Community Health Profiles

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

NYC Health
nyc.gov/health

T A K E  C A R E

Flatbush

Brooklyn

(Including East Flatbush, Midwood, and Prospect Lefferts Gardens)
Community Health Profile, Second Edition: Flatbush

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 Flatbush include:

- More than 1 in 4 adults in Flatbush are obese, and more than half of adults report that they do no physical activity at all (page 7).
- Mothers in Flatbush are less likely to get timely prenatal care and babies in Flatbush are more likely to be born with low birthweight than in NYC overall (page 13-14).
- Flatbush has elevated rates of sexually transmitted infections, such as chlamydia and gonorrhea (page 14).

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

Flatbush at a Glance

Population

Total number of people living in Flatbush in 2000:

316,700

Age

People in Flatbush are slightly younger than in New York City overall

<table>
<thead>
<tr>
<th>Age</th>
<th>Flatbush</th>
<th>Brooklyn</th>
<th>NYC</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-17 years</td>
<td>28%</td>
<td>27%</td>
<td>24%</td>
</tr>
<tr>
<td>18-24 years</td>
<td>11%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>25-44 years</td>
<td>30%</td>
<td>31%</td>
<td>33%</td>
</tr>
<tr>
<td>45-64 years</td>
<td>22%</td>
<td>21%</td>
<td>21%</td>
</tr>
<tr>
<td>65+ years</td>
<td>9%</td>
<td>11%</td>
<td>12%</td>
</tr>
</tbody>
</table>

Poverty

In Flatbush, the percent of residents living below the poverty level is lower than in Brooklyn overall

<table>
<thead>
<tr>
<th></th>
<th>Flatbush</th>
<th>Brooklyn</th>
<th>NYC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of residents</td>
<td>21%</td>
<td>25%</td>
<td>21%</td>
</tr>
</tbody>
</table>

Education

In Flatbush, 42% of residents aged 25 and older have completed some college

<table>
<thead>
<tr>
<th>Education</th>
<th>Flatbush</th>
<th>Brooklyn</th>
<th>NYC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 8th grade</td>
<td>9%</td>
<td>13%</td>
<td>12%</td>
</tr>
<tr>
<td>Some high school, no diploma</td>
<td>20%</td>
<td>18%</td>
<td>16%</td>
</tr>
<tr>
<td>High school diploma</td>
<td>29%</td>
<td>27%</td>
<td>25%</td>
</tr>
<tr>
<td>Some college, no degree</td>
<td>25%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>College graduate</td>
<td>17%</td>
<td>22%</td>
<td>27%</td>
</tr>
</tbody>
</table>

Foreign-born

More than half of Flatbush residents were born outside the U.S — higher than in Brooklyn and NYC overall

<table>
<thead>
<tr>
<th></th>
<th>Flatbush</th>
<th>Brooklyn</th>
<th>NYC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>51%</td>
<td>38%</td>
<td>36%</td>
</tr>
</tbody>
</table>

Race / Ethnicity

Flatbush has a higher proportion of black residents than Brooklyn and NYC overall

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

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 Flatbush 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 Flatbush 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
Flatbush ranks as average or above on most 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>

How Residents Rate Their Own Health

Overall health
Less than one fifth of adults in Flatbush 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 Flatbush, residents are less likely to report being in fair or poor health (17%) than those in Brooklyn overall (23%).
Overall Death Rates in Flatbush

The death rate in Flatbush has decreased slightly in the past decade, mirroring the rate drop in New York City overall.

In 2003-2004, the average annual death rate in Flatbush was more than 10% lower than in Brooklyn and also slightly lower than in New York City overall (666/100,000 vs. 754/100,000 in Brooklyn and 718/100,000 in NYC). Throughout this profile, cause-specific death rates are provided for TCNY goals.

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 Flatbush is cancer, as well as in both Brooklyn and New York City overall.

Top 5 causes of years of potential life lost

Cancer causes the most years of potential life lost in Flatbush

*Other includes Accidents (4%), Congenital Conditions (3%), Diabetes (3%), Pneumonia and Influenza (2%), Drug-related (2%), and Other (24%).

Data Source: Bureau of Vital Statistics, NYC DOHMH, 2002-04
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 Flatbush, 1 in 5 residents (20%) does not have a regular doctor, almost meeting the TCNY target. In addition, more than 1 in 10 Flatbush residents go to the ED when they are sick or need health advice (11%).

**Access to care**

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

![Chart showing the percentage of adults without a personal doctor and those going to the ED when sick or need health advice.](chartimage)

Percent of adults (18-64)

<table>
<thead>
<tr>
<th>Flatbush</th>
<th>Brooklyn</th>
<th>New York City</th>
</tr>
</thead>
<tbody>
<tr>
<td>20%</td>
<td>23%</td>
<td>24%</td>
</tr>
<tr>
<td>10%</td>
<td>11%</td>
<td>8%</td>
</tr>
<tr>
<td>8%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Percents are age-adjusted.

Data Sources: NYC Community Health Survey 2002-03-04, NYC Community Health Survey 2003-04

**Health insurance**

One in 3 adults in Flatbush is uninsured or went without health insurance during the past year

![Chart showing the percentage of adults insured now, insured now but uninsured some time in past year, and uninsured now.](chartimage)

<table>
<thead>
<tr>
<th>Flatbush</th>
<th>Brooklyn</th>
<th>New York City</th>
</tr>
</thead>
<tbody>
<tr>
<td>66%</td>
<td>70%</td>
<td>71%</td>
</tr>
<tr>
<td>13%</td>
<td>12%</td>
<td>11%</td>
</tr>
<tr>
<td>21%</td>
<td>18%</td>
<td>18%</td>
</tr>
</tbody>
</table>

Insurance rates are calculated for adults aged 18-64 and age-adjusted.

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

Health insurance is important for access to health care. Similar proportions of residents in Flatbush (21%), Brooklyn (18%) and New York City overall (18%) are currently uninsured. In addition, another 13% 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. Fewer than 1 in 6 Flatbush residents currently smokes (15%), meeting the TCNY target. Many methods to quit smoking are available, and more than half of smokers in Flatbush (62%) are trying to kick the habit.

Residents who smoke

Fewer than 1 in 6 adults in Flatbush 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. Flatbush residents had an average annual heart disease hospitalization rate in 2003-2004 that was 20% lower than the Brooklyn rate and more than 10% lower than the rate in NYC overall (1,605/100,000 vs. 2,001/100,000 in Brooklyn and 1,856/100,000 in NYC). However, the heart disease hospitalization rate in this community has increased by nearly 20% in the past decade. The heart disease death rate in 2003-2004 (256/100,000) was lower than the rates in both Brooklyn (326/100,000) and NYC overall (297/100,000).

Heart disease hospitalizations

The heart disease hospitalization rate has increased in the past 10 years but remains lower in Flatbush

Deaths due to heart disease

The heart disease death rate is lower in Flatbush

High blood pressure and high cholesterol. Both of these conditions contribute to heart disease. In Flatbush, 26% of adults were told by a health care professional that they have high blood pressure (similar to 28% in Brooklyn and the same as in NYC overall), and one quarter (26%) were told that they have high cholesterol (the same as in Brooklyn and NYC overall).

Percent of adults (18+)

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. Fewer than 1 in 6 Flatbush residents currently smokes (15%), meeting the TCNY target. Many methods to quit smoking are available, and more than half of smokers in Flatbush (62%) are trying to kick the habit.

Residents who smoke

Fewer than 1 in 6 adults in Flatbush 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. Flatbush residents had an average annual heart disease hospitalization rate in 2003-2004 that was 20% lower than the Brooklyn rate and more than 10% lower than the rate in NYC overall (1,605/100,000 vs. 2,001/100,000 in Brooklyn and 1,856/100,000 in NYC). However, the heart disease hospitalization rate in this community has increased by nearly 20% in the past decade. The heart disease death rate in 2003-2004 (256/100,000) was lower than the rates in both Brooklyn (326/100,000) and NYC overall (297/100,000).

Heart disease hospitalizations

The heart disease hospitalization rate has increased in the past 10 years but remains lower in Flatbush

Deaths due to heart disease

The heart disease death rate is lower in Flatbush

High blood pressure and high cholesterol. Both of these conditions contribute to heart disease. In Flatbush, 26% of adults were told by a health care professional that they have high blood pressure (similar to 28% in Brooklyn and the same as in NYC overall), and one quarter (26%) were told that they have high cholesterol (the same as in Brooklyn and NYC overall).

Percent of adults (18+)

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. Fewer than 1 in 6 Flatbush residents currently smokes (15%), meeting the TCNY target. Many methods to quit smoking are available, and more than half of smokers in Flatbush (62%) are trying to kick the habit.

Residents who smoke

Fewer than 1 in 6 adults in Flatbush 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. Flatbush residents had an average annual heart disease hospitalization rate in 2003-2004 that was 20% lower than the Brooklyn rate and more than 10% lower than the rate in NYC overall (1,605/100,000 vs. 2,001/100,000 in Brooklyn and 1,856/100,000 in NYC). However, the heart disease hospitalization rate in this community has increased by nearly 20% in the past decade. The heart disease death rate in 2003-2004 (256/100,000) was lower than the rates in both Brooklyn (326/100,000) and NYC overall (297/100,000).

Heart disease hospitalizations

The heart disease hospitalization rate has increased in the past 10 years but remains lower in Flatbush

Deaths due to heart disease

The heart disease death rate is lower in Flatbush

High blood pressure and high cholesterol. Both of these conditions contribute to heart disease. In Flatbush, 26% of adults were told by a health care professional that they have high blood pressure (similar to 28% in Brooklyn and the same as in NYC overall), and one quarter (26%) were told that they have high cholesterol (the same as in Brooklyn and NYC overall).

Percent of adults (18+)
More than 1 in 4 adults in Flatbush are obese

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 Flatbush, adults are more likely to be obese (26%) than in New York City overall (20%).

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 Flatbush, 10% of adults have diabetes.

Physical activity helps people maintain a healthy weight and strengthens the cardiovascular system. More than half of Flatbush residents (51%) report doing no physical activity at all. Only one third of Flatbush residents (33%) report exercising at least 3 days a week.

Survey Question: On average, how many days per week do you exercise for at least 30 minutes?

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 Flatbush, the rate of HIV diagnoses (70/100,000) is more than 25% higher than the NYC overall rate. However, the rate of people living with HIV/AIDS (1,389/100,000) in this community is slightly lower than the rate in NYC overall.

The death rate due to HIV disease has dropped by 70% during the past decade in this community. In 2003-2004, the average annual HIV-related death rate in Flatbush was similar to the rates in both Brooklyn and NYC overall (21/100,000 vs. 20/100,000 in Brooklyn and 18/100,000 in NYC).

Death rate due to HIV

HIV-related death rates in Flatbush have dropped dramatically in the past decade

HIV/AIDS in 2004

<table>
<thead>
<tr>
<th>Total HIV diagnoses per 100,000 people* (13+)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flatbush</td>
</tr>
<tr>
<td>Brooklyn</td>
</tr>
<tr>
<td>New York City</td>
</tr>
<tr>
<td>Flatbush% diagnosed concurrently with AIDS** (13+)</td>
</tr>
<tr>
<td>Flatbush</td>
</tr>
<tr>
<td>Brooklyn</td>
</tr>
<tr>
<td>New York City</td>
</tr>
<tr>
<td>People living with HIV/AIDS per 100,000 people* (13+)</td>
</tr>
<tr>
<td>Flatbush</td>
</tr>
<tr>
<td>Brooklyn</td>
</tr>
<tr>
<td>New York City</td>
</tr>
</tbody>
</table>

*Rates are age-adjusted.
**Within 31 days of HIV diagnosis — crude percents
Data Sources 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. Fewer than 1 in 3 Flatbush residents has been tested for HIV in the past year. In addition, nearly one third of positive HIV test results (31%) 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. Less than half (47%) of Flatbush adults who had more than 1 sex partner in the past year reported using a condom at their last sexual encounter.

HIV testing

Fewer than 1 in 3 Flatbush residents has had an HIV test in the past year

Condom use at last sexual encounter

Less than half of Flatbush adults with multiple sex partners used a condom

Percents are age-adjusted.
Data Source: NYC Community Health Survey 2003
Depression is a serious but treatable health condition that frequently goes undiagnosed. Serious psychological distress is associated with depression and other mental illnesses.

In Flatbush, 6% of residents experience serious psychological distress.

Hospitalization rates are one way to look at serious mental illness in a neighborhood. The mental illness hospitalization rate in Flatbush has increased by 15% during the past decade.

In 2003-2004, the community's average annual rate of mental illness hospitalizations (750/100,000) was similar to the Brooklyn rate (769/100,000) but slightly lower 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 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 Flatbush, adults are less likely than those in Brooklyn and NYC overall to 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 Flatbush has increased by more than 20% in the past decade. However, in 2003-2004, the average annual alcohol-related hospitalization rate in this community was still lower than in Brooklyn and in New York City overall (250/100,000 vs. 394/100,000 in Brooklyn and 439/100,000 in NYC).

The drug-related hospitalization rate decreased in 2003-2004 and remains lower (280/100,000) than in Brooklyn (547/100,000) and New York City overall (595/100,000).

The 2003-2004 death rate due to drugs in Flatbush was less than half the rate in NYC overall (3/100,000 vs. 10/100,000).
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 Flatbush are getting Pap tests for cervical cancer at rates very close to the TCNY target of more than 85%. However, the percent of women who are getting mammograms for breast cancer is well below the target. In addition, less than half of adults aged 50 and older in Flatbush have had a colonoscopy in the past 10 years.

The death rate due to cancer has remained fairly steady in Flatbush during the past decade. The 2003-2004 average annual cancer death rate was more than 10% lower than the rates in both Brooklyn and NYC overall (141/100,000 vs. 160/100,000 in Brooklyn and 161/100,000 in NYC).

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

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 Flatbush flu immunization rate among older adults (36%) is much lower than the Brooklyn and NYC rates, and falls short of the TCNY target by 55%.

Immunization rates for pneumonia are lower than those for flu across NYC. Older adults are less likely in Flatbush than in Brooklyn and 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.

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, 233 children in Flatbush (12/1,000) 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
One in 20 Flatbush adults suffers from asthma.

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 adults who report having asthma is the same in Flatbush, Brooklyn 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 both adults and children (0-17 years old) in Flatbush have decreased in the past decade. The average annual hospitalization rate due to adult asthma in this community is lower than in Brooklyn and NYC overall. However, rates among children are higher in Flatbush than in Brooklyn and NYC overall.

### Adult asthma hospitalizations
Rates of asthma hospitalization are lower in Flatbush

![Graph showing hospitalization rates for adults in Flatbush, Brooklyn, and NYC from 1995-96 to 2003-04](image)

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 is higher in Flatbush

![Graph showing hospitalization rates for children in Flatbush, Brooklyn, and NYC from 1995-96 to 2003-04](image)

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

---

### 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 2003-2004 average annual percent of women who received late or no prenatal care in Flatbush (33%) is higher than in Brooklyn (27%) 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 birth rate to teenage mothers has decreased over the past 10 years by 25% in Flatbush. In 2003-2004, the average birth rate to teen moms in this community (77/1,000) was similar to the rates in Brooklyn (73/1,000) and NYC overall (75/1,000).

#### Prenatal care
Mothers in Flatbush are more likely to receive late or no prenatal care

![Graph showing percent of live births with late or no prenatal care in Flatbush, Brooklyn, and NYC from 1995-96 to 2003-04](image)

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

#### Teenage mothers
The birth rate to teenage mothers (15-19 years) is similar in Flatbush to NYC overall

![Graph showing birth rates to teenage mothers in Flatbush, Brooklyn, and NYC from 1995-96 to 2003-04](image)

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 Flatbush was 11% — higher than in Brooklyn (8%) and NYC overall (9%).

Infant mortality (the death of babies in the first year of life) has declined over the past 10 years in Flatbush and in NYC overall. However, the 2002-2004 rate in Flatbush (8/1,000) was higher than in NYC overall (6/1,000).

**Low birthweight**

Babies in Flatbush are more likely to be born with low birthweight.

---

**Infant mortality rate (IMR)**

The IMR in Flatbush is higher than in NYC overall.

---

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

---

**Neighborhood Health Highlight: Sexually Transmitted Infections**

Every New York City neighborhood has different health concerns. Here we highlight sexually transmitted diseases in Flatbush.

Gonorrhea and chlamydia are the most commonly reported sexually transmitted infections (STIs) in New York City. STI rates are particularly high in Flatbush.

Among NYC neighborhoods, Flatbush had the third highest rate of newly diagnosed chlamydia in 2004, more than twice the New York City overall rate. This community also had nearly twice the NYC overall rate of newly diagnosed gonorrhea. Both chlamydia and gonorrhea are bacterial infections that can be treated and cured, reducing transmission to others. Serious consequences, such as pelvic inflammatory disease in women and infertility, are possible if infections are left untreated. STIs, such as chlamydia and gonorrhea, also increase the risk of contracting HIV.

**TAKING ACTION**

Combating STIs in a community requires both individual preventive behavior and community-level support. In Flatbush, only 38% of adults with two or more sex partners in the past year used a condom at their last sexual encounter. **Condom use significantly reduces the risk of contracting HIV and other STIs.** Organizations can order free male condoms at www.nyccondom.org. In addition, testing for HIV and other STIs is crucial for early detection and treatment. Only 29% of adults in Flatbush were tested for HIV in the past year. Residents can reduce the consequences of STIs by **encouraging sexual partners to get tested and treated.** For more information on STIs and HIV, 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 STI 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
NYSH 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 Flatbush are 11203, 11210, 11225, and 11226. 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. Flatbush statistics from the 2002 individual-year dataset include data from the neighboring communities of Canarsie, Flatlands and Starrett City.

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.

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.

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 Schilling, Tejinder Singh, Sally Slavinskas, Catherine Stayton, Parisa Tehranifar, William Vaughn, Joshua Volle, Joyce Weinstein, Kellee White, Candace Young, and Regina Zimmerman.
Community Health Profile for Flatbush

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

**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.

NYC Community Health Profiles

NYC Health
nyc.gov/health

New York City Department of Health and Mental Hygiene
Division of Epidemiology, Bureau of Epidemiology Services, 125 Worth Street, CN-6, New York, NY 10013

Michael R. Bloomberg
Mayor

Thomas R. Frieden, MD, MPH
Commissioner of Health and Mental Hygiene

Copyright©2006
The New York City Department of Health and Mental Hygiene
NYC Community Health Profiles, Second Edition feature information about 42 neighborhoods in New York City.