Health is rooted in the circumstances of our daily lives and the environments in which we are born, grow, play, work, love and age. Understanding how community conditions affect our physical and mental health is the first step toward building a healthier New York City.
WHO WE ARE

BROWNSVILLE TOTAL POPULATION

86,377

POPULATION BY RACE AND ETHNICITY

76% Black*

20% Hispanic
2% Other*
1% White*
1% Asian*

POPULATION BY AGE

0 - 17 - 29%
18 - 24 - 12%
25 - 44 - 27%
45 - 64 - 22%
65+ - 10%

HAVE LIMITED ENGLISH PROFICIENCY

30%

ARE FOREIGN BORN

9%

PERCENT WHO REPORTED THEIR OWN HEALTH AS “EXCELLENT,” “VERY GOOD” OR “GOOD”

81%**

LIFE EXPECTANCY

74.1 YEARS

* Non-Hispanic
**Interpret with caution due to small sample size

New York City is a city of neighborhoods. Their diversity, rich history and people are what make this city so special.

But longstanding and rising income inequality, combined with a history of racial residential segregation, has led to startling health inequities between neighborhoods. Poor health outcomes tend to cluster in places that people of color call home and where many residents live in poverty. Life expectancy in Brownsville, for example, is 11 years shorter than in the Financial District. And this is not because residents of Brownsville are dying of unusual diseases, but because they are dying of the same diseases – mostly heart disease and cancer – at younger ages and at higher rates.

This is unfair and avoidable. A person’s health should not be determined by his or her ZIP code.

Reducing health inequities requires policymakers, health professionals, researchers and community groups to advocate and work together for systemic change. In One New York: The Plan for a Strong and Just City (OneNYC), Mayor Bill de Blasio has outlined a vision to transform this city, and every neighborhood, guided by the principles of growth, equity, sustainability and resiliency.

Our communities are not simply made up of individual behaviors, but are dynamic places where individuals interact with each other, with their immediate environments and with the policies that shape those environments. The Community Health Profiles include indicators that reflect a broad set of conditions that impact health.

Our hope is that you will use the data and information in these Community Health Profiles to advocate for your neighborhoods.
Navigating this document

This profile covers all of Brooklyn Community District 16, which includes Broadway Junction, Brownsville and Ocean Hill, but the name is shortened to just Brownsville. This is one of 59 community districts in New York City (NYC).

Community districts are ranked on each indicator. The highest rank (#1) corresponds to the largest value for a given measure. Sometimes a high rank indicates a positive measure of health (e.g., ranking first in flu vaccination). Other times, it indicates a negative measure of health (e.g., ranking first in the premature death rate).

The following color coding system is used throughout this document:

- **BROWNSVILLE**
- **BEST-PERFORMING COMMUNITY DISTRICT**
- **BROOKLYN**
- **NEW YORK CITY**

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- **MAP AND CONTACT INFORMATION** BACK COVER
**Housing quality**

Poorly maintained housing is associated with negative health outcomes, including asthma and other respiratory illnesses, injuries and poor mental health. A higher percentage of homes in **Brownsville** have maintenance defects compared with homes citywide.

### Maintenance defects

<table>
<thead>
<tr>
<th>Neighborhood</th>
<th>Maintenance defects (percent of renter-occupied homes with at least one maintenance defect)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tottenville and Great Kills</td>
<td>18% (RANKS 59&lt;sup&gt;th&lt;/sup&gt;)</td>
</tr>
<tr>
<td>Brownsville</td>
<td>73% (RANKS 12&lt;sup&gt;th&lt;/sup&gt;)</td>
</tr>
<tr>
<td>(RANKS 59&lt;sup&gt;th&lt;/sup&gt;)</td>
<td></td>
</tr>
</tbody>
</table>

Maintenance defects include water leaks, cracks and holes, inadequate heating, presence of mice or rats, toilet breakdowns and peeling paint.

**NYC Housing and Vacancy Survey, 2011**

**Air pollution**

Although NYC air quality is improving, air pollution, such as fine particles (PM$_{2.5}$), can cause health problems, particularly among the very young, seniors and those with preexisting health conditions. In **Brownsville**, levels of PM$_{2.5}$, the most harmful air pollutant, are 8.8 micrograms per cubic meter, compared with 8.7 in Brooklyn and 8.6 citywide.

### Air pollution (micrograms of fine particulate matter per cubic meter)

<table>
<thead>
<tr>
<th>Location</th>
<th>Air pollution (micrograms of fine particulate matter per cubic meter)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brownsville</td>
<td>8.8 (RANKS 29&lt;sup&gt;th&lt;/sup&gt;)</td>
</tr>
<tr>
<td>Rockaway and Broad Channel</td>
<td>7.6 (RANKS 59&lt;sup&gt;th&lt;/sup&gt;)</td>
</tr>
<tr>
<td>Brooklyn</td>
<td>8.7</td>
</tr>
<tr>
<td>NYC</td>
<td>8.6</td>
</tr>
</tbody>
</table>

**NYC Department of Health and Mental Health, Community Air Survey, 2013**

**Retail environment**

Tobacco retailers are more prevalent in **Brownsville** than in the city overall. Supermarket access in **Brownsville** is better than in the city as a whole, with 277 square feet per 100 people.

### Tobacco retailers (per 10,000 population)

<table>
<thead>
<tr>
<th>Location</th>
<th>Tobacco retailers (per 10,000 population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brownsville</td>
<td>15 (RANKS 1&lt;sup&gt;st&lt;/sup&gt;)</td>
</tr>
<tr>
<td>Bayside and Little Neck</td>
<td>6 (RANKS 59&lt;sup&gt;th&lt;/sup&gt;)</td>
</tr>
<tr>
<td>Brooklyn</td>
<td>11 (RANKS 10&lt;sup&gt;th&lt;/sup&gt;)</td>
</tr>
</tbody>
</table>

**NYC Department of Consumer Affairs, 2014**

### Supermarket square footage (per 100 population)

<table>
<thead>
<tr>
<th>Location</th>
<th>Supermarket square footage (per 100 population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brownsville</td>
<td>277 (RANKS 7&lt;sup&gt;th&lt;/sup&gt;)</td>
</tr>
<tr>
<td>South Beach and Willowbrook</td>
<td>450 (RANKS 1&lt;sup&gt;st&lt;/sup&gt;)</td>
</tr>
<tr>
<td>Brooklyn</td>
<td>156 (RANKS 1&lt;sup&gt;st&lt;/sup&gt;)</td>
</tr>
<tr>
<td>NYC</td>
<td>177 (RANKS 1&lt;sup&gt;st&lt;/sup&gt;)</td>
</tr>
</tbody>
</table>

**New York State Department of Agriculture and Markets, 2014**
Adult educational attainment

In Brownsville, almost one in five adults has a college degree, however over one-quarter of adults have not completed high school.

Highest level of education attained (adults 25 years and older)

<table>
<thead>
<tr>
<th></th>
<th>Brownsville</th>
<th>Financial District &amp; Greenwich Village and Soho</th>
<th>Brooklyn</th>
<th>New York City</th>
</tr>
</thead>
<tbody>
<tr>
<td>College graduate</td>
<td>18%</td>
<td>84%</td>
<td>41%</td>
<td>37%</td>
</tr>
<tr>
<td>High school graduate or some college</td>
<td>53%</td>
<td>12%</td>
<td>39%</td>
<td>39%</td>
</tr>
<tr>
<td>Less than high school</td>
<td>28%</td>
<td>4%</td>
<td>20%</td>
<td>20%</td>
</tr>
</tbody>
</table>

Income

Living in poverty limits healthy lifestyle choices and makes it difficult to access health care and resources that can promote health and prevent illness. Unemployment and unaffordable housing are also closely associated with poverty and poor health. About one in six Brownsville adults ages 16 and older is unemployed, and over half of residents spend more than 30% of their monthly gross income on rent.

One way to consider the effect of income on health is by comparing death rates among neighborhoods. Assuming that the death rates from the five neighborhoods with the highest incomes are achievable in Brownsville, it is estimated that 54% of deaths could have been averted.

Economic stress

<table>
<thead>
<tr>
<th></th>
<th>Brownsville</th>
<th>Best-performing community district</th>
<th>Brooklyn</th>
<th>NYC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty</td>
<td>37% (RANKS 7th)</td>
<td>6% Tottenville and Great Kills (RANKS 59th)</td>
<td>24%</td>
<td>21%</td>
</tr>
<tr>
<td>Unemployment</td>
<td>16% (RANKS 10th)</td>
<td>5% Greenwich Village and Soho &amp; Financial District (RANKS 58th)</td>
<td>11%</td>
<td>11%</td>
</tr>
<tr>
<td>Rent burden</td>
<td>56% (RANKS 17th)</td>
<td>37% Greenwich Village and Soho &amp; Financial District (RANKS 58th)</td>
<td>52%</td>
<td>51%</td>
</tr>
</tbody>
</table>

Note: Percentages may not sum to 100% due to rounding

37% of Brownsville residents live below the Federal Poverty Level; it is the poorest neighborhood in Brooklyn and the seventh-poorest neighborhood in NYC.

Higher education levels are associated with better health outcomes.
Children and adolescents
The littlest New Yorkers all deserve the same opportunities for health. In Brownsville, the rate of preterm births, a key driver of infant death, is the second-highest in the city, the teen birth rate is higher than the Brooklyn and citywide rates, and the percentage of elementary school students who miss 20 or more school days is the highest in the city.

**Preterm births** (percent of all live births)
- Brownsville: 13.3 % (RANKS 2nd)
- Midtown: 5.7 % (RANKS 59th)
- Brooklyn: 8.8 %
- NYC: 9.0 %

**Teen births** (per 1,000 girls ages 15-19)
- Brownsville: 38.5 (RANKS 1st)
- Financial District: 24.0 (RANKS 59th)
- Brooklyn: 23.6

**Elementary school absenteeism** (percent of students missing 20 or more school days)
- Brownsville: 40 (RANKS 1st)
- Financial District: 4 (RANKS 59th)
- Brooklyn: 19

**Incarceration**

**Jail incarceration** (per 100,000 adults ages 16 and older)
- Queens Village: 5* (RANKS 59th)
- Brownsville: 348 (RANKS 2nd)

*Interpret estimate with caution due to small number of events

**Violence**
The injury assault rate in Brownsville is the highest in the city.

**Non-fatal assault hospitalizations** (per 100,000 population)
- Brownsville: 180 (RANKS 1st)
- Rego Park and Forest Hills: 11
- Brooklyn: 66
- NYC: 64

*Interpret estimate with caution due to small number of events

People who are incarcerated have higher rates of mental illness, drug and alcohol addiction and other health conditions.

Non-fatal assault hospitalizations capture the consequences of community violence.

**Social and Economic Conditions**

Child and adolescent health are a signal of a community’s current well-being and potential.
Self-reported health
People are good at rating their own health. When asked to rate their overall health on a scale of one to five (excellent, very good, good, fair or poor), 81% of Brownsville residents rate their health as “excellent,” “very good” or “good.”

Smoking, diet and physical activity
Smoking, poor quality diet and physical inactivity are risk factors for high blood pressure, diabetes and other problems. Adults in Brownsville smoke, eat fruits and vegetables and are physically active at rates similar to residents of Brooklyn and the city as a whole. However, adults in Brownsville are more likely to consume sugary drinks than residents of Brooklyn and the city as a whole.

40% of Brownsville adults consume one or more sugary beverages per day, the second-highest rate in the city.

Percent who self-reported their own health as “excellent,” “very good” or “good”

<table>
<thead>
<tr>
<th>Community District</th>
<th>Brownsville</th>
<th>Upper East Side</th>
<th>Brooklyn</th>
<th>New York City</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current smokers</td>
<td>14% (RANKS 43rd)</td>
<td>10% (RANKS 59th)</td>
<td>16%</td>
<td>15%</td>
</tr>
<tr>
<td>1 or more 12 oz sugary drink per day</td>
<td>40%* (RANKS 2nd)</td>
<td>12% (RANKS 59th)</td>
<td>27%</td>
<td>27%</td>
</tr>
<tr>
<td>At least one serving of fruits or vegetables per day</td>
<td>83% (RANKS 43rd)</td>
<td>95%* (RANKS 1st)</td>
<td>87%</td>
<td>88%</td>
</tr>
<tr>
<td>Any physical activity in the last 30 days</td>
<td>79% (RANKS 17th)</td>
<td>90% (RANKS 1st)</td>
<td>75%</td>
<td>77%</td>
</tr>
</tbody>
</table>

*Interpret estimate with caution due to small sample size

All: NYC DOHMH, Community Health Survey, 2011-2013

40% of Brownsville adults consume one or more sugary beverages per day, the second-highest rate in the city.
HEALTHY LIVING

Obesity and diabetes
Obesity can lead to serious health problems such as diabetes and heart disease. At 32%, the rate of obesity in Brownsville is four times the rate in Stuyvesant Town and Turtle Bay. The diabetes rate in Brownsville is 15%, the sixth-highest rate in the city.

<table>
<thead>
<tr>
<th>Obesity (percent of adults)</th>
<th>Diabetes (percent of adults)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BROWNSVILLE</strong> (RANKS 11th)</td>
<td><strong>STUYVESANT TOWN AND TURTLE BAY</strong> (RANKS 59th)</td>
</tr>
<tr>
<td>32%*</td>
<td>8%</td>
</tr>
<tr>
<td><strong>BROOKLYN</strong></td>
<td><strong>NYC</strong></td>
</tr>
<tr>
<td>27%</td>
<td>24%</td>
</tr>
<tr>
<td><strong>NYC</strong></td>
<td><strong>STUYVESANT TOWN AND TURTLE BAY</strong> (RANKS 59th)</td>
</tr>
<tr>
<td>15%</td>
<td>3%</td>
</tr>
<tr>
<td><strong>BROOKLYN</strong></td>
<td><strong>NYC</strong></td>
</tr>
<tr>
<td>11%</td>
<td>10%</td>
</tr>
</tbody>
</table>

*Interpret estimate with caution due to small sample size

Substance use
Drug- and/or alcohol-related hospitalizations reflect acute and chronic consequences of substance misuse. In Brownsville, such hospitalization rates are more than double the rates in Brooklyn and NYC; Brownsville ranks fourth in both alcohol- and drug-related hospitalizations.

**Alcohol-related hospitalizations** (per 100,000 adults)
- Brownsville (RANKS 4th): 2,285
- Bayside and Little Neck (RANKS 59th): 233
- Brooklyn: 1,041
- NYC: 1,019

**Drug-related hospitalizations** (per 100,000 adults)
- Brownsville (RANKS 4th): 2,682
- Rego Park and Forest Hills (RANKS 59th): 159
- Brooklyn: 921
- NYC: 907

Exercise is one way to maintain a healthy weight. Federal guidelines say that children should get 60 minutes of exercise per day, adults should get 150 minutes per week, and older adults should get 150 minutes per week as their physical abilities allow, with a focus on exercises to improve balance.
Access to health care

A lack of quality health care can lead to negative health outcomes and more intensive treatment, such as avoidable hospitalizations. In Brownsville, almost one in five adults has no health insurance and roughly one in ten goes without needed medical care, similar to citywide rates.

Prior to 2014, 20% of adults in NYC had no health insurance; however, with implementation of the Affordable Care Act, this percentage decreased to 14% citywide in 2014. A similar decrease is expected in Brownsville.

Prevention and screening

Compared with teens citywide, teenaged girls from Brownsville are less likely to receive the full human papillomavirus (HPV) vaccine series. However, the percentage of adults in Brownsville who get tested for HIV is higher than the rate citywide.

HPV infection causes cancers that can be prevented by the HPV vaccine. Boys and girls should receive the vaccine at 11 to 12 years of age, prior to HPV exposure and when the vaccine is most effective.
New HIV diagnoses
Some people with HIV do not know that they are infected. Getting diagnosed is the first step in the treatment and care of HIV. Brownsville ranks fourth in the rate of new HIV diagnoses, more than twice the Brooklyn and citywide rates.

Stroke
High blood pressure is the leading risk factor for stroke and the most important to control. The rate of stroke hospitalizations in Brownsville is higher than both the Brooklyn and NYC rates.

Mental health
Variations in hospitalization rates may reflect differences in rates of illness, access to health care and other social and cultural factors. The rate of adult psychiatric hospitalizations in Brownsville is more than two times the Brooklyn and NYC rates.
Child asthma

Many hospitalizations for asthma among children could be prevented by addressing housing-related exposures to asthma triggers, including cockroaches, mice and secondhand smoke. Good medical management can prevent asthma symptoms. The asthma hospitalization rate among children ages 5 to 14 in Brownsville is almost twice the Brooklyn and citywide rates.

**Child asthma hospitalizations** (per 10,000 children ages 5-14)

- **BROWNSVILLE** (RANKS 11th): 61
- **BOROUGH PARK** (RANKS 59th): 6
- **BROOKLYN**: 32
- **NYC**: 36

New York State Department of Health, Statewide Planning and Research Cooperative System, 2012-2013

Adult hospitalizations for asthma

The rate of avoidable adult asthma hospitalizations in Brownsville is more than twice the Brooklyn and citywide rates.

**Avoidable asthma hospitalizations** (per 100,000 adults)

- **BROWNSVILLE** (RANKS 1st): 621
- **GREENWICH VILLAGE AND SOHO** (RANKS 59th): 46
- **BROOKLYN**: 263
- **NYC**: 249

New York State Department of Health, Statewide Planning and Research Cooperative System, 2012

Adult hospitalizations for diabetes

The rate of avoidable adult diabetes hospitalizations in Brownsville is the highest in the city, more than twice the Brooklyn and citywide rates.

**Avoidable diabetes hospitalizations** (per 100,000 adults)

- **BROWNSVILLE** (RANKS 1st): 748
- **GREENWICH VILLAGE AND SOHO** (RANKS 59th): 54
- **BROOKLYN**: 357
- **NYC**: 312

New York State Department of Health, Statewide Planning and Research Cooperative System, 2012
Leading causes of death

The top causes of death for residents of Brownsville, as for most New Yorkers, are heart disease and cancer. Death rates due to diabetes, HIV, hypertension and homicide are more than twice the city rates.

HIV is the fourth most common cause of death in Brownsville, but it is only the tenth leading cause citywide.

Infant mortality and premature death

Despite a decrease in infant mortality across the city, the rate in Brownsville is still the fourth-highest in the city, eight times the rate in the Upper East Side.

Disparities in premature death (death before the age of 65) persist among neighborhoods. The rate of premature death in Brownsville is almost five times the rate in the Financial District; it is the highest in the city.
A complete dataset including numbers, rates, rankings and confidence intervals, as well as definitions and complete citations, can be found online by going to nyc.gov and searching “Community Health Profiles.”

**NOTES**

**Technical notes**

**Neighborhood Definitions and Rankings**

The 59 Community Districts (CDs) were established citywide by local law in 1975. For a complete listing of all CDs and their boundaries, go to nyc.gov/html/dcp/html/neigh_info/nhmap.shtml. The CDs correspond to New York City (NYC) Community Boards, which are local representative bodies. The names of neighborhoods within CDs are not officially designated. The names used in this document are not an exhaustive list of all known neighborhood names within this area.

CDs were ranked on every indicator. If two CDs had the same value, they were considered to be tied and were given the same rank.

For American Community Survey (ACS) indicators, data were available by Public Use Microdata Areas (PUMAs), which are aggregated Census tracts designed to approximate CDs. For Housing and Vacancy Survey (HVS), data were available by sub-borough areas. The U.S. Census Bureau combined four pairs of CDs in creating these PUMA or sub-borough areas to improve sampling and protect the confidentiality of respondents. These pairs are Mott Haven/Melrose (BX 01) and Hunts Point/Longwood (BX 02) in the Bronx, Morrisania/Crotona (BX 03) and Belmont/East Tremont (BX 06) in the Bronx, the Financial District (MN 01) and Greenwich Village/Soho (MN 02) in Manhattan and Clinton/Chelsea (MN 04) and Midtown (MN 05) in Manhattan. For these four areas, the same estimate was applied to both CDs that comprised the PUMA or sub-borough area for data from ACS and HVS. For NYC Department of Health and Mental Hygiene (DOHMH) Community Health Survey (CHS) data, these same pairs of CDs were combined and the same estimate applied to both CDs in the pair.

**Analyses**

For most 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. Only robust findings found to be statistically significant are discussed in the text. In addition, most estimates were evaluated for statistical stability using the relative standard error (RSE). Those estimates with an RSE greater than 30% are flagged as follows: “Interpret estimate with caution due to small number of events or small sample size.”

Where noted, estimates in this report were age standardized to the Year 2000 Standard Population.

**Data Sources**

**U.S. Census/American Community Survey (ACS):** The U.S. Census calculates intercensal population estimates which were used for overall population, age, race and ethnicity indicators. The ACS is an ongoing national survey conducted by the U.S. Census Bureau. Indicators include limited English proficiency, foreign born percentage, adult educational attainment, poverty, unemployment and rent burden. Three-year estimates (2011-2013) are used to improve reliability of the data.

**NYC DOHMH Community Health Survey (CHS):** The CHS is an annual random-digit-dial telephone survey of approximately 9,000 adults in NYC. Indicators include self-reported health, smoking, average daily sugary drink consumption, fruit and vegetable consumption, physical activity, obesity, diabetes, insurance coverage, went without needed care, flu vaccination and HIV testing. A combined-year dataset (2011-2013) was used to increase statistical power, allowing for more stable analyses at the Community District level. Community District level estimates were imputed based on participant’s ZIP code, age, race and ethnicity, sex and borough of residence. All indicators are age-adjusted; however crude estimates and rankings are available online in the complete dataset.

**NYC DOHMH Vital Statistics:** The Bureau of Vital Statistics analyzes data that it collects from hundreds of thousands of birth and death certificates issued in NYC each year by the Bureau of Vital Records. Indicators include preterm births, teen births, prenatal care, leading causes of death, infant mortality, premature mortality, avertable deaths and life expectancy. For some indicators, data sources were combined across three, five or ten years to increase statistical stability and average annual rates are presented. For this reason, these statistics may differ from the presentation in the “Summary of Vital Statistics” reports from the Bureau of Vital Statistics, NYC DOHMH. All rates are shown as crude rates, except leading causes of death and premature mortality rates, which are age-adjusted.

**New York State (NYS) Department of Health Statewide Planning and Research Cooperative System (SPARCS):** SPARCS is a statewide comprehensive all payer data reporting system established in 1979 currently collecting patient level detail on patient characteristics, diagnoses and treatments, services and charges for each hospital inpatient stay and outpatient visit (ambulatory surgery, emergency department and outpatient services); and each ambulatory
surgery and outpatient services visit to a hospital extension clinic and diagnostic and treatment center licensed to provide ambulatory surgery services. Indicators include non-fatal assault hospitalizations, alcohol-related hospitalizations, drug-related hospitalizations, child asthma hospitalizations, avoidable adult asthma hospitalizations, avoidable adult diabetes hospitalizations, psychiatric hospitalizations and stroke hospitalizations. Hospitalization data are defined according to International Classification of Disease Clinical Modification, Version 9 (ICD-9-CM) codes. Most of these hospitalization indicators show 2012 data, updated in December 2014. For child asthma hospitalizations and non-fatal assault hospitalizations, data sources were combined across two and three years respectively to increase statistical stability and average annual rates are presented.

All indicators are age-adjusted, except child asthma hospitalizations, which is age-specific.

NYC Housing and Vacancy Survey (HVS): HVS data from 2011 were used to estimate the percent of renter-occupied homes with at least one maintenance issue (defect). Data were obtained from the NYC Housing Preservation and Development Report: Housing New York City 2011.

NYC Community Air Survey (NYCCAS): 2013 annual averages of micrograms of fine particulate matter per cubic meter were calculated from air samples collected at specific NYCCAS monitoring sites and were incorporated into a statistical model that predicted pollutant concentrations.

NYC Department of Consumer Affairs: 2014 tobacco retail density data were analyzed by the NYC DOHMH Bureau of Chronic Disease Prevention and Tobacco Control.

NYC Department of Corrections: The average daily population of incarcerated persons in NYC jails ages 16 and older by CD of last known residence. Based on NYC Department of Corrections (DOC) bi-weekly in-custody files from July 1 to Oct 9, 2014.

NYC DOHMH Citywide Immunization Registry: 2014 HPV vaccination data were analyzed by the NYC DOHMH Bureau of Epidemiology Services.

NYC Department of Education: Elementary school absenteeism data for the 2013-14 school year were analyzed from FITNESSGRAM data by the NYC DOHMH Bureau of Epidemiology Services.

NYC Department of Corrections: The average daily population of incarcerated persons in NYC jails ages 16 and older by CD of last known residence. Based on NYC Department of Corrections (DOC) bi-weekly in-custody files from July 1 to Oct 9, 2014.

NYC DOHMH Citywide Immunization Registry: 2014 HPV vaccination data were analyzed by the NYC DOHMH Bureau of Immunization.

NYC DOHMH HIV/AIDS Surveillance Registry: New HIV diagnosis data for 2013 were analyzed by the NYC DOHMH Bureau of HIV/AIDS Prevention and Control.

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In collaboration with:
Contact Information:
For reports on the other 58 Community Districts, please visit nyc.gov and search “Community Health Profiles” or email: profiles@health.nyc.gov