Community Health Profiles

New York City Department of Health and Mental Hygiene
SECOND EDITION — 2006

NYC Health
nyc.gov/health

TAKE CARE
Southeast Bronx

(Including Bruckner, Castle Hill, City Island, Country Club, Morris Park, Parkchester, Pelham Bay, Soundview, and Throgs Neck)
Community Health Profile, Second Edition: The Southeast Bronx

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 the Southeast Bronx include:

- One in 4 adults in the Southeast Bronx (25%) currently smokes, and smoking rates are higher among whites and U.S.-born residents in this community (pages 6, 14).
- One in 4 adults in the Southeast Bronx (24%) is obese, and almost half of adults (45%) report doing no physical activity (page 7).
- Adult asthma rates are higher in the Southeast Bronx than in NYC overall, and asthma hospitalization rates among both adults and children are higher in this community as well (page 13).

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

The Southeast Bronx at a Glance

<table>
<thead>
<tr>
<th>Population</th>
<th>Age</th>
<th>Education</th>
<th>Poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of people living in</td>
<td>People in the Southeast Bronx are similar in age to those in NYC overall</td>
<td>In the Southeast Bronx, the percent of residents living below the poverty level is lower than in the Bronx overall</td>
<td></td>
</tr>
<tr>
<td>the Southeast Bronx in 2000:</td>
<td>Southeast Bronx</td>
<td>Bronx</td>
<td>NYC</td>
</tr>
<tr>
<td>290,100</td>
<td>0-17 years</td>
<td>26%</td>
<td>30%</td>
</tr>
<tr>
<td></td>
<td>18-24 years</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>25-44 years</td>
<td>31%</td>
<td>31%</td>
</tr>
<tr>
<td></td>
<td>45-64 years</td>
<td>21%</td>
<td>19%</td>
</tr>
<tr>
<td></td>
<td>65+ years</td>
<td>12%</td>
<td>10%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education</th>
<th>Southeast Bronx</th>
<th>Bronx</th>
<th>NYC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 8th grade</td>
<td>13%</td>
<td>16%</td>
<td>12%</td>
</tr>
<tr>
<td>Some high school, no diploma</td>
<td>19%</td>
<td>22%</td>
<td>16%</td>
</tr>
<tr>
<td>High school diploma</td>
<td>30%</td>
<td>26%</td>
<td>25%</td>
</tr>
<tr>
<td>Some college, no degree</td>
<td>22%</td>
<td>22%</td>
<td>20%</td>
</tr>
<tr>
<td>College graduate</td>
<td>16%</td>
<td>14%</td>
<td>27%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Foreign-born</th>
<th>Southeast Bronx</th>
<th>Bronx</th>
<th>NYC</th>
</tr>
</thead>
<tbody>
<tr>
<td>The percent of Southeast Bronx residents born outside the U.S. is lower than in the Bronx and NYC overall</td>
<td>23%</td>
<td>29%</td>
<td>36%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race / Ethnicity</th>
<th>Southeast Bronx</th>
<th>Bronx</th>
<th>NYC</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Southeast Bronx has a higher proportion of white residents than the Bronx and a higher proportion of Hispanic residents than NYC overall</td>
<td>Asian 5%</td>
<td>Other 3%</td>
<td>White 28%</td>
</tr>
<tr>
<td></td>
<td>Black 21%</td>
<td>Hispanic 43%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Asian 3%</td>
<td>Other 3%</td>
<td>White 15%</td>
</tr>
<tr>
<td></td>
<td>Black 31%</td>
<td>Hispanic 48%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Asian 10%</td>
<td>Other 4%</td>
<td>White 35%</td>
</tr>
<tr>
<td></td>
<td>Black 24%</td>
<td>Hispanic 27%</td>
<td></td>
</tr>
</tbody>
</table>

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

The Southeast Bronx ranks as average on most of the indicators when compared to the 41 other NYC neighborhoods.

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

### Overall health

One quarter of adults in the Southeast Bronx consider themselves to be in fair or poor health.

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 the Southeast Bronx, 1 in 4 residents (24%) reports being in fair or poor health.

*Percents are age-adjusted. Data Source: NYC Community Health Survey 2002-03-04*
**Overall Death Rates in the Southeast Bronx**

**Death rates**

In the Southeast Bronx, the death rate has decreased but remains higher than the rate in NYC overall.

![Graph](image)

**Rates are age-adjusted.**

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

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**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 the Southeast Bronx 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 the Southeast Bronx.

- **Cancer** 20%, 4,175 years lost
- **Heart Disease** 17%, 3,709 years lost
- **HIV-related** 10%, 2,089 years lost
- **Drug-related** 5%, 1,101 years lost
- **Certain Perinatal Conditions** 8%, 1,650 years lost
- **Other** 40%, 8,627 years lost

*Other includes Homicide (5%), Accidents (4%), Congenital Conditions (3%), Diabetes (3%), Pneumonia and Influenza (2%), and Other (25%).*

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

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The death rate in the Southeast Bronx has decreased by more than 10% in the past decade, mirroring the decline in the death rate in NYC overall. However, the Southeast Bronx rate has remained consistently higher than in New York City overall.

In 2003-2004, the average annual death rate in the Southeast Bronx was lower than in the Bronx but slightly higher than in New York City overall (777/100,000 vs. 852/100,000 in the Bronx 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.
Take Care New York Goals
GOAL 1 Have a Regular Doctor or Other Health Care Provider

Accessibility 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 the Southeast Bronx, 23% of residents do not have a regular doctor, compared to the TCNY goal of less than 20%.

One in 10 Southeast Bronx residents (10%) goes to the ED when they are sick or in need of health advice.

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

Avoidable hospitalizations
The 2004 avoidable hospitalization rate in the Southeast Bronx ranks 29th among 42 NYC neighborhoods

Health insurance
One in 4 adults in the Southeast Bronx is uninsured or went without health insurance during the past year

Health insurance is important for access to health care. A similar proportion of residents in the Southeast Bronx (15%) 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. Southeast Bronx residents are nearly 40% more likely to be current smokers than those in NYC overall (25% vs. 18%). Many methods to quit smoking are available, and more than 6 in 10 smokers in the Southeast Bronx (63%) are trying to kick the habit.

Residents who smoke

One in 4 adults in the Southeast Bronx smokes . . .

Attempts to quit smoking in the past year

. . . but most smokers are trying to quit

GOAL 3  Keep Your Heart Healthy

Heart disease can cause severe illness and death. Southeast Bronx residents had an average annual heart disease hospitalization rate in 2003-2004 that was slightly lower than the Bronx rate but more than 10% higher than the rate in NYC overall (2,127/100,000 vs. 2,201/100,000 in the Bronx and 1,856/100,000 in NYC). The heart disease death rate in the Southeast Bronx has decreased by more than 10% in the past decade, and the 2003-2004 rate (305/100,000) was similar to the rates in the Bronx (313/100,000) and NYC overall (297/100,000).

Heart disease hospitalizations

The heart disease hospitalization rate in the Southeast Bronx is higher than in NYC overall

Deaths due to heart disease

The heart disease death rate has decreased in the Southeast Bronx

High blood pressure and high cholesterol. Both of these conditions contribute to heart disease. In the Southeast Bronx, 27% of adults 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 one quarter (23%) were told that they have high cholesterol (similar to 24% in the Bronx and 26% in NYC overall).
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 the Southeast Bronx, one quarter of adults are obese, which is 20% higher than in New York City overall.

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 the Southeast Bronx, 11% of adults have diabetes.

Physical activity helps people maintain a healthy weight and strengthens the cardiovascular system. Nearly half (45%) of Southeast Bronx residents report not exercising at all. Only 4 in 10 residents in this community (39%) report exercising at least 3 days a week.
GOAL 4 Know Your HIV Status

Wide disparities exist in HIV across New York City communities. In the Southeast Bronx, the rate of HIV diagnoses and the rate of people living with HIV/AIDS are lower than the Bronx rates and are similar to the rates in NYC overall.

The death rate due to HIV has dropped by two thirds during the past decade in this community. However, in 2003-2004, the average annual HIV-related death rate in the Southeast Bronx was still nearly 40% higher than the NYC overall rate (25/100,000 vs. 18/100,000).

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. Southeast Bronx residents are more likely to be tested for HIV than those in New York City overall (32% vs. 23%). However, one third of positive HIV test results (34%) are “late” diagnoses (HIV has already progressed to AIDS) in this community.

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. Southeast Bronx adults who had more than 1 sex partner in the past year are less likely to report using a condom at their last sexual encounter than those in NYC overall (21% vs. 38%).

HIV/AIDS in 2004

Total HIV diagnoses per 100,000 people* (13+)
Southeast Bronx 54
Bronx 86
New York City 55

% HIV diagnosed concurrently with AIDS** (13+)
Southeast Bronx 34%
Bronx 30%
New York City 29%

People living with HIV/AIDS per 100,000 people* (13+)
Southeast Bronx 1,310
Bronx 2,017
New York City 1,419

* Rates are age-adjusted.
**Within 31 days of HIV diagnosis — crude percents

HIV/AIDS testing

Southeast Bronx adults are more likely to have had an HIV test in the past year than those in NYC overall

Condom use at last sexual encounter

Only 2 in 10 Southeast Bronx adults with multiple sex partners used a condom

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

Death rate due to HIV

HIV-related death rates in the Southeast Bronx are higher than in NYC overall but have dropped in the past decade

HIV testing

Southeast Bronx adults are more likely to have had an HIV test in the past year than those in NYC overall

Condom use at last sexual encounter

Only 2 in 10 Southeast Bronx adults with multiple sex partners used a condom

Percentages are age-adjusted.
Data Source: 2002-03-04 NYC Community Health Survey
GOAL 5 Get Help for Depression

Psychological distress

More than 1 in 20 adults in the Southeast Bronx suffer from serious psychological distress

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

In the Southeast Bronx, 6% of residents experience serious psychological distress.

Mental illness

Hospitalizations for mental illness are lower in the Southeast Bronx

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

In 2003-2004, the community’s average annual rate of mental illness hospitalizations (742/100,000) was lower than both the Bronx rate (949/100,000) 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.
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 the Southeast Bronx, 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 the Southeast Bronx was lower than in the Bronx and New York City overall (358/100,000 vs. 569/100,000 in the Bronx and 439/100,000 in NYC).

The drug-related hospitalization rate in the Southeast Bronx decreased by 20% in the past decade. The 2003-2004 rate was lower (716/100,000) than in the Bronx (1,258/100,000) but higher than in New York City overall (595/100,000).

The death rate due to drugs in 2003-2004 in the Southeast Bronx was lower than the Bronx rate and similar to the NYC overall rate (11/100,000 vs. 17/100,000 in the Bronx and 10/100,000 in NYC).
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 the Southeast Bronx are getting Pap tests for cervical cancer and mammograms for breast cancer at rates very close to or meeting the TCNY target of more than 85%. However, only half of adults aged 50 and older in the Southeast Bronx (52%) have had a colonoscopy in the past 10 years.

The death rate due to cancer has remained fairly steady in the Southeast Bronx during the past decade. The 2003-2004 average annual cancer death rate was almost 20% higher than the NYC overall rate (190/100,000 vs. 161/100,000).

The highest cancer-related death rates among men in the Southeast Bronx are due to lung, colon, and prostate cancers. Among women, lung, breast, and colon cancers are the top 3 causes of cancer-related death.

<table>
<thead>
<tr>
<th>Type of Cancer</th>
<th>DEATHS / 100,000 PEOPLE</th>
<th>Type of Cancer</th>
<th>DEATHS / 100,000 PEOPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MEN</strong></td>
<td></td>
<td><strong>WOMEN</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Southeast Bronx</td>
<td>NYC</td>
<td></td>
</tr>
<tr>
<td>Lung, trachea, bronchus</td>
<td>62</td>
<td>51</td>
<td>Lung, trachea, bronchus</td>
</tr>
<tr>
<td>Colorectal</td>
<td>30</td>
<td>23</td>
<td>Breast</td>
</tr>
<tr>
<td>Prostate</td>
<td>29</td>
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<td>Colorectal</td>
</tr>
<tr>
<td>Blood-related</td>
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</tr>
<tr>
<td>Pancreas</td>
<td>13</td>
<td>12</td>
<td>Pancreas</td>
</tr>
</tbody>
</table>

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

![Graph showing flu and pneumococcal immunization rates in Southeast Bronx, Bronx, and New York City.](Image)

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 Southeast Bronx flu immunization rate among older adults falls short of the TCNY target by 25%.

Immunization rates for pneumonia are lower than those for flu across NYC. Only half of older adults in the Southeast Bronx 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

![Graph showing lead poisoning rates in Southeast Bronx, The Bronx, and New York City.](Image)

Lead poisoning is defined as a blood lead level ≥10 µg/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, 118 children in the Southeast Bronx (8/1,000) were newly identified with lead poisoning (defined as a blood lead level greater than or equal to 10 µg/dL).

Asthma in Adults and Children

Asthma
Asthma is more common among Southeast Bronx adults than adults in NYC overall

![Graph showing asthma rate among adults in Southeast Bronx, Bronx, and New York City.](Image)

Percent 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 self-reported asthma rate among adults in the Southeast Bronx (7%) is higher than 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.

Asthma hospitalization rates for adults and children (0-17 years old) in the Southeast Bronx are higher than in NYC overall. Rates among children have declined by 30% in the past decade, but the 2003-2004 rate was still one-third higher than the NYC overall rate.

### 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 declined almost by half in the Southeast Bronx in the past decade. In 2003-2004, the percent (24%) was lower than in both the Bronx (26%) and NYC overall (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 teen birth rate has decreased over the past 10 years in the Southeast Bronx. The 2003-2004 average teen birth rate in this community (101/1,000) was lower than the Bronx overall (122/100,000) but still 30% higher than in NYC overall (75/1,000).
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 the Southeast Bronx was 11% — higher than in NYC overall (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 the Southeast Bronx (9/1,000) was higher than the NYC overall rate (6/1,000).

**Low birthweight**

More than 1 in 10 babies in the Southeast Bronx are born with low birthweight.

**Infant mortality rate (IMR)**

The IMR in the Southeast Bronx is higher than in NYC overall.

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### Neighborhood Health Highlight: Smoking

Every New York City neighborhood has different health concerns. Here we highlight smoking in the Southeast Bronx.

Smoking is the #1 cause of preventable death in New York City. Smoking causes heart disease, lung cancer and stroke, as well as other diseases. Southeast Bronx residents smoke at a higher rate than NYC residents overall (see page 6), and certain groups within the neighborhood are more likely to smoke than others.

Residents in the Southeast Bronx who were born in the U.S. are nearly twice as likely to smoke as those born outside the U.S. (28% vs. 16%). Also, white Southeast Bronx residents are more likely to smoke than Hispanic residents (33% vs. 21%).

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**TAKING ACTION**

A dangerous community side effect of one person’s smoking addiction is *secondhand smoke (SHS).* SHS can cause cancer, heart disease, and other illnesses. In the Southeast Bronx, 8% of non-smokers report experiencing SHS in the home.

Quitting smoking can prolong people’s lives and protect those around them. Using *nicotine replacement products,* such as the patch or gum, and medication, such as Zyban (bupropion), can double the chance of successfully quitting. In addition, **quitting with someone else** and **exercising to relieve stress** can help to quit. For help to quit smoking, **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 power, allowing for more stable analyses at the neighborhood level.

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 the Southeast Bronx are 10461, 10462, 10464, 10465, 10472 and 10473. 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.


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Community Health Profile for the Southeast Bronx

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

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

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