Community Health Profiles

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

TAKE CARE

Lower Manhattan
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 Lower Manhattan include:

- The rate of alcohol-related hospitalizations in Lower Manhattan has increased in the past decade to more than double the NYC overall rate (page 10).
- Lower Manhattan cancer screening rates remain well below TCNY targets, and the top causes of cancer-related death in both men and women include cancers for which there are preventive screening tests (page 11).
- Lower Manhattan residents are more likely to binge drink and engage in heavy drinking than those in NYC overall (page 14).

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

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**Lower Manhattan at a Glance**

**Population**

| Total number of people living in Lower Manhattan in 2000: | 30,900 |

**Age**

People in Lower Manhattan are more likely to be middle-aged than residents in New York City overall

<table>
<thead>
<tr>
<th>Age</th>
<th>Lower Manhattan</th>
<th>Manhattan</th>
<th>NYC</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-17 years</td>
<td>12%</td>
<td>17%</td>
<td>24%</td>
</tr>
<tr>
<td>18-24 years</td>
<td>15%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>25-44 years</td>
<td>42%</td>
<td>38%</td>
<td>33%</td>
</tr>
<tr>
<td>45-64 years</td>
<td>20%</td>
<td>23%</td>
<td>21%</td>
</tr>
<tr>
<td>65+ years</td>
<td>11%</td>
<td>12%</td>
<td>12%</td>
</tr>
</tbody>
</table>

**Education**

Lower Manhattan residents aged 25 and older have completed more years of education than those in NYC overall

<table>
<thead>
<tr>
<th>Education</th>
<th>Lower Manhattan</th>
<th>Manhattan</th>
<th>NYC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 8th grade</td>
<td>11%</td>
<td>10%</td>
<td>12%</td>
</tr>
<tr>
<td>Some high school, no diploma</td>
<td>9%</td>
<td>11%</td>
<td>16%</td>
</tr>
<tr>
<td>High school diploma</td>
<td>11%</td>
<td>14%</td>
<td>25%</td>
</tr>
<tr>
<td>Some college, no degree</td>
<td>15%</td>
<td>16%</td>
<td>20%</td>
</tr>
<tr>
<td>College graduate</td>
<td>54%</td>
<td>49%</td>
<td>27%</td>
</tr>
</tbody>
</table>

**Poverty**

In Lower Manhattan, the percent of residents living below the poverty level is lower than in NYC overall

<table>
<thead>
<tr>
<th>Percent of residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower Manhattan</td>
</tr>
<tr>
<td>Manhattan</td>
</tr>
<tr>
<td>New York City</td>
</tr>
</tbody>
</table>

**Race / Ethnicity**

Lower Manhattan has higher proportions of white and Asian residents than Manhattan and NYC overall

<table>
<thead>
<tr>
<th>Lower Manhattan</th>
<th>Manhattan</th>
<th>NYC</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>53%</td>
<td>46%</td>
</tr>
<tr>
<td>Asian</td>
<td>24%</td>
<td>9%</td>
</tr>
<tr>
<td>Black</td>
<td>7%</td>
<td>15%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>13%</td>
<td>27%</td>
</tr>
</tbody>
</table>

**Foreign-born**

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

| Lower Manhattan | 28% |
| Manhattan       | 29% |
| NYC             | 36% |
Take Care Lower Manhattan

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 Lower Manhattan 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 Lower Manhattan 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**

Lower Manhattan ranks as average or above on nearly all 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**

One in 5 adults in Lower Manhattan reports being 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 Lower Manhattan, about one fifth of residents (19%) consider themselves to be in fair or poor health.
Overall Death Rates in Lower Manhattan

Death rates
In Lower Manhattan, the death rate is similar to rates in Manhattan and NYC overall

Although New York City death rates have dropped over the last decade, the death rate in Lower Manhattan has remained fairly stable.

In 2003-2004, the average annual death rate in Lower Manhattan was similar to the Manhattan and New York City overall rates (668/100,000 vs. 697/100,000 in Manhattan and 718/100,000 in NYC). Throughout this profile, cause-specific death rates are provided for TCNY goals.

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

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

The causes of premature death differ across communities. The primary cause of premature death in Lower Manhattan 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 in Lower Manhattan


*Other includes Certain Perinatal Conditions (2%), Diabetes (2%), Unknown or Benign Neoplasms (1%), and Other (29%).

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. Lower Manhattan residents are less likely to be without a regular doctor than those in Manhattan and NYC overall, meeting the TCNY goal of less than 20%. Lower Manhattan residents are also less likely to go to the ED when they are sick or need health advice (3%) than those in NYC overall (8%).

**Access to care**

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

<table>
<thead>
<tr>
<th></th>
<th>Lower Manhattan</th>
<th>Manhattan</th>
<th>NYC</th>
</tr>
</thead>
<tbody>
<tr>
<td>No personal doctor</td>
<td>15</td>
<td>24</td>
<td>24</td>
</tr>
<tr>
<td>Go to ED when sick or need health advice</td>
<td>3*</td>
<td>6</td>
<td>8</td>
</tr>
</tbody>
</table>

*Estimate is unstable due to small sample size and should be interpreted with caution.
Per cents are age-adjusted.

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

Health insurance is important for access to health care. Residents in Lower Manhattan are 15% more likely than those in NYC overall to have been insured for the entire past year (83% vs. 71%). In addition to those currently without health insurance (6%), another 11% 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. One fifth of Lower Manhattan residents (21%) currently smoke. Many methods to quit smoking are available, and nearly 7 in 10 smokers in Lower Manhattan (68%) are trying to kick the habit.

Residents who smoke

More than 1 in 5 adults in Lower Manhattan smoke . . .

![Graph showing smoking rates]

Data Source: NYC Community Health Survey 2004

Attempts to quit smoking in the past year

. . . but most smokers are trying to quit

![Graph showing quit attempts]

Data Source: NYC Community Health Survey 2004

GOAL 3  Keep Your Heart Healthy

Heart disease can cause severe illness and death. Lower Manhattan residents had an average annual heart disease hospitalization rate in 2003-2004 that was similar to the Manhattan rate and 15% lower than the rate in NYC overall (1,581/100,000 vs. 1,489/100,000 in Manhattan and 1,856/100,000 in NYC). The heart disease death rate in 2003-2004 (221/100,000) was also similar to the rate in Manhattan (234/100,000) and lower than the NYC overall rate (297/100,000).

Heart disease hospitalizations

Heart disease hospitalization rates are lower in Lower Manhattan than in NYC overall

![Graph showing hospitalization rates]

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

Deaths due to heart disease

The heart disease death rate in Lower Manhattan is lower than in NYC overall

![Graph showing death rates]


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

Percent are age-adjusted. Data Source: NYC Community Health Survey 2002
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 Lower Manhattan, 14% of adults are obese.

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 Lower Manhattan, 1 in 20 adults has diabetes (5%).

Physical activity helps people maintain a healthy weight and strengthens the cardiovascular system. More than 1 in 3 Lower Manhattan residents (38%) report doing no physical activity at all. Less than half of Lower Manhattan residents (48%) 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 Lower Manhattan, the rate of HIV diagnoses (54/100,000) and the rate of people living with HIV/AIDS (1,454/100,000) are lower than the Manhattan rates and similar to the rates in NYC overall.

In 2003-2004, the average annual HIV-related death rate in Lower Manhattan was similar to the Manhattan and NYC overall rates (16/100,000 vs. 22/100,000 in Manhattan and 18/100,000 in NYC).

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. Only one fifth of Lower Manhattan residents (19%) have been tested for HIV in the past year. In addition, one third of positive HIV test results (33%) 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. About one third (37%) of Lower Manhattan adults who had more than 1 sex partner in the past year reported using a condom at their last sexual encounter.

HIV/AIDS in 2004

<table>
<thead>
<tr>
<th>Total HIV diagnoses per 100,000 people* (13+)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower Manhattan 54</td>
</tr>
<tr>
<td>Manhattan 69</td>
</tr>
<tr>
<td>New York City 55</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% HIV diagnosed concurrently with AIDS** (13+)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower Manhattan 33%</td>
</tr>
<tr>
<td>Manhattan 23%</td>
</tr>
<tr>
<td>New York City 29%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>People living with HIV/AIDS per 100,000 people* (13+)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower Manhattan 1,454</td>
</tr>
<tr>
<td>Manhattan 2,102</td>
</tr>
<tr>
<td>New York City 1,419</td>
</tr>
</tbody>
</table>

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


HIV and related disease continues to cause many deaths in New York City

Death rate due to HIV

HIV and related disease continues to cause many deaths in New York City.

HIV testing

Only 1 in 5 Lower Manhattan adults has had an HIV test in the past year.

Condom use at last sexual encounter

Only about 4 in 10 Lower Manhattan adults with multiple sex partners used a condom.

Percentages are age-adjusted.

Data Source: NYC Community Health Survey 2003

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.

Percentages are age-adjusted.

Data Source: NYC Community Health Survey 2002-03-04
GOAL 5  Get Help for Depression

Psychological distress

Almost 1 in 20 Lower Manhattan adults suffers 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 Lower Manhattan, 4% of residents experience serious psychological distress.

*M estimate is unstable due to small sample size and should be interpreted with caution. 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

Mental illness

Hospitalizations for mental illness are less common in Lower Manhattan

Hospitalization rates are one way to look at serious mental illness in a neighborhood. The mental illness hospitalization rate in Lower Manhattan has remained fairly constant during the past decade.

In 2003-2004, the community’s average annual rate of mental illness hospitalizations (710/100,000) 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.
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. Lower Manhattan adults are more likely than adults NYC overall (22% vs. 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 in Lower Manhattan has more than doubled in the past decade. In 2003-2004, the average annual alcohol-related hospitalization rate in this community was higher than in Manhattan and in New York City overall (1,045/100,000 vs. 595/100,000 in Manhattan and 439/100,000 in NYC).

The drug-related hospitalization rate has also increased during the past 10 years in Lower Manhattan. In 2003-2004, it was similar (645/100,000) to both the Manhattan (643/100,000) and New York City overall (595/100,000) rates.
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 Lower Manhattan are getting Pap tests for cervical cancer and mammograms for breast cancer at rates below the TCNY target of more than 85%. In addition, only about half of adults aged 50 and older in Lower Manhattan have had a colonoscopy in the past 10 years.

The highest cancer-related death rates among men in Lower Manhattan are due to lung, colon and blood-related (such as lymphoid) cancers. Among women, lung, colon, and breast cancers are the top 3 causes of cancer-related death.
GOAL 8  Get the Immunizations You Need

Immunizations
Older adults in Lower Manhattan are more likely to have had their flu and pneumococcal (pneumonia) immunizations than those in NYC overall.

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. Older adults in Lower Manhattan are more likely to have had a flu shot in the past year than those in NYC overall (79% vs. 60%).

Immunization rates for pneumonia are lower than those for flu across NYC. Lower Manhattan older adults are more likely than those in NYC overall (66% vs. 48%) 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, 7 children in Lower Manhattan (9/1,000) 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
Nearly 1 in 20 adults in Lower Manhattan 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.

In Lower Manhattan, 4% of adults report having asthma.
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 in Lower Manhattan are lower than in Manhattan and NYC overall. The average annual hospitalization rate due to adult asthma in 2003-2004 was nearly 50% lower in Lower Manhattan than in NYC overall. The 2003-2004 rate among children (0-17 years old) in this community was also lower than Manhattan and NYC overall rates (3/1,000 vs. 6/1,000 in Manhattan and NYC).

**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. In Lower Manhattan, the average annual percent of women who received late or no prenatal care in 2003-2004 was lower than in NYC overall (20% vs. 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 nearly 60% in Lower Manhattan. The average birth rate to teen moms in 2003-2004 in this community (19/1,000) was almost 70% lower than the Manhattan rate (59/1,000) and 75% lower 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 Lower Manhattan was 7% — similar to 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 Lower Manhattan was 3/1,000, similar to Manhattan and NYC overall.

**Low birthweight**
Less than 10% of babies in Lower Manhattan are born with low birthweight

- Infant mortality rate (IMR)
  The IMR in NYC is still higher than the TCNY target

**Neighborhood Health Highlight: Alcohol Abuse**

*Men are more likely to binge drink than women in Lower Manhattan*

- Binge drinking is more common among heavy drinkers in Lower Manhattan

Abuse of alcohol can lead to alcohol dependence. When drinking causes trouble in relationships, school or work, social activities, or thinking or feeling, then drinking has become a problem. Drinking problems should be discussed with a health care professional. For more information, call 311.

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*Taking Action*

Abuse of alcohol can lead to alcohol dependence. When drinking causes trouble in relationships, school or work, social activities, or thinking or feeling, then drinking has become a problem. Drinking problems should be discussed with a health care professional. For more information, call 311.
Technical notes

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

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

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

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

Neighborhood Definitions
The 42 NYC neighborhoods are based on the United Hospital Fund definitions of neighborhood, which are specified by zip code. For a complete listing of all 42 neighborhoods and their zip codes, go to nyc.gov/health. The zip codes included in analyses of Lower Manhattan are 10004, 10005, 10006, 10007, 10036, 10048, 10280, and 10282. 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. Lower Manhattan statistics from the 2003 and 2004 individual-year datasets include data from the neighboring communities of the Lower East Side, Chinatown and the East Village.

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: Front Street, Manhattan. Photo by Shadi Chamany. Maps by Susan Resnick.

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Community Health Profile for Lower Manhattan

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

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

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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.