

# The Wellbeing of Somerville Report

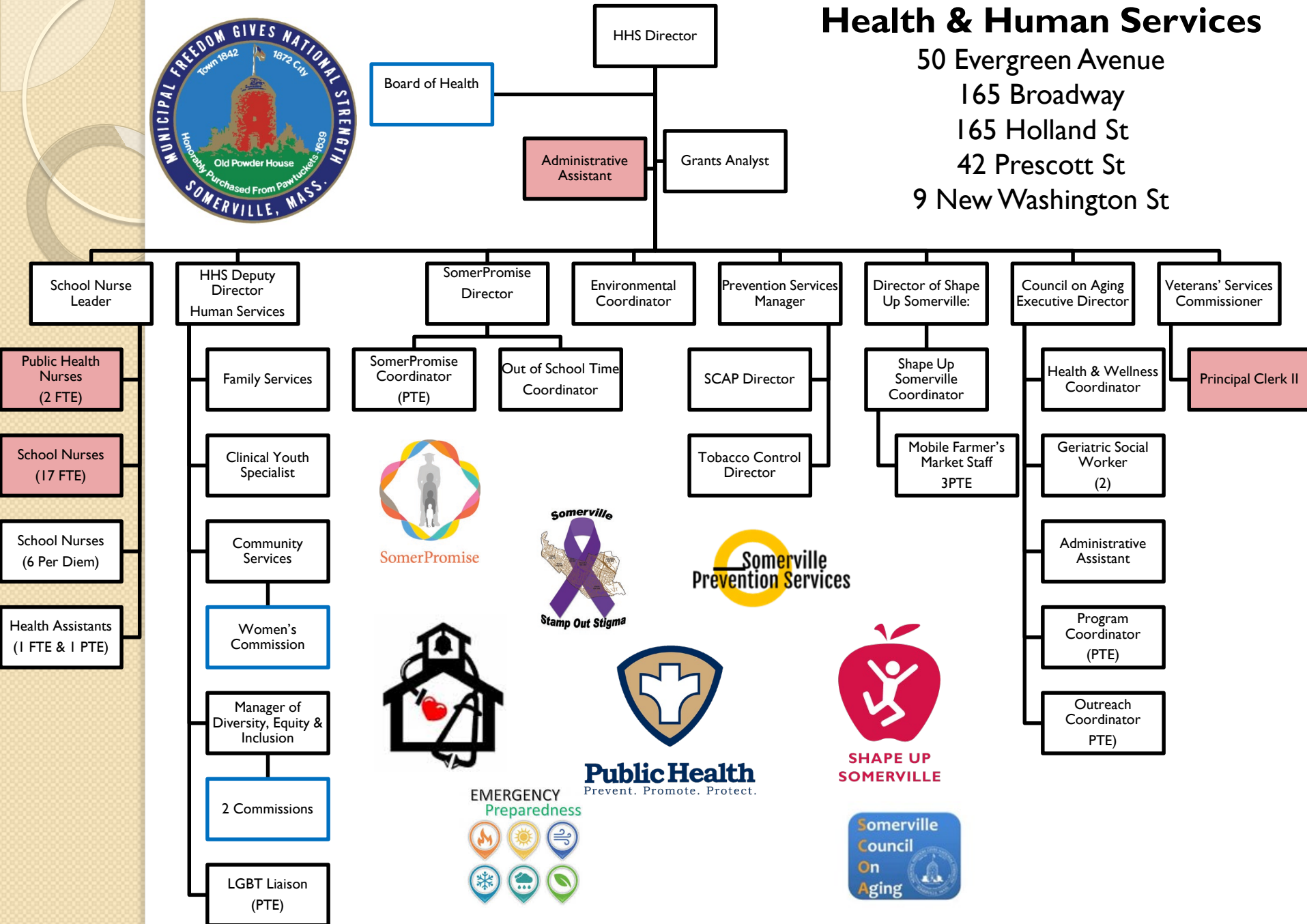
## SomerVision 2040





# Health & Human Services

50 Evergreen Avenue  
165 Broadway  
165 Holland St  
42 Prescott St  
9 New Washington St





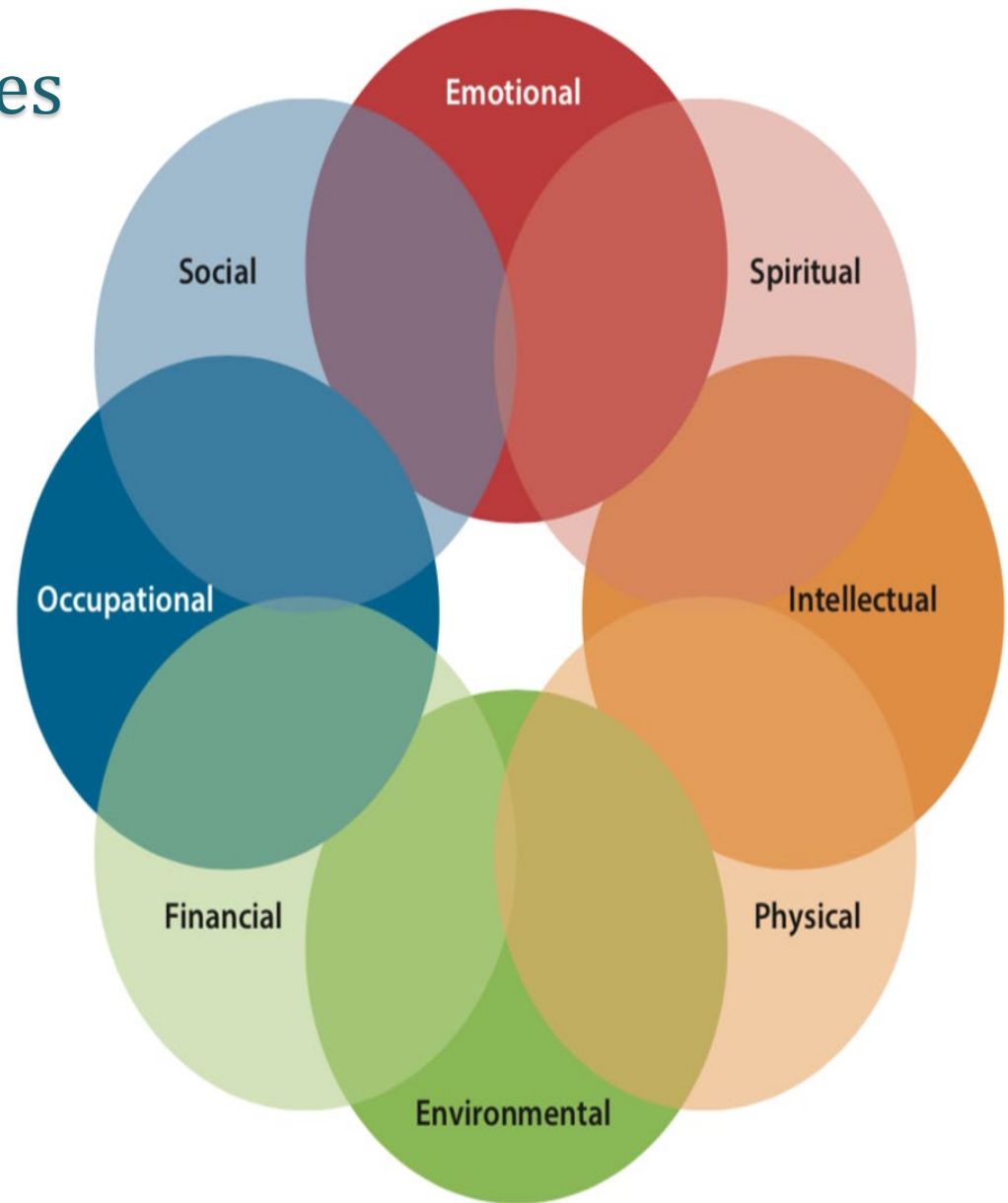
# Life Stages/Life Course Indicators Format

- ❖ An individual's health is the result of the cumulative effect of environmental, biological, economical, social, etc. factors across the life course
- ❖ Risk factors and determinants of health vary across an individual's life course
- ❖ Recognize health needs change throughout life
- ❖ Critical periods of development and support

# Guiding Principles

## Holistic Wellness

- Social Determinants of Health
- Equity
- Impact of *Adverse Childhood Experiences* (ACEs)



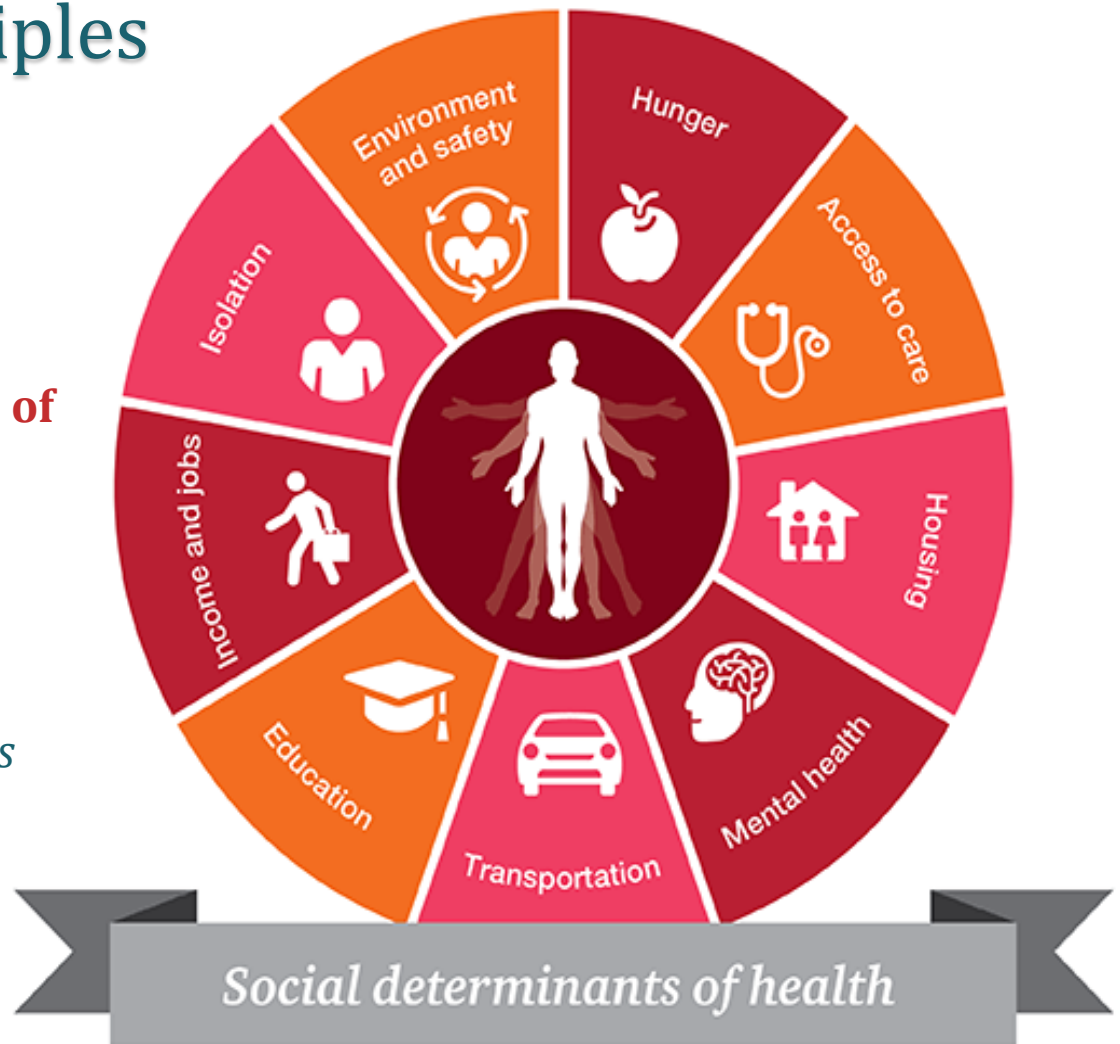
Wellness Wheel

# Guiding Principles

- Holistic Wellness

## **Social Determinants of Health**

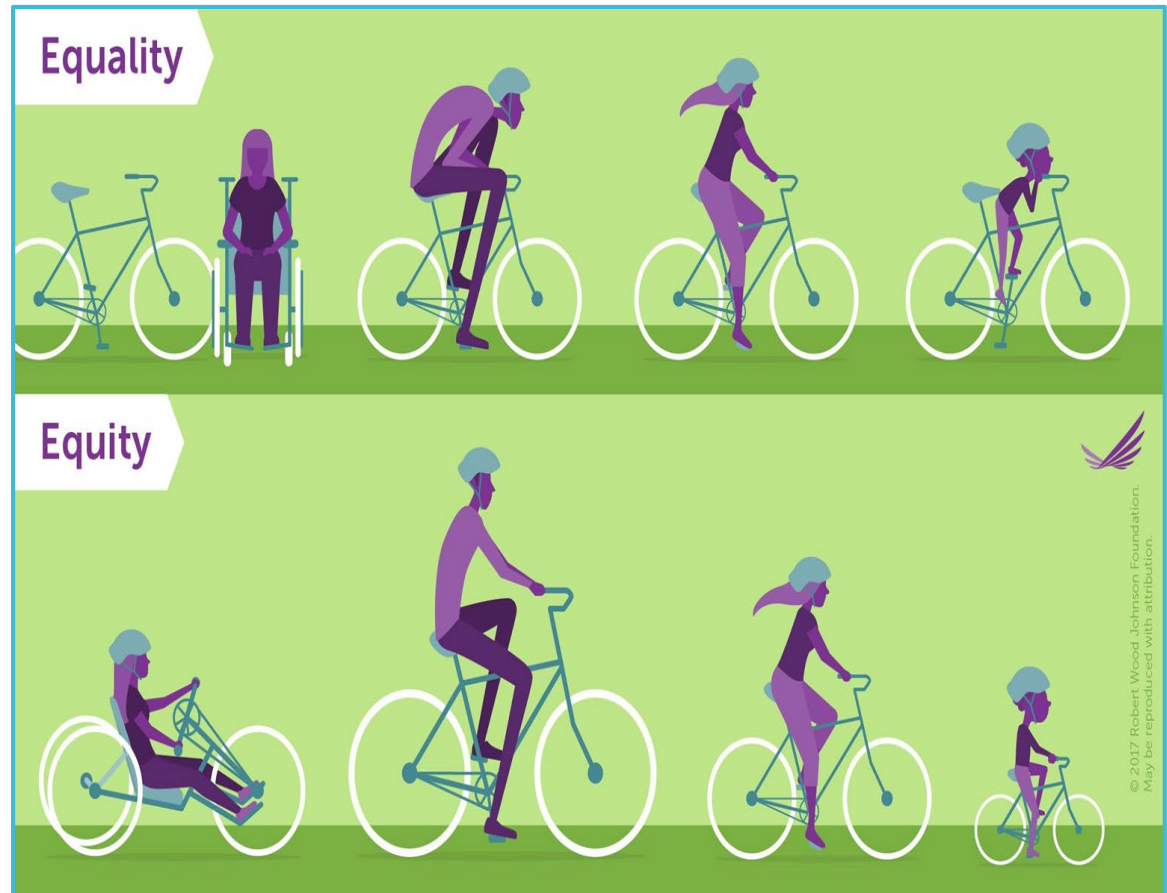
- Equity
- Impact of *Adverse Childhood Experiences* (ACEs)





# Guiding Principles

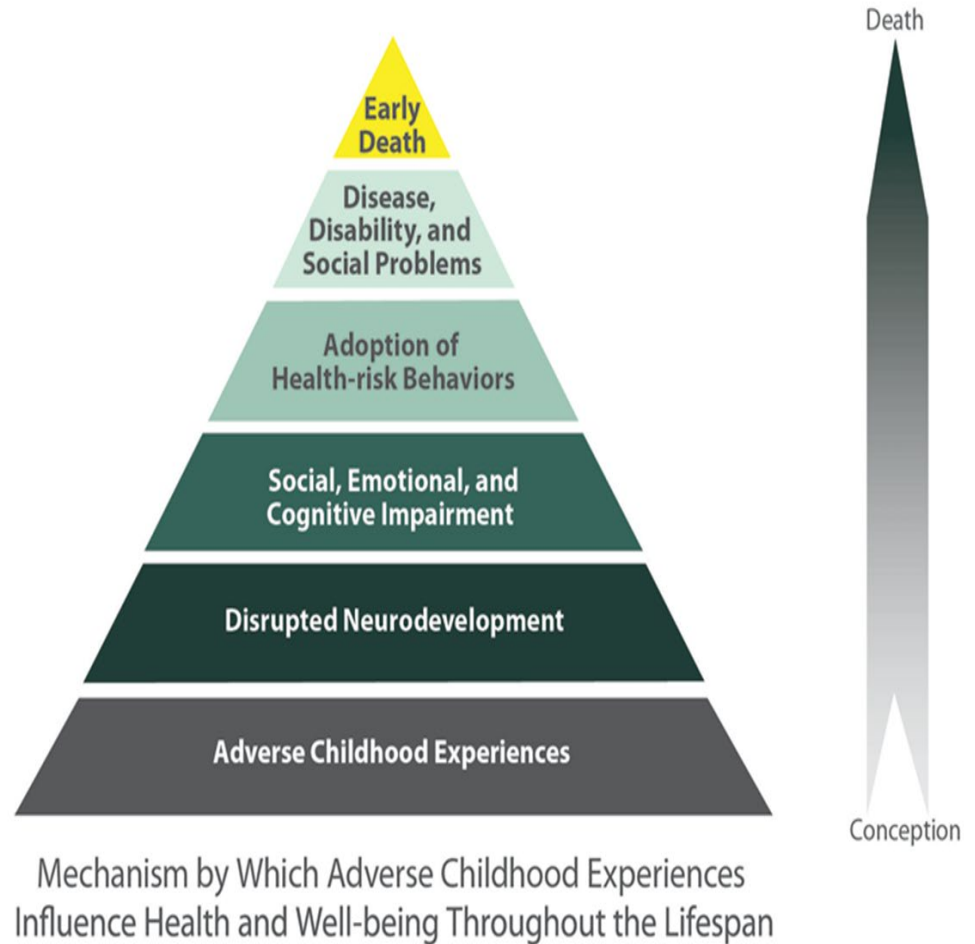
- Holistic Wellness
- Social Determinants of Health
- **Equity**
- Impact of *Adverse Childhood Experiences (ACEs)*



# Guiding Principles

- Holistic Wellness
- Social Determinants of Health
- Equity

## ***Impact of Adverse Childhood Experiences (ACEs)***



# Adverse Childhood Experiences Impacts

## ACES can have lasting effects on....



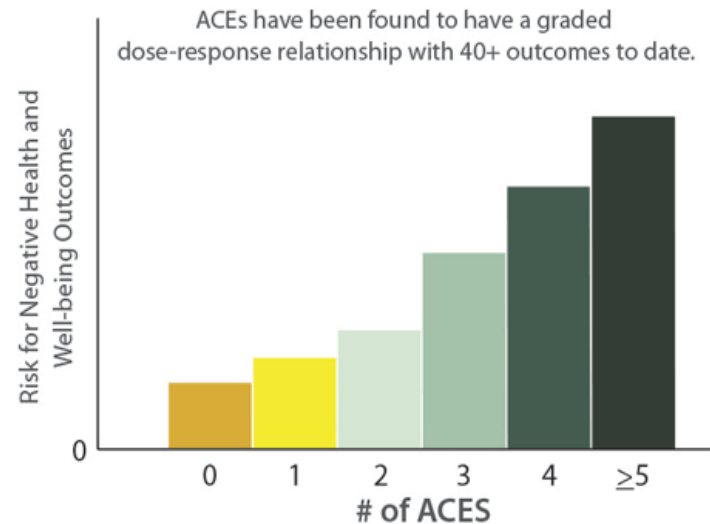
Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)



Behaviors (smoking, alcoholism, drug use)



Life Potential (graduation rates, academic achievement, lost time from work)



\*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.



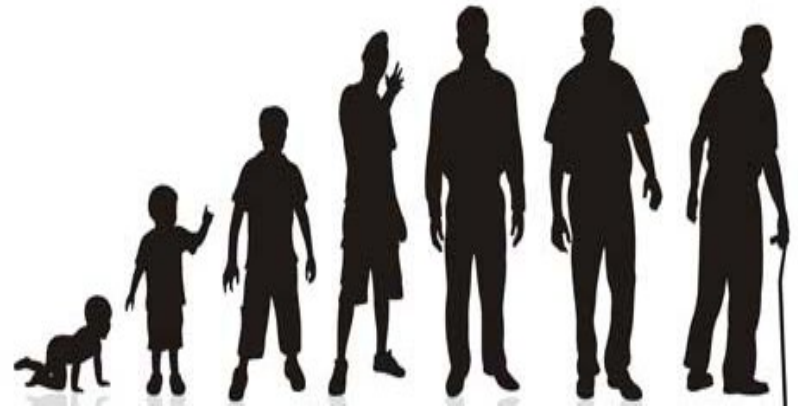


# Health in all Policies

Health in All Policies is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas.

# Life Stages

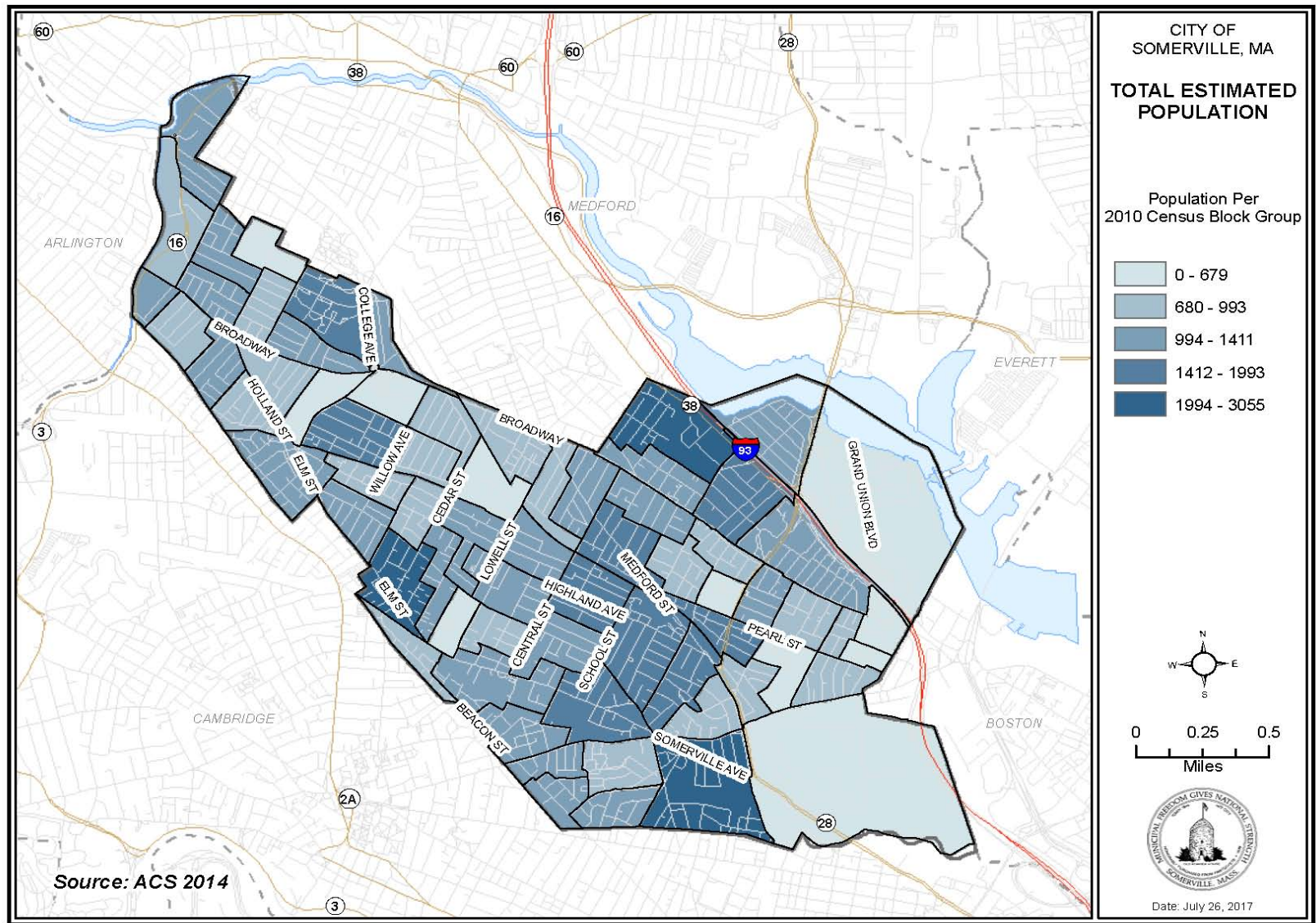
- Prenatal
- Early Childhood (Birth-5)
- Elementary School (6-10)
- Middle School (11-13)
- High School (14-18)
- Young Adult (19-24)
- Middle Age (25-64)
- Senior (65+)
- End of Life



# Data Sources

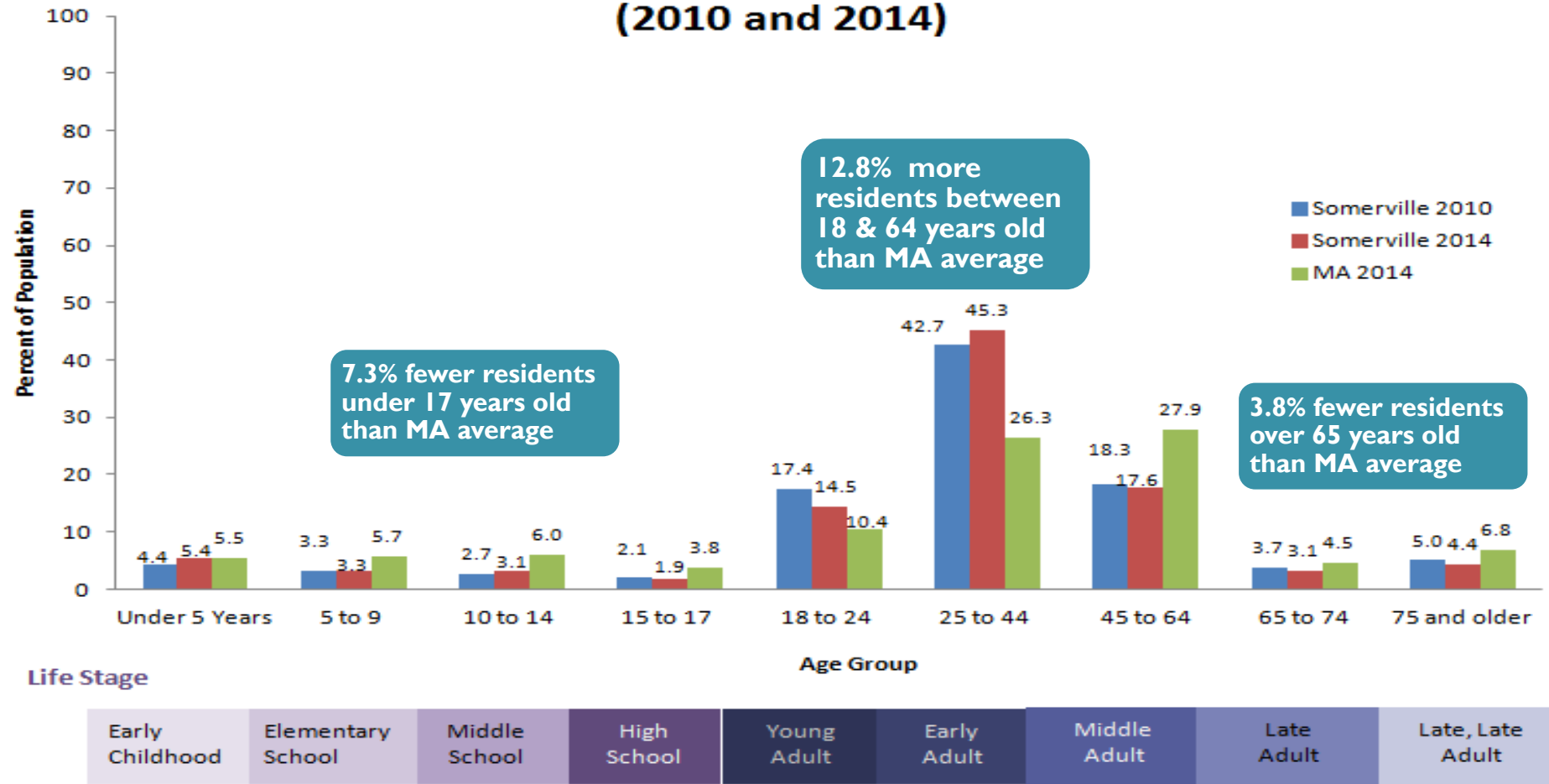
- MA Community Health Information Profile (MassCHIP)
  - Registry of Vital Records
  - Cancer Registry
  - Uniform Hospital Discharge Data System
  - Bureau of Substance Abuse
- US Census Bureau
- Senior Survey, Fall 2017
- MA Healthy Aging Collaborative and MAPC
- 500 Cities Project: Local Data for Better Health 2014
- CHA Hospital Data

# Somerville Population by Census Tract



# Residents by Age Group & Life Stage

**Somerville Population by Age Group and Life Stage  
(2010 and 2014)**

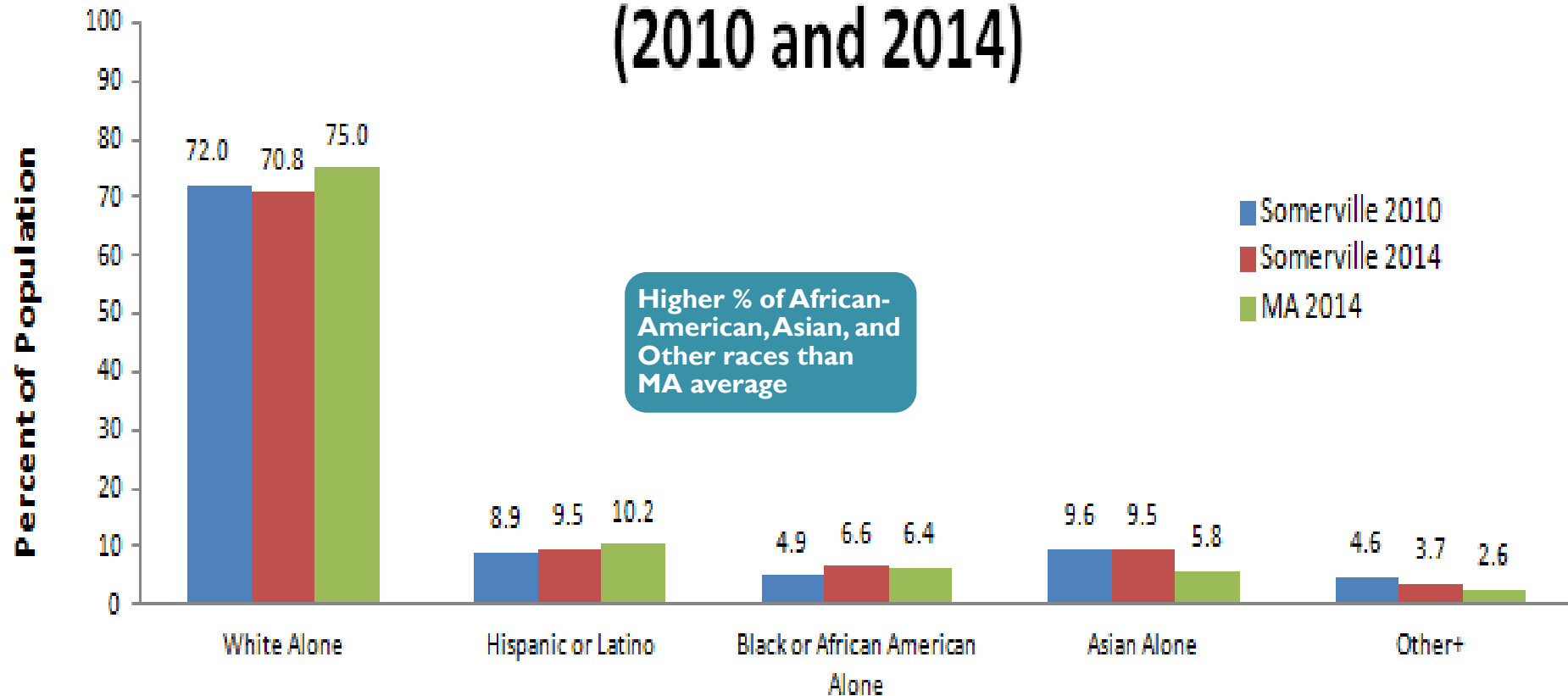


Sources: Somerville 2010-2014 ACS (5-yr estimates), MA 2010-2014 ACS (5-yr estimates)



# Somerville Residents by Race

## Diversity of Somerville Population (2010 and 2014)



Other+ includes: American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, Some Other Race, and Two or More races

Sources: Somerville 2010-2014 ACS (5-yr estimates), MA 2010-2014 ACS (5-yr estimates)

# Somerville Demographics

## Public School Enrollment

### *Ethnicity*

	District %	State %
<b>African American</b>	10.3%	8.8%
<b>Asian</b>	7.8%	6.5%
<b>Hispanic</b>	42.8%	18.6%
<b>White</b>	36.3%	62.7%
<b>Multi-Race, Non Hispanic</b>	2.8%	3.2%
<b>Other</b>	0.0%	0.2%

### *Special Populations*

	District %	State %
<b>First Language not English</b>	49.7%	19.0%
<b>English Language Learner</b>	18.4%	9.0%
<b>Students w/Disabilities</b>	21.9%	17.2%
<b>High Needs</b>	58.8%	43.5%
<b>Economically Disadvantaged</b>	36.0%	27.4%

Source: Mass DOE School & District Profiles, 2015-16 School Year

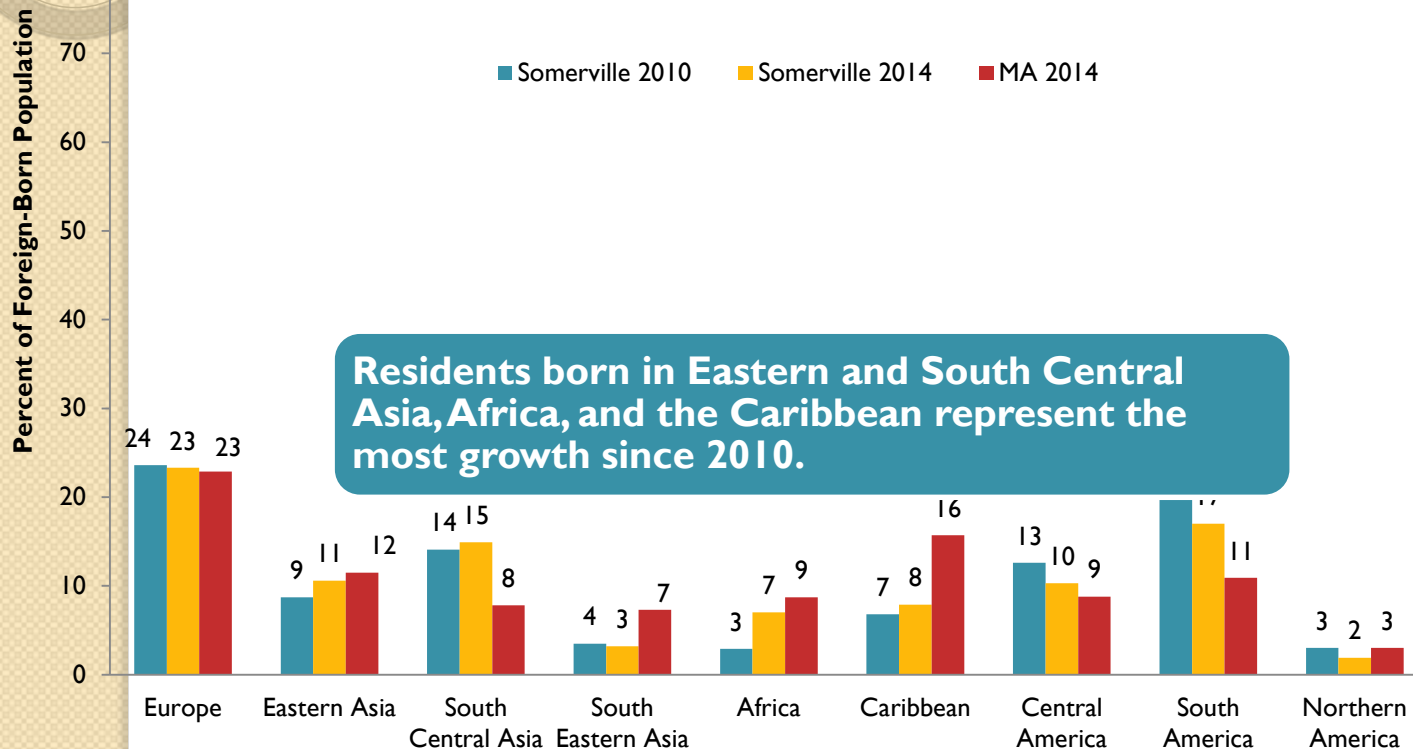
**Higher % of Hispanic and lower % of White children in schools compared to state average and Somerville overall**

A student is high needs if he or she is designated as either economically disadvantaged (r ELL, or former ELL, or a student with disabilities).

A student is economically disadvantaged if he/she participate in one or more of the following state-administered programs: the Supplemental Nutrition Assistance Program (SNAP); the Transitional Assistance for Families with Dependent Children (TAFDC); the Department of Children and Families' (DCF) foster care program; and MassHealth (Medicaid).

# Foreign-born Residents

## Region of Birth for Foreign-Born Somerville Residents (2010 and 2014)



**Note: Europe** includes the following countries: Portugal, Ireland, Italy, Russia, United Kingdom, Germany, Poland

**Eastern Asia** includes the following countries: China, Korea, Japan, Taiwan

**South Central Asia** includes the following countries: India, Pakistan, Bangladesh, Iran

**South Eastern Asia** includes the following countries: Vietnam, Thailand, Indonesia, Cambodia

**Africa** includes the following countries: Ethiopia, Kenya, Ghana, South Africa

**Caribbean** includes the following countries: Dominican Republic, Haiti, Jamaica

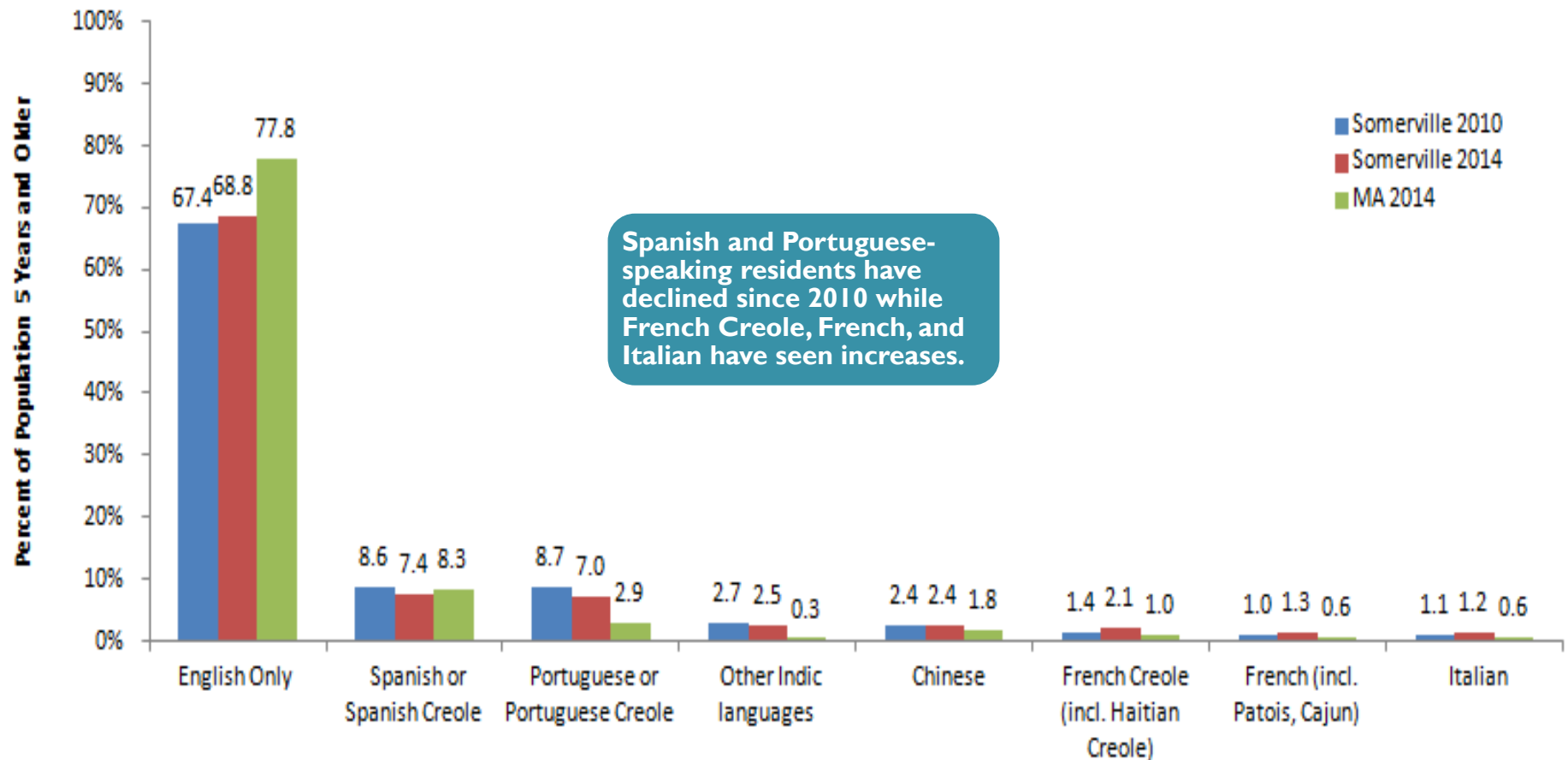
**Central America** includes the following countries: El Salvador, Guatemala, Honduras, Nicaragua

**South America** includes the following countries: Brazil, Colombia, Peru, Argentina, Venezuela

Sources: Somerville 2010-2014 ACS (5-yr estimates), MA 2010-2014 ACS (5-yr estimates)

# Leading Language Spoken

## Leading Languages Spoken in Somerville Homes (2010 and 2014)

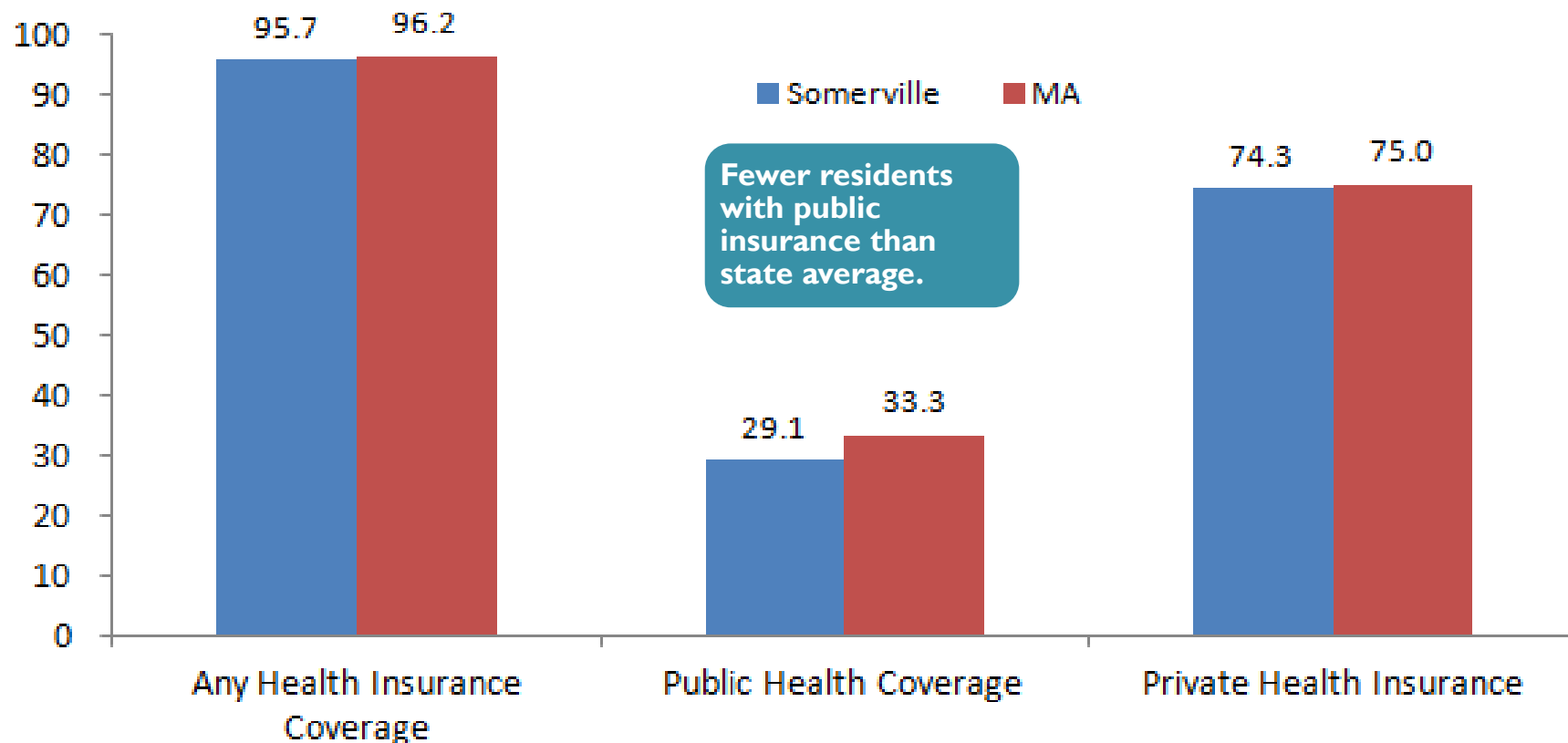


Sources: Somerville 2010-2014 ACS (5-yr estimates), MA 2010-2014 ACS (5-yr estimates)

# Somerville Demographics

## Health Insurance Coverage

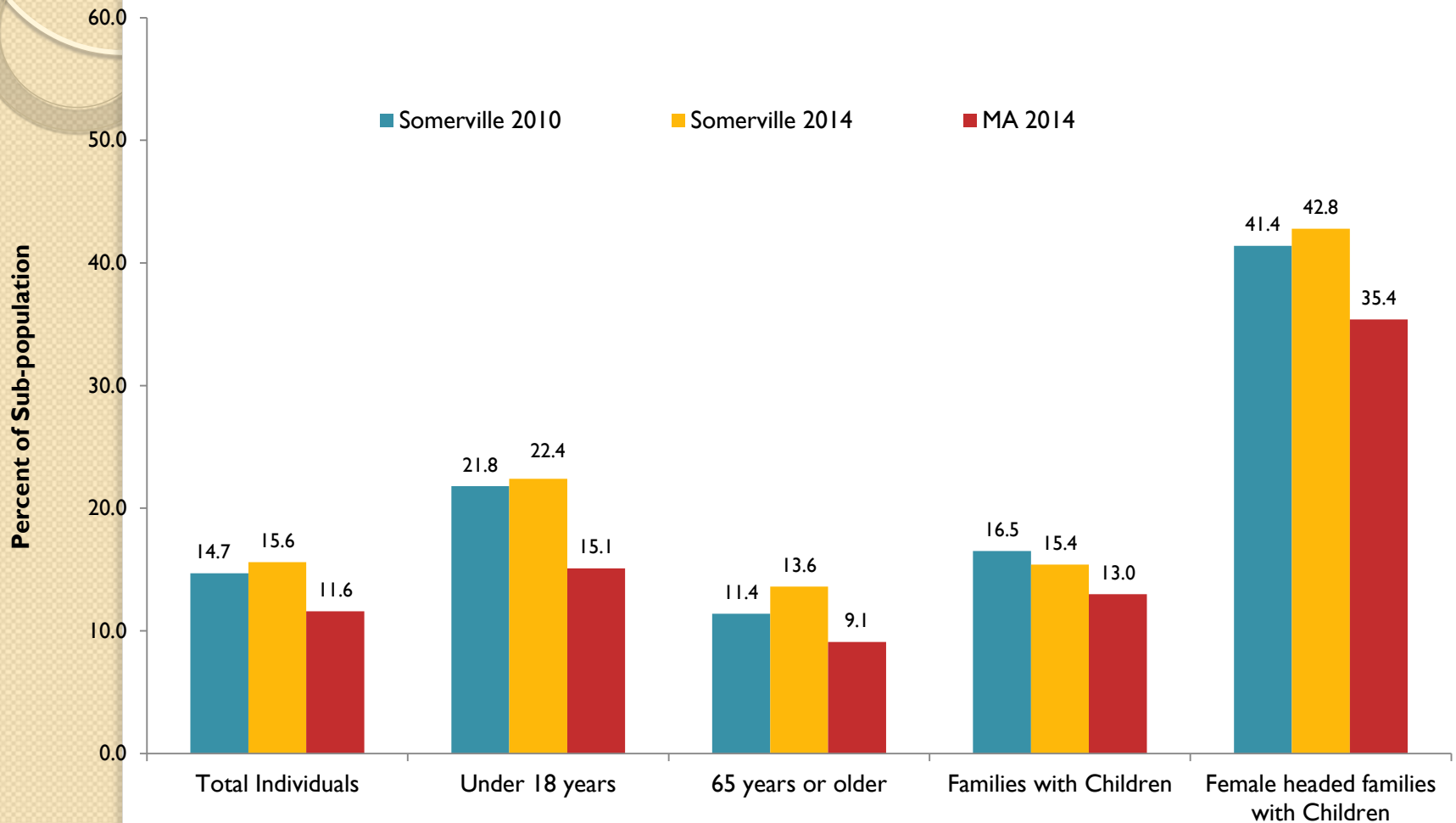
### Overall Rate of Health Insurance Coverage, by Type (2014)



Source: US Census ACS, 2010-2014



# Trend in Poverty Rate for Somerville Residents, by Subgroup (2010 and 2014)



Sources: Somerville 2010-2014 ACS (5-yr estimates), MA 2010-2014 ACS (5-yr estimates)  
For each year, denominators differ by specific sub groups referenced above

# Health Status

	Somerville	Cambridge	Everett	Malden	Mass
<b>CHRONIC DISEASES (Age-adjusted rate per 100,000 individuals, 3 -year average 2009-2011)</b>					
Diabetes-related Hospitalizations	143.5	100.2	217.8	162.7	135.0
Stroke Hospitalizations	196.8	196.5	228.3	220.4	227.5
Hypertension-related ED Visits	208.7	196.1	721.1	256.1	124.9
All Circulatory Disease Mortality	169.6	150.3	179.9	187.7	193.6
<b>CANCER (Age-adjusted rate per 100,000 individuals, 3-year average, 2007-2009)</b>					
Breast Cancer Incidence	115.5	116.1	118.6	131.3	135.2
Prostate Cancer Incidence	122.0	165.8	109.2	117.1	162.0
Colorectal Cancer Incidence	39.5	42.8	39.7	50.7	46.5
Lung Cancer Incidence	80.0	56.5	91.8	83.1	72.1
<b>MHSU (Age-adjusted rate per 100,000 individuals, 3-year average, 2009-2011)</b>					
Mental-disorder Hospitalizations	2437.2	2769.2	2560.3	2169.2	2070.5
Mental-disorder ED Visits	1030.6	1007.8	1144.1	1070.0	838.5
Suicide Mortality	8.8	8.7	3.2	2.0	8.3
Alcohol/SU-related Hospitalizations	355.4	349.4	416.4	317.4	330.7
Opioid-related ED Visits	262.6	170.2	540.4	430.0	254.1

Source: MA Department of Public Health, Mass Division of Health Care Finance & Policy

# Prenatal & Early Childhood (Birth–4yrs)

- Gaps remain in utilization of adequate prenatal care for teen mothers.
- Infant mortality very low.
- Teen birth rates have declined.
- High risk populations disproportionately represented in premature and low weight births.
- Lack of screening on adverse childhood experiences, despite known impacts.
- Adequate housing and food have long term positive impacts on children's health.
- Early childhood obesity can have lifelong impacts.
- Childcare expense is a stress for many families.

# School Age & Adolescent (5–18yrs)

- English is not the 1st language of almost 1/2 of Somerville students.
- 31% of HS students self-report mental health issues, including depression.
- Substance use is decreasing.
- More children are in foster care or guardianship; increasingly due to substance use of parents.
- Childhood obesity in 24% of school students measured; health system data indicates disparities.
- By high school, only 26% of students report adequate sleep.
- With 23% poverty rates for children under 18, housing and food security disparities exist.

# Early Adult (19–24yrs)

- Mental health issues surface, including serious mental illness.
- Fatal overdoses have claimed lives.
- Identification of cases of sexually transmitted infections tripled over 10 years, to rates higher than state wide.
- Economics of housing combined with college costs is creating multiple stressors.
- Mobile devices are ever present; dominating social interactions.
- Educational disparities influence lifelong health and wealth.
- Immigration status strongly impacts education and employment options.



# Young Adult (25–39yrs)

- Represent 40% of total population.
- Mental health issues persist, with indication of racial/ethnic disparities.
- Mental health historically a top cause of hospitalizations.
- Non-fatal and fatal overdoses increased since 2010, showing slight decreases in 2017.
- Trend of asthma and respiratory diseases among top 5 causes of hospitalization.
- High cost of housing impacting options and choices.

# Middle Adult (40–64yrs)

- Trend of higher alcohol/substance related emergency room visits.
- Diabetes data indicates racial/ethnic disparities.
- Identification of new cases of HIV infection twice state rate in 2015.
- Heart disease has historically been leading cause of death.
- Age-specific rates of death from breast cancer were higher than the state.
- As of 2015, 1/3 have a college degree or higher.

# Older Adult (65+yrs)

- Close to 30% are not U.S. citizens and 23% do not speak English very well as of 2015.
- Over 38% reported some disability, as of 2015.
- Diabetes and heart disease data shows racial/ethnic disparities.
- Historically, lung cancer is leading cause of cancer death, higher than state.
- Poverty rate for 65+ rose to over 14%; 27% are on SNAP.
- Over 1/2 live alone, a risk for isolation; 7% live with grandchildren, 2% are parenting grandchildren



City of Somerville

# Community FOOD System Assessment

July 2018

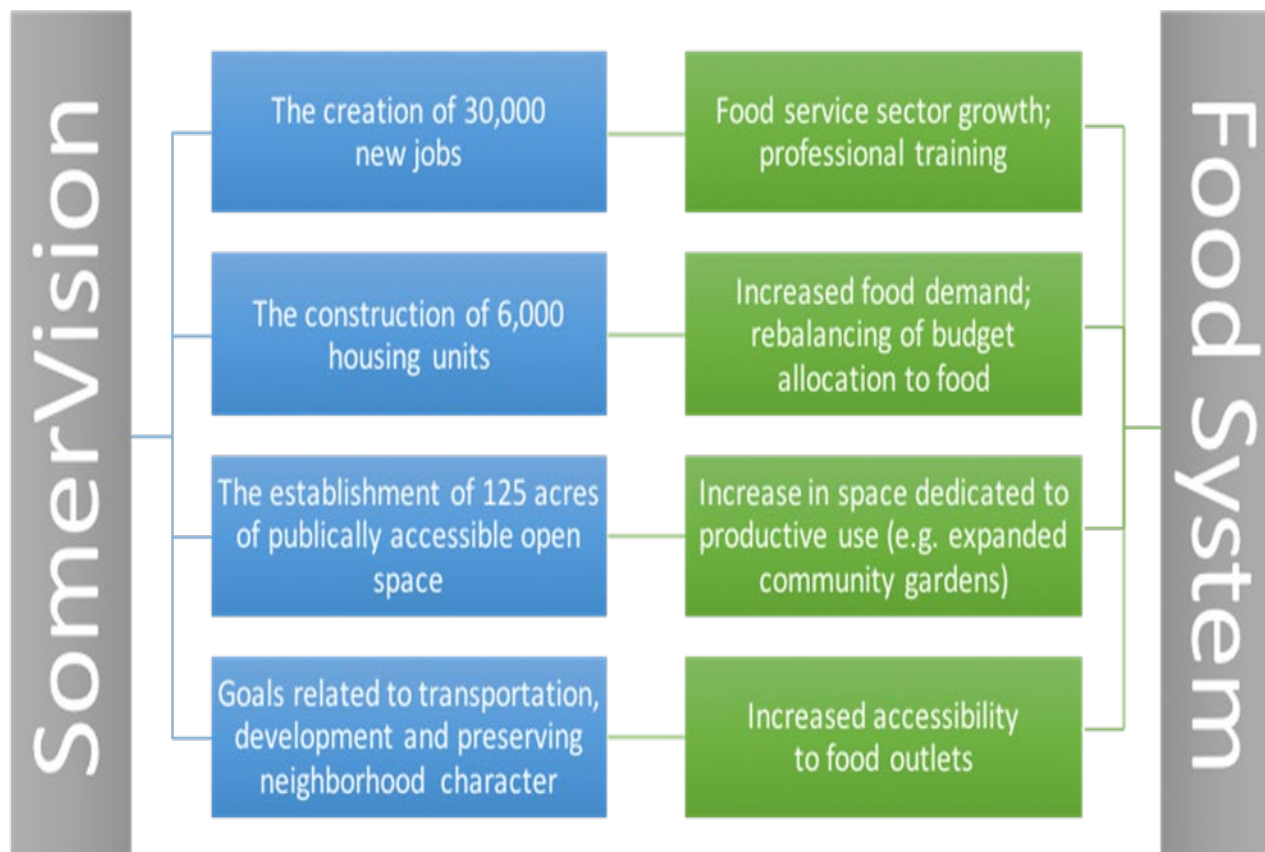
To improve equitable food access and  
opportunities for all who live, work, play,  
and raise families in Somerville



Public Health



# The Food System's Relationship to our SomerVision Goals





# How does Health connect to SomerVision 2040?



- Housing Units
- Acres of Open Space
- Sustainable Trips
- Transformative Development
- Jobs



# **How does Health connect to SomerVision 2040?**

*Based on the presentation and discussion,  
what recommendations do you have to  
include the health of Somerville residents in  
SomerVision 2040?*

*Consider one topic/one age group  
Housing for children*

# Impacts of housing and homelessness on children's health

- Timing of homelessness matters for children's health outcomes
- So does the duration of homelessness
- **Young children (especially infants) who experience homelessness for greater than six months were significantly more likely to be at risk** for developmental delays, fair or poor health, hospitalizations and overweight, compared to children who were never homeless or only homeless for less than six months

Source: [http://www.childrenshealthwatch.org/wp-content/uploads/Compounding-Stress\\_2015.pdf](http://www.childrenshealthwatch.org/wp-content/uploads/Compounding-Stress_2015.pdf)

# Housing insecurity and health of very young children

- Housing insecurity found to be associated with measures of **poor health, growth, and development in young children**, which is consistent with findings of research on samples of adults and older children.
- Housing insecurity is also an important marker for **food insecurity**.
- **Multiple moves** had a stronger relation with food insecurity and fair/poor child health than crowding.

Source:

[https://www.researchgate.net/profile/Alan\\_Meyers/publication/51226508\\_US\\_Housing\\_Insecurity\\_and\\_the\\_Health\\_of\\_Very\\_Young\\_Children/links/02e7e52b0b534e5b59000000.pdf](https://www.researchgate.net/profile/Alan_Meyers/publication/51226508_US_Housing_Insecurity_and_the_Health_of_Very_Young_Children/links/02e7e52b0b534e5b59000000.pdf)

# Social Competence and Healthy Weight

## indicators of future health and success

Young kids need the **building blocks** for a **healthy future!**

Kids who exhibit strong social and emotional skills are

→ **54%** ↘  
**more likely**  
to earn a  
high school diploma.



Children who are overweight or obese as preschoolers are

→ **5x** ↘  
**more likely**  
to become obese adults than  
normal weight children.



Kids who share or are helpful in kindergarten are

**46% more likely** ↘  
to have a full-time job  
at the age of 25.



## ***WHAT do you see?***

*What story does* the existing data (or data that is missing) tell us related to the mission of building a healthy, equitable community in Somerville?

# **Questions to consider:**

- ***Based on the presentation and discussion, what recommendations, how do we apply a health equity lens to the SomerVision 2040 goals?***
- ***What are the contributing factors as to why people are staying or leaving of our City?***



# The Wellbeing of Somerville Report

## ◦ [Somervillema.gov/wellbeing](http://Somervillema.gov/wellbeing)



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## Thank You and Be Well