

# Cambridge Health Indicators 2015



## Cambridge Health Indicators

Broad Measures of Health for Cambridge,  
Massachusetts, and the United States

Division of Epidemiology & Data Services  
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Cambridge  
Public Health  
Department

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*Cambridge Health Indicators* is published biennially by the Cambridge Public Health Department's Division of Epidemiology & Data Services. This report compares a variety of health measures among Cambridge, the state, and the nation using a range of local and national data sources. This edition has been revised since the first report was published in 2013 and includes health and health-related outcomes for Cambridge based on the most recent data as of 2015. The 2013 report can be accessed at: <http://www.cambridgepublichealth.org/publications/Cambridge-Health-Indicators-2013.pdf>.

## Changes from 2013

The 2013 edition of *Cambridge Health Indicators* included a number of data points from the *2008 Five Cities in Massachusetts Behavioral Risk Factor Surveillance System (BRFSS)*, a survey of the adult population in Cambridge and surrounding communities that focused on general health status, chronic conditions, health services utilization, preventive screening habits, health behaviors, and risk factors. Because the Cambridge Public Health Department does not currently have more recent data than 2008, these indicators no longer provide an accurate picture of health status in Cambridge and have been removed from this version of the report. The 2008 BRFSS report is available at <http://www.cambridgepublichealth.org/publications/CambridgeBRFSS-summary-table.pdf>.

The relationship between people and the environment has a considerable effect on human health. The 2013 *Cambridge Health Indicators* report included a section specific to this topic. However, because environmental health is broad and affects many other aspects of health, the section was removed while the data points were folded into other sections, such as natality (lead poisoning) and chronic disease (respiratory outcomes).

## ICD Codes & Data Terms

This report uses a number of terms commonly used by epidemiologists and statisticians. Definitions, basic formulas, and examples are presented on [page 17](#). Additionally, several tables reference ICD-9 and ICD-10 codes, which correlate to the listed health outcomes. For example, one health measure in this report is opioid-related fatal overdoses. The appendix lists ICD-9 code 965.0 as the code that hospital workers use to indicate this type of death. Although this report does not contain an index of code definitions, all ICD-9 and ICD-10 codes can be found at: <http://www.cms.gov/medicare-coverage-database/staticpages/icd-9-code-lookup.aspx> or <http://www.cms.gov/medicare-coverage-database/staticpages/icd-10-code-lookup.aspx>.

## Healthy People 2020

Each table in this report includes data for Cambridge, the state, the nation, and Healthy People 2020 where available. Healthy People 2020 is a set of health-related national objectives that guide the federal government's agenda for improving the health of all Americans. Additional background and a list of all objectives can be accessed at: <http://www.healthypeople.gov/>.

## Additional Data Reports

In addition to a range of federal surveys, this edition of *Cambridge Health Indicators* presents a selection of data from several local health surveys conducted by Cambridge Public Health Department programs. To access additional data reports, please visit any of the following:

- Cambridge Public Health Department: <http://www.cambridgepublichealth.org/services/health-data-reports/index.php>
- Summary of Results from the 2014 Cambridge Teen Health Survey (Grades 9-12): <http://www.cambridgepublichealth.org/publications/Cambridge-Teen-Health-Survey-2014-Executive-Summary.pdf>
- Summary of Results from the 2015 Cambridge Middle Grades Health Survey: <http://www.cambridgepublichealth.org/publications/Cambridge-Middle-Grades-Survey-2013-Executive-Summary.pdf>

## Community Indicators and Social Determinants of Health

Although this data report focuses on health outcomes, the Cambridge Public Health Department recognizes the effects of multiple determinants of health, such as social and demographic characteristics and the built environment. According to the Robert Wood Johnson Foundation, “factors such as housing, transportation, and land use can have an enormous impact on our health,” and transforming the built environment makes communities healthier.<sup>1</sup> Please visit the Cambridge Community Development Department website at <http://www.cambridgema.gov/CDD.aspx> for data related to city population, climate and energy, economic development, housing, green spaces, urban design, transportation, and other topics.

Source:

1. Robert Wood Johnson Foundation. Built Environment and Health. 2015. <http://www.rwjf.org/en/our-topics/topics/built-environment-and-health.html>. Accessed 27 July 2015.

## Copyright & Acknowledgements

This report is not copyrighted and may be used and copied without permission. Citation of the source, however, is appreciated. Suggested citation: Cambridge Public Health Department. *Cambridge Health Indicators: Broad Measures of Health for Cambridge, Massachusetts, and the United States*. 2015.

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If you require any additional information or have questions about the data contained in this report, please contact the Division of Epidemiology & Data Services at [epidept@challiance.org](mailto:epidept@challiance.org) or 617-665-3800.

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Cancer <sup>A</sup>	Cambridge	MA	US	HP 2020 Target
<b>Cancer, All Types</b>				
Incidence	412.6 <sup>1</sup>	476.0 <sup>1</sup>	426.1 <sup>2</sup>	—
<i>Males</i>	470.0 <sup>1</sup>	529.6 <sup>1</sup>	516.6 <sup>2</sup>	—
<i>Females</i>	374.6 <sup>1</sup>	440.7 <sup>1</sup>	411.2 <sup>2</sup>	—
Mortality	136.3 <sup>1</sup>	162.9 <sup>1</sup>	166.4 <sup>2</sup>	161.4
<i>Males</i>	161.7 <sup>1</sup>	194.1 <sup>1</sup>	207.9 <sup>2</sup>	—
<i>Females</i>	118.8 <sup>1</sup>	141.5 <sup>1</sup>	145.4 <sup>2</sup>	—
<b>Breast Cancer (Females Only)</b>				
Incidence	121.3 <sup>1</sup>	130.0 <sup>1</sup>	124.8 <sup>2</sup>	—
Mortality	21.0 <sup>1</sup>	19.3 <sup>1</sup>	21.9 <sup>2</sup>	20.7
<b>Colorectal Cancer</b>				
Incidence	38.1 <sup>1</sup>	39.6 <sup>1</sup>	42.4 <sup>2</sup>	41.6
<i>Males</i>	42.3 <sup>1</sup>	44.6 <sup>1</sup>	48.9 <sup>2</sup>	—
<i>Females</i>	33.5 <sup>1</sup>	35.7 <sup>1</sup>	37.1 <sup>2</sup>	—
Mortality	6.5 <sup>1</sup>	13.2 <sup>1</sup>	15.5 <sup>2</sup>	14.5
<i>Males</i>	6.8 <sup>1</sup>	15.8 <sup>1</sup>	18.6 <sup>2</sup>	—
<i>Females</i>	6.5 <sup>1</sup>	11.3 <sup>1</sup>	13.1 <sup>2</sup>	—
<b>Lung Cancer</b>				
Incidence	58.5 <sup>1</sup>	66.6 <sup>1</sup>	58.7 <sup>2</sup>	—
<i>Males</i>	79.3 <sup>1</sup>	73.4 <sup>1</sup>	70.1 <sup>2</sup>	—
<i>Females</i>	44.8 <sup>1</sup>	62.3 <sup>1</sup>	50.2 <sup>2</sup>	—
Mortality	40.3 <sup>1</sup>	44.4 <sup>1</sup>	47.2 <sup>2</sup>	45.5
<i>Males</i>	59.9 <sup>1</sup>	52.8 <sup>1</sup>	59.8 <sup>2</sup>	—
<i>Females</i>	27.4 <sup>1</sup>	38.5 <sup>1</sup>	37.8 <sup>2</sup>	—
<b>Melanoma</b>				
Incidence	17.6 <sup>1</sup>	21.1 <sup>1</sup>	21.6 <sup>2</sup>	—
<i>Males</i>	15.4 <sup>1</sup>	25.1 <sup>1</sup>	28.2 <sup>2</sup>	—
<i>Females</i>	19.2 <sup>1</sup>	18.4 <sup>1</sup>	16.8 <sup>2</sup>	—
Mortality	0.0 <sup>1</sup>	2.8 <sup>1</sup>	2.7 <sup>2</sup>	2.4
<i>Males</i>	0.0 <sup>1</sup>	4.1 <sup>1</sup>	4.1 <sup>2</sup>	—
<i>Females</i>	0.0 <sup>1</sup>	1.9 <sup>1</sup>	1.7 <sup>2</sup>	—

Cancer <sup>Δ</sup>	Cambridge	MA	US	HP 2020 Target
<b>Prostate Cancer (Males Only)</b>				
Incidence	140.8 <sup>1</sup>	139.8 <sup>1</sup>	137.9 <sup>2</sup>	—
Mortality	23.6 <sup>1</sup>	19.0 <sup>1</sup>	21.4 <sup>2</sup>	21.8

—Data not available or not comparable.

<sup>Δ</sup>[Age-adjusted rate](#) per 100,000 persons.

Sources:

1. Massachusetts Department of Public Health, Bureau of Health Statistics, Research and Evaluation. Cancer Registry 2010. Accessed 13 May 2015.
2. National Cancer Institute, Surveillance, Epidemiology, and End Results Program 2008-2012. <http://seer.cancer.gov/statfacts/>. Accessed 14 May 2015.

Health Care Access	Cambridge	MA	US	HP 2020 Target
<b>Preventive Screenings</b>				
Ever been tested for HIV ( <i>high school students</i> )	11.0% <sup>1</sup>	11.0% <sup>2</sup>	12.9% <sup>3</sup>	—
<b>Health Care Provider</b>				
Saw a doctor or nurse for a checkup when not sick or hurt in the past year ( <i>middle school students</i> )	76.6% <sup>4</sup>	—	—	—
Saw a doctor or nurse for a checkup when not sick, hurt, or pregnant in the past year ( <i>high school students</i> )	86.8% <sup>1</sup>	—	—	—
<b>Dentistry</b>				
Saw a dentist in the past year ( <i>middle school students</i> )	79.3% <sup>4</sup>	91.0% <sup>2</sup>	—	—
Saw a dentist in the past year ( <i>high school students</i> )	79.7% <sup>1</sup>	90.0% <sup>2</sup>	—	—

—Data not available or not comparable.

Sources:

1. Cambridge Public Schools. Summary of Results from the 2013-2014 Cambridge Teen Health Survey (Grades 9-12). <http://www.cambridgepublichealth.org/publications/Cambridge-Teen-Health-Survey-2014-Executive-Summary.pdf>. Accessed 23 October 2014.
2. Massachusetts Department of Public Health. Health and Risk Behaviors of Massachusetts Youth 2013. <http://www.doe.mass.edu/cnp/hprograms/yrbs/2013report.pdf>. Accessed 23 October 2014.
3. Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance - United States, 2013. <http://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf>. Accessed 27 October 2014.
4. Cambridge Public Schools. Summary of Results from the 2014-2015 Cambridge Middle Grades Health Survey. <http://www.cambridgepublichealth.org/publications/Cambridge-Middle-Grades-Survey-2015-Executive-Summary.pdf>. Accessed 26 October 2015.



Infectious Disease▼	Cambridge	MA	US	HP 2020 Target
<b>Sexually Transmitted Infections</b>				
Chlamydia	322.4 <sup>1</sup>	357.3 <sup>1</sup>	456.7 <sup>2</sup>	—
Gonorrhea	72.3 <sup>1</sup>	39.7 <sup>1</sup>	107.5 <sup>2</sup>	—
Syphilis	11.4 <sup>1</sup>	12.5 <sup>1</sup>	16.0 <sup>2</sup>	—
<b>Hepatitis</b>				
Hepatitis B	36.1 <sup>3</sup>	24.5 <sup>3</sup>	0.9 <sup>2</sup>	1.5
Hepatitis C	62.8 <sup>3</sup>	118.9 <sup>3</sup>	—	0.25
<b>HIV/AIDS</b>				
HIV incidence	11.4 <sup>4</sup>	10.0 <sup>4</sup>	15.0 <sup>5</sup>	—
HIV/AIDS prevalence	377.5 <sup>4</sup>	272.8 <sup>4</sup>	291.5 <sup>5</sup>	—
<b>Tuberculosis</b>				
Tuberculosis	6.7 <sup>6</sup>	3.0 <sup>6</sup>	3.2 <sup>2</sup>	1.0
<b>Foodborne Illnesses</b>				
Salmonella	18.1 <sup>3</sup>	17.2 <sup>3</sup>	15.2 <sup>7</sup>	11.4
Campylobacter	33.3 <sup>3</sup>	23.9 <sup>3</sup>	13.8 <sup>7</sup>	8.5
Giardia	19.2 <sup>3</sup>	10.1 <sup>3</sup>	7.5 <sup>8</sup>	—

—Data not available or not comparable.

▼Crude rate per 100,000 persons.

Sources:

1. Massachusetts Department of Public Health, Bureau of Communicable Disease Control Registries, Division of Sexually Transmitted Disease Prevention. 2012. Accessed 11 March 2015.
2. Centers for Disease Control and Prevention. Health, United States, 2014. <http://www.cdc.gov/nchs/data/hus/hus14.pdf>. Accessed 22 May 2015.
3. Massachusetts Department of Public Health, Bureau of Communicable Disease Control Registries, Division of Epidemiology and Immunization. 2012. Accessed 11 March 2015.
4. Massachusetts Department of Public Health, Bureau of Communicable Disease Control Registries, HIV/AIDS Program. 2011. Accessed 11 March 2015.
5. Centers for Disease Control and Prevention. HIV Surveillance Report Volume 25: Diagnosis of HIV Infection in the United States and Dependent Areas, 2013. [http://www.cdc.gov/hiv/pdf/g-l/hiv\\_surveillance\\_report\\_vol\\_25.pdf](http://www.cdc.gov/hiv/pdf/g-l/hiv_surveillance_report_vol_25.pdf). Accessed 8 September 2015.
6. Massachusetts Department of Public Health, Bureau of Communicable Disease Control Registries, Division of Tuberculosis Prevention and Control. 2013. Accessed 11 March 2015.
7. Centers for Disease Control and Prevention. MMWR, Incidence and Trends of Infection with Pathogens Transmitted Commonly Through Food - Foodborne Diseases Active Surveillance Network, 10 U.S. Sites, 2006-2013. [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6315a3.htm?s\\_cid=mm6315a3\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6315a3.htm?s_cid=mm6315a3_w). Accessed 31 October 2014.
8. Centers for Disease Control and Prevention. MMWR, Giardiasis Surveillance - United States, 2009-2010. <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6105a2.htm>. Accessed 31 October 2014.



Mortality*	Cambridge	MA	US	HP 2020 Target
<b>Overall Mortality<sup>A</sup></b>				
All causes of death	563.6 <sup>1</sup>	653.4 <sup>1</sup>	731.9 <sup>2</sup>	—
Premature mortality ( <i>deaths that occur before the age of 75 years</i> )	235.5 <sup>1</sup>	268.2 <sup>1</sup>	346.0 <sup>3</sup>	—
<b>Top 10 Underlying Causes of Death (Rank-Ordered for the United States)<sup>▼</sup></b>				
Heart disease	81.8 <sup>1</sup>	174.3 <sup>1</sup>	169.8 <sup>2</sup>	—
Cancer	107.5 <sup>1</sup>	193.4 <sup>1</sup>	163.2 <sup>2</sup>	—
Chronic lower respiratory disease	12.4 <sup>1</sup>	37.9 <sup>1</sup>	42.1 <sup>2</sup>	—
Unintentional injuries ( <i>accidents</i> )	24.7 <sup>1</sup>	32.9 <sup>1</sup>	39.4 <sup>2</sup>	—
Cerebrovascular disease ( <i>stroke</i> )	13.3 <sup>1</sup>	35.5 <sup>1</sup>	36.2 <sup>2</sup>	—
Alzheimer's disease	12.4 <sup>1</sup>	25.7 <sup>1</sup>	23.5 <sup>2</sup>	—
Diabetes	17.1 <sup>1</sup>	16.5 <sup>1</sup>	21.2 <sup>2</sup>	—
Influenza and pneumonia	9.5 <sup>1</sup>	20.4 <sup>1</sup>	15.9 <sup>2</sup>	—
Nephritis, nephritic syndrome, and nephrosis	10.5 <sup>1</sup>	19.1 <sup>1</sup>	13.2 <sup>2</sup>	—
Intentional self-harm ( <i>suicide</i> )	10.5 <sup>1</sup>	9.3 <sup>1</sup>	12.6 <sup>2</sup>	—

\*All cancer-related mortality can be found on [page 5](#) of this report.

—Data not available or not comparable.

<sup>A</sup>[Age-adjusted rate](#) per 100,000 persons.

<sup>▼</sup>[Crude rate](#) per 100,000 persons.

Sources:

1. Massachusetts Department of Public Health, Bureau of Health Statistics, Research and Evaluation. Registry of Vital Records and Statistics 2011. Accessed 11 March 2015.
2. Centers for Disease Control and Prevention, National Center for Health Statistics, FastStats. Deaths: Final Data for 2013. [http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64\\_02.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf). Accessed 19 May 2015.
3. Centers for Disease Control and Prevention. Monitoring Progress in Population Health: Trends in Premature Death Rates, 2009. [http://www.cdc.gov/pcd/issues/2013/13\\_0210.htm](http://www.cdc.gov/pcd/issues/2013/13_0210.htm). Accessed 3 November 2014.

Natality & Early Childhood	Cambridge	MA	US	HP 2020 Target
<b>Births &amp; Deaths</b>				
Births (total number of live births per 1,000 women ages 15-44)	38.2 <sup>1</sup>	53.3 <sup>1</sup>	63.0 <sup>2</sup>	—
Teen births (number of births per 1,000 females ages 15-19)	3.9 <sup>1</sup>	14.1 <sup>1</sup>	29.4 <sup>3</sup>	—
Infant mortality (total number of deaths per 1,000 live births)	2.4 <sup>1</sup>	4.3 <sup>1</sup>	6.1 <sup>4</sup>	6.0
<b>Low Birth Weight Births</b>				
Low birth weight (percentage of total births less than 2,500 grams)	8.2% <sup>1</sup>	7.6% <sup>1</sup>	8.0% <sup>2</sup>	7.8%
Very low birth weight (percentage of total births less than 1,500 grams)	1.5% <sup>1</sup>	1.2% <sup>1</sup>	1.4% <sup>2</sup>	1.4%
<b>Prenatal Care</b>				
Mothers with adequate prenatal care (percentage of total births with mothers receiving adequate prenatal care based on the Adequacy of Prenatal Care Utilization [APNCU]) <sup>a</sup>	85.1% <sup>1</sup>	78.5% <sup>1</sup>	—	77.6%
Mothers not receiving prenatal care in first trimester (percentage of total births with mothers beginning prenatal care in the second or third trimester or not at all)	17.3% <sup>1</sup>	17.4% <sup>1</sup>	—	22.1%
Mothers receiving publicly funded prenatal care (percentage of total births with mothers receiving care from Medicaid, Healthy Start, free care, or other government-funded care programs)	17.7% <sup>1</sup>	38.9% <sup>1</sup>	—	—
<b>Birth Defects</b>				
Any congenital anomalies (birth defects)	—	—	3.0% <sup>5</sup>	—
<b>Lead Poisoning</b>				
Blood lead level $\geq$ 5 ug/dL per 1,000 children ages 0-36 months	14.1 <sup>6</sup>	27.0 <sup>6</sup>	—	—
Children ages 0-36 months screened for blood lead level	90.9% <sup>6</sup>	> 99.0% <sup>6</sup>	—	—

—Data not available or not comparable.

<sup>a</sup>See [page 20](#) of this report for the APNCU scale.

Sources:

1. Massachusetts Department of Public Health, Bureau of Health Statistics, Research and Evaluation. Registry of Vital Records and Statistics. Massachusetts Vital Records – Births 2010. Accessed 11 March 2015.
2. Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics Reports. Volume 62, Number 9, Births: Final Data for 2012. [http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62\\_09.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_09.pdf). Accessed 3 November 2014.
3. Centers for Disease Control and Prevention. FastStats, Teen Births. <http://www.cdc.gov/nchs/fastats/teen-births.htm>. Accessed 3 November 2014.
4. Centers for Disease Control and Prevention. FastStats, Infant Health. <http://www.cdc.gov/nchs/fastats/infant-health.htm>. Accessed 3 November 2014.
5. Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities. Data & Statistics. <http://www.cdc.gov/ncbddd/birthdefects/data.html>. Accessed 3 November 2014.
6. Massachusetts Department of Public Health, Bureau of Environmental Health. Massachusetts Environmental Public Health Tracking 2010. <https://matracking.ehs.state.ma.us/#>. Accessed 11 May 2015.

Substance Abuse	Cambridge	MA	US	HP 2020 Target
<b>Adults</b>				
<i>Admissions to state-funded treatment programs where the primary substance was:▼</i>				
Any	590.6 <sup>1</sup>	1590.8 <sup>1</sup>	—	—
Alcohol	190.2 <sup>1</sup>	506.9 <sup>1</sup>	—	—
Cocaine	—	29.3 <sup>1</sup>	—	—
Crack	—	24.5 <sup>1</sup>	—	—
Heroin	272.0 <sup>1</sup>	790.7 <sup>1</sup>	—	—
Marijuana	22.8 <sup>1</sup>	64.9 <sup>1</sup>	—	—
Other, non-heroin opioids	37.1 <sup>1</sup>	129.9 <sup>1</sup>	—	—
Injected ( <i>any drug</i> )	247.3 <sup>1</sup>	676.4 <sup>1</sup>	—	—
Injected ( <i>cocaine</i> )	—	8.5 <sup>1</sup>	—	—
Injected ( <i>heroin</i> )	237.7 <sup>1</sup>	655.9 <sup>1</sup>	—	—
Injected ( <i>other</i> )	—	12.0 <sup>1</sup>	—	—
<i>Other adult-related substance abuse<sup>4</sup></i>				
Non-fatal opioid-related hospitalizations	292.3 <sup>2</sup>	375.0 <sup>2</sup>	—	—
Opioid-related fatal overdoses <sup>†</sup>	7.3 <sup>3</sup>	10.7 <sup>3</sup>	—	—
Alcohol and other substance-related hospitalizations <sup>†</sup>	347.6 <sup>2</sup>	362.4 <sup>2</sup>	—	—
<b>Youth</b>				
<i>Alcohol</i>				
Any alcohol use in lifetime ( <i>middle school students</i> )	14.3% <sup>4</sup>	18.0% <sup>5</sup>	—	—
Binge drinking during the past 30 days ( <i>middle school students</i> )	0.7% <sup>4</sup>	2.0% <sup>5</sup>	—	—
Any alcohol use in lifetime ( <i>high school students</i> )	58.0% <sup>6</sup>	63.2% <sup>7</sup>	66.2% <sup>8</sup>	—
Binge drinking during the past 30 days ( <i>high school students</i> )	18.3% <sup>6</sup>	18.9% <sup>7</sup>	20.8% <sup>8</sup>	—
<i>Marijuana</i>				
Any marijuana use in lifetime ( <i>middle school students</i> )	4.6% <sup>4</sup>	8.0% <sup>5</sup>	—	—
Marijuana use during the past 30 days ( <i>middle school students</i> )	1.8% <sup>4</sup>	3.0% <sup>5</sup>	—	—
Any marijuana use in lifetime ( <i>high school students</i> )	44.7% <sup>6</sup>	41.3% <sup>7</sup>	40.7% <sup>8</sup>	—
Marijuana use during the past 30 days ( <i>high school students</i> )	29.9% <sup>6</sup>	24.8% <sup>7</sup>	—	—

Substance Abuse	Cambridge	MA	US	HP 2020 Target
<b>Tobacco and Tobacco Products</b>				
Ever smoked a whole cigarette in lifetime ( <i>middle school students</i> )	2.6% <sup>4</sup>	9.0% <sup>5</sup>	—	—
Cigarette use during the past 30 days ( <i>middle school students</i> )	0.7% <sup>4</sup>	3.0% <sup>5</sup>		
Ever smoked a whole cigarette in lifetime ( <i>high school students</i> )	21.1% <sup>6</sup>	31.6% <sup>7</sup>	41.1% <sup>8</sup>	—
Cigarette use during the past 30 days ( <i>high school students</i> )	9.4% <sup>6</sup>	10.7% <sup>7</sup>		
Ever used an e-cigarette in lifetime ( <i>high school students</i> )	16.2% <sup>6</sup>			
Used an e-cigarette in the past 30 days ( <i>high school students</i> )	4.6% <sup>6</sup>	—	13.4% <sup>9</sup>	—

—Data not available or not comparable.

▼ [Crude rate](#) per 100,000 persons.

<sup>A</sup> [Age-adjusted rate](#) per 100,000 persons.

<sup>†</sup> See [pages 18-19](#) for ICD-9 code index.

Sources:

1. Massachusetts Department of Public Health, Bureau of Substance Abuse Services. Substance Abuse Treatment Programs 2013. Accessed 13 May 2015.
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Unintentional Injury & Violence	Cambridge	MA	US	HP 2020 Target
<b>Hospitalizations &amp; Mortality<sup>A</sup></b>				
Injuries/poisonings hospitalizations ( <i>all</i> ) <sup>†</sup>	696.9 <sup>1</sup>	833.2 <sup>1</sup>	—	555.8
Injuries/poisonings mortality ( <i>all</i> ) <sup>†</sup>	46.7 <sup>2</sup>	42.0 <sup>2</sup>	38.0 <sup>3</sup>	36.4
Fall-related hospitalizations <sup>†</sup>	324.4 <sup>1</sup>	343.5 <sup>1</sup>	—	—
Fall-related mortality <sup>†</sup>	15.1 <sup>2</sup>	7.7 <sup>2</sup>	—	7.2
Firearm-related hospitalizations <sup>†</sup>	—	4.3 <sup>1</sup>	—	—
Firearm-related mortality <sup>†</sup>	1.0 <sup>2</sup>	3.4 <sup>2</sup>	10.1 <sup>3</sup>	9.3
Motor vehicle-related hospitalizations <sup>†</sup>	36.7 <sup>1</sup>	54.3 <sup>1</sup>	—	—
Motor vehicle-related mortality <sup>†</sup>	1.6 <sup>2</sup>	5.3 <sup>2</sup>	11.3 <sup>3</sup>	12.4
Homicide rate <sup>†</sup>	1.0 <sup>2</sup>	2.1 <sup>2</sup>	5.3 <sup>3</sup>	5.5
Suicide rate <sup>†</sup>	11.6 <sup>2</sup>	8.8 <sup>2</sup>	—	10.2
<b>Bullying, Harassment, and Violence in School Settings</b>				
Bullied, threatened, or pushed around in school or on the way to school ( <i>high school students in the past 12 months</i> )	12.2% <sup>4</sup>	16.6% <sup>5</sup>	19.6% <sup>6</sup>	17.9%
Received mean or threatening email, text messages, or chats ( <i>high school students in the past 12 months</i> )	7.6% <sup>4</sup>	13.8% <sup>5</sup>	14.8% <sup>6</sup>	—
Bullied, threatened, or pushed around in school or on the way to school ( <i>middle school students in the past 12 months</i> )	38.6% <sup>7</sup>	36.0% <sup>8</sup>	—	—
Received mean or threatening email, text messages, or chats ( <i>middle school students in the past 12 months</i> )	13.8% <sup>7</sup>	14.0% <sup>8</sup>	—	—

—Data not available or not comparable.

<sup>A</sup>Age-adjusted rate per 100,000 persons.

<sup>†</sup>See [pages 18-19](#) for ICD-9 code index.

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1. Massachusetts Division of Health Care Finance and Policy. Uniform Discharge Dataset System 2012. Accessed 13 May 2015.
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Wellness & Chronic Disease	Cambridge	MA	US	HP 2020 Target
<b>Circulatory Health</b>				
Cerebrovascular disease hospitalizations <sup>†,Δ</sup>	183.1 <sup>1</sup>	219.5 <sup>1</sup>	276.0 <sup>2</sup>	—
Cerebrovascular disease mortality <sup>†,Δ</sup>	15.6 <sup>3</sup>	27.9 <sup>3</sup>	—	34.8
Coronary artery disease hospitalizations <sup>†,Δ</sup>	193.3 <sup>1</sup>	264.5 <sup>1</sup>	270.0 <sup>2</sup>	—
Heart attack hospitalizations <sup>†,Δ</sup>	106.2 <sup>1</sup>	153.9 <sup>1</sup>	192.0 <sup>2</sup>	—
Heart attack mortality <sup>†,Δ</sup>	22.1 <sup>3</sup>	23.6 <sup>3</sup>	—	—
Heart disease hospitalizations ( <i>includes heart failure</i> ) <sup>†,Δ</sup>	700.0 <sup>1</sup>	886.5 <sup>1</sup>	—	—
Heart disease mortality <sup>†,Δ</sup>	102.1 <sup>3</sup>	137.8 <sup>3</sup>	—	103.4
Major cardiovascular disease hospitalizations <sup>†,Δ</sup>	987.3 <sup>1</sup>	1227.3 <sup>1</sup>	—	—
Major cardiovascular disease mortality <sup>†,Δ</sup>	127.7 <sup>3</sup>	179.4 <sup>3</sup>	234.2 <sup>2</sup>	—
Ever received a high blood pressure diagnosis by a doctor or nurse ( <i>high school students</i> )	2.4% <sup>4</sup>	—	—	—
<b>Diabetes</b>				
Diabetes hospitalizations <sup>†,Δ</sup>	101.8 <sup>1</sup>	133.7 <sup>1</sup>	—	—
Diabetes mortality <sup>†,Δ</sup>	21.4 <sup>3</sup>	13.6 <sup>3</sup>	20.8 <sup>5</sup>	—
Ever received a diabetes diagnosis by a doctor or nurse ( <i>middle school students</i> )	1.9% <sup>6</sup>	1.0% <sup>7</sup>	—	—
Ever received a diabetes diagnosis by a doctor or nurse ( <i>high school students</i> )	1.0% <sup>4</sup>	1.0% <sup>7</sup>	—	—
<b>Healthy Weight &amp; Exercise</b>				
Residents who report walking to work	24.0% <sup>8</sup>	4.8% <sup>8</sup>	2.8% <sup>8</sup>	3.1%
Residents who report bicycling to work	6.9% <sup>8</sup>	0.8% <sup>8</sup>	0.6% <sup>8</sup>	0.6%
Exercised or participated in sports for at least 20 minutes that resulted in sweat/heavy breathing in the past week ( <i>middle school students</i> )	70.8% <sup>6</sup>	77.0% <sup>7</sup>	—	—
Exercised or participated in sports for at least 20 minutes that resulted in sweat/heavy breathing in the past week ( <i>high school students</i> )	80.8% <sup>4</sup>	44.3% <sup>9</sup>	—	—
<b>Public School Students, Grades K-8</b>				
Obese ( <i>BMI ≥ 95<sup>th</sup> percentile for children of the same age and sex</i> )	15.0% <sup>10</sup>	—	—	—
Overweight ( <i>85<sup>th</sup> percentile ≤ BMI &lt; 95<sup>th</sup> percentile for children of the same age and sex</i> )	15.2% <sup>10</sup>	—	—	—
Healthy weight ( <i>5<sup>th</sup> percentile ≤ BMI &lt; 85<sup>th</sup> percentile for children of the same age and sex</i> )	66.9% <sup>10</sup>	—	—	—
Underweight ( <i>BMI &lt; 5<sup>th</sup> percentile for children of the same age and sex</i> )	2.9% <sup>10</sup>	—	—	—

Wellness & Chronic Disease	Cambridge	MA	US	HP 2020 Target
<b>Kidney Health</b>				
Nephritis and nephrosis hospitalizations <sup>†,Δ</sup>	123.1 <sup>1</sup>	149.8 <sup>1</sup>	—	—
Nephritis and nephrosis mortality <sup>†,Δ</sup>	12.5 <sup>3</sup>	15.3 <sup>3</sup>	—	—
Renal failure/disorder hospitalizations <sup>†,Δ</sup>	121.6 <sup>1</sup>	145.6 <sup>1</sup>	—	—
Renal failure mortality <sup>†,Δ</sup>	12.5 <sup>3</sup>	15.1 <sup>3</sup>	—	—
<b>Mental Health</b>				
Mental disorder hospitalizations <sup>†,Δ</sup>	963.3 <sup>1</sup>	845.5 <sup>1</sup>	—	—
Mental disorder-related mortality <sup>†,Δ</sup>	59.5 <sup>3</sup>	55.2 <sup>3</sup>	—	—
Middle school students who experienced the death of a family member or close friend	39.4% <sup>6</sup>	—	—	—
Middle school students who experienced a divorce or separation in the family	9.8% <sup>6</sup>	—	—	—
High school students who experienced the death of a family member or close friend	34.4% <sup>4</sup>	—	—	—
High school students who experienced a divorce or separation in the family	7.9% <sup>4</sup>	—	—	—
<b>Nervous System Health</b>				
Nervous system mortality <sup>†,Δ</sup>	31.2 <sup>3</sup>	36.0 <sup>3</sup>	—	—
Alzheimer's disease mortality <sup>†,Δ</sup>	14.9 <sup>3</sup>	19.4 <sup>3</sup>	—	—
Parkinson's disease mortality <sup>†,Δ</sup>	4.3 <sup>3</sup>	6.1 <sup>3</sup>	—	—
<b>Respiratory Health</b>				
Asthma hospitalizations <sup>†,Δ</sup>	106.5 <sup>1</sup>	132.7 <sup>1</sup>	152.0 <sup>2</sup>	—
Asthma mortality <sup>†,Δ</sup>	0.0 <sup>3</sup>	0.7 <sup>3</sup>	—	—
Chronic lower respiratory disease hospitalizations <sup>†,Δ</sup>	212.2 <sup>1</sup>	325.5 <sup>1</sup>	—	—
Chronic lower respiratory disease mortality <sup>†,Δ</sup>	15.1 <sup>3</sup>	31.6 <sup>3</sup>	42.2 <sup>5</sup>	—
Emphysema hospitalizations <sup>†,Δ</sup>	—	2.6 <sup>1</sup>	—	—
Emphysema mortality <sup>†,Δ</sup>	2.2 <sup>3</sup>	1.8 <sup>3</sup>	—	—
Pneumonia/influenza hospitalizations <sup>†,Δ</sup>	234.9 <sup>1</sup>	284.8 <sup>1</sup>	—	—
Pneumonia/influenza mortality <sup>†,Δ</sup>	12.1 <sup>3</sup>	15.9 <sup>3</sup>	15.1 <sup>5</sup>	—
Ever received an asthma diagnosis by a doctor or nurse ( <i>middle school students</i> )	22.4% <sup>6</sup>	23.0% <sup>7</sup>	—	—
Ever received an asthma diagnosis by a doctor or nurse ( <i>high school students</i> )	23.1% <sup>4</sup>	25.0% <sup>7</sup>	21.0% <sup>11</sup>	—

—Data not available or not comparable.

<sup>Δ</sup>Age-adjusted rate per 100,000 persons.

<sup>†</sup>See [pages 18-19](#) for ICD-9 code index.



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# Notes on the Data

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The following section provides definitions and explanations for the interpretation of key data terms used throughout this report.

## Prevalence

Prevalence is the proportion (%) of a population that has an outcome at a specific point in time.

$P = \# \text{ of existing cases} / \text{total population}$

*Example:* “Wellness & Chronic Disease: Healthy Weight & Exercise” – 24.0% of Cambridge residents report walking to work in 2013.

## Cumulative Incidence

Cumulative incidence is the proportion (%) of a population that develops an outcome over a specific period of time. However, cumulative incidence is commonly reported as the number of new cases per 100,000 persons over a specific period of time. More common outcomes may be expressed with a lower “per persons” (such as 1,000) while rarer outcomes may be expressed with a higher “per persons” (such as one million).

It is important to note that while prevalence uses the entire population as the denominator, incidence measures use only the population at risk as the denominator. Thus, an individual who developed cancer in 2010 and is still alive in 2015 will be counted in the prevalence measure but will not be counted in the incidence measures for 2015.

$CI = (\# \text{ of new cases} / \text{population at risk}) \times 100,000$

*Example:* “Cancer: Lung Cancer” – in 2012, 73.4 per 100,000 males in Massachusetts developed lung cancer, after adjusting for age (see below for explanation of age-adjusted).

## Crude

A crude rate is the overall rate of a particular outcome that has not been adjusted for any external factor. It is simply the total number of cases divided by the total population (or population at risk). This is an overall average rate of an outcome’s occurrence that does not take into account differences in risk that may be present due to demographic factors, such as age.

## Age-Adjusted

Because crude rates do not take into account external risk factors, data sometimes need to be adjusted for potential differences. Most commonly (and throughout this report), rates are adjusted for age. Adjusting for age minimizes the effects of differences in age distributions when comparing rates for different populations. For example, after accounting for the overall higher number of older individuals living in Florida, is the mortality rate in Florida actually higher than in other states in the country?

Age-adjusted rates are calculated by averaging the age-specific rates for the area of interest, using as weights the distribution of age from a standard population (usually the U.S. population).

In the cumulative incidence example above, lung cancer incidence has been adjusted for age. This means that if the incidence is higher or lower than a different location's incidence, the difference is not due to age.

## ICD-9 & ICD-10 Codes

Indicator	ICD Code <sup>a</sup>
<b>Substance Abuse: Other Adult-Related Substance Abuse</b>	
Opioid-related fatal overdoses	965.0
Alcohol- and other substance-related hospitalizations	070.2, 070.3, 265.2, 291, 292, 303-305, 357.5, 425.5, 535.3, 571, 572.3, 573.3, 760.7, 779.5, 790.3, 965.0, 967, 968.5, 969, 970.1, 977.3, 980.0-980.2, 980.8-980.9
<b>Unintentional Injury &amp; Violence: Hospitalizations &amp; Mortality</b>	
Injuries/poisonings hospitalizations (all)	E800-E999
Injuries/poisonings mortality (all)	E800-E999
Fall-related hospitalizations	E880-E886, E888, E957, E968.1, E987
Fall-related mortality	E880-E886, E888, E957, E968.1, E987
Firearm-related hospitalizations	E922.0-E922.3, E922.8-E922.9, E955.0-E955.4, E965.0-E965.4, E970, E985.0-E985.4
Firearm-related mortality	E922.0-E922.3, E922.8-E922.9, E955.0-E955.4, E965.0-E965.4, E970, E985.0-E985.4
Motor vehicle-related hospitalizations	E810-E825, E958.5, E988.5
Motor vehicle-related mortality	E810-E825, E958.5, E988.5
Homicide rate	E960-E969
Suicide rate	E950-E959

Indicator	ICD Code <sup>a</sup>
<b>Wellness &amp; Chronic Disease: Circulatory Health</b>	
Cerebrovascular disease hospitalizations	430-438
Cerebrovascular disease mortality	430-434, 436-438
Coronary artery disease hospitalizations	402, 410-414, 429.2
Heart attack hospitalizations	410
Heart attack mortality	410
Heart disease hospitalizations ( <i>includes heart failure</i> )	390-398, 402, 404-429
Heart disease mortality	390-398, 402, 404, 410-429
Major cardiovascular disease hospitalizations	390-448
Major cardiovascular disease mortality	390-434, 436-448
<b>Wellness &amp; Chronic Disease: Diabetes</b>	
Diabetes hospitalizations	250
Diabetes mortality	250
<b>Wellness &amp; Chronic Disease: Kidney Health</b>	
Nephritis and nephrosis hospitalizations	580-589
Nephritis and nephrosis mortality	580-589
Renal failure/disorder hospitalizations	584-586
Renal failure mortality	584-589
<b>Wellness &amp; Chronic Disease: Mental Health</b>	
Mental disorder hospitalizations	290-319
Mental disorder-related mortality	290-319
<b>Wellness &amp; Chronic Disease: Nervous System Health</b>	
Nervous system mortality	320-359, 435
Alzheimer's disease mortality	G30 <sup>b</sup>
Parkinson's disease mortality	332
<b>Wellness &amp; Chronic Disease: Respiratory Health</b>	
Asthma hospitalizations	493
Asthma mortality	493
Chronic lower respiratory disease mortality	490-494, 496
COPD hospitalizations	490-496
Emphysema hospitalizations	492
Emphysema mortality	492
Pneumonia/influenza hospitalizations	480-487
Pneumonia/influenza mortality	480-487

<sup>a</sup>All codes correlate to ICD-9 unless otherwise noted.

<sup>b</sup>ICD-10 code.

## Adequacy of Prenatal Care Utilization Score

Category	Month Prenatal Care Began	% of Expected Prenatal Care Visits*
Adequate Intensive	1, 2, 3, or 4	110% or more
Adequate Basic	1, 2, 3, or 4	80 - 109%
Intermediate	1, 2, 3, or 4	50 - 79%
Inadequate	Month 5 or later	Less than 50%
Unknown	Prenatal care information not recorded	

\*The number of expected visits is determined based on standards set by the American College of Obstetricians and Gynecologists (ACOG).