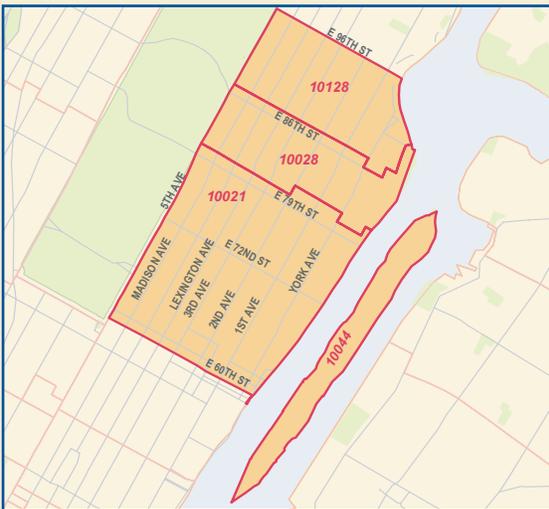


Community Health Profiles

New York City Department of Health and Mental Hygiene

SECOND EDITION — 2006



TAKE CARE Upper East Side

Manhattan

Community Health Profile, Second Edition: The Upper East Side

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 on the **Upper East Side** include:

- The primary cause of potential years of life lost on the Upper East Side is cancer (page 4).
- Upper East Side adults are 35% more likely to engage in binge drinking than those in NYC overall (page 10).
- Hospitalizations for falls — particularly fall-related hip fractures — among older adults are more common on the Upper East Side than in New York City overall (page 14).

Methods: While this report provides important information, it is not intended to be an exhaustive examination of the health of Upper East Side 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 Upper East Side at a Glance

Population

Total number of people living on the Upper East Side in 2000:

218,200

Age

People on the Upper East Side are slightly older than in Manhattan and New York City overall

	Upper East Side	Manhattan	NYC
0-17 years	12%	17%	24%
18-24 years	7%	10%	10%
25-44 years	41%	38%	33%
45-64 years	26%	23%	21%
65+ years	14%	12%	12%

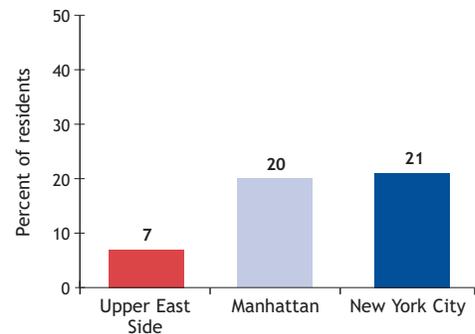
Education

Nearly three quarters of Upper East Side residents aged 25 and older have a college education — a higher proportion than in Manhattan and NYC overall

	Upper East Side	Manhattan	NYC
Up to 8th grade	2%	10%	12%
Some high school, no diploma	3%	11%	16%
High school diploma	8%	14%	25%
Some college, no degree	13%	16%	20%
College graduate	74%	49%	27%

Poverty

On the Upper East Side, the percent of living residents below the poverty level is much lower than in Manhattan and NYC overall



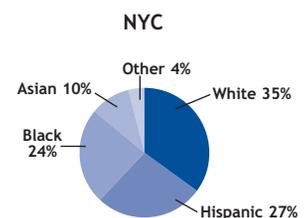
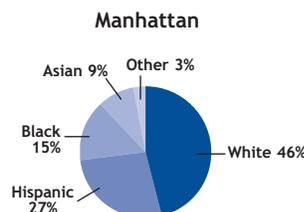
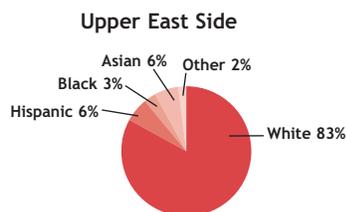
Foreign-born

The percent of Upper East Side residents born outside the U.S. is lower than in NYC overall

Area	Percent
Upper East Side	22%
Manhattan	29%
NYC	36%

Race / Ethnicity

The Upper East Side has a higher proportion of white residents than Manhattan and NYC overall



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

Take Care Upper East Side



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 Upper East Side 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 Upper East Side 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

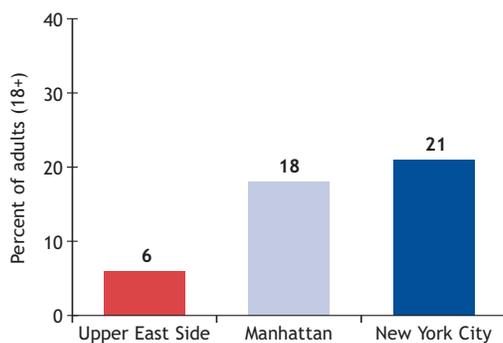
The Upper East Side ranks above average on most indicators when compared to the 41 other NYC neighborhoods

	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

Adults on the Upper East Side are less likely to consider themselves to be in fair or poor health



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

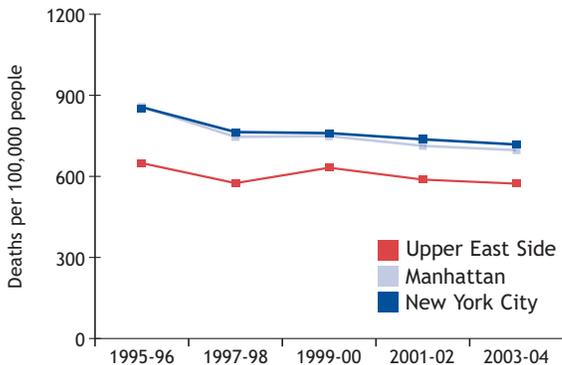
People are good at rating their own health. In general, when asked to rate their general health as excellent, very good, good, fair, or poor, those who say “fair” or “poor” are more likely to have health problems than those who report better health.

On the Upper East Side, residents are much less likely to report being in fair or poor health (6%) than those in Manhattan (18%) and in New York City overall (21%).

Overall Death Rates on the Upper East Side

Death rates

On the Upper East Side, death rates are lower 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 on the Upper East Side has decreased slightly in the past decade, mirroring the rate drop in NYC overall. The death rate in this community has remained consistently lower than in both Manhattan and New York City overall.

In 2003-2004, the average annual death rate on the Upper East Side was about 20% lower than the rates in both Manhattan and New York City overall (573/100,000 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.

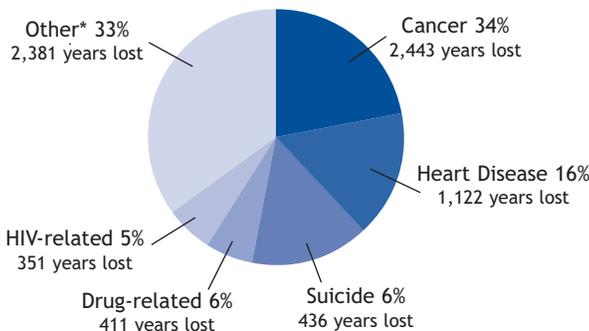
Premature death

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 on the Upper East Side is cancer, as well as in both Manhattan and New York City overall.

Top 5 causes of years of potential life lost

Cancer causes the most years of potential life lost on the Upper East Side

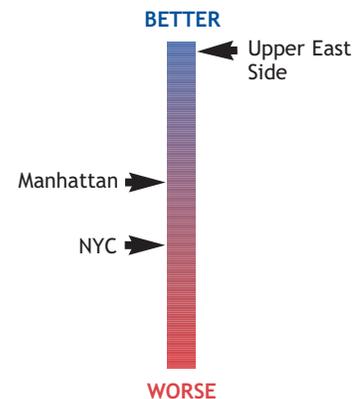


*Other includes Certain Perinatal Conditions (5%), Accidents (3%), Diabetes (2%), Pneumonia and Influenza (2%), Diseases of the Nervous System (2%), and Other (19%).

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 on the Upper East Side is the second lowest 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

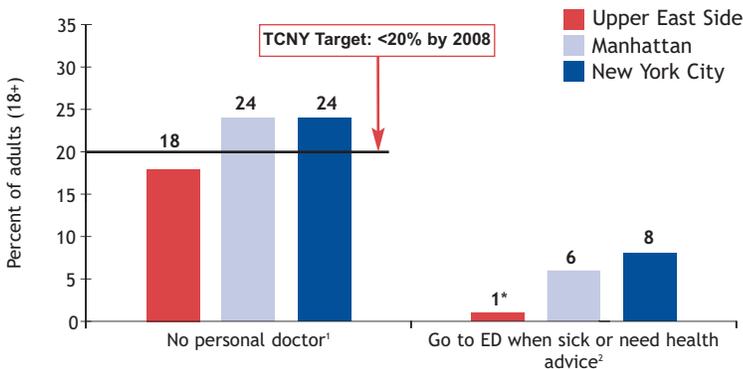
GOAL 1 Have a Regular Doctor or Other Health Care Provider

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. On the Upper East Side, 18% of residents do not have a regular doctor, meeting the TCNY goal of less than 20%. Corresponding to the high proportion of adults with a regular doctor, only 1% of Upper East Side residents go to the ED when they are sick or need health advice.

Access to care

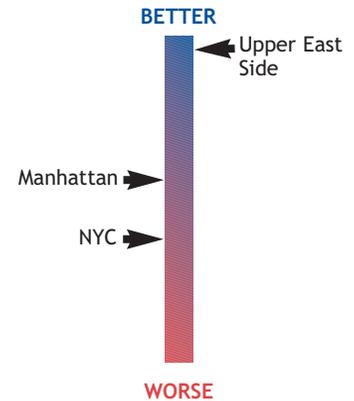
Without a primary provider, people may seek routine health care in the emergency department (ED)



*Estimate is unstable due to small sample size and should be interpreted with caution. Percents are age-adjusted. Data Sources: ¹NYC Community Health Survey 2002-03-04, ²NYC Community Health Survey 2003-04

Avoidable hospitalizations

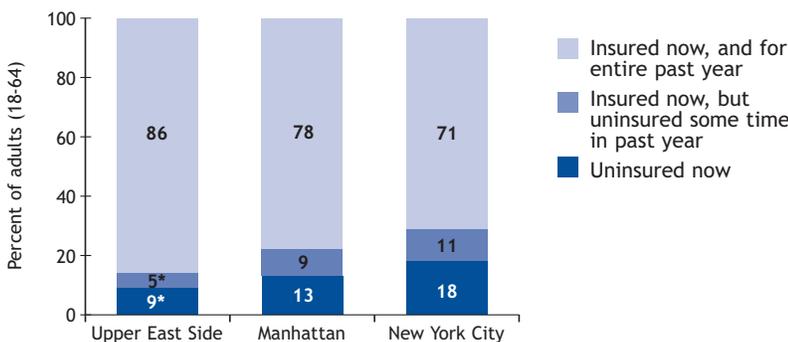
The 2004 avoidable hospitalization rate on the Upper East Side ranks very well (2nd) among 42 NYC neighborhoods



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

Upper East Side residents are more likely to have health insurance than those in New York City overall



*Estimate is unstable due to small sample size and should be interpreted with caution. 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. Residents on the Upper East Side are more likely than those in NYC overall to have been insured for the past year (86% vs. 71%). In addition to those currently uninsured (9%), another 5% of residents in this community went without health insurance at some time during the past year.

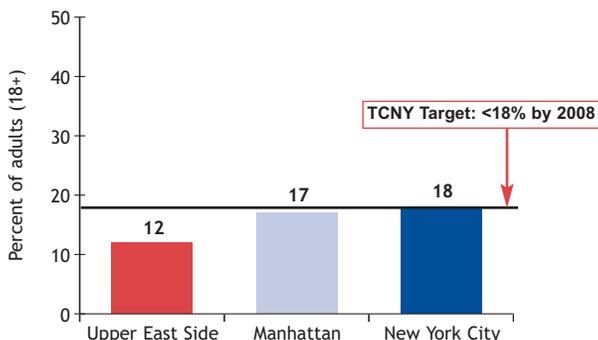


GOAL 2 Be Tobacco-Free

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. Upper East Side residents are less likely to be current smokers than adults in NYC overall (12% vs. 18%). Many methods to quit smoking are available, and more than half of smokers on the Upper East Side (60%) are trying to kick the habit.

Residents who smoke

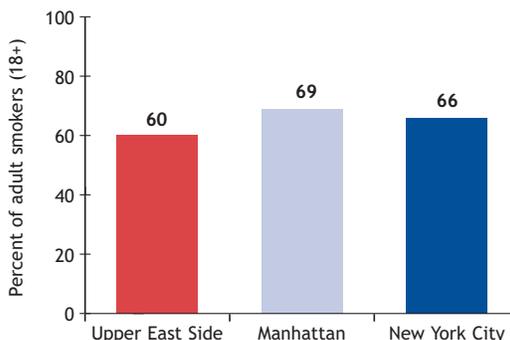
One in 8 adults on the Upper East Side smokes . . .



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

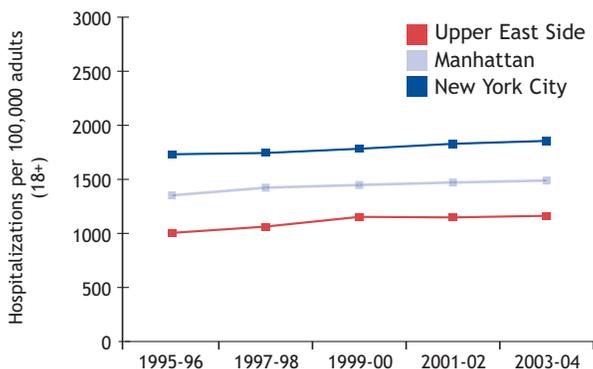


GOAL 3 Keep Your Heart Healthy

The heart disease hospitalization rate on the Upper East Side has increased by more than 15% in the past decade. Residents had an average annual heart disease hospitalization rate in 2003-2004 that was 20% lower than the Manhattan rate and almost 40% lower than the rate in NYC overall (1,163/100,000 vs. 1,489/100,000 in Manhattan and 1,856/100,000 in NYC). The heart disease death rate decreased in the past decade to 217/100,000 in 2003-2004, a rate similar to Manhattan (234/100,000) and lower than the NYC overall rate (297/100,000).

Heart disease hospitalizations

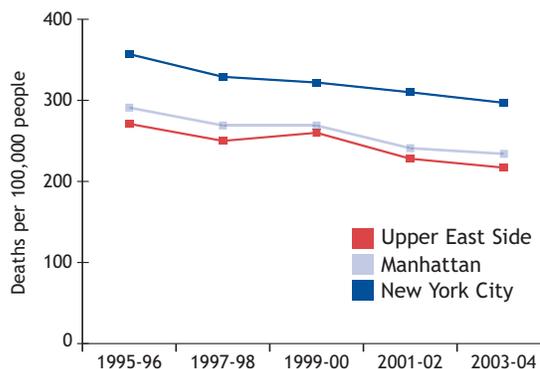
Heart disease causes a lower hospitalization rate on the Upper East Side



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



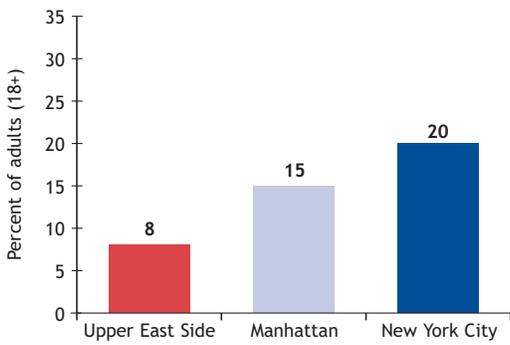
Rates are age-adjusted.
Data Sources: Bureau of Vital Statistics, NYC DOHMH, 1995-2004; U.S. Census 1990 and 2000/NYC Department of City Planning

High blood pressure and high cholesterol. Both of these conditions contribute to heart disease. On the Upper East Side, 14% of adults were told by a health care professional that they have high blood pressure (lower than 22% in Manhattan and 26% in NYC overall), and one quarter (27%) were told that they have high cholesterol (the same as in Manhattan and similar to 26% in NYC overall).

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

Obesity

Adults on the Upper East Side are less likely to be obese



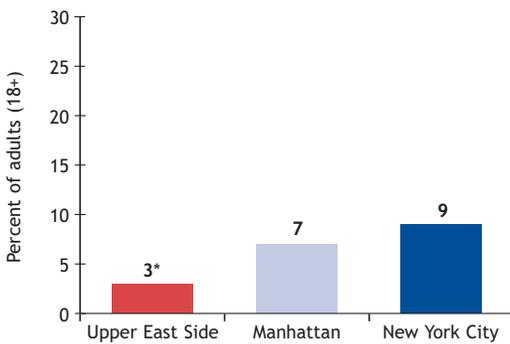
Obesity is defined as a body-mass-index (BMI) of 30 or greater. Percents are age-adjusted.
Data Source: NYC Community Health Survey 2002-03-04

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

Obesity can lead to a variety of health problems, including heart disease and diabetes. Rates of obesity are increasing rapidly in New York City and across the U.S., making it a major public health concern. On the Upper East Side, fewer than 1 in 10 adults (8%) are obese, which is less than the Manhattan proportion (15%) and more than one-third lower than in New York City overall (20%).

Diabetes

Adults on the Upper East Side are less likely to have diabetes



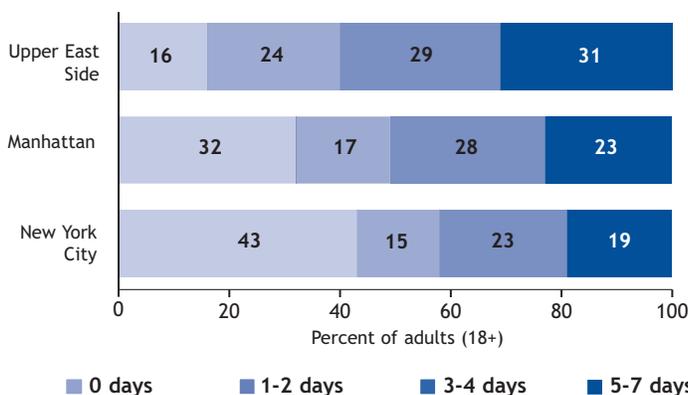
*Estimate is unstable due to small sample size and should be interpreted with caution. Percents are age-adjusted.
Data Source: NYC Community Health Survey 2002-03-04

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.

On the Upper East Side, adults are less likely to have diabetes than in Manhattan and New York City overall.

Days per week of recreational exercise

Exercise habits on the Upper East Side are more healthy than in Manhattan and New York City 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. Upper East Side residents are much more likely to exercise during the week than those in Manhattan and New York City. Almost two thirds of Upper East Side residents (60%) 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.



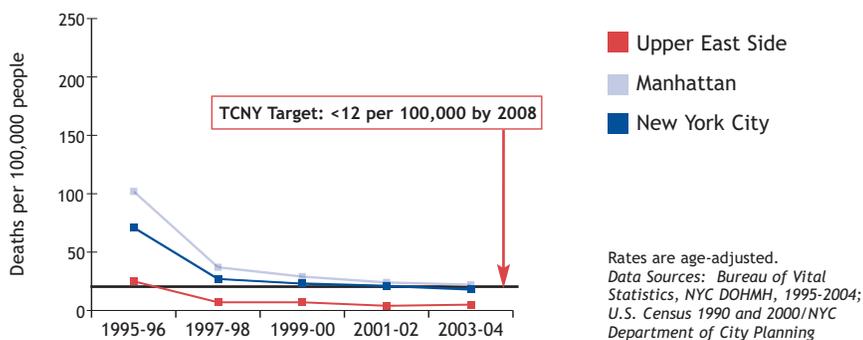
GOAL 4 Know Your HIV Status

Wide disparities exist in HIV across New York City communities. On the Upper East Side, the rate of HIV diagnoses and the rate of people living with HIV/AIDS are less than half the NYC overall rates.

The death rate due to HIV disease has dropped by 80% during the past decade in this community. In 2003-2004, the average annual HIV-related death rate on the Upper East Side was lower than both the Manhattan and the NYC overall rates (5/100,000 vs. 22/100,000 in Manhattan and 18/100,000 in NYC).

Death rate due to HIV

HIV-related death rates on the Upper East Side have dropped in the past decade and remain lower than in NYC overall



HIV/AIDS in 2004

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

Upper East Side	22
Manhattan	69
New York City	55

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

Upper East Side	40%
Manhattan	23%
New York City	29%

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

Upper East Side	615
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

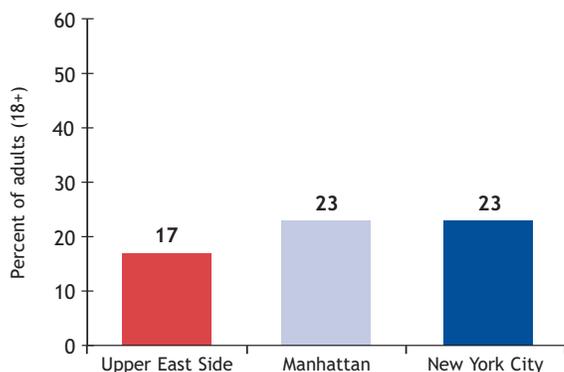
HIV/AIDS testing and prevention

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. Fewer than 1 in 5 Upper East Side residents were tested for HIV in the past year. In addition, 4 in 10 positive HIV test results (40%) are “late” diagnoses (HIV has already progressed to AIDS) on the Upper East Side.

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. More than half (54%) of Upper East Side adults who had more than 1 sex partner in the past year reported using a condom at their last sexual encounter.

HIV testing

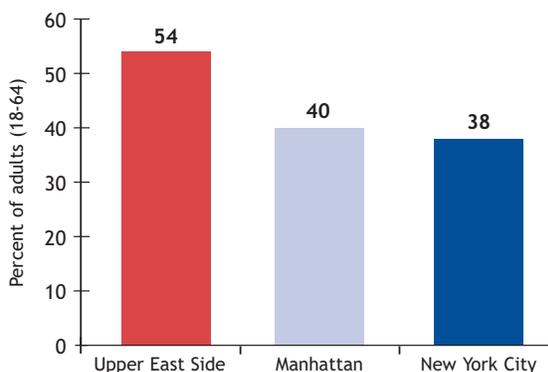
Fewer than 1 in 5 adults on the Upper East Side has had an HIV test in the past year



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

Condom use at last sexual encounter

More than half of Upper East Side adults with multiple sex partners used a condom



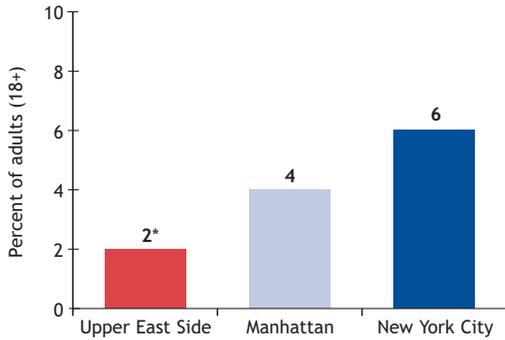
Analysis limited to adults aged 18-64 who reported having >1 sex partner in the past year, excluding women who reported having sex only with women. Percents are age-adjusted.
Data Source: NYC Community Health Survey 2002-03-04



GOAL 5 Get Help for Depression

Psychological distress

Adults on the Upper East Side are less likely to suffer from serious psychological distress



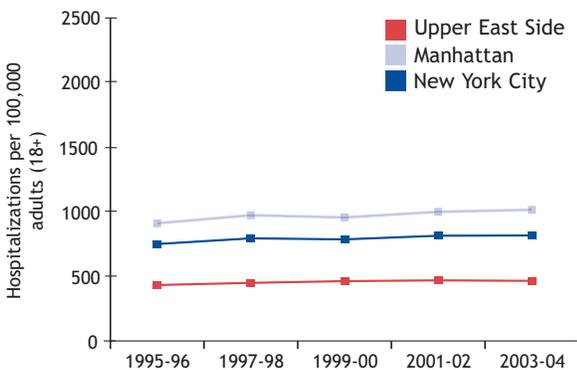
Serious psychological distress can be identified in individuals using Kessler's K6 scale, a validated measure consisting of 6 simple questions about mood. Percents are age-adjusted.
Data Source: NYC Community Health Survey 2002-03

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

Residents on the Upper East Side are less likely to experience serious psychological distress (2%) than adults in Manhattan (4%) and NYC overall (6%).

Mental illness

Hospitalizations for mental illness are lower on the Upper East Side



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 on the Upper East Side have had a lower rate of mental illness hospitalizations over the past 10 years (excluding alcohol- or drug-related illness) than those in Manhattan and in New York City overall.

In 2003-2004, the community's average annual rate of mental illness hospitalizations (463/100,000) was lower than both the Manhattan rate (1,011/100,000) and the rate in New York City overall (813/100,000).

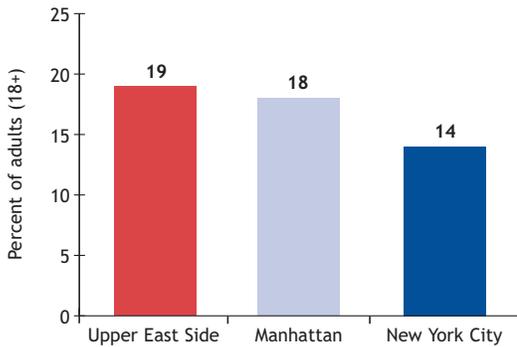
Understanding hospitalizations and access to health care. Hospitalization data are useful in understanding the burden that certain conditions place on the health care system, but not necessarily in measuring the exact extent of illness in a community. Variations in hospitalization rates may reflect not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

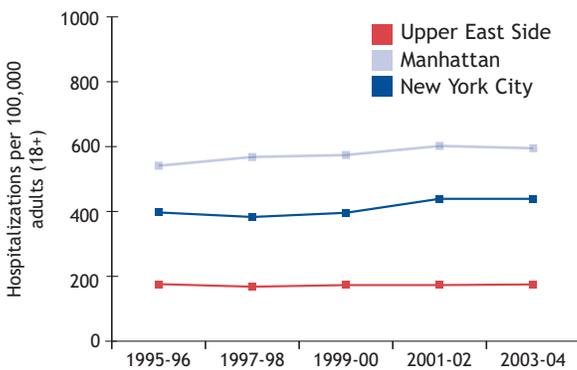
Nearly 1 in 5 adults on the Upper East Side engaged in binge drinking in the past month



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

Alcohol-related hospitalizations

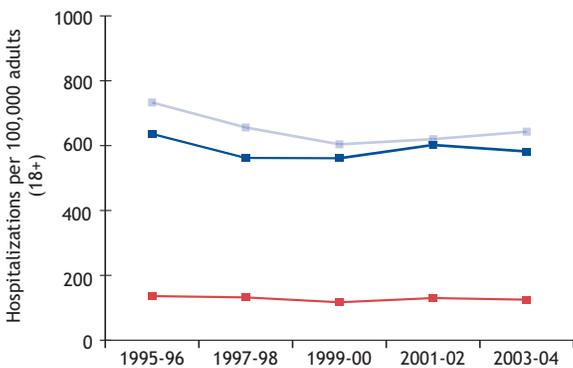
The alcohol-related hospitalization rate is lower on the Upper East Side



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 on the Upper East Side is less than the NYC overall rate



Legend: Upper East Side (red), Manhattan (light blue), New York City (dark blue)

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. Upper East Side adults are more likely (19%) than those in NYC overall (14%) 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.

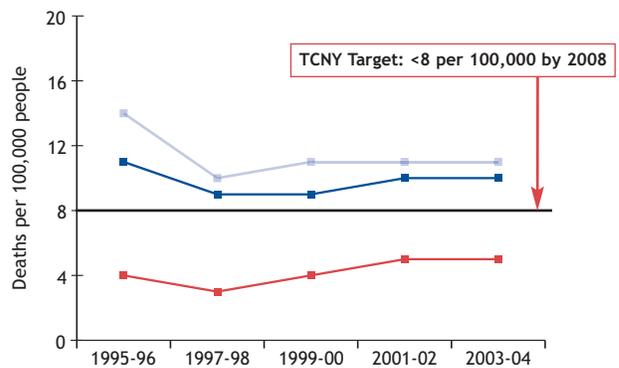
Alcohol-related hospitalizations reflect both acute and chronic (e.g., liver disease) consequences of alcohol abuse. The alcohol-related hospitalization rate on the Upper East Side has remained constant during the past decade. In 2003-2004, the average annual alcohol-related hospitalization rate in this community was lower than in Manhattan and in New York City overall (175/100,000 vs. 595/100,000 in Manhattan and 439/100,000 in NYC).

The drug-related hospitalization rate in 2003-2004 was also lower (125/100,000) than in Manhattan (643/100,000) and New York City overall (595/100,000).

The death rate due to drugs in 2003-2004 on the Upper East Side was half the rate in NYC overall (5/100,000 vs. 10/100,000).

Drug-related deaths

The drug-related death rate on the Upper East Side is half the NYC overall rate



Legend: Upper East Side (red), Manhattan (light blue), New York City (dark blue)

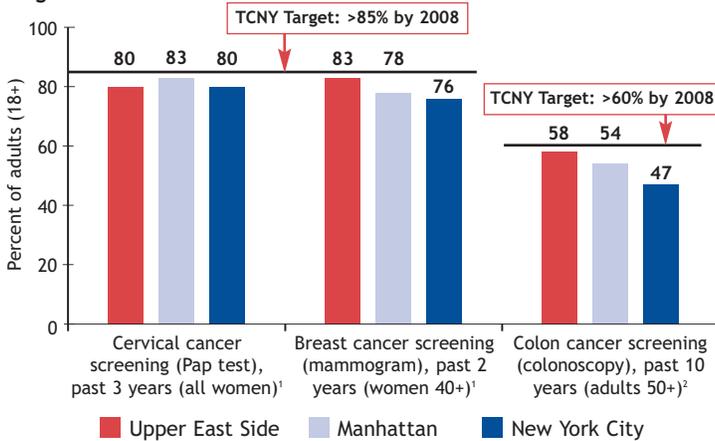
Rates are age-adjusted.
Data Sources: Bureau of Vital Statistics, NYC DOHMH, 1995-2004; U.S. Census 1990 and 2000/NYC Department of City Planning



GOAL 7 Get Checked for Cancer

Cancer screenings

On the Upper East Side, cancer screening remains lower than TCNY targets



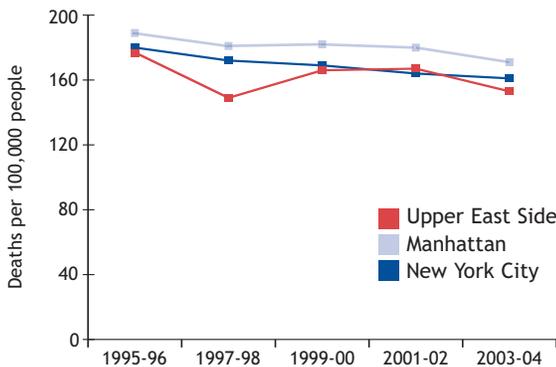
Percents are age-adjusted. Data Sources: ¹NYC Community Health Survey 2002 & 2004, ²NYC Community Health Survey 2003-04

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 on the Upper East Side are getting Pap tests for cervical cancer and mammograms for breast cancer at rates close to but still below the TCNY target of more than 85%. Adults aged 50 and up on the Upper East Side are 20% more likely to have had a colonoscopy in the past 10 years than those in NYC overall (58% vs. 47%).

Cancer deaths

The death rate due to cancer on the Upper East Side is lower than in Manhattan overall



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

The death rate due to cancer has decreased by almost 15% on the Upper East Side during the past decade. The 2003-2004 average annual cancer death rate was 10% lower than Manhattan rate but similar to the NYC overall rate (153/100,000 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 on the Upper East Side are due to lung, blood-related (such as lymphoid), and prostate cancers. Among women, lung, breast, and colon cancers are the top 3 causes of cancer-related death.

Highest cancer death rates on the Upper East Side (2003-2004)					
MEN			WOMEN		
Type of Cancer	DEATHS / 100,000 PEOPLE		Type of Cancer	DEATHS / 100,000 PEOPLE	
	Upper East Side	NYC		Upper East Side	NYC
Lung, trachea, bronchus	42	51	Lung, trachea, bronchus	34	28
Blood-related	22	18	Breast	29	26
Prostate	18	25	Colorectal	15	17
Pancreas	15	12	Blood-related	12	12
Colorectal	13	23	Ovary	9	8

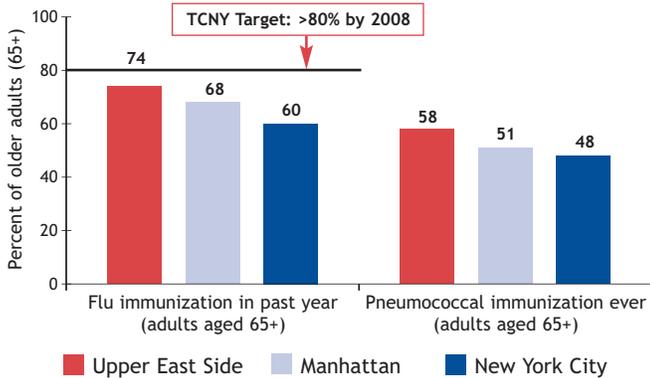
Rates are age-adjusted. Data Sources: Bureau of Vital Statistics, NYC DOHMH, 2003-2004; U.S. Census 2000/ NYC Department of City Planning



GOAL 8 Get the Immunizations You Need

Immunizations

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



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

Immunizations are not just for kids. Of all the deaths that could have been prevented by vaccination, 99% occur in adults. **Take Care New York** has set a target that more than 80% of adults aged 65 and older will get an annual flu (influenza) shot by 2008. The Upper East Side flu immunization rate among older adults falls short of the TCNY target, although it is higher than in NYC overall (74% vs. 60%).

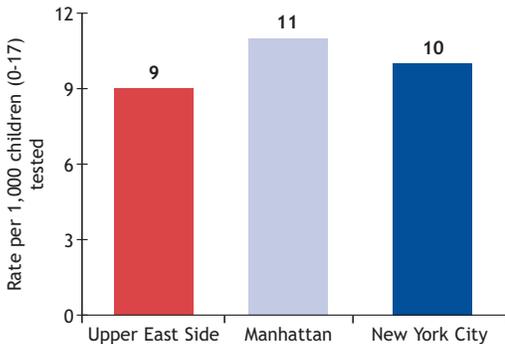
Immunization rates for pneumonia are lower than those for flu across NYC. The percent of Upper East Side older adults who have ever received the pneumococcal vaccine, which protects against one common cause of pneumonia, is one of the highest in NYC but is still well below the TCNY target.



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

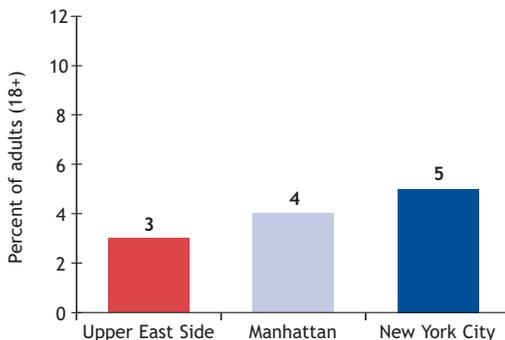
Childhood lead poisoning is a health problem that may be associated with decreased intelligence, learning and behavioral problems, and delayed growth and development. While the number of lead-poisoned children (0-17 years old) in New York City has declined dramatically over the past decade, the Health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

In 2004, 44 children on the Upper East Side (9/1,000) 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

Fewer than 1 in 20 adults on the Upper East Side reports having asthma



Percents are age-adjusted.

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

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

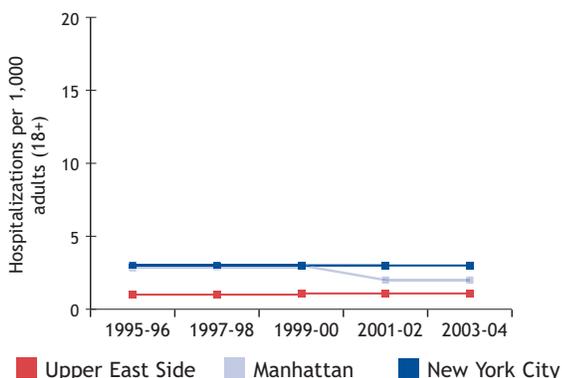
The percent of self-reported asthma among adults on the Upper East Side (3%) is similar to the percent in New York City overall (5%).

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) on the Upper East Side are lower than in NYC overall. The hospitalization rate due to adult asthma remained constant in the past decade. The rate among children in 2003-2004 was two-thirds lower than in Manhattan and NYC overall (2/1,000 vs. 6/1,000).

Adult asthma hospitalizations

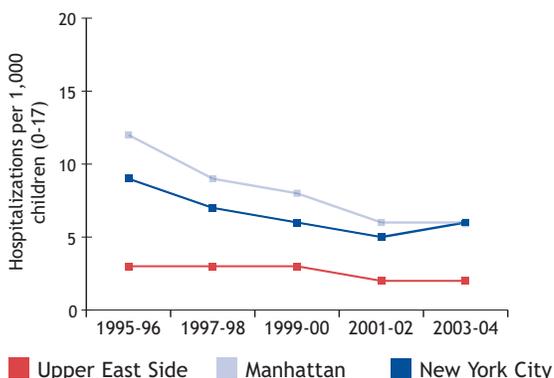
Rates of asthma hospitalization are lower on the Upper East Side



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 lower on the Upper East Side



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

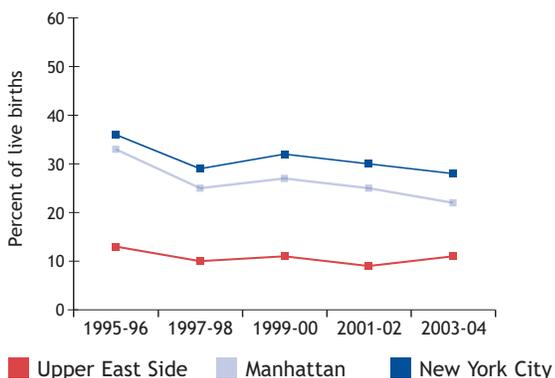
TAKE CARE NEW YORK Goal 10 Have a Healthy Baby

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 2003-2004 average annual percent of women who received late or no prenatal care was lower on the Upper East Side (11%) than the percent in 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 more than half on the Upper East Side. The average birth rate to teen moms in 2003-2004 in this community (11/1,000) was still much lower than in NYC overall (75/1,000).

Prenatal care

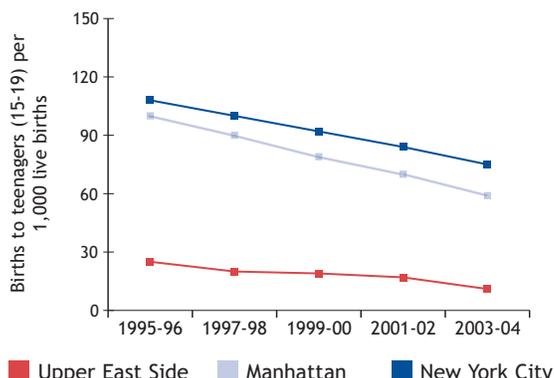
Only about 1 in 10 mothers on the Upper East Side received late or no prenatal care



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

Teenage mothers

The birth rate to teenage mothers (15-19 years) is lower on the Upper East Side



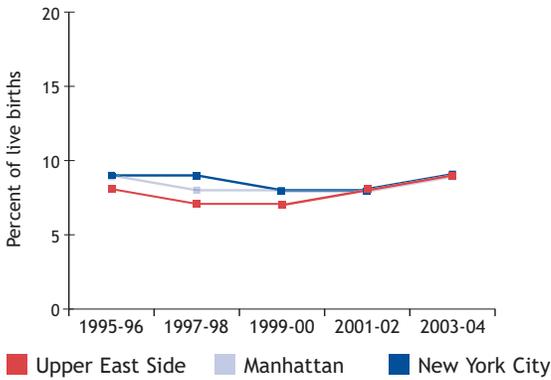
Data Source: Bureau of Vital Statistics, NYC DOHMH, 1995-2004

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 on the Upper East Side was 9% — the same as in Manhattan and NYC overall.

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 on the Upper East Side was 2/1,000, lower than in Manhattan (4/1,000) and NYC overall (6/1,000).

Low birthweight

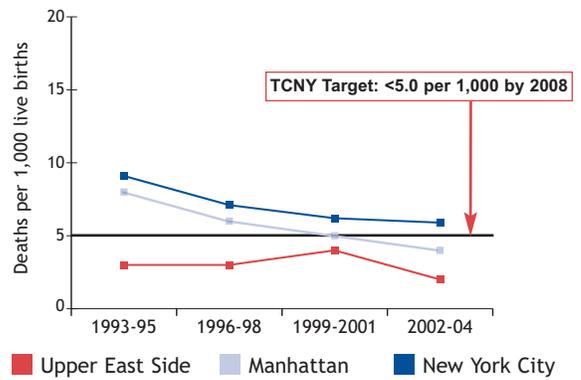
About 1 in 10 babies is born with low birthweight



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)

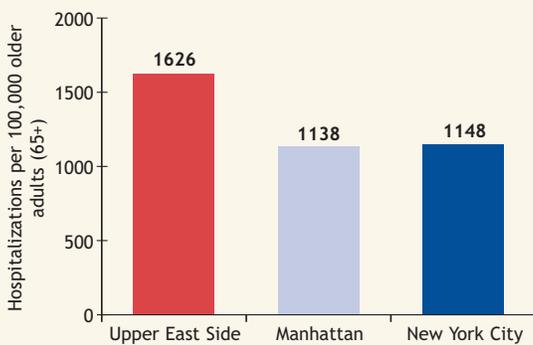
IMR on the Upper East Side is lower than in NYC overall



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

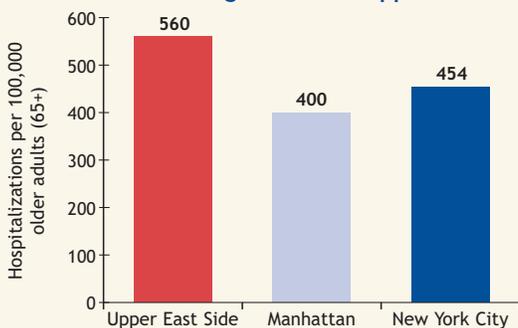
Neighborhood Health Highlight: Falls Among Older Adults

Older adults on the Upper East Side are more likely to have fall-related hospitalizations



Data Sources: New York State Department of Health Statewide Planning and Research Cooperative System, 2003-04; U.S. Census/NYC Department of City Planning

The fall-related hip fracture hospitalization rate in older adults is higher on the Upper East Side



Data Sources: New York State Department of Health Statewide Planning and Research Cooperative System, 2003-04; U.S. Census/NYC Department of City Planning

Every New York City neighborhood has different health concerns. Here we highlight falls among older adults on the Upper East Side.

More than 1 in 3 adults aged 65 and older fall each year, and falls are the leading cause of injury deaths among older adults. Among all NYC neighborhoods, the Upper East Side has the third highest rate of hospitalizations from falls, more than 40% higher than the NYC overall rate (1,626/100,000 vs. 1,148/100,000).

Fractures are one consequence of falls, and hip fractures are the most serious type of fracture. One half of older adults who are hospitalized with a hip fracture cannot return home or live independently after the injury. More than one quarter (27%) of fall hospitalizations among older adults from the Upper East Side are for hip fractures. The fall-related hip fracture hospitalization rate on the Upper East Side is more than 20% higher than the rate in NYC overall (560/100,000 vs. 454/100,000).

TAKING ACTION

Three modifiable risk factors for falls are (1) lower body weakness; (2) problems with balance and walking; and (3) taking 4 or more medications, or any psychoactive medication. Older adults should **exercise regularly** to reduce weakness and increase balance, and **review their medications with a doctor or pharmacist**. Environmental factors also increase risk of falls, and up to one half of all falls happen at home.

For more information on **reducing fall hazards**, go to www.cdc.gov/ncipc/pub-res/toolkit/brochures.htm, or 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 utilizes 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.

National data and information on falls among older adults were taken from the Centers for Disease Control and Prevention's National Center for Injury Prevention and Control at www.cdc.gov/ncipc/.

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 Upper East Side are 10021, 10026, 10044, 10126, and 10162. 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. Upper East Side statistics from these individual-year datasets include data from the neighboring communities of Gramercy Park and Murray Hill.

Avoidable Hospitalizations

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

Significance Testing

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

TCNY report card

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

Cover Photograph: Park Avenue, Manhattan. Photo by Kristina Metzger. 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 Nica, 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 the Upper East Side

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

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
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New York, NY 10013

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in this report,
please call 311.**

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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

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