

Community Health Profiles

New York City Department of Health and Mental Hygiene

SECOND EDITION — 2006



TAKE CARE

East Harlem

Manhattan

Community Health Profile, Second Edition: East Harlem

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 [East Harlem](#) include:

- East Harlem residents experience more barriers to health care access than those in NYC overall, with 3 in 10 without a regular doctor and more than 20% of residents visiting the emergency department for routine health care. Also, the rate of uninsurance in East Harlem increased between 2002 and 2004 (page 5).
- Although death rates due to HIV disease have decreased in East Harlem during the past decade, this community has the second highest HIV-related death rate in the city (page 8).
- Almost two thirds of East Harlem adults are overweight or obese, and black and Hispanic residents are more likely to be obese than other residents (page 14).

Methods: While this report provides important information, it is not intended to be an exhaustive examination of the health of East Harlem 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).

East Harlem at a Glance

Population

Total number of people living in East Harlem in 2000:

108,100

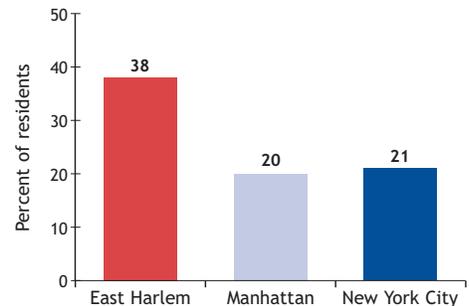
Age

People in East Harlem are younger than those in Manhattan and New York City overall

	East Harlem	Manhattan	NYC
0-17 years	28%	17%	24%
18-24 years	12%	10%	10%
25-44 years	30%	38%	33%
45-64 years	19%	23%	21%
65+ years	11%	12%	12%

Poverty

In East Harlem, the percent of residents living below the poverty level is nearly twice as high as in Manhattan and NYC overall



Education

East Harlem residents aged 25 and older have completed fewer years of education than those in Manhattan and NYC overall

	East Harlem	Manhattan	NYC
Up to 8th grade	21%	10%	12%
Some high school, no diploma	25%	11%	16%
High school diploma	23%	14%	25%
Some college, no degree	18%	16%	20%
College graduate	13%	49%	27%

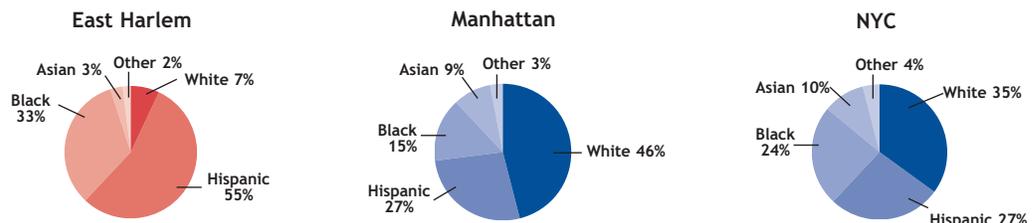
Foreign-born

The percent of East Harlem residents born outside the U.S. is lower than in Manhattan and NYC overall

Location	Percent
East Harlem	21%
Manhattan	29%
NYC	36%

Race / Ethnicity

East Harlem has higher proportions of black and Hispanic residents than Manhattan and NYC overall



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

Take Care East Harlem



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 East Harlem 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 East Harlem ranks 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

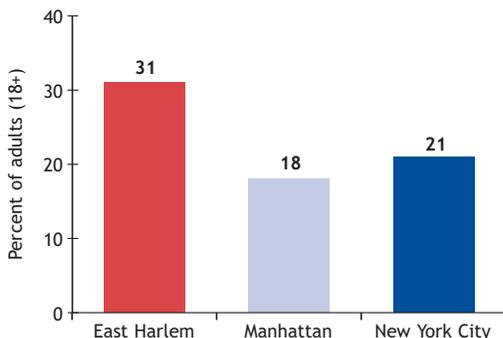
East Harlem ranks below average on most indicators when compared to the 41 other NYC neighborhoods

	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

Nearly one third of adults in East Harlem consider themselves to be in fair or poor health



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

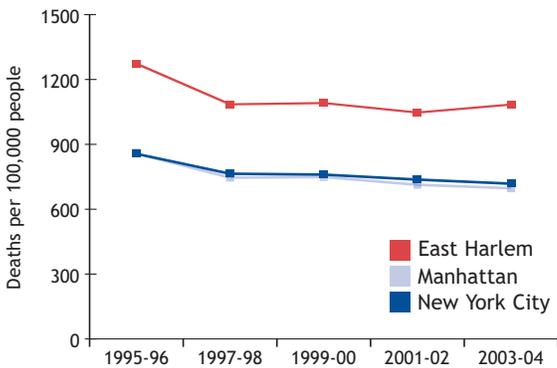
People are good at rating their own health. In general, when asked to rate their general health as excellent, very good, good, fair, or poor, those who say “fair” or “poor” are more likely to have health problems than those who report better health.

In East Harlem, residents are more likely to report being in fair or poor health (31%) than those in Manhattan (18%) and in New York City overall (21%).

Overall Death Rates in East Harlem

Death rates

In East Harlem, death rates are higher than in Manhattan and 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

The death rate in East Harlem has decreased by 15% in the past decade, mirroring the rate drop in NYC overall. However, death rates in this community have remained consistently higher than in both Manhattan and New York City overall.

In 2003-2004, the average annual death rate in East Harlem was more than 50% higher than in both Manhattan and New York City overall (1,084/100,000 vs. 697/100,000 in Manhattan and 718/100,000 in NYC). 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.

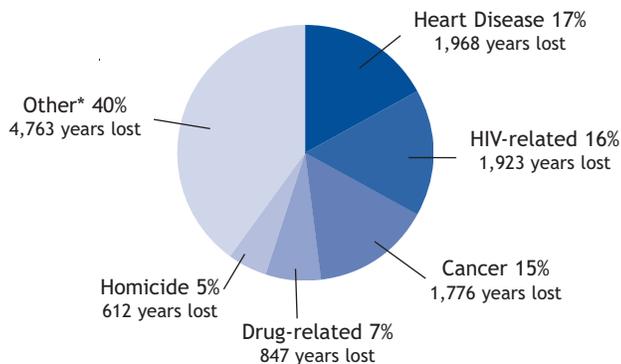
Premature death

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 East Harlem is heart disease, while in both Manhattan and New York City overall, the primary cause is cancer.

Top 5 causes of years of potential life lost

Heart disease causes the most years of potential life lost in East Harlem

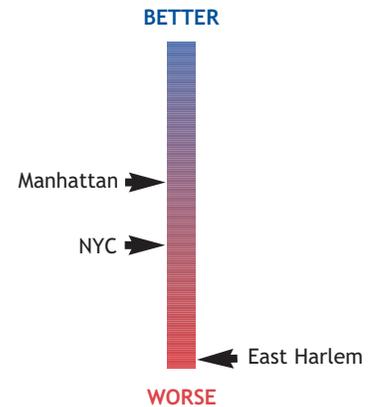


*Other includes Certain Perinatal Conditions (5%), Diabetes (3%), Accidents (3%), Diseases of the Nervous System (2%), Chronic Lower Respiratory Disease (2%), and Other (25%).

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 East Harlem is the second highest, ranking 41st 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

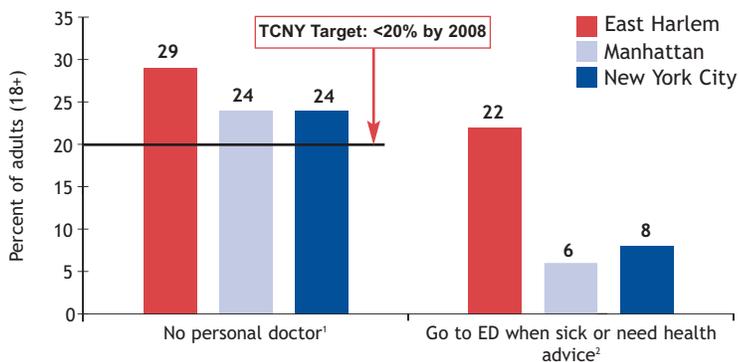
GOAL 1 Have a Regular Doctor or Other Health Care Provider

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 East Harlem, residents are more likely to be without a regular doctor than those in Manhattan and NYC overall (29% vs. 24% in Manhattan and NYC). In addition, East Harlem residents are about 3 times more likely to go to the ED when they are sick or need health advice (22%) than those in Manhattan (6%) and NYC overall (8%).

Access to care

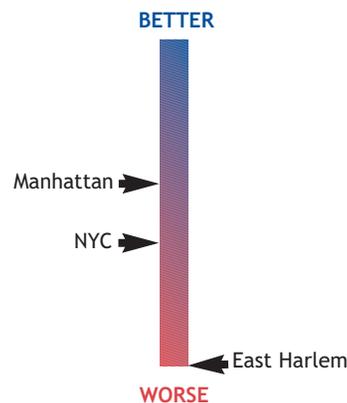
Without a primary provider, people may seek routine health care in the emergency department (ED)



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

Avoidable hospitalizations

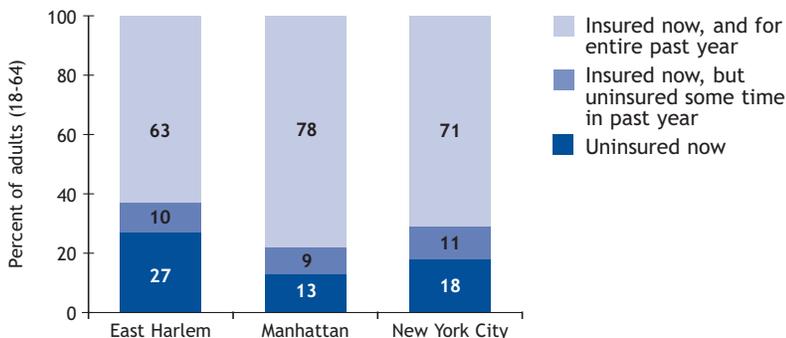
The 2004 avoidable hospitalization rate in East Harlem ranks poorly (42nd) among 42 NYC neighborhoods



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

East Harlem residents are more likely to be uninsured than those in Manhattan and NYC overall



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. In East Harlem, the uninsurance rate more than doubled between 2002 and 2004. Although the size of the increase cannot be precisely estimated because of small sample size, lack of health insurance in this community has clearly gone up. In addition, residents in East Harlem are more likely to be currently uninsured than those in Manhattan and NYC overall. Another 10% of residents in this community went without health insurance at some time during the past year.

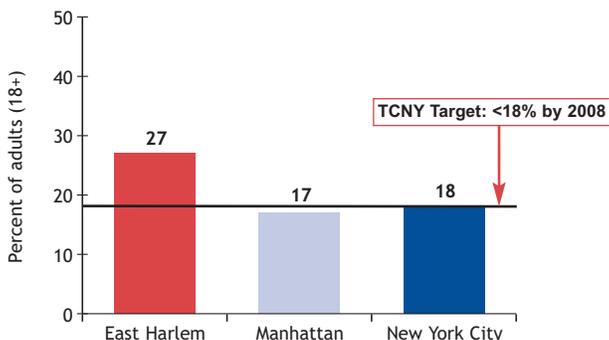


GOAL 2 Be Tobacco-Free

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. East Harlem residents are more likely to currently smoke than those in Manhattan and NYC overall (27% vs. 17% in Manhattan and 18% in NYC). Many methods to quit smoking are available, and more than half of smokers in East Harlem (59%) are trying to kick the habit.

Residents who smoke

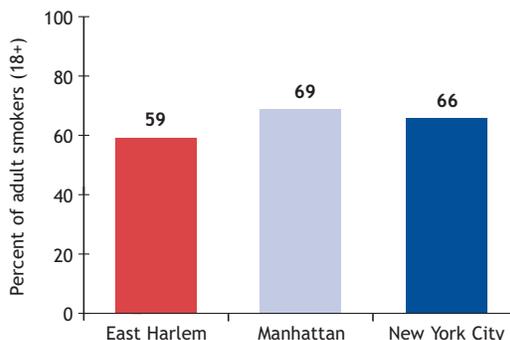
More than one quarter of adults in East Harlem smoke . . .



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

Attempts to quit smoking in the past year

. . . but most smokers are trying to quit



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

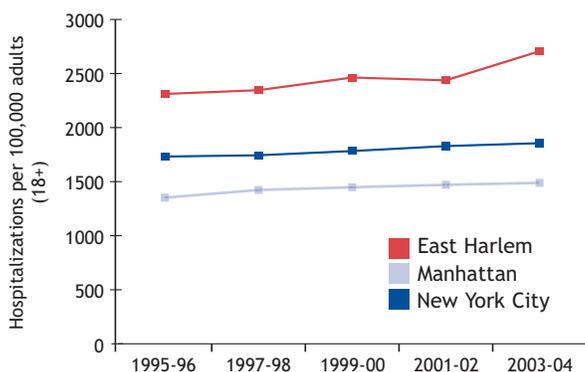


GOAL 3 Keep Your Heart Healthy

The heart disease hospitalization rate in East Harlem has increased by 10% in the past decade. Residents had an average annual heart disease hospitalization rate in 2003-2004 that was more than 80% higher than the Manhattan rate and 45% higher than the rate in NYC overall (2,706/100,000 vs. 1,489/100,000 in Manhattan and 1,856/100,000 in NYC). The heart disease death rate in 2003-2004 (318/100,000) was higher than the rate in Manhattan (234/100,000) but similar to the NYC overall rate (297/100,000).

Heart disease hospitalizations

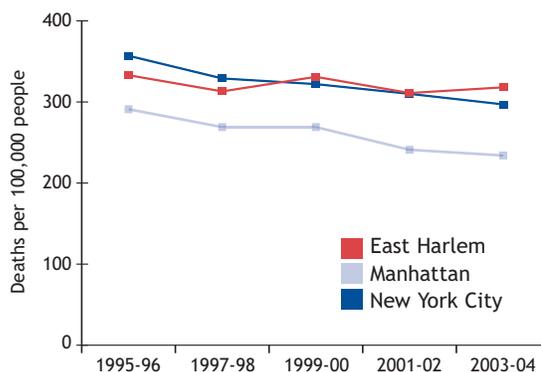
Heart disease causes a higher hospitalization rate in East Harlem



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

Heart disease is a leading cause of death in NYC



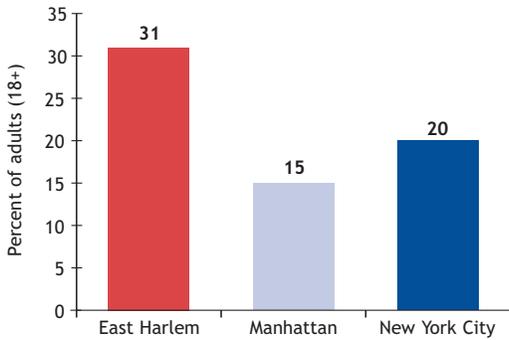
Rates are age-adjusted.
Data Sources: Bureau of Vital Statistics, NYC DOHMH, 1995-2004; U.S. Census 1990 and 2000/NYC Department of City Planning

High blood pressure and high cholesterol. Both of these conditions contribute to heart disease. In East Harlem, 32% of adults were told by a health care professional that they have high blood pressure (higher than 22% in Manhattan and similar to 26% in NYC overall), and one quarter (26%) were told that they have high cholesterol (similar to 27% in Manhattan and the same as in NYC overall).

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

Obesity

One in 3 adults in East Harlem is obese



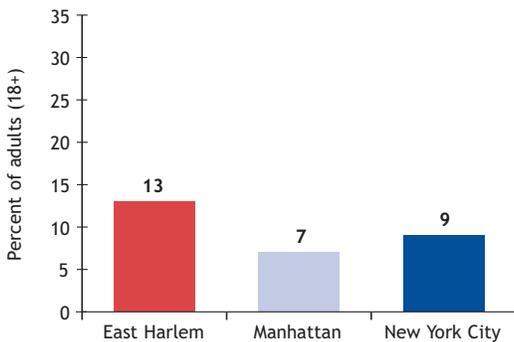
Obesity is defined as a body-mass-index (BMI) of 30 or greater. Percents are age-adjusted.
Data Source: NYC Community Health Survey 2002-03-04

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 East Harlem, one third of adults are obese, which is 55% higher than in New York City overall.

Diabetes

Adults in East Harlem are more likely to have diabetes



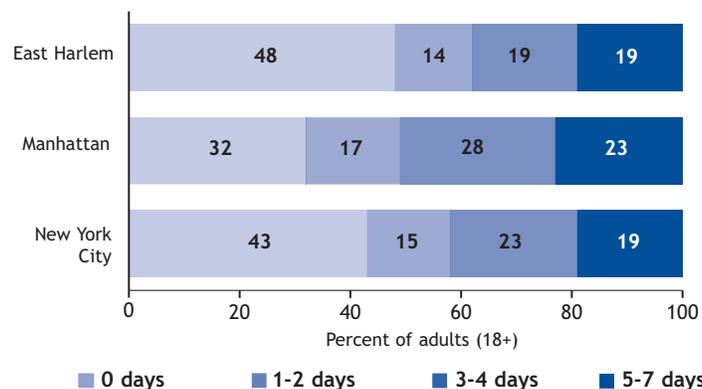
Percents are age-adjusted.
Data Source: NYC Community Health Survey 2002-03-04

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 East Harlem, adults are more likely to have diabetes (13%) than those in Manhattan (7%) and New York City overall (9%).

Days per week of recreational exercise

Exercise habits in East Harlem are less healthy compared to Manhattan 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. Nearly half (48%) of East Harlem residents report not exercising at all, compared to one quarter (24%) of Manhattan residents. Fewer than 4 in 10 East Harlem residents (38%) 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.



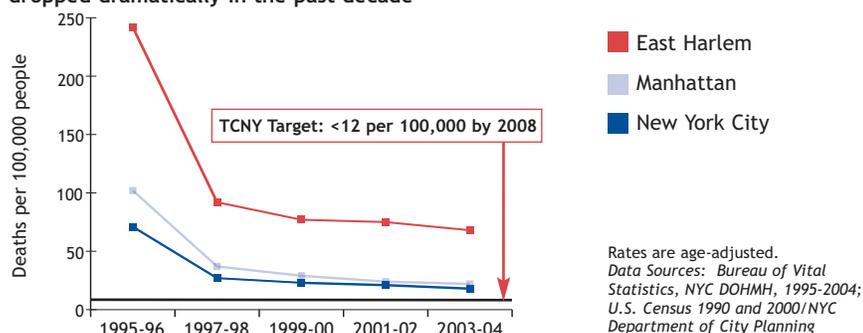
GOAL 4 Know Your HIV Status

Wide disparities exist in HIV across New York City communities. This is particularly apparent in East Harlem, where the rate of HIV diagnoses and the rate of people living with HIV/AIDS in the community are more than double the rate in NYC overall.

The death rate due to HIV disease has dropped by more than 70% during the past decade in this community. However, in 2003-2004, the average annual HIV-related death rate in East Harlem was still more than three times the Manhattan and NYC overall rates (68/100,000 vs. 22/100,000 in Manhattan and 18/100,000 in NYC).

Death rate due to HIV

HIV-related death rates in East Harlem are much higher than in NYC overall but have dropped dramatically in the past decade



HIV/AIDS in 2004

Total HIV diagnoses per 100,000 people* (13+)

East Harlem	134
Manhattan	69
New York City	55

% HIV diagnosed concurrently with AIDS** (13+)

East Harlem	32%
Manhattan	23%
New York City	29%

People living with HIV/AIDS per 100,000 people* (13+)

East Harlem	3,342
Manhattan	2,102
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

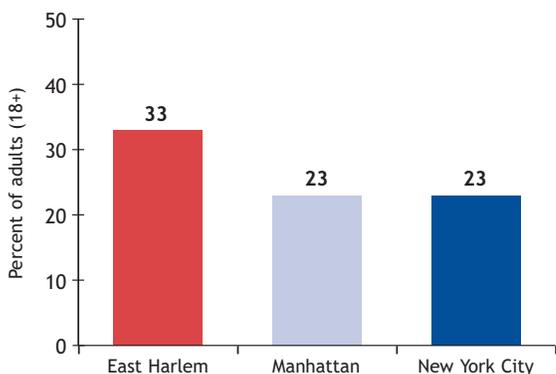
HIV/AIDS testing and prevention

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. East Harlem residents are more likely to be tested for HIV than those in Manhattan and New York City overall. However, one third of positive HIV test results (32%) are “late” diagnoses (HIV has already progressed to AIDS) in East Harlem.

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. Less than one third (27%) of East Harlem adults who had more than 1 sex partner in the past year reported using a condom at their last sexual encounter.

HIV testing

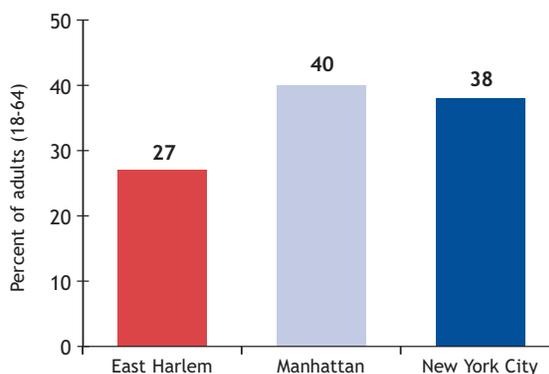
East Harlem adults are more likely to have had an HIV test in the past year



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

Condom use at last sexual encounter

Less than one third of those with multiple sex partners used a condom in East Harlem



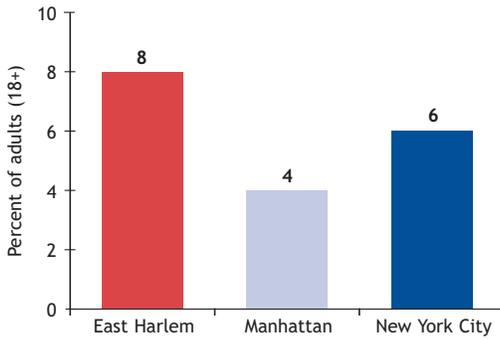
Analysis limited to adults aged 18-64 who reported having >1 sex partner in the past year, excluding women who reported having sex only with women. Percents are age-adjusted.
Data Source: NYC Community Health Survey 2002-03-04



GOAL 5 Get Help for Depression

Psychological distress

One in 12 adults in East Harlem suffers from serious psychological distress



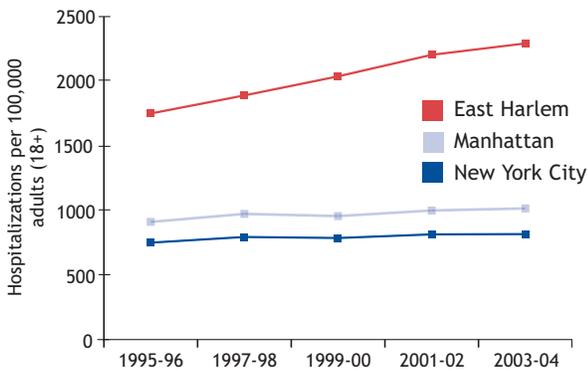
Serious psychological distress can be identified in individuals using Kessler's K6 scale, a validated measure consisting of 6 simple questions about mood. Percents are age-adjusted.
Data Source: NYC Community Health Survey 2002-03

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

In East Harlem, 8% of residents experience serious psychological distress, twice the percent in Manhattan overall (4%).

Mental illness

Hospitalizations for mental illness are higher in East Harlem



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 East Harlem have had higher mental illness hospitalization rates over the past 10 years (excluding alcohol- or drug-related illness) than those in Manhattan and in New York City overall. In addition, the mental illness hospitalization rate has increased by 30% during the past decade.

In 2003-2004, the community's average annual rate of mental illness hospitalizations (2,283/100,000) was higher than both the Manhattan rate (1,011/100,000) and the rate in New York City overall (813/100,000).

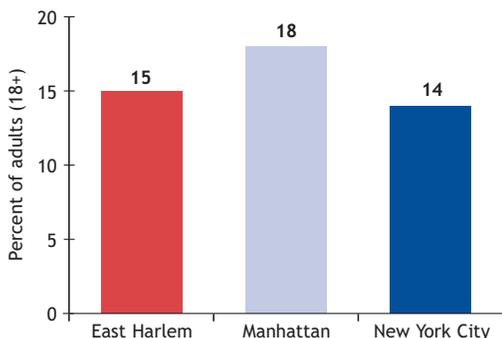
Understanding hospitalizations and access to health care. Hospitalization data are useful in understanding the burden that certain conditions place on the health care system, but not necessarily in measuring the exact extent of illness in a community. Variations in hospitalization rates may reflect not 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

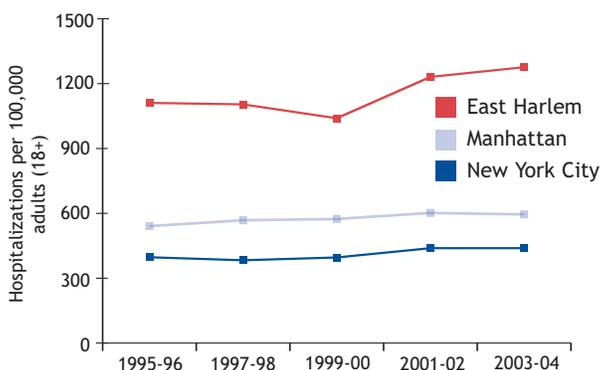
Nearly 1 in 6 adults in East Harlem engaged in binge drinking in the past month



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

Alcohol-related hospitalizations

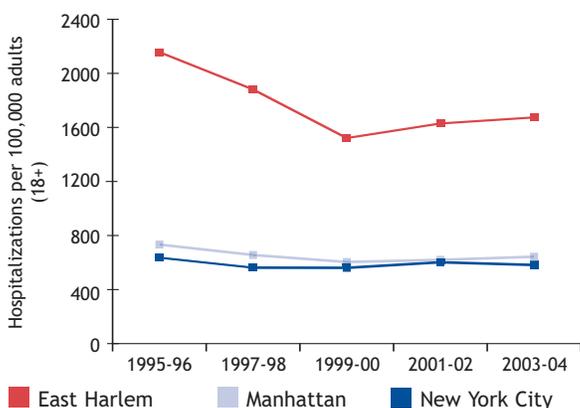
The alcohol-related hospitalization rate in East Harlem is double the NYC rate



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

Drug-related hospitalizations

The drug-related hospitalization rate in East Harlem is nearly three times the NYC 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 East Harlem, 15% 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.

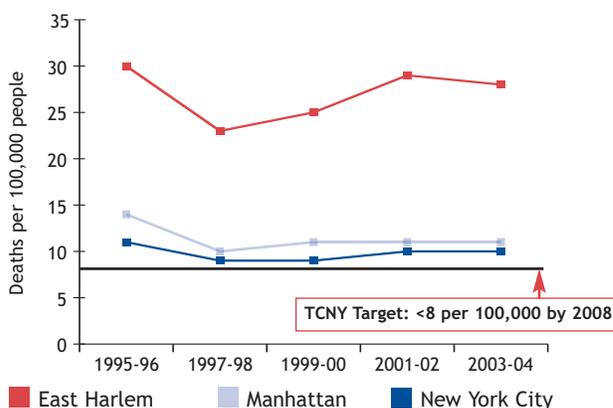
Alcohol-related hospitalizations reflect both acute and chronic (e.g., liver disease) consequences of alcohol abuse. The alcohol-related hospitalization rate in East Harlem has increased by more than 10% in the past decade. In 2003-2004, the average annual alcohol-related hospitalization rate in this community was higher than in Manhattan and in New York City overall (1,276/100,000 vs. 595/100,000 in Manhattan and 439/100,000 in NYC).

The drug-related hospitalization rate in 2003-2004 was also higher (1,674/100,000) than in Manhattan (643/100,000) and New York City overall (595/100,000). However, the drug-related hospitalization rate in East Harlem has decreased by more than 20% in the past 10 years.

The death rate due to drugs in 2003-2004 was nearly three times as high in East Harlem as in NYC overall (28/100,000 vs. 10/100,000).

Drug-related deaths

The drug-related death rate in East Harlem is nearly triple the NYC overall



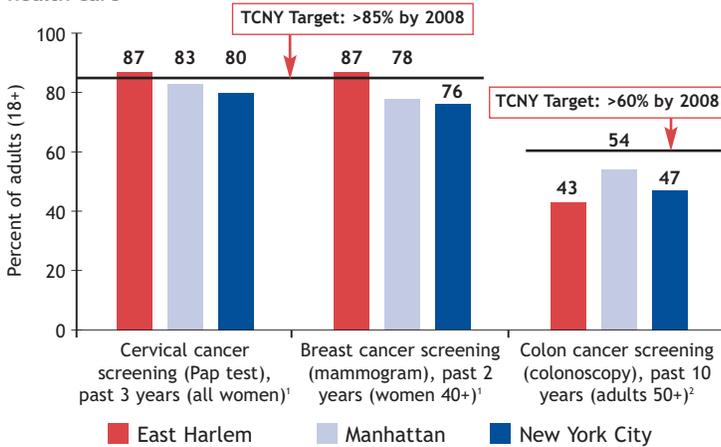
Rates are age-adjusted. Data Sources: Bureau of Vital Statistics, NYC DOHMH, 1995-2004; U.S. Census 1990 and 2000/NYC Department of City Planning



GOAL 7 Get Checked for Cancer

Cancer screenings

Cancer screening is an important part of routine and preventive health care



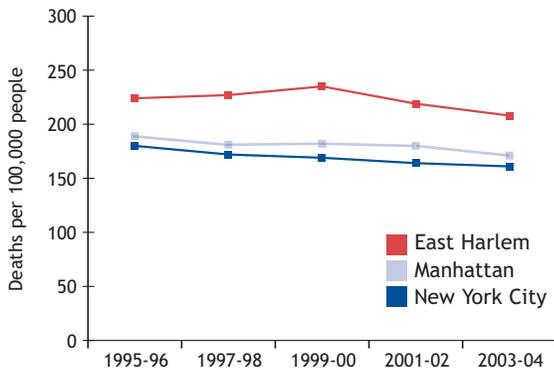
Percents are age-adjusted. Data Sources: ¹NYC Community Health Survey 2002 & 2004, ²NYC Community Health Survey 2003-04

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 East Harlem are more likely to get Pap tests for cervical cancer and mammograms for breast cancer than women in NYC overall, meeting the TCNY target of more than 85%. However, only 4 in 10 adults aged 50 and older in East Harlem have had a colonoscopy in the past 10 years.

Cancer deaths

The death rate due to cancer is higher in East Harlem



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 in East Harlem has remained consistently higher than the Manhattan and NYC overall rates during the past decade. The 2003-2004 average annual cancer death rate was 20% higher than Manhattan rate and 30% higher than the NYC overall rate (208/100,000 vs. 171/100,000 in Manhattan and 161/100,000 in NYC).

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 East Harlem are due to lung, prostate, and colon cancers. Among women, lung, breast, and colon cancers are the top 3 causes of cancer-related death.

Highest cancer death rates in East Harlem (2003-2004)					
MEN	DEATHS / 100,000 PEOPLE		WOMEN	DEATHS / 100,000 PEOPLE	
	East Harlem	NYC		East Harlem	NYC
Lung, trachea, bronchus	58	51	Lung, trachea, bronchus	44	28
Prostate	33	25	Breast	28	26
Colorectal	31	23	Colorectal	23	17
Liver	21	10	Blood-related	11	12
Pancreas	18	12	Pancreas	9	9

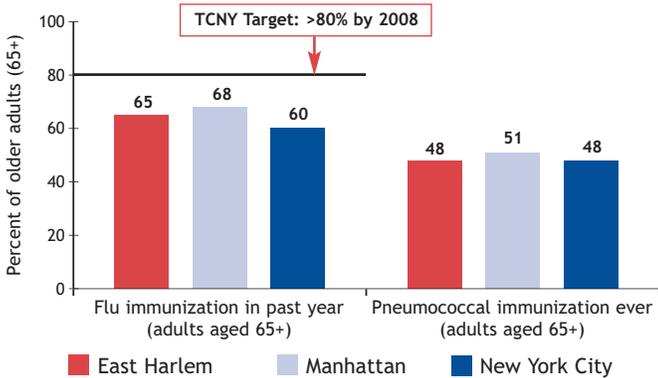
Rates are age-adjusted. Data Sources: Bureau of Vital Statistics, NYC DOHMH, 2003-2004; U.S. Census 2000/ NYC Department of City Planning



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 East Harlem flu immunization rate among older adults falls short of the TCNY target by almost 20%.

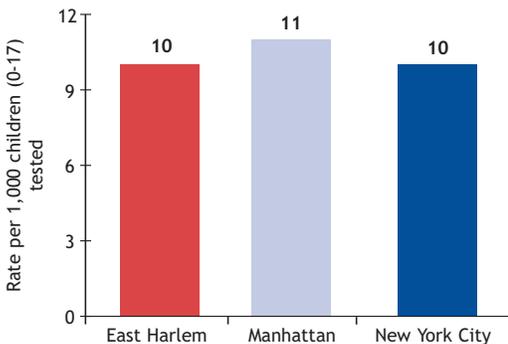
Immunization rates for pneumonia are lower than those for flu across NYC. Less than half of older adults in East Harlem have ever received the pneumococcal vaccine, which protects against one common cause of pneumonia.



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

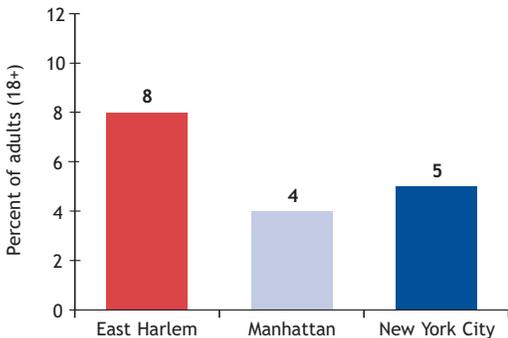
Childhood lead poisoning is a health problem that may be associated with decreased intelligence, learning and behavioral problems, and delayed growth and development. While the number of lead-poisoned children (0-17 years old) in New York City has declined dramatically over the past decade, the Health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

In 2004, 62 children in East Harlem (10/1,000) were newly identified with lead poisoning (defined as a blood lead level greater than or equal to 10 $\mu\text{g}/\text{dL}$).

Asthma in Adults and Children

Asthma

Asthma is more common among East Harlem adults



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.

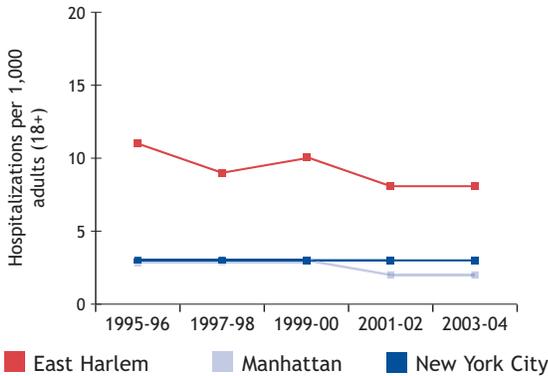
Adults in East Harlem are more likely to report having asthma (8%) than adults in Manhattan (4%) and New York City overall (5%).

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.

Asthma hospitalization rates for adults and children (0-17 years old) in East Harlem are higher than in Manhattan and NYC overall, but have decreased in the past decade. In this community, the average annual hospitalization rate due to adult asthma in 2003-2004 was about 4 times higher than in Manhattan and NYC overall. The rate among children has declined by more than half in the past decade, decreasing disparities between this community and NYC overall.

Adult asthma hospitalizations

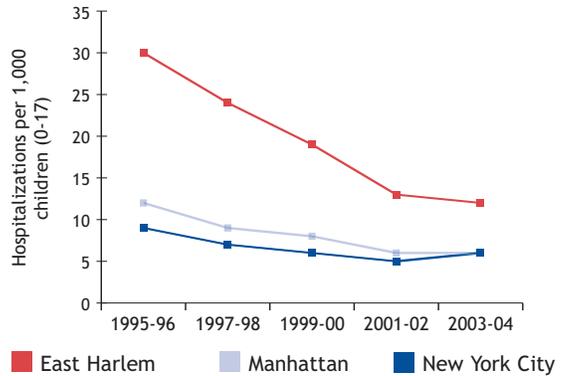
Rates of asthma hospitalization are higher in East Harlem than in NYC overall



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

Child asthma hospitalizations

The child asthma hospitalization rate has decreased but remains higher in East Harlem



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

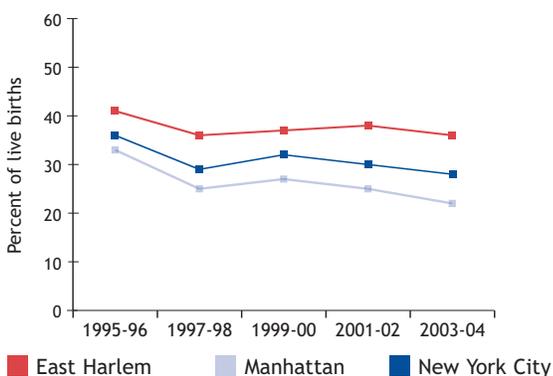
TAKE CARE NEW YORK Goal 10 Have a Healthy Baby

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 East Harlem from 41% in 1995-1996 to 36% in 2003-2004, but remains higher than the Manhattan and NYC overall percents.

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 East Harlem. However, the average birth rate to teen moms in 2003-2004 in this community (141/1,000) was still almost 90% higher than in NYC overall (75/1,000).

Prenatal care

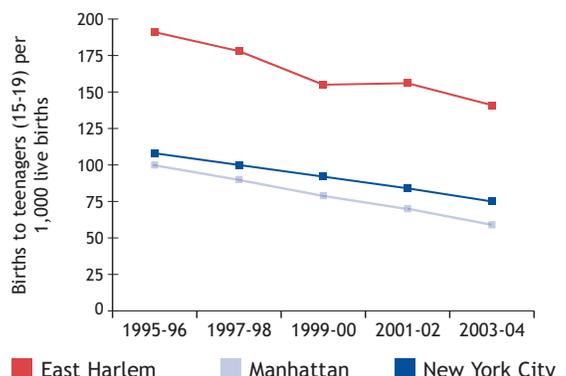
More mothers in East Harlem received late or no prenatal care than in NYC overall



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

Teenage mothers

The birth rate to teenage mothers (15-19 years) is higher in East Harlem



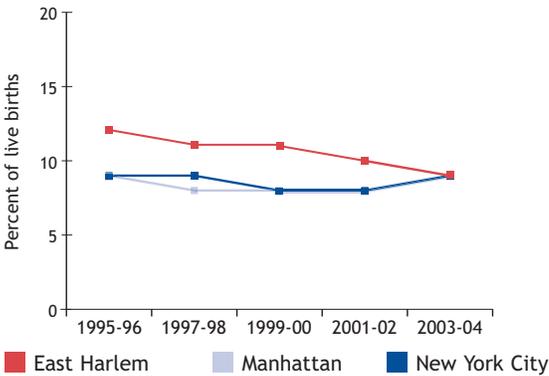
Data Source: Bureau of Vital Statistics, NYC DOHMH, 1995-2004

Babies born with low birthweight tend to have more health problems than others. In 2003-2004, the average percent of babies born with low birthweight in East Harlem has decreased in the past decade to meet the Manhattan and NYC overall proportion of 9%.

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 East Harlem was 8/1,000, double the Manhattan rate and similar to NYC overall.

Low birthweight

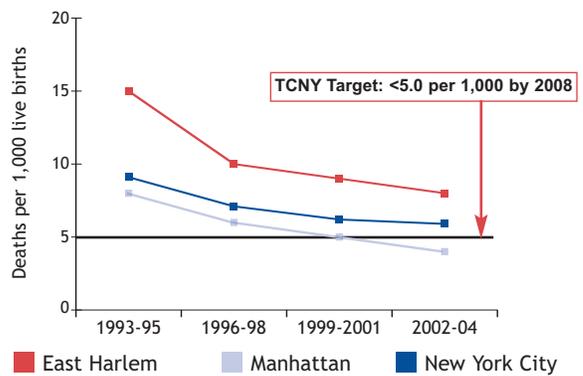
Nearly 1 in 10 babies is born with low birthweight



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)

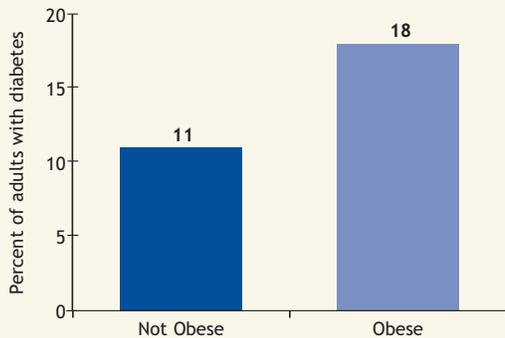
The IMR in NYC is still higher than the TCNY target



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

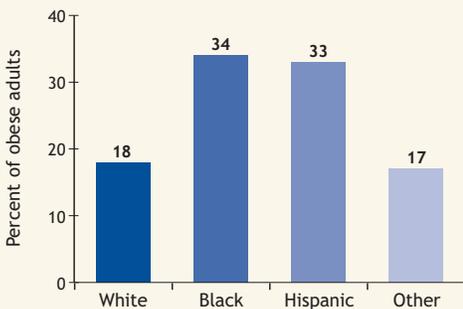
Neighborhood Health Highlight: Overweight and Obesity

Obese adults in East Harlem are more likely to have diabetes



Obesity defined as a body-mass-index (BMI) of 30 or greater. Percents are age-adjusted.
Data Source: NYC Community Health Survey 2002-03-04

Black and Hispanic residents in East Harlem are more likely to be obese



Obesity defined as a body-mass-index (BMI) of 30 or greater. Percents are age-adjusted.
Data Source: NYC Community Health Survey 2002-03-04

Every New York City neighborhood has different health concerns. Here we highlight health care access in East Harlem.

One third of East Harlem adults (31%) is overweight and another third (31%) is obese, which is the highest proportion of obese adults among all neighborhoods in New York City. Obesity contributes to a number of other serious health problems, including heart disease and diabetes. In fact, obese adults in East Harlem are more likely to report having diabetes than non-obese residents (18% vs. 11%).

Risk of obesity varies by racial and ethnic group as well. In East Harlem, black and Hispanic residents (34% and 33%, respectively) are more likely to be obese than white residents (18%).

TAKING ACTION

Although body weight is basically a result of the balance between "calories in" and "calories out," many factors affect this balance, such as the **availability of healthy foods and opportunities for physical activity** in a neighborhood. Neighborhoods can support healthy lifestyles by making healthy, affordable food and opportunities for physical activity available to residents. In addition, individuals can work toward **allotting time for physical activity** in their schedules and having **more healthy, balanced diets**.

For information on healthy lifestyle resources, 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 and mother-child health indicators. 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 East Harlem are 10029 and 10035. 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. Neighborhood Health Highlight data were evaluated using t-tests with a significance level of $p\text{-value} \leq 0.05$. *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: Duke Ellington statue at 110th Street and 5th Avenue, Manhattan. Photo by Elizabeth Drackett. Maps by Susan Resnick.

Thank you to all the individuals who contributed to these reports: Sonia Angell, Fatima Ashraf, Birgit Bogler, Shadi Chamany, Louise Cohen, Lorna Davis, Erica Desai, Tamara Dumanovsky, Donna Eisenhower, Jennifer Ellis, Tim Frasca, Stephen Friedman, Renu Garg, Chris Goranson, Leena Gupta, Charon Gwynn, David Hanna, Kelly Henning, Mary Huynh, John Jasek, Qun Jiang, Deborah Kaplan, Adam Karpati, Elizabeth Kilgore, Marty Kim, Vani Kurup, Brooke Levinson, Cortnie Lowe, Jingsong Lu, Xiaowu Lu, Jenna Mandel-Ricci, Thomas Matte, Tina McVeigh, Rachel Miller, Trang Nguyen, Leze Nicaj, Preeti Pathela, Robyn Philburn, Jane Plapinger, Chitra Ramaswamy, Judy Sackoff, Julia Schillinger, Tejinder Singh, Sally Slavinski, Catherine Stayton, Parisa Tehranifar, William Vaughn, Joshua Volle, Joyce Weinstein, Kellee White, Candace Young, and Regina Zimmerman.

Community Health Profile for East Harlem

This report is an updated, expanded second edition of the 2002 Community Health Profile for East Harlem.

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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