



Health of Boston 2023 Executive Summary (First Five Reports)

The Health of Boston report compiled by BPHC examines trends in the city's health and the health of residents. BPHC utilizes the data and insights gained from these reports to inform policy and program interventions to address urgent public health issues and promote greater health equity throughout our communities.

Health inequities are persistent across Boston, seen clearly when we compare differences in mortality, life expectancy, and chronic diseases between demographic groups and neighborhoods. Examining and acknowledging the impact of the social determinants of health on health outcomes is critical to addressing these inequities. The social determinants of health include access to and the quality of housing, education, employment, environmental health, health care, public safety, food access, income, and health and social services. Racism and other systems of oppression have negative influence on all social determinants of health, and consequently directly impact health outcomes.

Life Expectancy, Premature Mortality, and Mortality (Provisional): Assessing patterns of death within a population provides critical insights into the health and wellbeing of that population. This report focuses on life expectancy (average number of years a person can expect to live), mortality (deaths) and premature mortality (deaths among residents under 65 years of age).

- A comparison of life expectancy in Boston, in the two years before the COVID-19 pandemic (2018-2019) and the first two years of the pandemic (2020-2021) reveals an overall loss of 2.4 years in life expectancy, in large part due to COVID-19.
- Decreases in life expectancy were greatest among Latinx residents (-4.0 years), followed by Black residents (-3.3 years) and Asian residents (-3.0 years). White residents had the smallest decrease in life expectancy (-1.1 years).
- At the neighborhood-level, Mattapan has the shortest life expectancy (77.3 years), and Back Bay has the longest life expectancy (82.8 years).
- Looking at census tracts, there was a 23-year difference in life expectancy between a census tract in Roxbury (68.8 years) and one in the Back Bay (91.6 years).
- From 2017 to 2021, the age-adjusted premature mortality and mortality rates in Boston increased by 12% and 11% respectively, due in large part to the COVID-19 pandemic, with Black residents experiencing the highest premature mortality rate increase over time (37.3%), and Black and Latinx residents experiencing the highest increases in mortality rates over time (28.9% and 29.9%, respectively).
- In 2021, the premature mortality rate was more than twice as high in zip codes in Dorchester (293.9 and 289.5) and Roxbury (282.9) vs. Back Bay, Downtown, and Beacon Hill (140.3); the mortality rate was more than twice as high in Mattapan (989.2) vs. Back Bay, Downtown and Beacon Hill (453.7).

The Health of Boston Reports also highlight persistent health inequity in chronic disease outcomes by race and ethnicity.

Cancer: Although there have been significant improvements in both cancer incidence and mortality, inequities remain. This report shows that cancer remained the leading cause of mortality in every year between 2017 and 2021, except 2020, the first year of the pandemic. In contrast to overall mortality, as of 2019, the leading cause of premature mortality was accidents which mostly represent deaths from overdose. Cancer remains a leading cause of death, albeit second leading cause of death among residents under the age of 65.

- From 2015 to 2021, the cancer mortality rate decreased overall and specifically for breast cancer, colorectal cancer, liver cancer, and lung cancer.
- In 2021, the overall cancer mortality rate for the invasive cancers (colorectal, liver, lung, and prostate) was highest among Black men (218.9) and lowest among Latinx men 117.9 per 100,000 residents.



- The breast cancer mortality rate was highest among Black women (24.2) and lowest among Latinx women (8.7).
- The prostate cancer mortality rate was highest among Black men (43.7) compared to among White men (17.6)

Heart Disease: Heart disease is an umbrella term that includes several conditions including coronary artery disease, arrhythmias, and heart failure. The Health of Boston Heart Disease report shows that in Boston, Black and Latinx adults experienced higher prevalence of hypertension compared with their White counterparts. While there were no significant changes in heart disease as an underlying cause of mortality over time, Black residents consistently experienced a higher heart disease mortality rate than White residents between 2017 and 2021. In addition to heart disease as an underlying cause of death, it was identified as a contributing cause of 30% of all COVID-19 mortality during 2020 and 2021.

- In 2021, heart disease mortality was 37% higher for Black residents (158.5) compared to White residents (115.6).
- Mattapan had the highest age-adjusted heart disease mortality rate (157.4) and Back Bay had the lowest (79.7).

Asthma: This report shows that Asian, Black, and Latinx Boston public high school students experienced higher prevalence of asthma compared to their White counterparts. From 2017 to 2021, the asthma emergency department visit rate decreased for all age groups. While this progress is encouraging, Black and Latinx residents consistently had much higher rates of asthma emergency department visits and hospitalizations compared to White residents.

- In 2021, 30.1% of Boston public high school students reported having asthma. Asian (32.2%), Black (28.2%), and Latinx (33.3%) Boston public school students experienced higher prevalence of asthma compared to their White counterparts (20.2%).
- In 2021, 13.1% of Boston adult residents reported having asthma.
- In 2017, 2019, and 2021 combined, Black adults (13.6%) experienced higher prevalence of asthma compared with their White counterparts (10.8%).
- In 2021, the asthma emergency department visit rate per 10,000 residents for Boston overall was 43.6. The rate for Black residents (112.6) and for Latinx residents (55.8) were 9.0 and 4.4 times, respectively, the rate for White residents (12.5).
- Among residents ages 0-17, asthma emergency department visits were highest in the Mattapan, Roxbury and Dorchester neighborhoods. While the citywide average was 79 per 10,000 residents, the rates in Mattapan (144.1 per 10,000 residents) were the highest across the city and the rates for West Roxbury were the lowest (15 per 10,000 residents).

Diabetes: This report shows that in Boston, overall, Black and Latinx adults experienced higher prevalence of diabetes compared with their White counterparts. While there were no significant changes in diabetes as a leading cause of mortality between 2017 and 2021, diabetes additionally contributed to 11.5% of COVID-19 mortality overall in 2020 and 2021. Black and Latinx residents experienced higher percentages of diabetes contributing to COVID-19 mortality compared with White residents.

- In 2021, the diabetes mortality rate for Black residents (50.9) was 3.2 times higher than the rate for White residents (16.1). The rate for Latinx residents (28.6) was 1.8 times higher than the rate for White residents.
- For 2020-2021 combined, the age-adjusted diabetes mortality rate per 100,000 Black female residents (38.1) was 3.3 times the rate for White female residents (11.5).