate access to care, good nutrition and generally lower rates of smoking. Gloucester's rates for the leading maternal and child health indicators were comparable or lower than the rates for the County and the State, except with respect to the proportion of pregnant women who smoked. In this regard,

- **Maternal and Child Health:** Regionally and in Gloucester, the rates for late prenatal care, infant mortality, teen pregnancy and low birth weight are better than the rates for the State

- **Smoking During Pregnancy:** Pregnant women in Gloucester were much more likely to smoke during pregnancy as women in the State or the County.

(Smoking During Pregnancy: Gloucester – 12%, County - 7%, State - 7%)

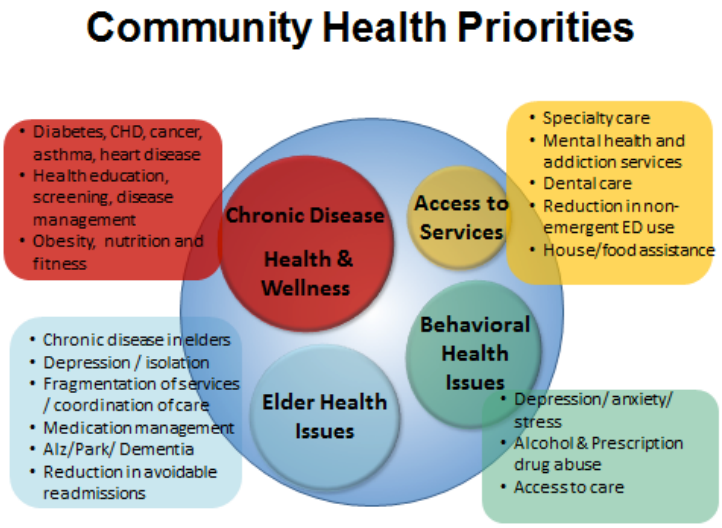
Community Stakeholder Interviews

Overall, the community stakeholders that were interviewed identified health concerns that were consistent with the other components of the assessment. The following is a listing of the health-related issues that interviewees thought were most concerning.

- Chronic disease (heart disease, stroke, and cancer) and related lifestyle issues such as proper nutrition, exercise, overweight/obesity, and smoking.
- Mental health and substance abuse issues, particularly depression, stress, alcohol abuse for both adults and adolescents.
- Access to mental health services, particularly for adolescents and families in low-income brackets.
- Many low-income individuals and families in communities throughout the North Shore fall through the cracks and cannot access needed specialty and primary care services, including important supportive services.
- Many older adults face barriers that hinder their access to needed health-related services as well as isolate them from vital social activities.
- There is limited collaboration between health care providers and other social service organizations serving older adults. This leads to poor care coordination and can have dramatic impacts on the health and well-being of older adults, particularly those who are frail, disabled, or have chronic health conditions.

III. Strategic Planning and Community Health Priorities

As stated above, at the culmination of Phase II when all of the assessment data had been compiled, the JSI Project Team and the project's Steering Committee conducted an integrated analysis and facilitated a series of hospital and community-based strategic planning sessions. These sessions allowed the overall project team to identify a series of strategic, community health priorities that would guide the efforts of LHS, the hospital administration's Community Benefits Committee, other community-based providers, and the community at-large as they work to improve the region's health status and address the major health issues identified by the assessment. The follow are the priorities that were identified by the project's Steering Committee and the project's various strategic planning efforts.



IV. Conclusions and Ongoing Planning and Program Development Activities

Lahey Health System, Inc. and the staff at Addison Gilbert and Beverly hospitals are committed to developing hospital services and other community-based programs that are tailored to meet the needs of the communities they serve. Both of LHS' hospitals have a recognized track record of working collaboratively with community partners to develop programs and services that are providing health education, expanding access to service, addressing barriers to care, and improving overall health status. We are proud of this record and look forward to using the findings from this assessment to refine our current services and develop new community programs and partnerships. Community health workgroups that correspond to the health priorities identified by the assessment have already been convened and these workgroups are in the process of developing detailed strategic plans. The staff at Addison Gilbert and Beverly hospitals looks forward to working with all of the area's health and social service providers and the community at-large as to improve the overall health status of the North Shore and Cape Ann communities.

Health and Demographic Data Sheet: Gloucester, Essex County, and Massachusetts

	Disparity from state	Disparity county	Disparity from cty & state
		Benchmarks	
Indicators	**Gloucester**	**State**	**Essex County**
Total Population (count)	28,789	6,547,629	743,159
Demographics			
Gender			
Counts			
Male	13845	3166628	356615
Female	14944	3381001	386544
Percentages			
Male	48.1%	48.4%	48.0%
Female	51.9%	51.6%	52.0%
Race/ethnicity			
Counts			
Non-Hispanic White	27100	4984800	565035
Non-Hispanic Black	199	391693	19566
Hispanic	787	627654	122745
Non-Hispanic Asian/Pacific Islander	272	348962	23025
Non-Hispanic American Indian/Alaskan Native	29	10778	915
Other race	402	183742	11873
Percentages			
Non-Hispanic White	94.1%	76.1%	76.0%
Non-Hispanic Black	0.7%	6.0%	2.6%
Hispanic	2.7%	9.6%	16.5%
Non-Hispanic Asian/Pacific Islander	0.9%	5.3%	3.1%
Non-Hispanic American Indian/Alaskan Native	0.1%	0.2%	0.1%
Other race	1.4%	2.8%	1.6%
Percent of the population foreign born	7% (5.8-8.2%)	14.5% (14.4-14.6%)	14.5% (14.2-14.8%)
Percent of 5+ yr olds that speak language other than English in the home	10.6% (8.8-12.4%)	21% (20.9-21.1%)	23.3% (22.9-23.7%)
Age			
Counts			
0-4 yrs	1288	367087	43632
5-14 yrs	3020	791300	96426
15-19 yrs	1640	462756	51888
20-34 yrs	4278	1320809	129099
35-44 yrs	3512	887149	100353
45-54 yrs	5071	1012435	121262
55-64 yrs	4881	803369	95416
65+ yrs	5099	902724	105083
Population 18 years and older	23435	5128706	571070
Population less than 18 years of age	5354	1418923	172089
Percentages			
0-4 yrs	4.5%	5.6%	5.9%
5-14 yrs	10.5%	12.1%	13.0%
15-19 yrs	5.7%	7.1%	7.0%
20-34 yrs	14.9%	20.2%	17.4%
35-44 yrs	12.2%	13.5%	13.5%
45-54 yrs	17.6%	15.5%	16.3%
55-64 yrs	17.0%	12.3%	12.8%
65+ yrs	17.7%	13.8%	14.1%
Population 18 years and older	81.4%	78.3%	76.8%
Population less than 18 years of age	18.6%	21.7%	23.2%

Health and Demographic Data Sheet: Gloucester, Essex County, and Massachusetts

	Disparity from state	Disparity county	Disparity from cty & state
		Benchmarks	
Indicators	**Gloucester**	**State**	**Essex County**
Total Population (count)	28,789	6,547,629	743,159
Households			
Percent of households with children <18 years old	24.9% (23.1-26.7%)	31.9% (31.7-32.1%)	34% (33.5-34.5%)
Percent single female householder with own children <18 present	5.3% (4-6.6%)	7% (6.9-7.1%)	7.8% (7.5-8.1%)
Percent of households with one or more people 65+ years old	31.1% (29-33.2%)	24.8% (24.7-24.9%)	25.7% (25.4-26%)
Percent with high school degree or more education	90.5% (89.1-91.9%)	88.7% (88.6-88.8%)	88.2% (87.8-88.6%)
Income			
Median household income (in 2010 inflation-adjusted dollars)	$60506 ($56844-64168)	$64509 ($64165-64853)	$64153 ($63380-64926)
Percent of families living below poverty level	5.6% (3.8-7.4%)	7.5% (7.3-7.7%)	7.7% (7.3-8.1%)
Percent of persons living below poverty level	7.8% (5.9-9.7%)	10.5% (10.3-10.7%)	10.1% (9.7-10.5%)
Percent of single female households with children living below poverty level	40.2% (27.4-53%)	33.4% (32.4-34.4%)	33.1% (31-35.2%)
Percent of children <18 yrs old living below poverty level	13.3% (8-18.6%)	13.2% (12.8-13.6%)	13.3% (12.5-14.1%)
Unemployment			
Unemployment (percent of labor force that is unemployed)			
December 2011 Unemployment rate	8.37% (7.95-8.8%)	6.84% (6.82-6.87%)	6.98% (6.9-7.06%)
November 2011 Unemployment rate	7.87% (7.46-8.28%)	6.98% (6.96-7.01%)	6.83% (6.75-6.91%)
2010 Unemployment rate	9.97% (9.51 - 10.43%)	8.50% (8.47 - 8.53%)	8.95% (8.86 - 9.04%)
Housing			
Number of housing units	14092 (13680-14504)	2786077 (2785649-2786505)	304902 (304376-305428)
Median house value of owner-occupied units	$388700 ($378935-398465)	$352300 ($351548-353052)	$372400 ($370414-374386)
Among owner occup. units, monthly owner costs ≥35% of total income	40.6% (36.4-44.8%)	31% (30.7-31.3%)	32.8% (32-33.6%)
Percent of housing units that are vacant	13% (11.1-14.9%)	9.8% (9.6-10%)	7.2% (6.8-7.6%)
Percent of housing units that are renter occupied	34.1% (31.5-36.7%)	36% (35.8-36.2%)	34.6% (34.1-35.1%)
Among renter occupied units, rent 35% or more of total income	38.6% (32.8-44.4%)	40.4% (40-40.8%)	43.3% (42.1-44.5%)
Participation in Public Programs			
Number of tax filers in 2008	14665	3146019	361449
Number of tax filers taking EITC in 2008	1487	344168	45446
Percent of tax filers in 2008 that took the EITC	10.14% (9.65-10.63%)	10.94% (10.91-10.97%)	12.57% (12.47-12.68%)
Number of children <4 years of age	1,037	292,461	34,678
Number of licensed child care slots by the state	881	229,312	29,314
Child care slots per 1,000 children <4 years of age	849.6 (793.5-905.7)	784.1 (780.9-787.3)	845.3 (835.6-855)
Number of families with dependent children	3078	776,289	93,242
Number of Temporary Family Assistance (TANF) recipients	173	49,673	5,796
Percent of families with dependent children that receive TANF	5.62% (2.19-9.05%)	6.4% (6.18-6.61%)	6.22% (5.59-6.84%)
Number of children <4 years of age	1,037	292,461	34,678
Number of Early Intervention active clients	147	33,533	4,286
Number of Early Intervention new clients	76	18,390	2,289
Percent of Early Intervention active clients among children <4 yrs of age	14.18% (8.54-19.81%)	11.47% (11.12-11.81%)	12.36% (11.37-13.34%)
Percent of Early Intervention new clients among children <4 yrs of age	7.33% (1.47-13.19%)	6.29% (5.94-6.64%)	6.6% (5.58-7.62%)
Total number of women 20-44 yrs and children <5 yrs	5179	1,489,787	161,450
Number of WIC active participants - total	381	131,846	17,855
Percent of WIC active participants among women 20-44 yrs and children <5 yrs	7.36% (6.65-8.07%)	8.85% (8.8-8.9%)	11.06% (10.91-11.21%)

Health and Demographic Data Sheet: Gloucester, Essex County, and Massachusetts

	Disparity from state	Disparity county	Disparity from cty & state
		Benchmarks	
Indicators	**Gloucester**	**State**	**Essex County**
Total Population (count)	28,789	6,547,629	743,159
Education and Schools (http://profiles.doe.mass.edu/search/search.aspx?leftNavId=)			
Public school enrollment - total (count) - as of 2011-2012	3,091	953,369	
Student-teacher ratio in 2010-2011 (number of students to 1 teacher)	12.7 (12.28-13.18)	13.9 (13.87-13.93)	
Number of students in 4 year cohort for Class of 2011	300	74,307	
Cumulative four-year dropout rate for Class of 2011	6.3% (3.55-9.05%)	7.2% (7.01-7.39%)	
Cumulative four-year graduate rate for Class of 2011	86.3% (82.41-90.19%)	83.4% (83.13-83.67%)	
School district expenditures (per pupil)	$12844 ($12840-12848)	$13055 ($13054.77-13055.23)	
Percent of students that are minority race/ethnicity	8.7% (7.71-9.69%)	33% (32.91-33.09%)	
Percent of students that are limited English proficient	2.4% (1.86-2.94%)	7.3% (7.25-7.35%)	
Percent of enrolled students eligible for free/reduced-price meals	39.8% (38.07-41.53%)	35.2% (35.1-35.3%)	
Percent of students that are special education	21.8% (20.34-23.26%)	17% (16.92-17.08%)	
Crime (per 100,000 population)			
Population count	30,226	6,547,629	
Violent crime counts			
Overall count	32	30,553	
Murder/non-negligent manslaughter count	0	210	
Forcible rape count	0	1,745	
Robbery count	4	6,874	
Aggravated assault count	28	21,724	
Property crime counts			
Overall count	647	153,905	
Burgulary count	86	37,767	
Larceny-theft count	557	104,685	
Motor vehicle theft count	4	11,453	
Arson count	3	Not provided	
Violent crime rates (per 100,000)			
Overall rate	105.9 (72.4-149.5)	466.6 (461.4-471.9)	
Murder/non-negligent manslaughter rate	0.0 (0.0-12.2)	3.2 (2.8-3.7)	
Forcible rape rate	0.0 (0.0-12.2)	26.7 (25.4-27.9)	
Robbery rate	13.2 (3.6-33.9)	105.0 (102.5-107.5)	
Aggravated assault rate	92.6 (61.6-133.9)	331.8 (327.4-336.2)	
Property crime rates (per 100,000)			
Overall rate	2140.5 (1978.7-2312.0)	2350.5 (2338.8-2362.3)	
Burgulary rate	284.5 (227.6-351.4)	576.8 (571.0-582.6)	
Larceny-theft rate	1842.8 (1692.9-2002.4)	1598.8 (1589.2-1608.6)	
Motor vehicle theft rate	13.2 (3.6-33.9)	174.9 (171.7-178.1)	
Arson rate	9.9 (2.0-29.0)	Not provided	

Health and Demographic Data Sheet: Gloucester, Essex County, and Massachusetts

	Disparity from state	Disparity county	Disparity from cty & state
		Benchmarks	
Indicators	**Gloucester**	**State**	**Essex County**
Total Population (count)	28,789	6,547,629	743,159
Substance Abuse and Mental Health			
Admissions to DPH funded substance abuse programs			
Total admissions (per 100,000)	1626.93 (1485.35 - 1768.51)	1589.89 (1580.35 - 1599.44)	1492.41 (1464.98 - 1519.84)
Admissions where alcohol was primary substance (per 100,000)	541.22 (459.11 - 623.33)	606.71 (600.78 - 612.64)	561.52 (544.61 - 578.43)
Admissions where there was injection of primary substance (per 100,000)	625.99 (537.72 - 714.26)	500.14 (494.75 - 505.52)	458.25 (442.97 - 473.53)
Percent of All Admissions that used a need within the past year	46.89% (42.52 - 51.27%)	38.97% (38.67 - 39.26%)	39.88% (38.97 - 40.78%)
Hospitalizations (age-adjusted rates)			
Alcohol/substance-related hospitalizations (age-adjusted rate per 100,000)	579.03 (541.25 - 616.81)	338.77 (336.79 - 340.74)	328.58 (322.79 - 334.38)
Mental disorders - hospitalizations (age-adjusted rate per 100,000)	1264.26 (1208.21 - 1320.31)	789.46 (786.44 - 792.48)	945.05 (935.22 - 954.89)
Mental disorders - all related hospitalizations (age-adjusted rate per 100,000)	5200.11 (5095.51 - 5304.70)	3743.44 (3737.21 - 3749.68)	4014.17 (3995.13 - 4033.21)
ED visits (age-adjusted rates)			
Alcohol/substance-related ED visits (age-adjusted rate per 100,000)	1264.07 (1207.37 - 1320.76)	702.96 (700.10 - 705.81)	732.51 (723.76 - 741.26)
Mental disorders - ED visits (age-adjusted rate per 100,000)	2743.73 (2659.64 - 2827.83)	1759.05 (1754.52 - 1763.57)	1852.63 (1838.77 - 1866.48)
Mental disorders - all related ED visits (age-adjusted rate per 100,000)	6943.98 (6815.00 - 7072.96)	3713.44 (3706.98 - 3719.91)	4059.02 (4038.90 - 4079.14)
Mortality (age-adjusted rates)			
Opioid-related Fatal Overdoses - Death Rate Per 100,000	17.40 (10.70 - 24.09)	8.73 (8.41 - 9.05)	9.88 (8.87 - 10.90)
Mental Disorders: All - Death Rate Per 100,000	42.60 (33.65 - 51.54)	32.52 (31.97 - 33.08)	32.63 (31.01 - 34.25)
Supply of Physicians			
Total number of registered physicians	35	26,267	1,675
Total primary care (FP/GM, IM, OB/GYN, PED)	21	10,895	805
Population-to-registered physician ratio	822.5 (813.1-832.1)	249.3 (249.1-249.5)	443.7 (442.7-444.7)
Population-to-licensed primary care physicians ratio	1370.9 (1355.1-1386.8)	601.0 (600.5-601.4)	923.2 (921.1-925.3)
Maternal and Child Health			
Women 15-44 yrs old	4,671	1,350,576	143,285
Total Births Residence (5 years aggregated, 2005-2009)	1,388	384,363	45,001
Fertility rate for women 15-44 yrs (births per 1,000 women 15-44 yrs)	59.4 (56.3-62.6)	56.9 (56.7-57.1)	62.8 (62.2-63.4)
Low birthweight (<2500 grams)	95	30,129	3,443
Percent low birthweight (<2500 grams)	6.84% (5.52 - 8.17%)	7.84% (7.75 - 7.92%)	7.65% (7.41 - 7.90%)
Cigarette smoking	161	27,520	3,097
Percent of births where mother smoked cigarettes	11.60% (9.91 - 13.28%)	7.16% (7.08 - 7.24%)	6.88% (6.65 - 7.12%)
Late/no prenatal care	159	82,963	10,142
Percent of births with no/late prenatal care	11.46% (9.78 - 13.13%)	21.58% (21.45 - 21.71%)	22.54% (22.15 - 22.92%)
Infant mortality rate (per 1,000 live births)	0.72 (0.00 - 2.13)	4.90 (4.68 - 5.12)	4.40 (3.79 - 5.01)
Domestic Violence - Child Abuse			
2010 Population count for children (0-18 yrs)	5,354	1,418,923	172,089
Undup. Counts of Children Reported Maltreated (Allegedly Abused/Neglected)	381	77,415	8,767
Rate of child reported maltreatment (per 1,000 children 0-18 years)	71.2 (64-78.3)	54.6 (54.2-54.9)	50.9 (49.9-52)
Undup. Counts of Children Who Were the Subject of Investig. of Maltreatment	183	51827	5043
Percent of reports that were investigated (unduplicated by child)	48.03% (43.01-53.05%)	66.95% (66.62-67.28%)	57.52% (56.49-58.56%)
Undup. Counts of Children w/ Subst. Allegations of Maltreatment following Investig.	87	29,741	2,579
Percent of reports investigated that were substantiated (unduplicated by child)	47.54% (40.31-54.78%)	57.39% (56.96-57.81%)	51.14% (49.76-52.52%)

Health and Demographic Data Sheet: Gloucester, Essex County, and Massachusetts

	Disparity from state	Disparity county	Disparity from cty & state
		Benchmarks	
Indicators	**Gloucester**	**State**	**Essex County**
Total Population (count)	28,789	6,547,629	743,159
Lead Poisoning			
Percent of housing units built before 1950	60.0%	44.0%	
Total number of children 6-72 months	3142	712404	
Total number of children 6-72 months screened	1528	414506	
Total number of children 6-72 months with elevated blood lead levels	4	302	
Percent of children 6-72 months screened for lead poisoning	48.63% (46.88-50.38%)	58.18% (58.07-58.3%)	
Percent of children 6-72 mos screened with elevated blood lead levels (≥15 ug/dl)	0.3% (0.07-0.67%)	0.1% (0.06-0.08%)	
Infectious Disease			
TB Incidence (crude rate per 100,000)		3.70 (3.24 - 4.16)	4.26 (2.79 - 5.74)
Chlamydia Incidence (crude rate per 100,000)	176.06 (129.14 - 222.98)	322.07 (317.75 - 326.40)	310.61 (298.02 - 323.20)
Gonorrhea Incidence (crude rate per 100,000)	22.82 (5.92 - 39.73)	37.87 (36.39 - 39.36)	23.85 (20.36 - 27.35)
Syphilis Incidence (crude rate per 100,000)		9.42 (8.68 - 10.16)	6.93 (5.05 - 8.81)
Lyme disease incidence (crude rate per 100,000)	29.34 (10.18 - 48.51)	61.51 (59.62 - 63.41)	39.58 (35.08 - 44.08)
Pneumonia/Influenza			
Hospitalizations - age adjusted rate	384.08 (355.39 - 412.78)	354.31 (352.34 - 356.29)	373.09 (367.20 - 378.99)
Deaths - age adjusted rate	15.62 (10.32 - 20.93)	21.93 (21.47 - 22.39)	20.04 (18.76 - 21.33)
HIV/AIDS			
HIV/AIDS incidence (crude rate per 100,000)	NA	8.60 (7.89 - 9.31)	NA
HIV/AIDS prevalence (crude rate per 100,000)	202.14 (151.88-252.41)	260.98 (257.09-264.88)	185.62 (175.88-195.36)
HIVAIDS hospitalizations (primary dx; age-adjusted rate per 100,000)	25.78 (17.89 - 33.66)	17.83 (17.37 - 18.28)	17.06 (15.75 - 18.37)
HIV/AIDS related hospitalizations (primary or secondary dx; age-adjusted rate per 100,000)	57.86 (46.13 - 69.59)	49.77 (49.01 - 50.53)	35.21 (33.35 - 37.08)
HIV/AIDS deaths (crude rate per 100,000)	1.68 (0.00 - 3.59)	2.50 (2.33 - 2.67)	1.62 (1.22 - 2.01)
Emergency Department (ED) discharges			
All cause ED discharges (age-adjusted per 100,000)	37691.42 (37147.81 - 38235.03)	36712.17 (36675.35 - 36748.99)	38078.69 (37970.64 - 38186.73)
Alcohol/substance use related EDdischarges (age-adjusted per 100,000)	1534.58 (1395.06 - 1674.11)	767.99 (761.33 - 774.65)	773.88 (753.79 - 793.97)
Mental health related ED discharges (age-adjusted per 100,000)	3175.93 (2974.10 - 3377.77)	1854.70 (1844.31 - 1865.09)	1933.50 (1901.87 - 1965.13)
Preventable inpatient hospitalizations (conditions associated with AHRQ Prevention quality indicators (PQI)) (age-specific rates per 100,000)			
Asthma admissions in young adults (age <40 yrs)	104.32 (80.56 - 128.07)	125.05 (123.36 - 126.73)	122.07 (117.17 - 126.96)
Congestive heart failure admissions (age 20+ yrs)	394.13 (358.37 - 429.88)	450.10 (447.43 - 452.76)	453.91 (445.95 - 461.87)
Hypertension admissions (age 20+ years)	46.62 (34.30 - 58.93)	64.04 (63.03 - 65.05)	57.17 (54.34 - 60.00)
Bacterial pneumonia admissions (20+ years)	506.86 (466.33 - 547.38)	419.24 (416.66 - 421.81)	448.07 (440.16 - 455.98)
Chronic obstructive pulmonary disease (COPD) (age 20+ yrs)	531.44 (489.95 - 572.92)	432.06 (429.45 - 434.67)	439.38 (431.55 - 447.21)

Health and Demographic Data Sheet: Gloucester, Essex County, and Massachusetts

	Disparity from state	Disparity county	Disparity from cty & state
		Benchmarks	
Indicators	**Gloucester**	**State**	**Essex County**
Total Population (count)	28,789	6,547,629	743,159
Chronic Disease: Cancer (age-adjusted rates per 100,000)			
Cancer (all types) (Invasive)			
Incidence - age adjusted rate	549.91 (516.26 - 583.56)	516.53 (514.14 - 518.91)	529.10 (522.04 - 536.16)
Incidence - age adjusted for men	620.46 (566.58 - 674.35)	598.60 (594.72 - 602.49)	614.14 (602.63 - 625.65)
Incidence - age adjusted for women	500.74 (457.14 - 544.35)	461.34 (458.29 - 464.39)	471.27 (462.26 - 480.28)
Hospitalizations - age adjusted rate	445.86 (415.65 - 476.07)	414.82 (412.70 - 416.94)	436.11 (429.70 - 442.52)
Deaths - age adjusted rate	192.84 (173.25 - 212.42)	182.75 (181.35 - 184.16)	181.99 (177.90 - 186.08)
Breast cancer (invasive) - women only			
Incidence - age adjusted rate	126.59 (104.61 - 148.58)	132.51 (130.86 - 134.17)	128.75 (124.00 - 133.50)
Hospitalizations - age adjusted rate	36.45 (24.91 - 47.99)	38.78 (37.88 - 39.67)	37.62 (35.02 - 40.22)
Deaths - age adjusted rate	22.22 (13.03 - 31.41)	22.28 (21.62 - 22.94)	22.42 (20.48 - 24.36)
Colorectal cancer (invasive)			
Incidence - age adjusted rate	54.34 (43.88 - 64.80)	51.39 (50.64 - 52.15)	51.46 (49.27 - 53.66)
Hospitalizations - age adjusted rate	46.95 (37.28 - 56.63)	45.14 (44.44 - 45.83)	45.13 (43.08 - 47.17)
Deaths - age adjusted rate	11.50 (6.76 - 16.24)	16.71 (16.28 - 17.13)	16.83 (15.60 - 18.06)
Lung cancer (invasive)			
Incidence - age adjusted rate	85.15 (72.00 - 98.30)	72.28 (71.38 - 73.19)	74.11 (71.45 - 76.78)
Hospitalizations - age adjusted rate	69.10 (57.10 - 81.10)	52.69 (51.93 - 53.46)	55.92 (53.59 - 58.24)
Deaths - age adjusted rate	66.46 (54.93 - 78.00)	51.40 (50.65 - 52.16)	50.75 (48.56 - 52.94)
Prostate cancer (invasive) - men only			
Incidence - age adjusted rate	164.16 (136.77 - 191.56)	165.68 (163.63 - 167.73)	168.88 (162.82 - 174.94)
Hospitalizations - age adjusted rate	98.83 (77.95 - 119.70)	66.45 (65.22 - 67.68)	83.22 (79.10 - 87.35)
Deaths - age adjusted rate	22.40 (11.45 - 33.35)	23.09 (22.29 - 23.88)	22.04 (19.80 - 24.29)
Chronic Disease: Endocrine, Cardiovascular, Respiratory (age-adjusted rates per 100,000)			
Diabetes			
Hospitalizations - age adjusted rate	141.91 (124.07 - 159.75)	134.95 (133.71 - 136.18)	133.73 (130.11 - 137.35)
Deaths - age adjusted rate	14.85 (9.49 - 20.21)	16.34 (15.92 - 16.76)	16.55 (15.32 - 17.78)
Major cardiovascular disease (CVD)			
Hospitalizations - age adjusted rate	1403.28 (1351.83 - 1454.74)	1477.24 (1473.38 - 1481.09)	1523.94 (1512.45 - 1535.44)
Deaths - age adjusted rate	213.68 (193.74 - 233.62)	221.55 (220.07 - 223.03)	221.30 (217.03 - 225.58)
Cerebrovascular			
Hospitalizations - age adjusted rate	259.97 (237.36 - 282.58)	235.99 (234.41 - 237.58)	266.91 (261.97 - 271.85)
Deaths - age adjusted rate	42.53 (33.47 - 51.58)	36.93 (36.32 - 37.54)	36.78 (35.03 - 38.54)
Chronic lower respiratory diseases			
Hospitalizations - age adjusted rate	377.53 (348.78 - 406.28)	348.92 (346.93 - 350.91)	339.79 (334.07 - 345.52)
Deaths - age adjusted rate	38.64 (30.09 - 47.18)	34.10 (33.50 - 34.70)	33.51 (31.78 - 35.24)
Asthma			
Hospitalizations - age adjusted rate	128.72 (110.54 - 146.90)	150.69 (149.35 - 152.04)	145.02 (141.20 - 148.84)
Deaths - age adjusted rate	1.39 (0.00 - 2.97)	0.84 (0.75 - 0.93)	0.88 (0.60 - 1.17)
Alzheimers			
Deaths - age adjusted rate	29.44 (22.23 - 36.65)	20.35 (19.91 - 20.79)	23.94 (22.58 - 25.31)
Other Hospitalizations and Mortality: All Cause and Injuries (age-adjusted rates per 100,000)			
All cause			
Deaths - age adjusted rate	726.60 (689.62 - 763.58)	712.18 (709.53 - 714.84)	702.28 (694.61 - 709.95)
Deaths - age adjusted rate for men	886.61 (821.92 - 951.31)	857.18 (852.57 - 861.80)	827.09 (813.92 - 840.26)
Deaths - age adjusted rate for women	610.18 (566.22 - 654.15)	604.48 (601.31 - 607.65)	606.03 (596.82 - 615.25)
Hospitalizations - age adjusted rate	12815.68 (12659.92 - 12971.44)	11824.68 (11814.26 - 11835.11)	12279.92 (12248.82 - 12311.02)
Hospitalizations - age adjusted rate for men	12460.31 (12246.69 - 12673.93)	11136.69 (11122.27 - 11151.11)	11406.16 (11363.66 - 11448.66)
Hospitalizations - age adjusted rate for women	13375.71 (13149.92 - 13601.51)	12663.81 (12648.66 - 12678.96)	13252.97 (13207.53 - 13298.41)
Premature mortality for <75 yr population (age adjusted)	315.04 (288.19 - 341.90)	304.07 (302.14 - 305.99)	297.27 (291.64 - 302.89)
Injuries/poisonings			
Hospitalizations - age adjusted rate	1115.89 (1065.58 - 1166.19)	875.86 (872.77 - 878.94)	951.38 (941.93 - 960.83)
Deaths - age adjusted rate	50.35 (39.20 - 61.50)	40.50 (39.83 - 41.18)	41.04 (39.01 - 43.07)