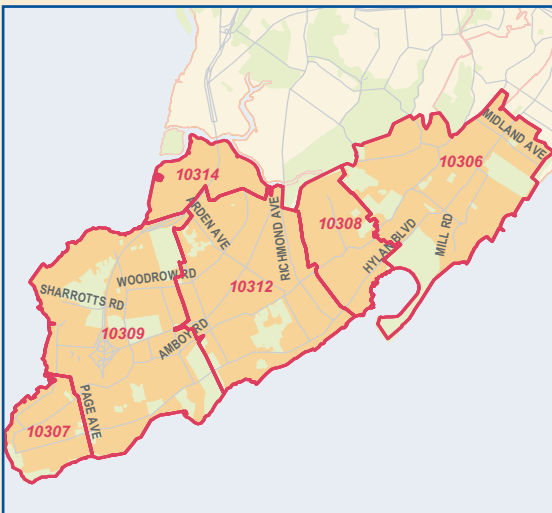


Community Health Profiles

New York City Department of Health and Mental Hygiene

SECOND EDITION — 2006



TAKE CARE South Shore

Staten Island

*(Including Annadale,
Eltingville, Great Kills,
Huguenot, South Beach,
and Tottenville)*

Community Health Profile, Second Edition: The South Shore

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 [South Shore](#) include:

- South Shore residents are more likely to be hospitalized for and die from heart disease than adults in NYC overall (page 6).
- South Shore adults are more likely to smoke than those in NYC overall and are also more likely to die from lung cancer (pages 6, 14).
- The death rate due to cancer is higher on the South Shore than in NYC overall, and lung cancer is the number one cancer-related cause of death among both men and women in this community (page 11).

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

Population

Total number of people living on the South Shore in 2000:

179,900

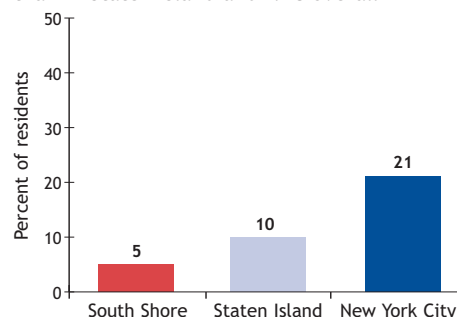
Age

People on the South Shore are slightly older than in New York City overall

	South Shore	Staten Island	NYC
0-17 years	25%	25%	24%
18-24 years	8%	9%	10%
25-44 years	31%	31%	33%
45-64 years	25%	23%	21%
65+ years	11%	12%	12%

Poverty

On the South Shore, the percent of residents living below the poverty level is much lower than in Staten Island and NYC overall



Education

About half of South Shore residents aged 25 and older have completed at least some college education

	South Shore	Staten Island	NYC
Up to 8th grade	4%	5%	12%
Some high school, no diploma	10%	12%	16%
High school diploma	37%	34%	25%
Some college, no degree	27%	26%	20%
College graduate	22%	23%	27%

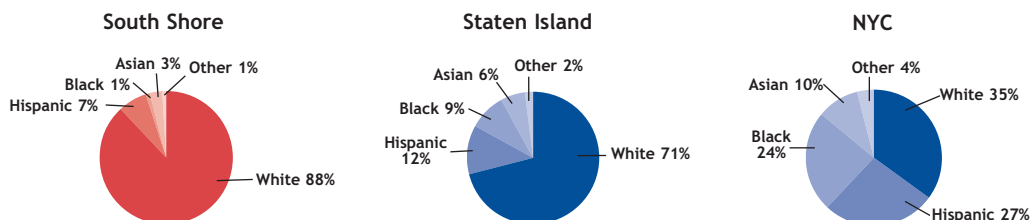
Foreign-born

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

Area	Percent
South Shore	12%
Staten Island	16%
NYC	36%

Race / Ethnicity

The South Shore has a higher proportion of white residents than Staten Island and NYC overall



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

Take Care South Shore



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 South Shore 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 South Shore 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

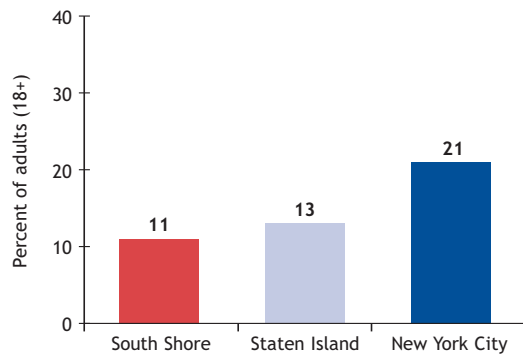
The South Shore ranks as average or above on most indicators when compared to the 41 other NYC neighborhoods

	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 South Shore are less likely to consider themselves to be in fair or poor health than adults in NYC overall



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.

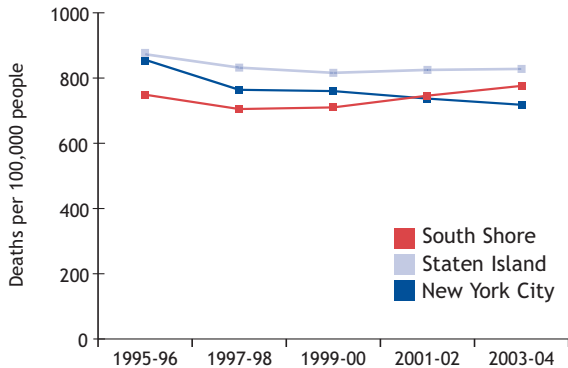
On the South Shore, residents are less likely to report being in fair or poor health (11%) than those in New York City overall (21%).

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

Overall Death Rates on the South Shore

Death rates

On the South Shore, the death rate has stayed fairly constant



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

Although New York City death rates have dropped over the last decade, the death rate on the South Shore has remained fairly constant.

In 2003-2004, the average annual death rate on the South Shore fell between the Staten Island and New York City overall rates (776/100,000 vs. 828/100,000 in Staten Island 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.

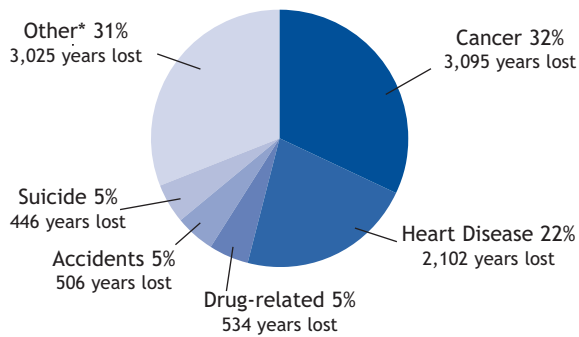
Premature death

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 South Shore is cancer, as well as in both Staten Island 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 South Shore

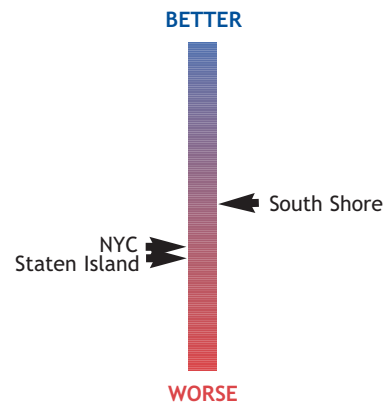


*Other includes Certain Perinatal Conditions (4%), Chronic Lower Respiratory Disease (3%), Pneumonia and Influenza (2%), HIV-related (2%), Diabetes (2%), and Other (18%).

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 South Shore ranks in the middle (21st) 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

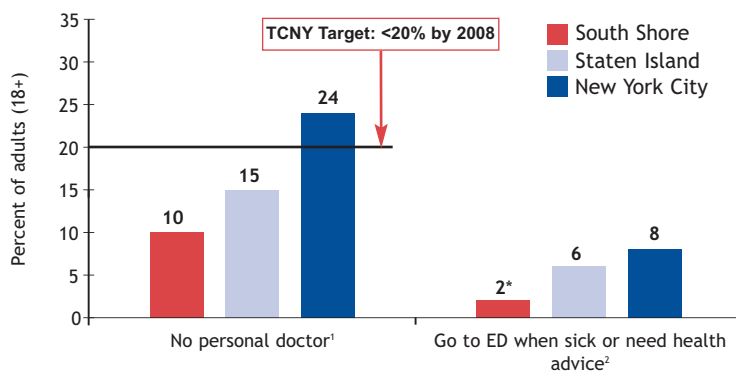
GOAL 1 Have a Regular Doctor or Other Health Care Provider

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 South Shore, residents are less likely to be without a regular doctor than adults in NYC overall (10% vs. 24%), meeting the TCNY goal of less than 20%. South Shore residents are also less likely to go to the ED when they are sick or need health advice (2%) than those in NYC overall (8%).

Access to care

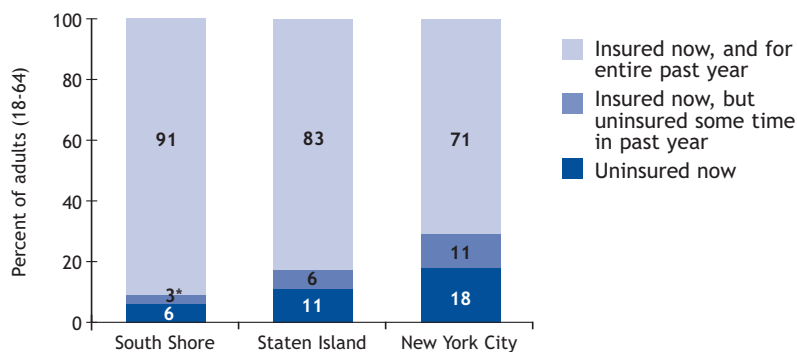
Without a primary provider, people may seek routine health care in the emergency department (ED)



*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

Health insurance

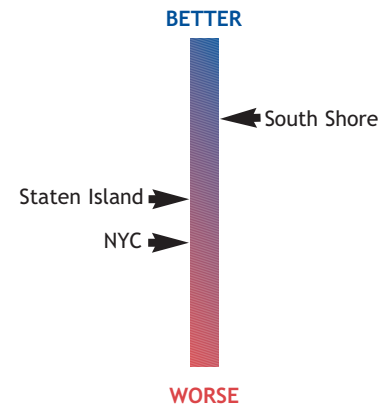
Nearly 1 in 10 adults on the South Shore is uninsured or went without health insurance during the past year



*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.

Avoidable hospitalizations

The 2004 avoidable hospitalization rate on the South Shore ranks well (10th) 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 is important for access to health care. Residents on the South Shore are more likely to have been insured for the entire past year than those in Staten Island and New York City overall (91% vs. 83% in Staten Island and 71% in NYC). In addition to those currently uninsured (6%), another 3% of residents in this community went without health insurance at some time during the past year.

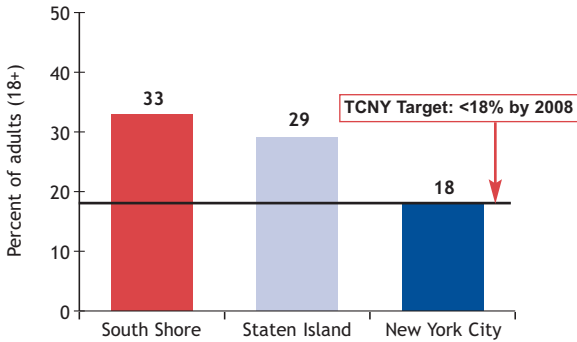


GOAL 2 Be Tobacco-Free

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. South Shore adults are 45% more likely to currently smoke than those in NYC overall (33% vs. 18%). Many methods to quit smoking are available, and more than half of smokers on the South Shore (57%) are trying to kick the habit.

Residents who smoke

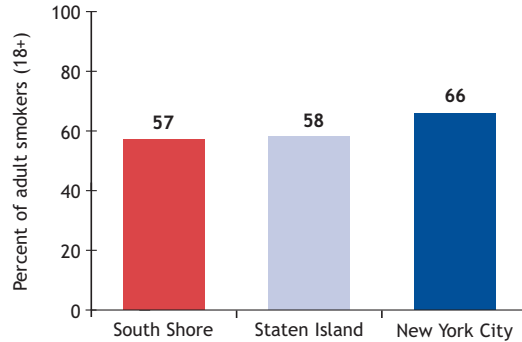
Adults on the South Shore are more likely to smoke than those in NYC overall . . .



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

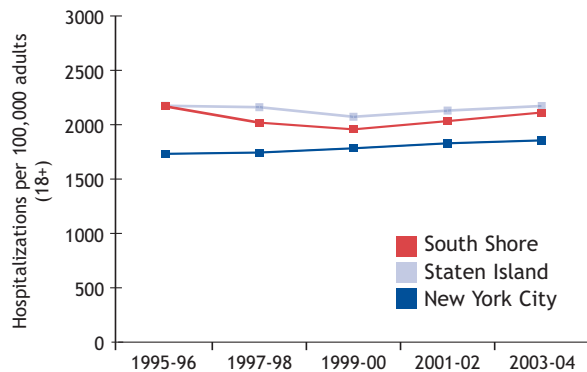


GOAL 3 Keep Your Heart Healthy

Heart disease can cause severe illness and death. South Shore residents had an average annual heart disease hospitalization rate in 2003-2004 that was similar to the Staten Island rate but nearly 15% higher than the rate in NYC overall (2,112/100,000 vs. 2,172/100,000 in Staten Island and 1,856/100,000 in NYC). The heart disease death rate in 2003-2004 (354/100,000) was also similar to the rate in Staten Island (371/100,000) but higher than the NYC overall rate (297/100,000).

Heart disease hospitalizations

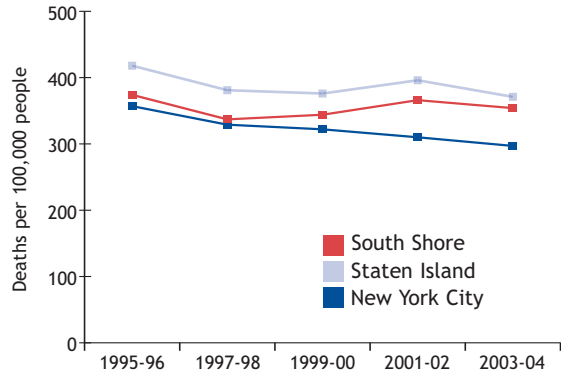
Heart disease hospitalizations are more common on the South Shore than in NYC overall



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

Deaths due to heart disease

The heart disease death rate on the South Shore is higher than in NYC overall



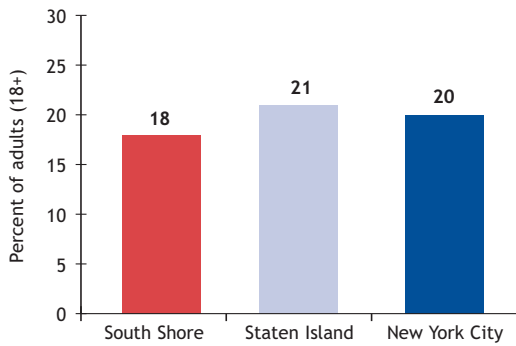
Rates are age-adjusted.
Data Sources: Bureau of Vital Statistics, NYC DOHMH, 1995-2004; U.S. Census 1990 and 2000/NYC Department of City Planning

High blood pressure and high cholesterol. Both of these conditions contribute to heart disease. On the South Shore, 19% of adults were told by a health care professional that they have high blood pressure (similar to 21% in Staten Island and lower than 26% in NYC overall), and 3 in 10 adults (29%) were told that they have high cholesterol (similar to 26% in Staten Island and NYC overall).

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

Obesity

Nearly one fifth of adults on the South Shore are obese



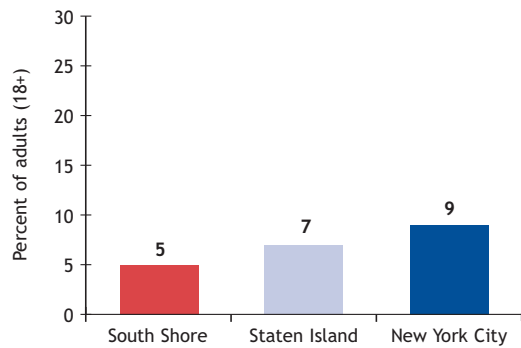
Obesity is defined as a body-mass-index (BMI) of 30 or greater. Percents are age-adjusted.
Data Source: NYC Community Health Survey 2002-03-04

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 South Shore, nearly 1 in 5 adults (18%) is obese.

Diabetes

Adults on the South Shore are less likely to have diabetes than adults in NYC overall



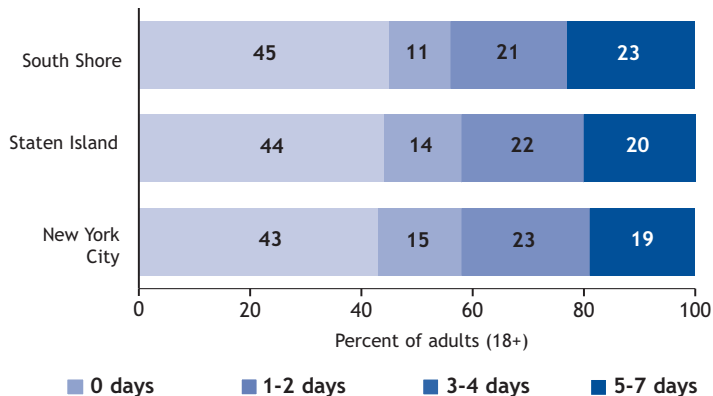
Percents are age-adjusted.
Data Source: NYC Community Health Survey 2002-03-04

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 South Shore, 5% adults have diabetes, compared to 9% in New York City overall.

Days per week of recreational exercise

Less than half of adults on the South Shore are meeting physical activity recommendations



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. More than 4 in 10 South Shore residents (45%) report doing no physical activity at all. Less than half of residents in this community (44%) 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.

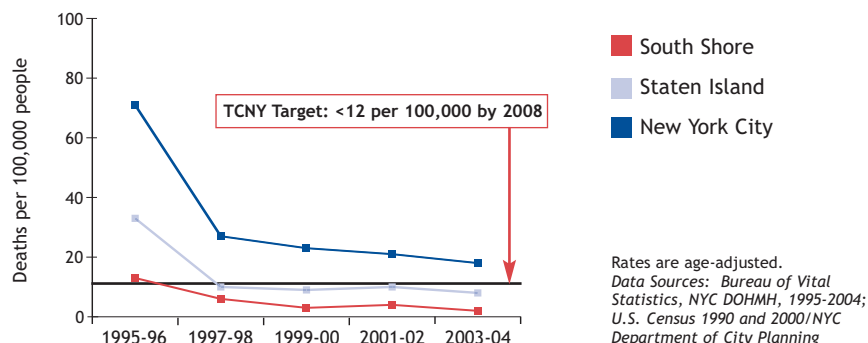
TAKE CARE NEW YORK GOAL 4 Know Your HIV Status

Wide disparities exist in HIV across New York City communities. The rate of HIV diagnoses (7/100,000) and the rate of people living with HIV/AIDS (183/100,000) on the South Shore are both much lower than in Staten Island and NYC overall.

The death rate due to HIV disease has dropped by 85% during the past decade in this community. In 2003-2004, the average annual HIV-related death rate on the South Shore was lower than both the Staten Island and NYC overall rates (2/100,000 vs. 8/100,000 in Staten Island and 18/100,000 in NYC).

Death rate due to HIV

HIV-related death rates on the South Shore have dropped dramatically in the past decade and are lower than in NYC overall



HIV/AIDS in 2004

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

South Shore	7
Staten Island	20
New York City	55

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

South Shore	64%
Staten Island	30%
New York City	29%

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

South Shore	183
Staten Island	457
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

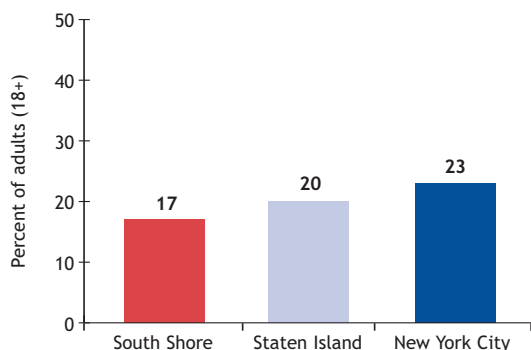
HIV/AIDS testing and prevention

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. South Shore residents are more than 25% less likely to be tested for HIV than those in New York City overall. In addition, two thirds of positive HIV test results (64%) are “late” diagnoses (HIV has already progressed to AIDS) on the South Shore.

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. Only one third (33%) of South Shore adults who had more than 1 sex partner in the past year reported using a condom at their last sexual encounter.

HIV testing

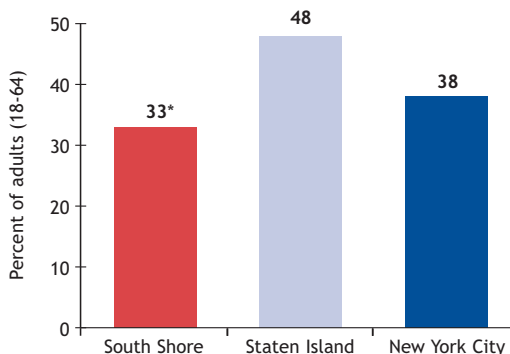
South Shore adults are less likely to have had an HIV test in the past year



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

Condom use at last sexual encounter

Only 1 in 3 of South Shore adults with multiple sex partners used a condom



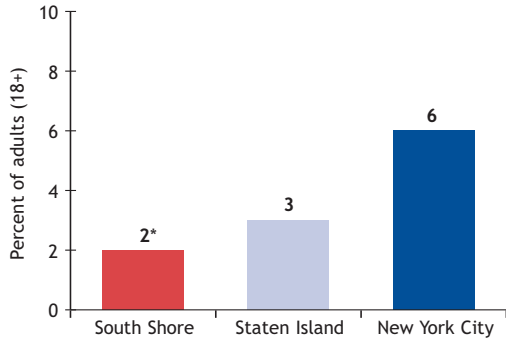
*Estimate is unstable due to small sample size and should be interpreted with caution. Analysis limited to adults aged 18-64 who reported having >1 sex partner in the past year, excluding women who reported having sex only with women. Percents are age-adjusted.
Data Source: NYC Community Health Survey 2002-03-04



GOAL 5 Get Help for Depression

Psychological distress

Adults on the South Shore are less likely to suffer from serious psychological distress than those in NYC overall



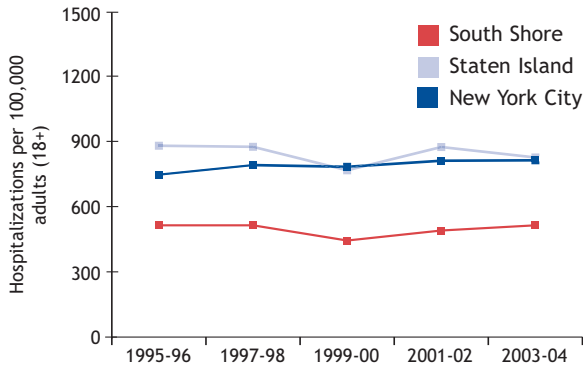
*Estimate is unstable due to small sample size and should be interpreted with caution.
 Serious psychological distress can be identified in individuals using Kessler's K6 scale, a validated measure consisting of 6 simple questions about mood. Percents are age-adjusted.
 Data Source: NYC Community Health Survey 2002-03

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

On the South Shore, 2% of residents experience serious psychological distress, only one third of the percent in NYC overall.

Mental illness

Hospitalizations for mental illness are lower on the South Shore



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 South Shore have had a lower mental illness hospitalization rate over the past 10 years (excluding alcohol- or drug-related illness) than those in Staten Island and in New York City overall.

In 2003-2004, the community's average annual rate of mental illness hospitalizations (514/100,000) was about 35% lower than both the Staten Island rate (826/100,000) and the rate in New York City overall (813/100,000).

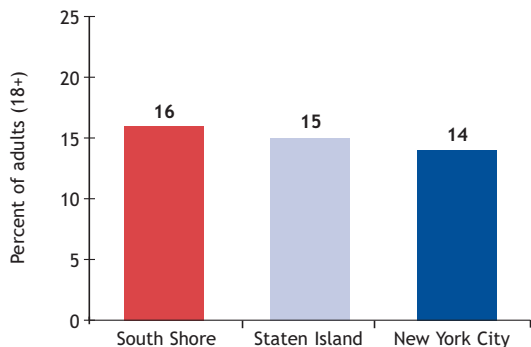
Understanding hospitalizations and access to health care. Hospitalization data are useful in understanding the burden that certain conditions place on the health care system, but not necessarily in measuring the exact extent of illness in a community. Variations in hospitalization rates may reflect not only differences in rates of illness, but also differences in access to health care. For example, the kinds of health institutions available to residents differ by community, as might the ability of residents to pay for those resources. If a community has a specialized residential institution for a certain type of disease, such as mental illness or stroke, people from outside that neighborhood may come to reside at this institution for care, resulting in an increase in reported hospitalizations for that disease in the community.



GOAL 6 Live Free of Dependence on Alcohol and Drugs

Binge drinking

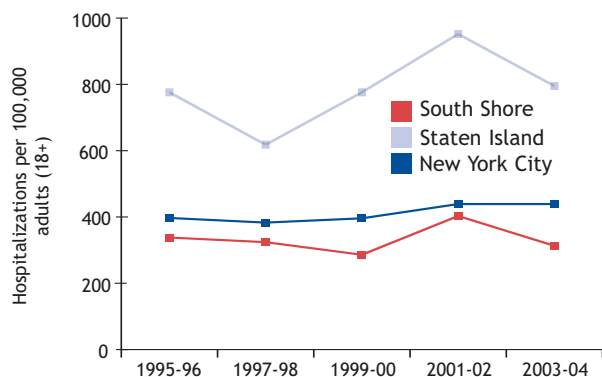
Nearly 1 in 6 adults on the South Shore engaged in binge drinking in the past month



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

Alcohol-related hospitalizations

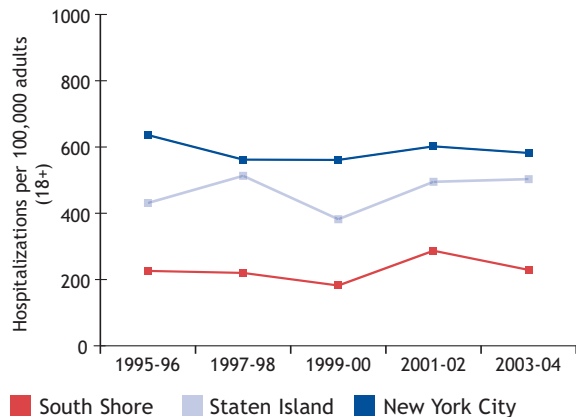
The alcohol-related hospitalization rate on the South Shore is lower



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

Drug-related hospitalizations are less common on the South Shore



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. On the South Shore, 16% of adults report engaging in at least one episode of binge drinking (defined as consuming 5 or more drinks on one occasion) in the past month.

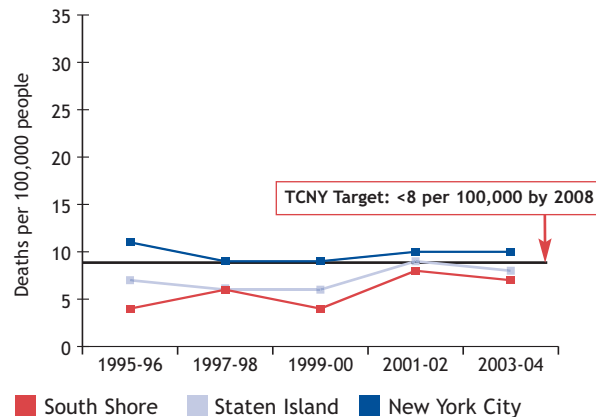
Alcohol-related hospitalizations reflect both acute and chronic (e.g., liver disease) consequences of alcohol abuse. In 2003-2004, the average annual alcohol-related hospitalization rate in this community was lower than in Staten Island and in New York City overall (313/100,000 vs. 795/100,000 in Staten Island and 439/100,000 in NYC).

The drug-related hospitalization rate in 2003-2004 was also lower (229/100,000) than in Staten Island (503/100,000) and New York City overall (595/100,000).

The 2003-2004 death rate due to drugs on the South Shore was similar to the rates in both Staten Island and NYC overall (7/100,000 vs. 8/100,000 in Staten Island and 10/100,000 in NYC).

Drug-related deaths

About 10 deaths per 100,000 residents are related to drugs in New York City

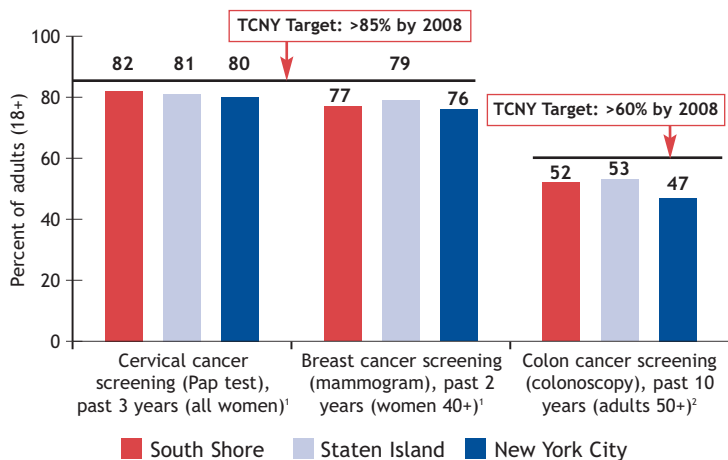


Rates are age-adjusted. Data Sources: Bureau of Vital Statistics, NYC DOHMH, 1995-2004; U.S. Census 1990 and 2000/NYC Department of City Planning

TAKE CARE NEW YORK GOAL 7 Get Checked for Cancer

Cancer screenings

On the South Shore, cancer screening is lower than TCNY targets



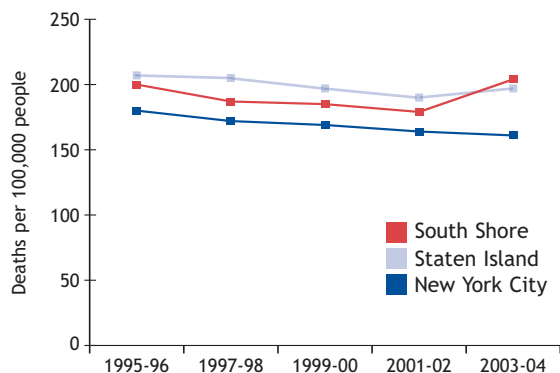
Percents are age-adjusted. Data Sources: ¹NYC Community Health Survey 2002 & 2004, ²NYC Community Health Survey 2003-04

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 South Shore are getting Pap tests for cervical cancer at a rate close to the TCNY target of more than 85%, but mammograms for breast cancer at a rate 10% lower than the target. In addition, only about half of adults aged 50 and older on the South Shore have had a colonoscopy in the past 10 years.

Cancer deaths

The death rate due to cancer is now higher on the South Shore than in 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 due to cancer has remained fairly steady on the South Shore during the past decade. The 2003-2004 average annual cancer death rate was similar to the Staten Island rate but more than 25% higher than the NYC overall rate (204/100,000 vs. 197/100,000 in Staten Island 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 South Shore are due to lung, colon, and prostate cancers. Among women, lung, breast, and blood-related (such as lymphoid) cancers are the top 3 causes of cancer-related death.

Highest cancer death rates on the South Shore (2003-2004)					
MEN			WOMEN		
Type of Cancer	DEATHS / 100,000 PEOPLE		Type of Cancer	DEATHS / 100,000 PEOPLE	
	South Shore	NYC		South Shore	NYC
Lung, trachea, bronchus	83	51	Lung, trachea, bronchus	52	28
Colorectal	23	23	Breast	39	26
Prostate	20	25	Blood-related	21	12
Pancreas	16	12	Colorectal	18	17
Blood-related	15	18	Pancreas	10	9

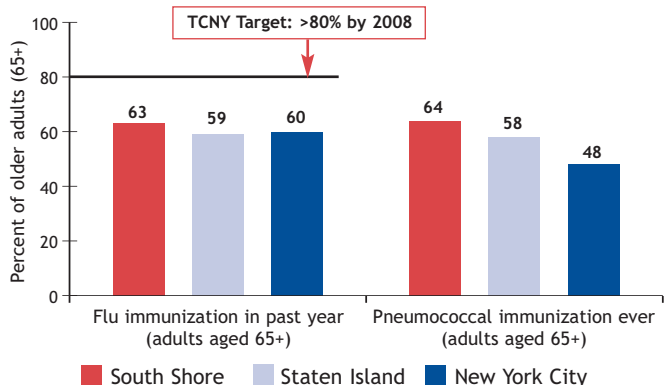
Rates are age-adjusted. Data Sources: Bureau of Vital Statistics, NYC DOHMH, 2003-2004; U.S. Census 2000/NYC Department of City Planning



GOAL 8 Get the Immunizations You Need

Immunizations

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



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

Immunizations are not just for kids. Of all the deaths that could have been prevented by vaccination, 99% occur in adults. **Take Care New York** has set a target that more than 80% of adults aged 65 and older will get an annual flu (influenza) shot by 2008. The South Shore flu immunization rate among older adults falls short of the TCNY target by more than 20%.

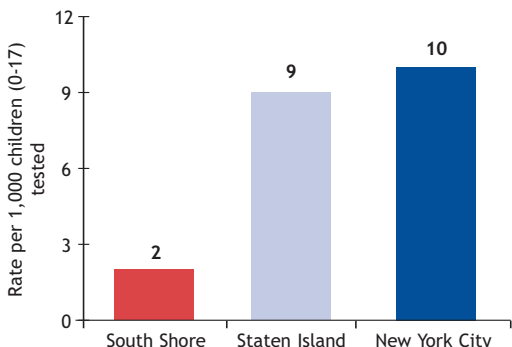
Immunization rates for pneumonia are lower than those for flu in NYC overall but not on the South Shore. Older adults in this community are more likely than those in NYC overall to have ever received the pneumococcal vaccine, which protects against one common cause of pneumonia (64% vs. 48%).



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 $\geq 10 \mu\text{g/dL}$.

Data Source and Analysis: Lead Poisoning Prevention Program, NYC DOHMH, 2004

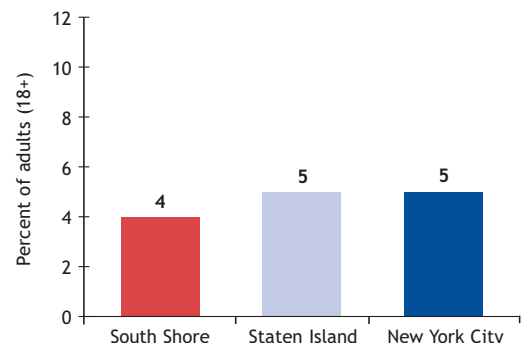
Childhood lead poisoning is a health problem that may be associated with decreased intelligence, learning and behavioral problems, and delayed growth and development. While the number of lead-poisoned children (0-17 years old) in New York City has declined dramatically over the past decade, the Health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

In 2004, 13 children on the South Shore (2/1,000) were newly identified with lead poisoning (defined as a blood lead level greater than or equal to $10 \mu\text{g/dL}$).

Asthma in Adults and Children

Asthma

Fewer than 1 in 20 adults suffers from asthma on the South Shore



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.

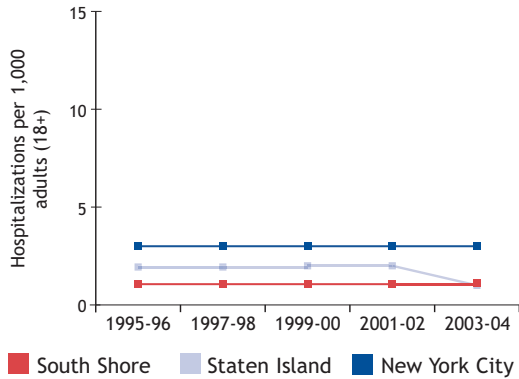
Fewer than 1 in 20 adults on the South Shore (4%) reports having asthma.

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 for adults and children (0-17 years old) on the South Shore are lower than in NYC overall.

Adult asthma hospitalizations

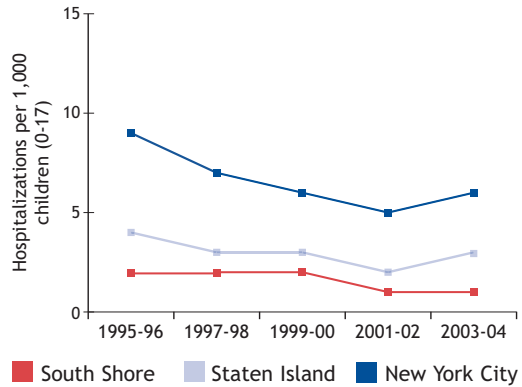
Rates of asthma hospitalization are lower on the South Shore than in NYC overall



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

Child asthma hospitalizations

The child asthma hospitalization rate is lower on the South Shore than in Staten Island and NYC overall



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

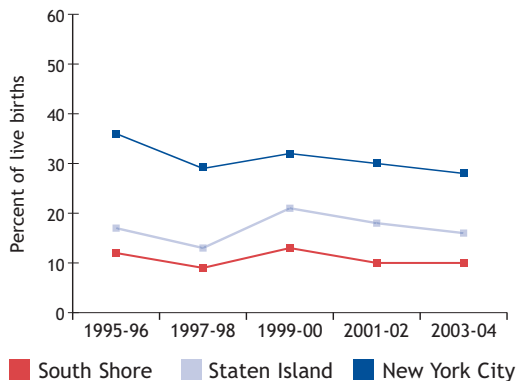
Goal 10 Have a Healthy Baby

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 average annual percent of women who received late or no prenatal care has declined slightly on the South Shore in the past decade. The 2003-2004 percent (10%) was lower than in both the Staten Island (16%) 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 on the South Shore. The average teen birth rate in 2003-2004 in this community (17/1,000) was lower than in both Staten Island (55/1,000) and NYC overall (75/1,000).

Prenatal care

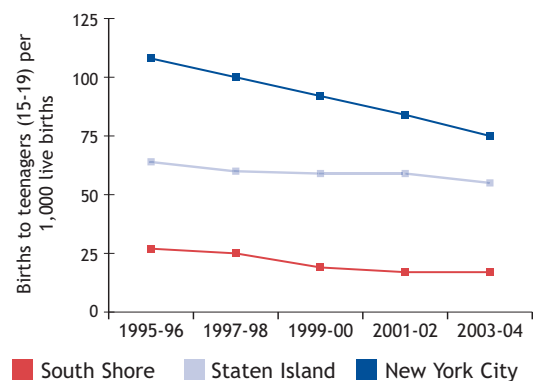
South Shore mothers are less likely to receive late or no prenatal care



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 South Shore



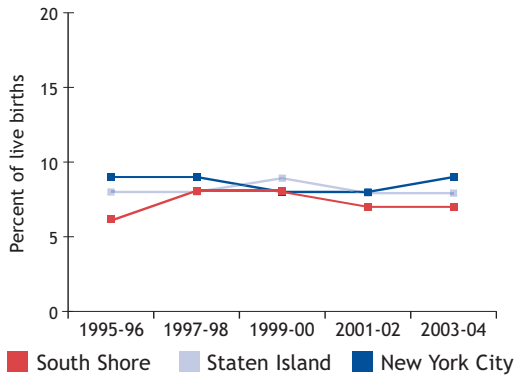
Data Source: Bureau of Vital Statistics, NYC DOHMH, 1995-2004

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 South Shore was 7% — lower than in NYC overall (9%).

Infant mortality (the death of babies in the first year of life) has declined over the past 10 years in NYC. The 2002-2004 rate on the South Shore was 4/1,000, similar to Staten Island and NYC overall.

Low birthweight

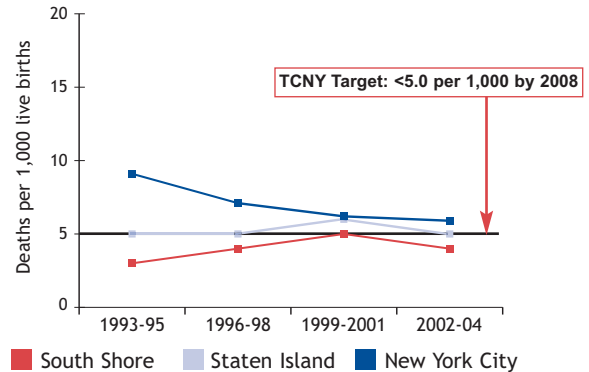
Babies on the South Shore are less likely to be born with low birthweight than in NYC overall



Low birthweight is defined as <2,500 grams (5.5 pounds).
Data Source: Bureau of Vital Statistics, NYC DOHMH, 1995-2004

Infant mortality rate (IMR)

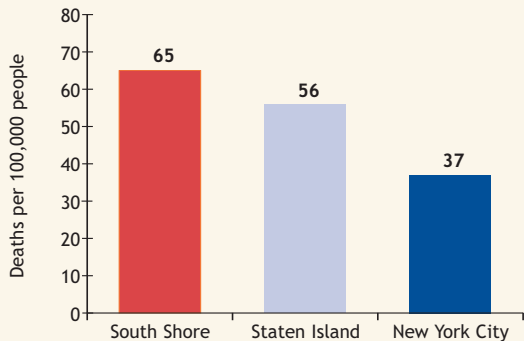
The IMR in NYC is still higher than the TCNY target



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

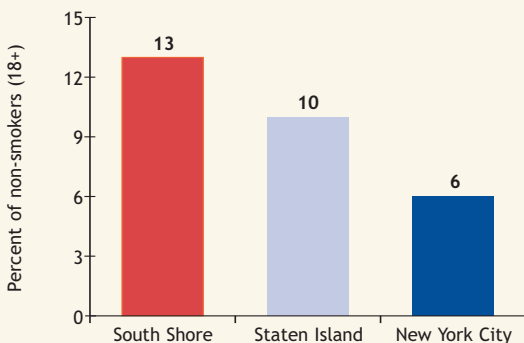
Neighborhood Health Highlight: Smoking

The death rate from lung cancer is higher on the South Shore than in NYC overall



Rates are age-adjusted.
Data Sources: Bureau of Vital Statistics, NYC DOHMH, 2003-04; U.S. Census 2000/NYC Department of City Planning

South Shore non-smokers are more likely to be exposed to secondhand smoke at home



Percents are age-adjusted.
Data Source: NYC Community Health Survey 2003-04

Every New York City neighborhood has different health concerns. Here we highlight smoking on the South Shore.

Smoking is the #1 cause of preventable death in New York City. Smoking has been shown as a cause of heart disease, lung cancer and stroke, as well as other diseases. South Shore residents smoke at a higher rate than NYC residents overall (see page 6). The death rate from lung cancer is 75% higher on the South Shore than on New York City overall (65/100,000 vs. 37/100,000).

A dangerous community-level side effect of one person's smoking addiction is secondhand smoke (SHS). SHS can cause cancer, heart disease and other illnesses. On the South Shore, more non-smokers report experiencing SHS in the home than in NYC overall (13% vs. 6%).

TAKING ACTION

Although smoking rates are high in the South Shore, more than half (57%) of smokers have tried to quit in the past year. Quitting smoking can prolong people's lives and protect those around them. Using **nicotine replacement products**, such as the patch or gum, and medication such as Zyban (bupropion), can double the chance of successfully quitting. In addition, **quitting with someone else** and **exercising to relieve stress** can help quitting efforts. For more information on how to quit smoking, call 311.

Technical notes

Analyses

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

Data sources

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

Vital Statistics data: Includes births and deaths of NYC residents that occurred within New York City. Data were combined across years to increase statistical 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 the South Shore are 10306, 10307, 10308, 10309, and 10312. 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. South Shore statistics from these individual-year datasets include data from neighboring communities in the Mid-Island, including Mariner’s Harbor, New Springville, Travis, and Willowbrook.

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: Center Street, Staten Island. Photo by Jasleen Kaur Ahuja. Maps by Susan Resnick.

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Community Health Profile for the South Shore

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

NEW IN THE SECOND EDITION:

- Take Care New York report card
- Time-trend data on births, hospitalizations, and deaths
- More neighborhood-specific health statistics
- Robust estimates from data through 2004

First and second edition reports on all 42 New York City neighborhoods are available from the New York City Department of Health and Mental Hygiene online or by mail.

Web: nyc.gov/health
Click on "My Community's Health"

Email: profiles@health.nyc.gov

Mail:

Community Health Profiles
New York City Department of Health and Mental Hygiene
Division of Epidemiology
125 Worth Street, Room 315, CN-6
New York, NY 10013

**For more information about health issues
in this report,
please call 311.**

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