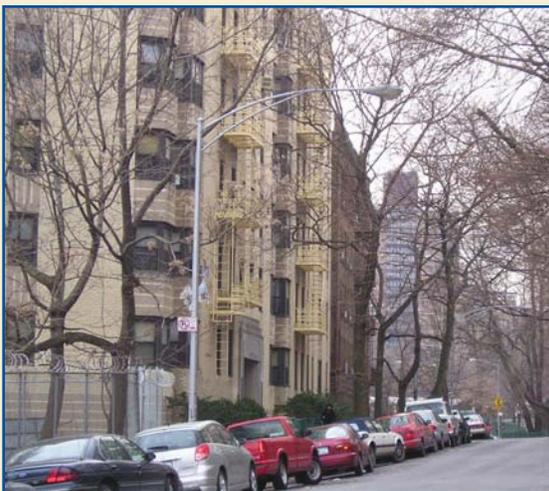
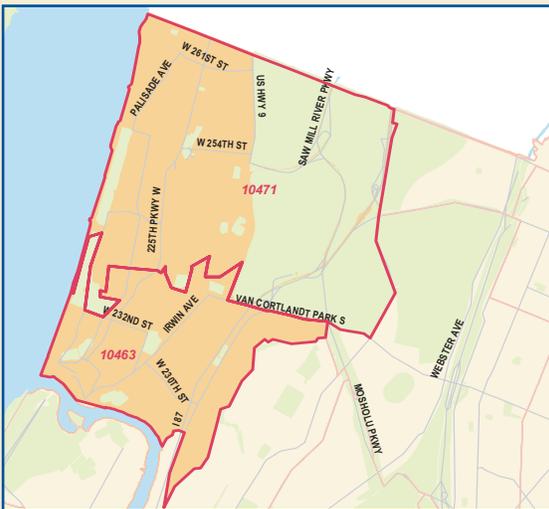


Community Health Profiles

New York City Department of Health and Mental Hygiene

SECOND EDITION — 2006



TAKE CARE

Kingsbridge and Riverdale

The Bronx

Community Health Profile, Second Edition: Kingsbridge and Riverdale

New York City is the most diverse city in the U.S. — a fact reflected in the distinct character of each neighborhood. The second edition of the Community Health Profiles uses **Take Care New York** (TCNY), the city’s health policy, to examine preventable causes of illness and death in all of NYC’s 42 neighborhoods. This report updates the 2002 profile (available at nyc.gov/health) by providing more recent and time-trend data, and a greater variety of health statistics. Key health issues in **Kingsbridge and Riverdale** include:

- Almost a quarter of adults in Kingsbridge and Riverdale currently smoke, and less than half of smokers have attempted to quit in the past year (page 6).
- The death rate due to heart disease in Kingsbridge and Riverdale is 25% higher than the rate in the Bronx and more than 30% higher than the NYC overall rate (page 6).
- Kingsbridge and Riverdale have the highest concentration of animals identified with rabies in New York City (page 14).

Methods: While this report provides important information, it is not intended to be an exhaustive examination of the health of Kingsbridge and Riverdale residents, as not all health problems and their causes could be covered. Only statistically significant findings are discussed in the text. For complete information on methods, see Technical Notes (page 15).

Kingsbridge and Riverdale at a Glance

Population

Total number of people living in Kingsbridge and Riverdale in 2000:

89,000

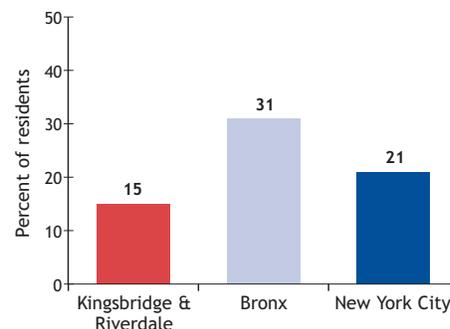
Age

People in Kingsbridge and Riverdale are older than in the Bronx and New York City overall

	Kingsbridge & Riverdale	Bronx	NYC
0-17 years	20%	30%	24%
18-24 years	9%	10%	10%
25-44 years	29%	31%	33%
45-64 years	23%	19%	21%
65+ years	19%	10%	12%

Poverty

In Kingsbridge and Riverdale, the percent of residents living below the poverty level is lower than in the Bronx and NYC overall



Education

Kingsbridge and Riverdale residents aged 25 and older have completed more years of education than those in the Bronx and NYC overall

	Kingsbridge & Riverdale	Bronx	NYC
Up to 8th grade	9%	16%	12%
Some high school, no diploma	11%	22%	16%
High school diploma	21%	26%	25%
Some college, no degree	21%	22%	20%
College graduate	38%	14%	27%

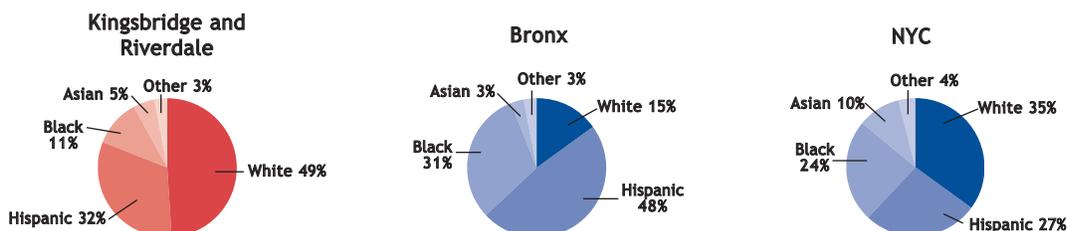
Foreign-born

The percent of Kingsbridge and Riverdale residents born outside the U.S. is lower than in NYC overall

Area	Percent
Kingsbridge & Riverdale	30%
Bronx	29%
NYC	36%

Race / Ethnicity

Kingsbridge and Riverdale have a higher proportion of white residents than the Bronx and NYC overall



Data Source: U.S. Census 2000/NYC Department of City Planning

Take Care Kingsbridge and Riverdale



In 2004, the Health Department created a citywide health policy called **Take Care New York** (TCNY) to help improve the health of New Yorkers. TCNY identifies 10 key areas that cause significant illness and death but can be improved through intervention by individuals, health care providers, government agencies, and other organizations.

This report examines how well Kingsbridge and Riverdale residents are doing on health indicators for each of the 10 TCNY goals. It examines areas in which the community is a health leader, as well as areas that need improvement. The TCNY report card below shows where Kingsbridge and Riverdale rank among all 42 New York City neighborhoods. (See Technical Notes for information about how neighborhoods were defined and ranked.)

Take Care New York report card

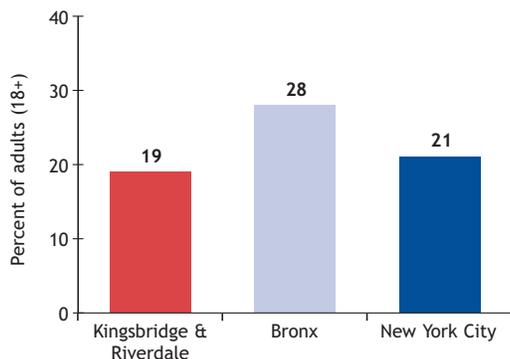
Kingsbridge and Riverdale rank as average or above on more than half of the indicators when compared to the 41 other NYC neighborhoods

	Below Average (bottom 10)	Average (middle 22)	Above Average (top 10)
Take Care New York Goals			
1 Have a regular doctor		✓	
2 Be tobacco-free	✓		
3 Keep your heart healthy		✓	
4 Know your HIV status			✓
5 Get help for depression			✓
6 Live free of alcohol and drugs		✓	
7 Get checked for cancer			✓
8 Get the immunizations you need			✓
9 Make your home safe and healthy		✓	
10 Have a healthy baby		✓	

How Residents Rate Their Own Health

Overall health

Adults in Kingsbridge and Riverdale are less likely to consider themselves to be in fair or poor health than adults in the Bronx



Percents are age-adjusted.
Data Source: NYC Community Health Survey 2002-03-04

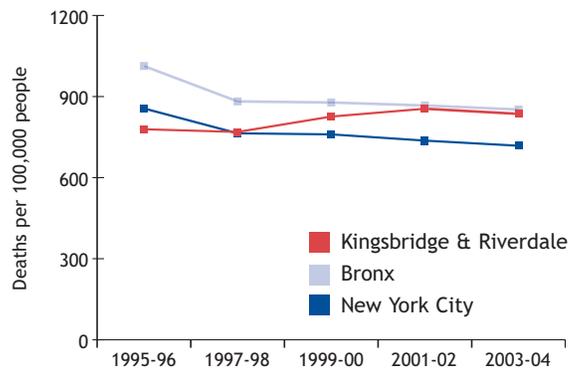
People are good at rating their own health. In general, when asked to rate their general health as excellent, very good, good, fair, or poor, those who say “fair” or “poor” are more likely to have health problems than those who report better health.

In Kingsbridge and Riverdale, residents are less likely to report being in fair or poor health (19%) than residents in the Bronx overall (28%).

Overall Death Rates in Kingsbridge and Riverdale

Death rates

In Kingsbridge and Riverdale, death rates have increased to levels higher than in NYC overall



Rates are age-adjusted.
Data Sources: Bureau of Vital Statistics, NYC DOHMH, 1995-2004; U.S. Census 1990 and 2000/NYC Department of City Planning

Although New York City death rates have dropped over the last decade, the death rate in Kingsbridge and Riverdale increased by 10% between 1997 and 2002.

In 2003-2004, the average annual death rate in Kingsbridge and Riverdale was 16% higher than in New York City overall (836/100,000 vs. 718/100,000). Throughout this profile, cause-specific death rates are provided for TCNY goals.

Line graphs. All time-trend data are presented as annual averages with 2 or 3 years of data combined. For example, in this graph, the first point on each line represents the average annual death rate for 1995 and 1996 combined.

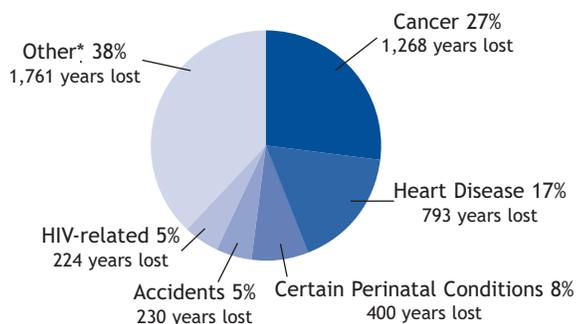
Premature death

People who die before age 75 can be thought of as dying early, or prematurely. If a person dies early, their years of potential life lost (YPLLs) can be calculated by subtracting their age at death from 75 years to get a measure of premature death.

The causes of premature death differ across communities. The primary cause of premature death in Kingsbridge and Riverdale is cancer, as well as in both the Bronx and New York City overall.

Top 5 causes of years of potential life lost

Cancer causes the most years of potential life lost in Kingsbridge and Riverdale

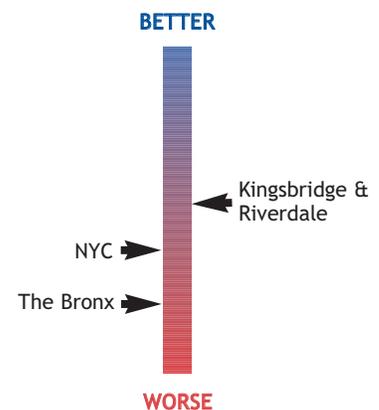


*Other includes Suicide (4%), Pneumonia and Influenza (3%), Drug-related (3%), Homicide (3%), Diabetes (3%), and Other (22%).

Data Source: Bureau of Vital Statistics, NYC DOHMH, 2002-04

Death before age 75

The 2003-2004 average annual death rate for people younger than 75 years in Kingsbridge and Riverdale ranks 20th among 42 NYC neighborhoods



Data Sources: Bureau of Vital Statistics, NYC DOHMH, 2003-04; U.S. Census 2000/NYC Department of City Planning



Take Care New York Goals

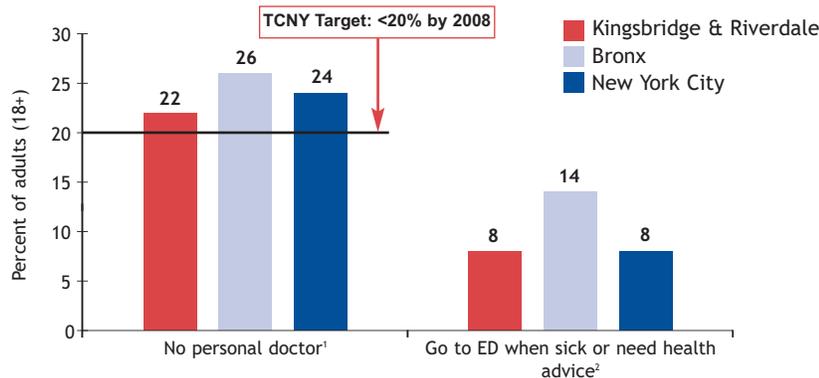
GOAL 1 Have a Regular Doctor or Other Health Care Provider

Access to good medical care helps people prevent illnesses, identify health conditions early, and treat health problems. Some conditions can and should be managed regularly outside the hospital. Higher rates of these avoidable hospitalizations can indicate reduced access to health care in a community.

Having a “medical home” — a personal doctor or other health care provider and a regular place of care other than the emergency department (ED) — is a critical component of good health care access. In Kingsbridge and Riverdale, 22% of residents do not have a regular doctor, compared to the TCNY goal of less than 20%. Kingsbridge and Riverdale residents are less likely to go to the ED when they are sick or need health advice (8%) than adults in the Bronx overall (14%).

Access to care

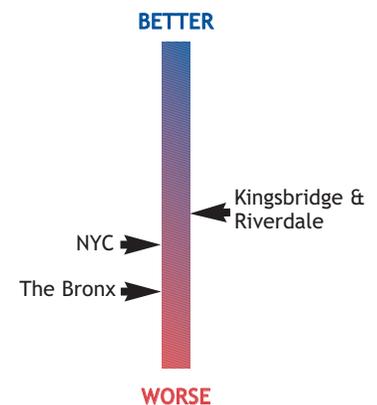
Without a primary provider, people may seek routine health care in the emergency department (ED)



Percents are age-adjusted.
Data Sources: ¹NYC Community Health Survey 2002-03-04, ²NYC Community Health Survey 2003-04

Avoidable hospitalizations

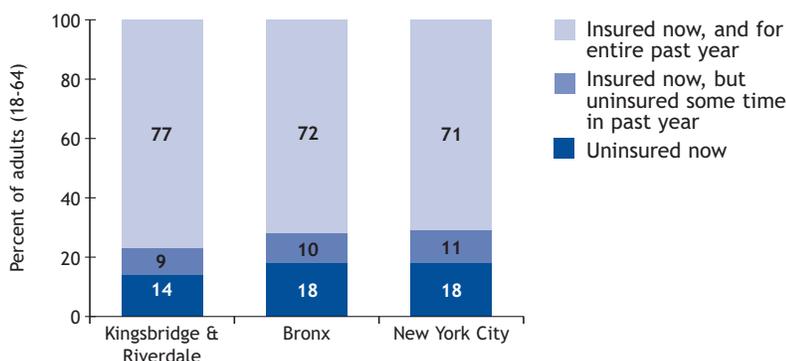
The 2004 avoidable hospitalization rate in Kingsbridge and Riverdale ranks 23rd among 42 NYC neighborhoods



Data Sources: New York State Department of Health Statewide Planning and Research Cooperative System, 2004; U.S. Census 2000/ NYC Department of City Planning

Health insurance

Nearly a quarter of adults in Kingsbridge and Riverdale are uninsured or went without health insurance during the past year



Percents are calculated for adults aged 18-64 and age-adjusted.
Data Source: NYC Community Health Survey 2003-04

Health insurance is important for access to health care. A similar proportion of residents in Kingsbridge and Riverdale (14%) and New York City overall (18%) are currently uninsured. In addition, another 9% of residents in this community went without health insurance at some time during the past year.

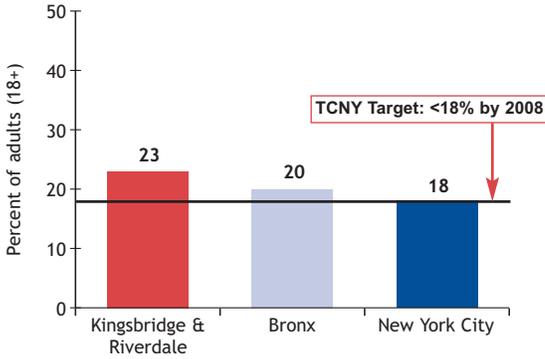


GOAL 2 Be Tobacco-Free

Smoking is the leading cause of preventable death in New York City and the cause of many illnesses, including heart disease, stroke, emphysema, and lung cancer. More than one fifth (23%) of Kingsbridge and Riverdale residents currently smoke. Many methods to quit smoking are available, but less than half of the smokers in Kingsbridge and Riverdale (43%) are trying to kick the habit.

Residents who smoke

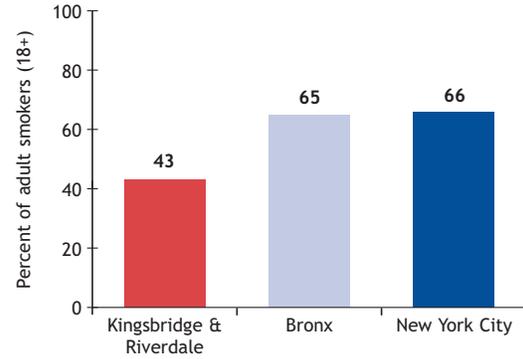
More than 1 in 5 adults in Kingsbridge and Riverdale smoke . . .



Percents are age-adjusted.
Data Source: NYC Community Health Survey 2004

Attempts to quit smoking in the past year

. . . and less than half of Kingsbridge and Riverdale smokers are trying to quit



Percents are age-adjusted.
Data Source: NYC Community Health Survey 2004

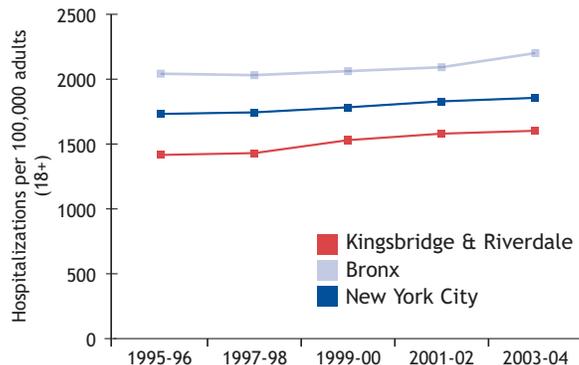


GOAL 3 Keep Your Heart Healthy

Heart disease can cause severe illness and death. The heart disease hospitalization rate in Kingsbridge and Riverdale has increased by 13% in the past decade. However, residents had an average annual heart disease hospitalization rate in 2003-2004 that was more than 25% lower than the Bronx rate and almost 15% lower than the rate in NYC overall (1,602/100,000 vs. 2,201/100,000 in the Bronx and 1,856/100,000 in NYC). In contrast, the heart disease death rate in 2003-2004 (392/100,000) was higher than rates in both the Bronx (313/100,000) and NYC overall (297/100,000).

Heart disease hospitalizations

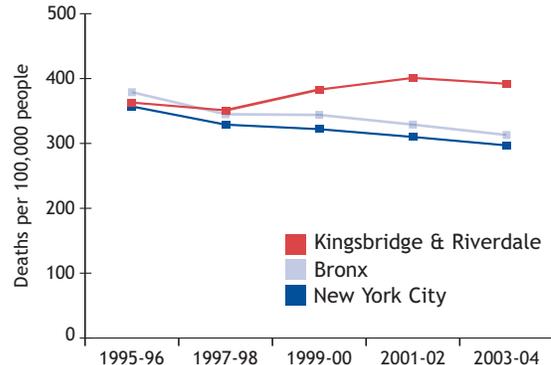
Heart disease hospitalizations are less common in Kingsbridge and Riverdale



Rates are age-adjusted.
Data Sources: New York State Department of Health Statewide Planning and Research Cooperative System, 1995-2004; U.S. Census 1990 and 2000/NYC Department of City Planning

Deaths due to heart disease

The heart disease death rate is higher in Kingsbridge and Riverdale

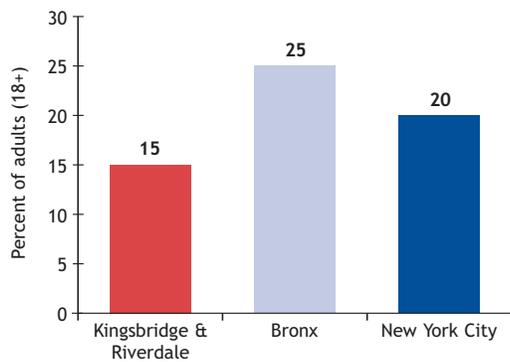


Rates are age-adjusted.
Data Sources: Bureau of Vital Statistics, NYC DOHMH, 1995-2004; U.S. Census 1990 and 2000/NYC Department of City Planning

High blood pressure and high cholesterol. Both of these conditions contribute to heart disease. In Kingsbridge and Riverdale, a quarter of adults (24%) were told by a health care professional that they have high blood pressure (similar to 29% in the Bronx and 26% in NYC overall), and a third (33%) were told that they have high cholesterol (similar to 24% in the Bronx and 26% in NYC overall).
Percents are age-adjusted. Data Source: NYC Community Health Survey 2002

Obesity

Adults in Kingsbridge and Riverdale are less likely to be obese



Obesity is defined as a body-mass-index (BMI) of 30 or greater. Percents are age-adjusted.

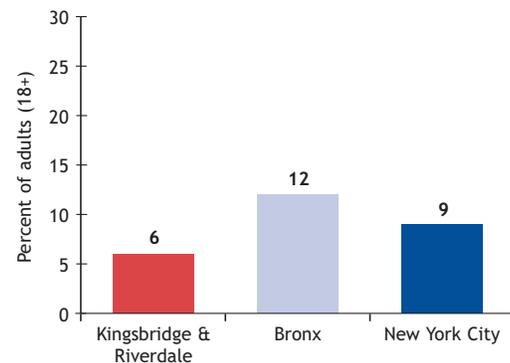
Data Source: NYC Community Health Survey 2002-03-04

In addition to smoking, high blood cholesterol and high blood pressure, other factors that put people at risk for heart disease — lack of physical activity and obesity — can be prevented or controlled.

Obesity can lead to a variety of health problems, including heart disease and diabetes. Rates of obesity are increasing rapidly in New York City and across the U.S., making it a major public health concern. In Kingsbridge and Riverdale, adults are less likely to be obese (15%) than in the Bronx (25%) and in New York City overall (20%).

Diabetes

Adults in Kingsbridge and Riverdale are less likely to have diabetes



Percents are age-adjusted.

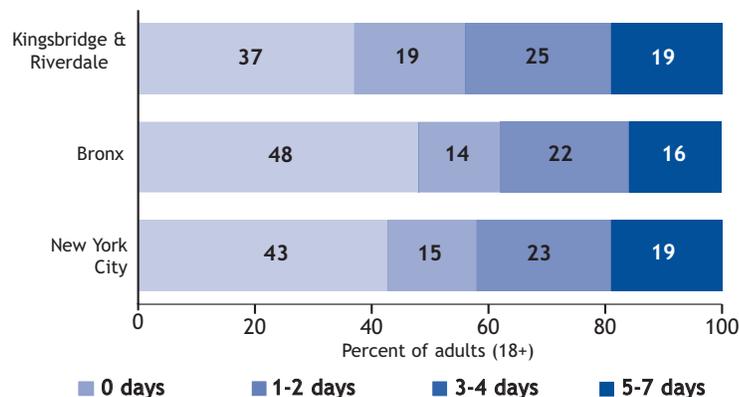
Data Source: NYC Community Health Survey 2002-03-04

The increasing prevalence of obesity in the U.S. has contributed to an epidemic of diabetes. About 95% of diabetes cases are type 2 diabetes, which is strongly associated with obesity. Uncontrolled diabetes can worsen the harmful effects of high blood pressure, high cholesterol, and other risk factors for heart disease.

In Kingsbridge and Riverdale, the diabetes rate (6%) is lower than in the Bronx (12%) and New York City overall (9%).

Days per week of recreational exercise

Exercise habits in Kingsbridge and Riverdale are more healthy compared to the Bronx overall



Survey Question: On average, how many days per week do you exercise for at least 30 minutes? Percents are age-adjusted.

Data Source: NYC Community Health Survey 2003

Physical activity helps people maintain a healthy weight and strengthens the cardiovascular system. More than one third (37%) of Kingsbridge and Riverdale residents report not exercising at all, which is 20% lower than the percent in the Bronx overall. Less than half of residents in this community (44%) report exercising at least 3 days a week.

Centers for Disease Control and Prevention Recommendations

Adults should do either 20 minutes of vigorous exercise 3 times per week or 30 minutes of moderate exercise 5 times per week.



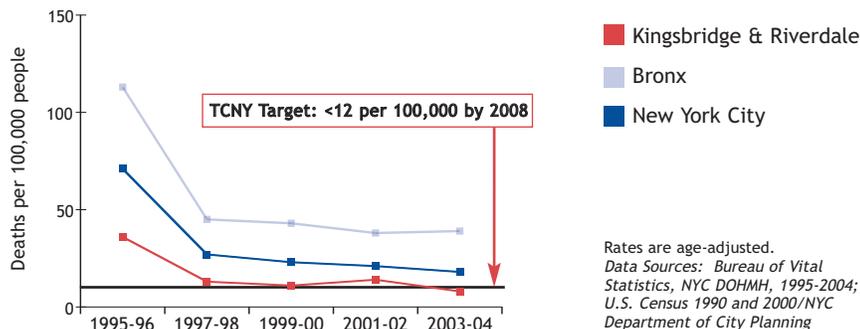
GOAL 4 Know Your HIV Status

Wide disparities exist in HIV across New York City communities. In Kingsbridge and Riverdale, the rate of HIV diagnoses is less than one third of the Bronx rate and half the NYC overall rate, and the rate of people living with HIV/AIDS in this community is also lower than in NYC overall.

The death rate due to HIV disease has dropped by nearly 80% during the past decade in this community. In 2003-2004, the average annual HIV-related death rate met the TCNY target of fewer than 12/100,000 deaths due to HIV with a rate 80% lower than the Bronx rate and half the NYC overall rate (8/100,000 vs. 39/100,000 in the Bronx and 18/100,000 in NYC).

Death rate due to HIV

HIV-related death rates in Kingsbridge and Riverdale are much lower than in NYC overall and have dropped dramatically in the past decade



HIV/AIDS in 2004

Total HIV diagnoses per 100,000 people* (13+)	
Kingsbridge and Riverdale	28
Bronx	86
New York City	55
% HIV diagnosed concurrently with AIDS** (13+)	
Kingsbridge and Riverdale	41%
Bronx	30%
New York City	29%
People living with HIV/AIDS per 100,000 people* (13+)	
Kingsbridge and Riverdale	710
Bronx	2,017
New York City	1,419

*Rates are age-adjusted.
**Within 31 days of HIV diagnosis – crude percents
Data Source and Analysis: HIV Epidemiology Program, NYC DOHMH, 2004

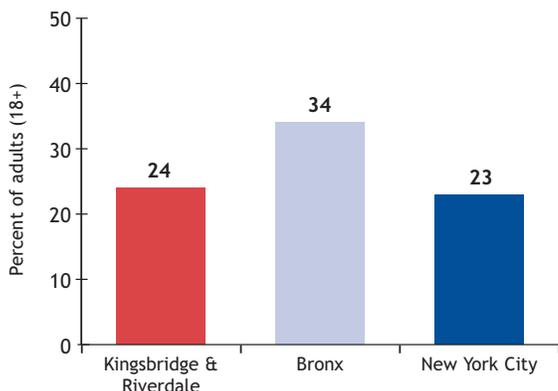
HIV/AIDS testing and prevention

Everyone should know their HIV status. However, an estimated one quarter of New Yorkers living with HIV do not know they are infected, delaying treatment and increasing the risk that they will transmit the disease to others. Kingsbridge and Riverdale residents are less likely to be tested for HIV than those in the Bronx (24% vs. 34%). In addition, 41% of positive HIV test results are “late” diagnoses (HIV has already progressed to AIDS) in Kingsbridge and Riverdale.

The most common way people get HIV is through sexual contact, and having multiple sex partners increases the risk of HIV. Condoms offer protection from HIV when engaging in sexual activities. One third (35%) of Kingsbridge and Riverdale adults who had more than 1 sex partner in the past year reported using a condom at their last sexual encounter.

HIV testing

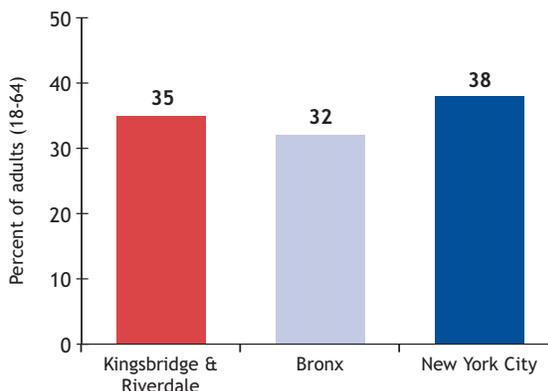
Kingsbridge and Riverdale adults are less likely to have gotten an HIV test in the past year than those in the Bronx overall



Percents are age-adjusted.
Data Source: NYC Community Health Survey 2003

Condom use at last sexual encounter

About 1 in 3 Kingsbridge and Riverdale adults with multiple sex partners used a condom



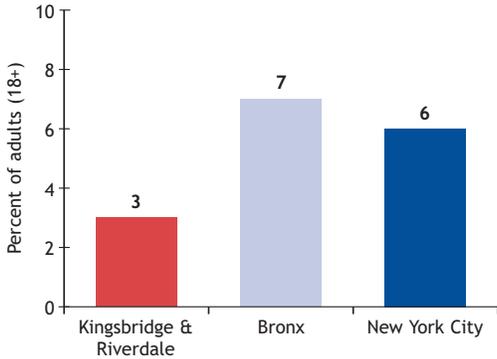
Analysis limited to adults aged 18-64 who reported having >1 sex partner in the past year, excluding women who reported having sex only with women. Percents are age-adjusted.
Data Source: NYC Community Health Survey 2002-03-04



GOAL 5 Get Help for Depression

Psychological distress

Adults in Kingsbridge and Riverdale are less likely to suffer from serious psychological distress



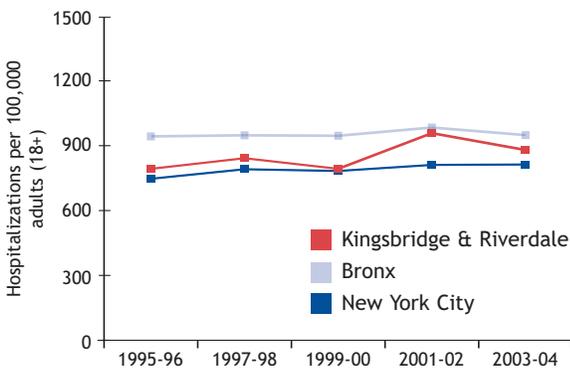
Serious psychological distress can be identified in individuals using Kessler's K6 scale, a validated measure consisting of 6 simple questions about mood. Percents are age-adjusted.
 Data Source: NYC Community Health Survey 2002-03

Depression is a serious but treatable health condition that frequently goes undiagnosed. Serious psychological distress is associated with depression and other mental illnesses.

In Kingsbridge and Riverdale, residents are less likely to experience serious psychological distress than those in the Bronx and New York City overall (3% vs. 7% in the Bronx and 6% in NYC).

Mental illness

The hospitalization rate for mental illness is higher in Kingsbridge and Riverdale than in NYC overall



Rates are age-adjusted.
 Data Sources: New York State Department of Health Statewide Planning and Research Cooperative System, 1995-2004; U.S. Census 1990 and 2000/NYC Department of City Planning

Hospitalization rates are one way to look at serious mental illness in a neighborhood. Residents in Kingsbridge and Riverdale have had a lower mental illness hospitalization rate over the past 10 years (excluding alcohol- or drug-related illness) than those in the Bronx, but higher than those in New York City overall.

In 2003-2004, the community's average annual rate of mental illness hospitalizations (880/100,000) was lower than the Bronx rate (949/100,000) but higher than the rate in New York City overall (813/100,000).

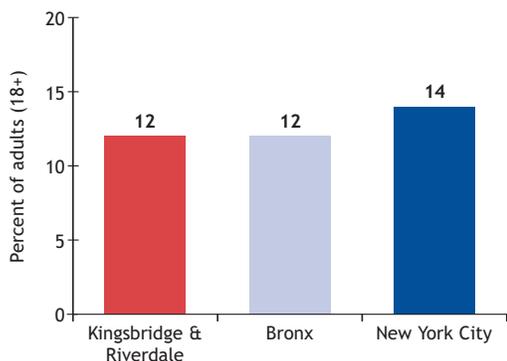
Understanding hospitalizations and access to health care. Hospitalization data are useful in understanding the burden that certain conditions place on the health care system, but not necessarily in measuring the exact extent of illness in a community. Variations in hospitalization rates may reflect not only differences in rates of illness, but also differences in access to health care. For example, the kinds of health institutions available to residents differ by community, as might the ability of residents to pay for those resources. If a community has a specialized residential institution for a certain type of disease, such as mental illness or stroke, people from outside that neighborhood may come to reside at this institution for care, resulting in an increase in reported hospitalizations for that disease in the community.



GOAL 6 Live Free of Dependence on Alcohol and Drugs

Binge drinking

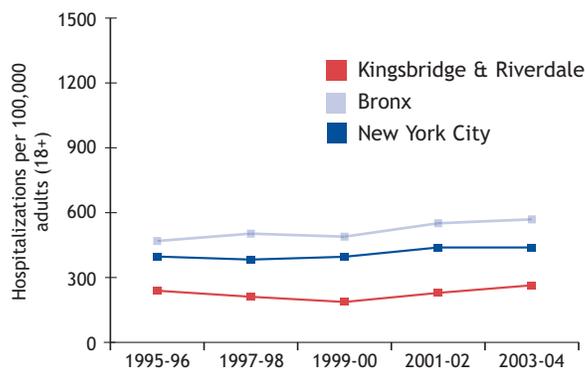
More than 1 in 10 adults in Kingsbridge and Riverdale engaged in binge drinking in the past month



Percents are age-adjusted. Data Source: NYC Community Health Survey 2002-03-04

Alcohol-related hospitalizations

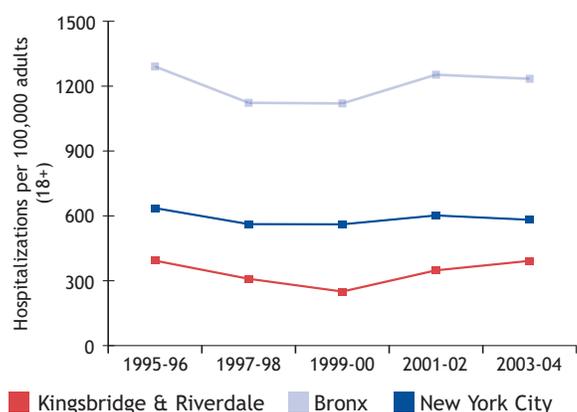
The alcohol-related hospitalization rate in Kingsbridge and Riverdale is lower than in the Bronx and NYC overall rates



Rates are age-adjusted. Data Sources: New York State Department of Health Statewide Planning and Research Cooperative System, 1995-2004; U.S. Census 1990 and 2000/NYC Department of City Planning

Drug-related hospitalizations

The drug-related hospitalization rate in Kingsbridge and Riverdale is much lower than the Bronx rate



Rates are age-adjusted. Data Sources: New York State Department of Health Statewide Planning and Research Cooperative System, 1995-2004; U.S. Census 1990 and 2000/NYC Department of City Planning

The abuse of alcohol and drugs can lead to many preventable injuries, illnesses, and deaths, including injury in motor-vehicle crashes, liver disease, and violence.

Estimates of binge drinking represent the risk of immediate alcohol-related problems, such as alcohol-poisoning, injury and violence. In Kingsbridge and Riverdale, 12% of adults report engaging in at least one episode of binge drinking (defined as consuming 5 or more drinks on one occasion) in the past month.

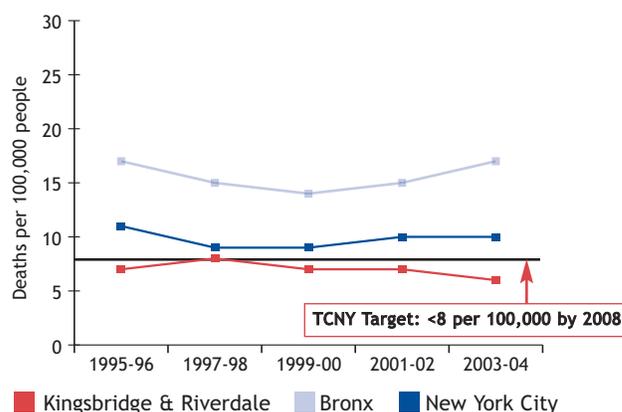
Alcohol-related hospitalizations reflect both acute and chronic (e.g., liver disease) consequences of alcohol abuse. In 2003-2004, the average annual alcohol-related hospitalization rate in Kingsbridge and Riverdale was less than half the rate in the Bronx and 40% lower than the New York City overall rate (264/100,000 vs. 569/100,000 in the Bronx and 439/100,000 in NYC).

The drug-related hospitalization rate in 2003-2004 was also lower (392/100,000) than in the Bronx (1,258/100,000) and New York City overall (595/100,000).

The 2003-2004 death rate due to drugs in Kingsbridge and Riverdale was one third of the Bronx overall rate (6/100,000 vs. 17/100,000) — meeting the TCNY target of fewer than 8/100,000 deaths due to drugs.

Drug-related deaths

The drug-related death rate is lower in Kingsbridge and Riverdale compared to the Bronx overall

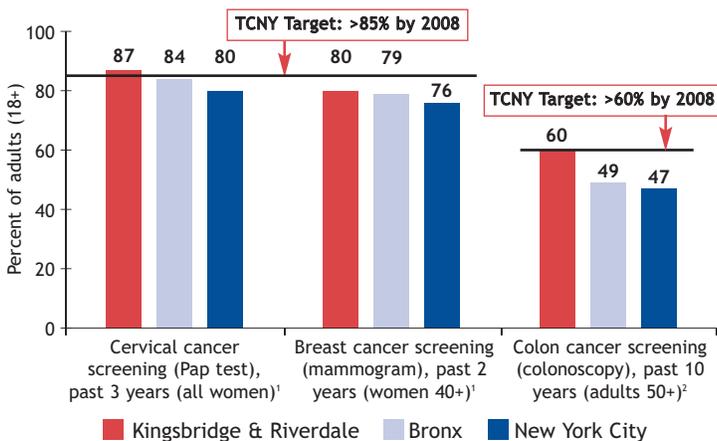


Rates are age-adjusted. Data Sources: Bureau of Vital Statistics, NYC DOHMH, 1995-2004; U.S. Census 1990 and 2000/NYC Department of City Planning

TAKE CARE NEW YORK GOAL 7 Get Checked for Cancer

Cancer screenings

Cancer screening is an important part of regular preventive health care



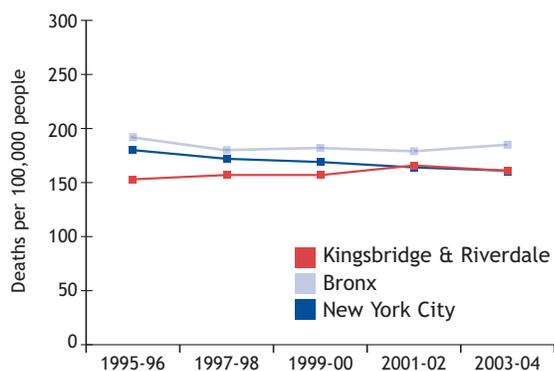
Percents are age-adjusted. Data Sources: ¹NYC Community Health Survey 2002 & 2004, ²NYC Community Health Survey 2003-04

Cancer screening can save lives by preventing disease, catching cancer in its early stages and providing opportunities for treatment. TCNY has set specific screening targets for cervical, breast, and colon cancers.

Women in Kingsbridge and Riverdale are more likely to get Pap tests for cervical cancer than women in NYC overall (87% vs. 80%), and they are getting mammograms for breast cancer at a rate close to the TCNY target of more than 85%. Also, adults aged 50 and older in Kingsbridge and Riverdale are nearly meeting the TCNY target of more than 60% having had a colonoscopy in the past 10 years.

Cancer deaths

The death rate due to cancer is lower in Kingsbridge and Riverdale than in the Bronx overall



Rates are age-adjusted. Data Sources: Bureau of Vital Statistics, NYC DOHMH, 1995-2004; U.S. Census 1990 and 2000/NYC Department of City Planning

The death rate due to cancer has remained fairly steady in Kingsbridge and Riverdale during the past decade. The 2003-2004 average annual cancer death rate was lower than the Bronx rate but the same as the rate in NYC overall (161/100,000 vs. 185/100,000 in the Bronx and 161/100,000 in NYC overall).

Preventing cancer and related deaths. Individuals can reduce their risk of the most common cancers. Never smoking or quitting the habit greatly reduces the risk of lung and other cancers. High colon and breast cancer death rates highlight the importance of getting recommended screenings so treatment can begin early.

The highest cancer-related death rates among men in Kingsbridge and Riverdale are due to lung, blood-related (such as lymphoid), and prostate cancers. Among women, lung, breast, and colon cancers are the top 3 causes of cancer-related death.

Highest cancer death rates in Kingsbridge and Riverdale (2003-2004)					
MEN	DEATHS / 100,000 PEOPLE		WOMEN	DEATHS / 100,000 PEOPLE	
	Kingsbridge & Riverdale	NYC		Kingsbridge & Riverdale	NYC
Lung, trachea, bronchus	35	51	Lung, trachea, bronchus	33	28
Blood-related	23	18	Breast	32	26
Prostate	22	25	Colorectal	18	17
Colorectal	21	23	Blood-related	13	12
Liver	12	10	Ovary	10	8

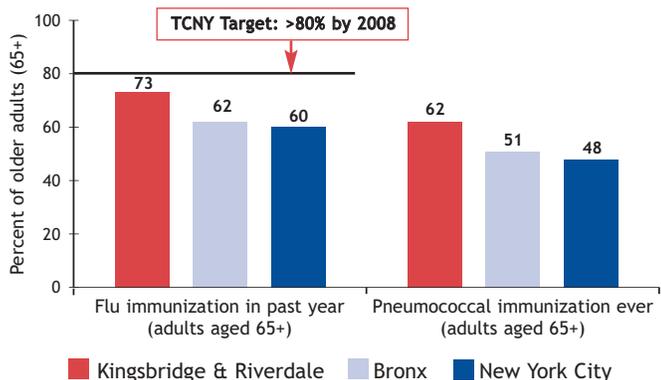
Rates are age-adjusted. Data Sources: Bureau of Vital Statistics, NYC DOHMH, 2003-2004; U.S. Census 2000/NYC Department of City Planning



GOAL 8 Get the Immunizations You Need

Immunizations

Flu shot rates among older adults fall below the TCNY target and pneumococcal (pneumonia) immunizations are even lower



Data Source: NYC Community Health Survey 2002-03-04

Immunizations are not just for kids. Of all the deaths that could have been prevented by vaccination, 99% occur in adults. **Take Care New York** has set a target that more than 80% of adults aged 65 and older will get an annual flu (influenza) shot by 2008. The Kingsbridge and Riverdale flu immunization rate among older adults is higher than in NYC overall, but still falls short of the TCNY target.

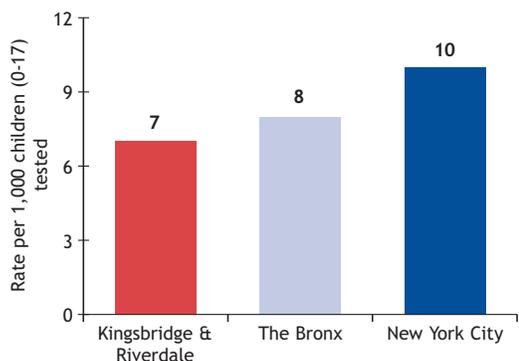
Immunization rates for pneumonia are lower than those for flu across NYC. Kingsbridge and Riverdale older adults are more likely than those in NYC overall to have ever received the pneumococcal vaccine, which protects against one common cause of pneumonia.



GOAL 9 Make Your Home Safe and Healthy

Childhood lead poisoning

Lead poisoning among young children continues to be a problem



Lead poisoning is defined as a blood lead level ≥ 10 $\mu\text{g}/\text{dL}$.
Data Source and Analysis: Lead Poisoning Prevention Program, NYC DOHMH, 2004

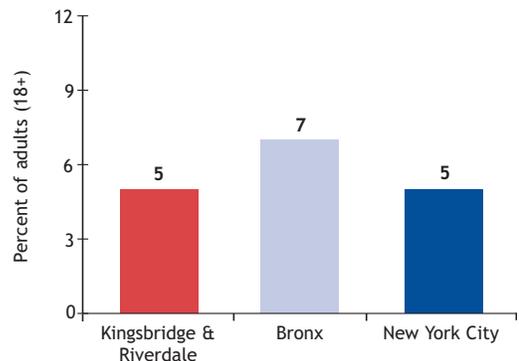
Childhood lead poisoning is a health problem that may be associated with decreased intelligence, learning and behavioral problems, and delayed growth and development. While the number of lead-poisoned children (0-17 years old) in New York City has declined dramatically over the past decade, the Health Department aims to eliminate lead poisoning by preventing children's exposure to lead-based paint and other sources of lead.

In 2004, 24 children in Kingsbridge and Riverdale (7/1,000) were newly identified with lead poisoning (blood lead level greater than or equal to 10 $\mu\text{g}/\text{dL}$).

Asthma in Adults and Children

Asthma

One in 20 Kingsbridge and Riverdale adults suffers from asthma



Percents are age-adjusted.
Data Source: NYC Community Health Survey 2002-03-04

Conditions, or "triggers," in the home environment, such as the presence of second-hand smoke or dust, can cause asthma attacks. Some housing conditions associated with asthma triggers, such as rodent or roach infestation, are more common in some neighborhoods than others.

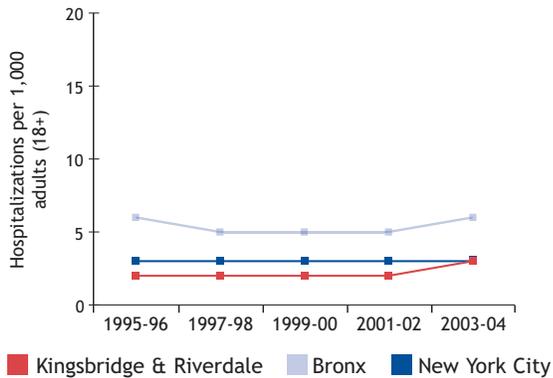
The percent of self-reported asthma among adults in Kingsbridge and Riverdale is the same as in New York City overall (5%).

Neighborhood asthma hospitalization rates depend in part on the percent of residents who have asthma. However, good medical management of asthma can prevent many asthma-related hospitalizations, and patients can work with health care providers to better control their asthma. Thus, the asthma hospitalization rate can also indicate poor access to health care.

The average annual asthma hospitalization rate for adults in 2003-2004 in Kingsbridge and Riverdale was lower than in the Bronx overall. The rate among children (0-17 years old) has declined by one third in the past decade, and the 2003-2004 rate was lower than the Bronx and NYC overall rates (4/1,000 vs. 9/1,000 in the Bronx and 6/1,000 in NYC).

Adult asthma hospitalizations

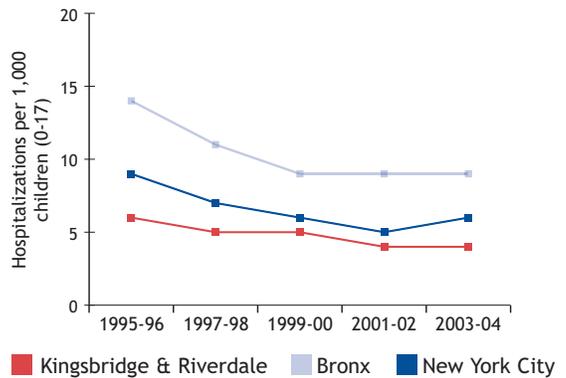
Rates of asthma hospitalization are lower in Kingsbridge and Riverdale than in the Bronx overall



Rates are age-adjusted.
Data Sources: New York State Department of Health Statewide Planning and Research Cooperative System, 1995-2004; U.S. Census 1990 and 2000/NYC Department of City Planning

Child asthma hospitalizations

The child asthma hospitalization rate has decreased by one third in Kingsbridge and Riverdale



Data Sources: New York State Department of Health Statewide Planning and Research Cooperative System, 1995-2004; U.S. Census 1990 and 2000/NYC Department of City Planning

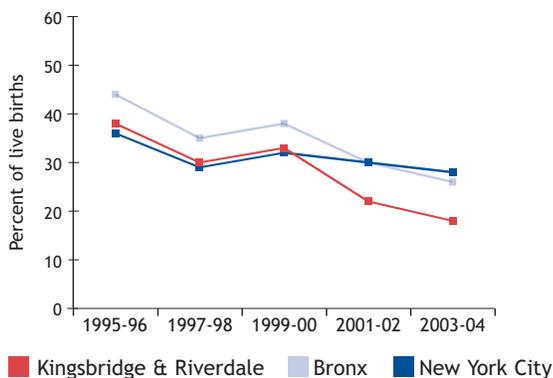
TAKE CARE NEW YORK Goal 10 Have a Healthy Baby

The health of babies depends on the health of mothers. Good health care for pregnant women includes high quality prenatal care beginning in the first trimester of pregnancy. The average annual percent of women who received late or no prenatal care has declined in Kingsbridge and Riverdale from 38% in 1995-1996 to 18% in 2003-2004, which is one-third lower than the NYC overall rate (28%).

Teenage mothers and their babies face a number of risks. Pregnant teens are more likely to be poor and not complete high school than other teens, and they are more likely to have babies born with low birthweight than older women. The birth rate to teenage mothers has decreased over the past 10 years by more than 25% in Kingsbridge and Riverdale. Also, the average teen birth rate in 2003-2004 (54/1,000) was lower than in the Bronx (122/1,000) and NYC overall (75/1,000).

Prenatal care

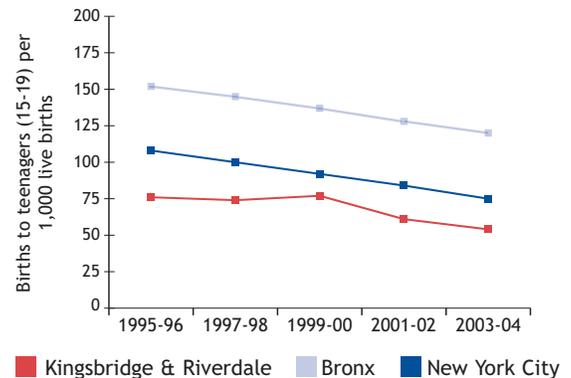
The percent of mothers who received late or no prenatal care has decreased in Kingsbridge and Riverdale



Data Source: Bureau of Vital Statistics, NYC DOHMH, 1995-2004

Teenage mothers

The birth rate to teenage mothers (15-19 years) is lower in Kingsbridge and Riverdale



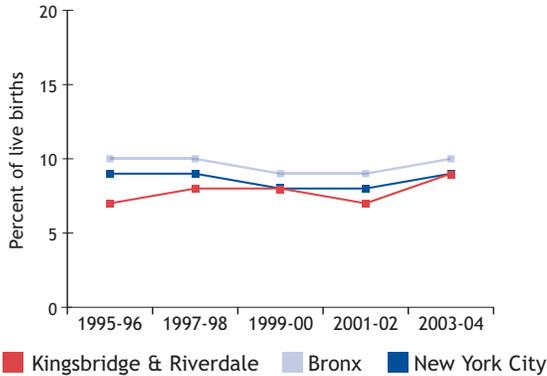
Data Source: Bureau of Vital Statistics, NYC DOHMH, 1995-2004

Babies born with low birthweight tend to have more health problems than others. In 2003-2004, the percent of babies born with low birthweight in Kingsbridge and Riverdale was 9% — equal to the NYC overall percent.

Infant mortality (the death of babies in the first year of life) has declined over the past 10 years in NYC. The 2002-2004 rate in Kingsbridge and Riverdale was 7/1,000, similar to NYC overall but still higher than the TCNY target.

Low birthweight

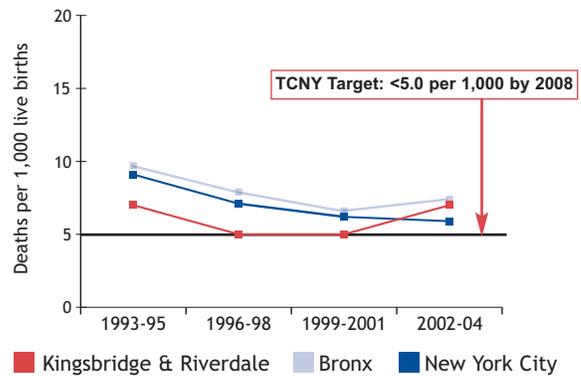
About 10% of babies are born with low birthweight



Low birthweight is defined as <2,500 grams (5.5 pounds).
Data Source: Bureau of Vital Statistics, NYC DOHMH, 1995-2004

Infant mortality rate (IMR)

The IMR in NYC is still higher than the TCNY target



Data Source: Bureau of Vital Statistics, NYC DOHMH, 1993-2004

Neighborhood Health Highlight: Rabies

Number of Rabid Animals, 2001-2005					
	2001	2002	2003	2004	2005
Kingsbridge & Riverdale	25	15	4	9	20
Bronx	31	22	6	13	26
New York City	38	28	6	14	28

Species of Rabid Animals, 1992-2005			
	Kingsbridge & Riverdale	Bronx	New York City
Raccoon	89	127	202
Skunk	15	30	30
Bat	1	6	24
Dog	0	0	0
Cat	0	1	3
Other	0	1	3

Identified rabid animals in Kingsbridge and Riverdale, 1992-2005



Data Source: Bureau of Communicable Disease, NYC DOHMH

Every New York City neighborhood has different health concerns. Here we highlight rabies in Kingsbridge and Riverdale.

Rabies, a serious infection of the nervous system, is caused by a virus and usually transmitted by the bite of an infected animal. There has not been a case of human rabies in New York City in more than 50 years. Last year, 28 animals were identified with rabies. The highest concentration of identified rabid animals are in the Bronx, more specifically in Kingsbridge and Riverdale. This puts the residents and their pets in this neighborhood at the highest risk of coming into contact with a rabid animal.

Raccoons are the most common rabid animal in New York City, with 89 identified in Kingsbridge and Riverdale since 1992. Although house pets, such as cats and dogs, can contract rabies from other animals, this is uncommon in NYC, as most are vaccinated by their veterinarian.

TAKING ACTION

How to know if an animal is rabid: The animal may be aggressive, biting or scratching without warning; look sick or confused; have trouble walking; or behave strangely.

If bitten or exposed to rabies: Wash the wound with soap and water, and go immediately to the doctor. If rabies infection is a possibility, the doctor will give a series of injections to prevent the disease. Without the rabies shots (vaccine), rabies can be deadly.

For more information on rabies or to report a rabid animal, call 311.

Technical notes

Analyses

All analyses were conducted by the Bureau of Epidemiology Services, NYC DOHMH, unless otherwise indicated. All estimates in this report were age standardized to the Year 2000 Standard Population, except for age-specific data, mother-child health indicators, and rabies surveillance data. All CHS analyses were done in SUDAAN to account for complex survey design and were weighted to the New York City population according to the U.S. Census 2000.

Data sources

NYS DOH hospitalization data: Includes hospitalizations of NYC residents that occurred anywhere in New York State. Patient zip code was used to classify hospitalizations into 42 neighborhoods. Data from 1995-2003 updated in April 2005; 2004 data updated in July 2005.

Vital Statistics data: Includes births and deaths of NYC residents that occurred within New York City. Data were combined across years to increase statistical stability and average annual rates are presented. In addition, infant mortality rates (IMR) were calculated as 3-year annual averages, and this statistic and others may differ from the presentation in "Summary of Vital Statistics" reports from the Bureau of Vital Statistics, NYC DOHMH.

Community Health Survey data: The NYC Community Health Survey (CHS) is an annual random-digit-dial telephone survey of approximately 10,000 adults in New York City. This profile uses the following datasets from this survey: NYC CHS 2002, NYC CHS 2003, NYC CHS 2004, NYC CHS 2002-03-04, NYC CHS 2002-03, NYC CHS 2002 & 2004 and NYC CHS 2003-04. The combined-year datasets increase statistical power, allowing for more stable analyses at the neighborhood level.

Neighborhood Definitions

The 42 NYC neighborhoods are based on the United Hospital Fund definitions of neighborhood, which are specified by zip code. For a complete listing of all 42 neighborhoods and their zip codes, go to nyc.gov/health. The zip codes included in analyses of Kingsbridge and Riverdale are 10463 and 10471. Please note that some neighborhoods were combined for statistical purposes in the CHS 2002, CHS 2003 and CHS 2004 datasets to make a total of 33 (2002) or 34 (2003, 2004) neighborhoods.

Avoidable Hospitalizations

Data based on Ambulatory Care Sensitive Conditions (called "avoidable hospitalizations" in this report) were calculated using the Agency for Healthcare Research and Quality (AHRQ) classification of inpatient hospitalization data. Conditions in the overall measure include: Diabetes Short-term Complications Admission Rate, Diabetes Long-term Complications Admission Rate, Pediatric Asthma Admission Rate, Chronic Obstructive Pulmonary Disease Admission Rate, Pediatric Gastroenteritis Admission Rate, Hypertension Admission Rate, Congestive Heart Failure Admission Rate, Dehydration Admission Rate, Bacterial Pneumonia Admission Rate, Urinary Tract Infection Admission Rate, Angina without Procedure Admission Rate, Uncontrolled Diabetes Admission Rate, Adult Asthma Admission Rate, and Rate of Lower-extremity Amputation among Patients with Diabetes.

Significance Testing

For all data, 95% confidence limits were calculated for neighborhood, borough, and NYC estimates. If these ranges did not overlap, a significant difference was inferred. This is a conservative measure of statistical difference. This methodology also was used to examine differences between years in neighborhood trend data. *Only robust findings found to be statistically significant are discussed in the text.* In addition, all NYC CHS estimates were evaluated for statistical stability using the relative standard error (RSE). Those estimates with an RSE > .30 are flagged in graphs, "Estimate is unstable due to small sample size and should be interpreted with caution."

TCNY report card

The neighborhood was classified according to where it ranked in comparison to the other 41 NYC neighborhoods with Above Average = rankings 1-10, Average = rankings 11-32, and Below Average = rankings 33-42 where 1 = the best neighborhood score. Rankings were computed by combining (or in some cases, using only one indicator) standardized measures (z-scores) of the following health indicators for each TCNY goal: TCNY#1 - primary care provider, insurance, ED visits; TCNY#2 - current smokers; TCNY#3 - diabetes, obesity, exercise, heart disease hospitalizations, heart disease mortality; TCNY#4 - HIV testing, AIDS mortality; TCNY#5 - serious psychological distress, mental illness hospitalizations; TCNY#6 - binge drinking, alcohol-related hospitalizations, drug-related hospitalizations, drug-related mortality; TCNY#7 - cervical cancer screening, breast cancer screening, colon cancer screening, cancer mortality; TCNY#8 - flu immunization; TCNY#9 - child lead poisoning, adult asthma rates; TCNY#10 - prenatal care, teenage mothers, low birthweight, infant mortality.

Cover Photograph: Manhattan College Parkway, Bronx. Photo by E. Carolyn Olson. Maps by Susan Resnick.

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Community Health Profile for Kingsbridge and Riverdale

This report is an updated, expanded second edition of the 2002 Community Health Profile for Kingsbridge and Riverdale.

NEW IN THE SECOND EDITION:

- Take Care New York report card
- Time-trend data on births, hospitalizations, and deaths
- More neighborhood-specific health statistics
- Robust estimates from data through 2004

First and second edition reports on all 42 New York City neighborhoods are available from the New York City Department of Health and Mental Hygiene online or by mail.

Web: nyc.gov/health
Click on "My Community's Health"

Email: profiles@health.nyc.gov

Mail:
Community Health Profiles
New York City Department of Health and Mental Hygiene
Division of Epidemiology
125 Worth Street, Room 315, CN-6
New York, NY 10013

For more information about health issues
in this report,
please call 311.

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