Queens Village
Including Bellerose, Cambria Heights, Glen Oaks, Laurelton, Queens Village, Rosedale and Springfield Gardens

Health is closely tied to our daily environment. Understanding how our neighborhood affects our physical and mental health is the first step toward building a healthier and more equitable New York City.
Who We Are

New York City

- Asian: 15%
- Black: 22%
- Latino: 29%
- White: 32%
- Other: 2%

Queens Village

- Asian: 18%
- Black: 56%
- Latino: 12%
- White: 12%
- Other: 3%

<table>
<thead>
<tr>
<th>Total Population</th>
<th>NYC</th>
<th>Queens Village</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8,537,673</td>
<td>193,787</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Population by Age</th>
<th>NYC</th>
<th>Queens Village</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-17</td>
<td>21%</td>
<td>20%</td>
</tr>
<tr>
<td>18-24</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>25-44</td>
<td>32%</td>
<td>26%</td>
</tr>
<tr>
<td>45-64</td>
<td>25%</td>
<td>29%</td>
</tr>
<tr>
<td>65+</td>
<td>14%</td>
<td>16%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Born Outside the US</th>
<th>NYC</th>
<th>Queens Village</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>37%</td>
<td>42%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Have Limited English Proficiency</th>
<th>NYC</th>
<th>Queens Village</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>23%</td>
<td>12%</td>
</tr>
</tbody>
</table>

^White, Black, Asian and Other exclude Latino ethnicity. Latino is Hispanic or Latino of any race.

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

Note from Oxiris Barbot, Commissioner,
New York City Department of Health and Mental Hygiene

We are pleased to present the 2018 Community Health Profiles, a look into the health of New York City's (NYC) 59 diverse community districts.

The health of NYC has never been better. Our city's life expectancy is 81.2 years, 2.5 years higher than the national average.

However, not all residents have the same opportunities to lead a healthy life. A ZIP code should not determine a person's health, but that's the reality in so many cities, including our own.

The Community Health Profiles allow us to see how much health can vary by neighborhood. Policies and practices based on a history of racism and discrimination (often referred to as structural racism) have created neighborhoods with high rates of poverty and limited access to resources that promote health. The practice of removing funding or refusing to provide funding to communities of color has caused poor health outcomes to cluster in these communities.

The Community Health Profiles also show how important community resources, and funding to create and sustain these resources, are to health outcomes. For example, supermarkets provide more access to fresh foods than bodegas. However, in some neighborhoods with obesity rates higher than the citywide average, just 5% of food establishments are supermarkets, making it difficult for residents to make healthy choices.

Addressing these inequities may seem like a daunting task, but by working together, we can dismantle the unjust policies and practices that contribute to poor health in our communities. Through Take Care New York 2020 (TCNY 2020), and other New York City Health Department programs, we work with community partners to give every resident the same opportunity for good health. We are making progress, but there is more work to do.

Reducing health inequities requires policymakers, community groups, health professionals, researchers and residents to work together for change at every level. We look forward to working with you to improve the health of our city.

Sincerely,

Oxiris Barbot, MD

Take Care New York 2020 (TCNY 2020) is the City's blueprint for giving everyone the chance to live a healthier life. For more information, visit nyc.gov/health and search for TCNY.
NAVIGATING THIS DOCUMENT

This profile covers all of Queens Community District 13, which includes Bellerose, Cambria Heights, Glen Oaks, Laurelton, Queens Village, Rosedale and Springfield Gardens. This is one of 59 community districts in NYC. The community district with the most favorable outcome in NYC for each measure is presented throughout the report. Sometimes this is the highest rate (e.g. physical activity) and sometimes this is the lowest rate (e.g. infant mortality). Some figures include an arrow to help readers understand the direction of the healthier outcome.

This profile uses the following color coding system:
Understanding Health Inequities in New York City

The ability to live a long and healthy life is not equally available to all New Yorkers. A baby born to a family that lives in the Upper East Side will live 11 years longer than a baby born to a family in Brownsville. This inequity is unacceptable.

Resources and opportunities are at the root of good health. These include secure jobs with benefits, well-maintained and affordable housing, safe neighborhoods with clean parks, accessible transportation, healthy and affordable food, and quality education and health care. In NYC, access to these resources and opportunities are not equitably distributed. Neighborhoods with residents of color often have fewer resources.

Since the 1600s—when NYC was established by colonization—racist policies and practices have shaped where New Yorkers live and go to school, what jobs they have and what their neighborhoods look like. Over time, these policies and practices have built on each other to create deep inequity.

For example, in the 1930s the federal government developed a policy known as redlining. As part of this policy, neighborhoods were rated based on the race, ethnicity and national origin of their residents. Neighborhoods that were home to people of color, like Central Harlem and Brownsville, were outlined in red on a map. They were labeled as "hazardous" and no home loans or other investments were approved there. The wealthiest and Whitest neighborhoods in NYC received, and continue to receive, more investment and opportunities for health.

The denial of resources and opportunities that support good health contributes to the differences in life expectancy we see today. Experiencing racism is also a health burden, creating chronic stress that contributes to major causes of death, like diabetes and heart disease.

To better understand the successes and challenges in each of NYC’s 59 neighborhoods, the Community Health Profiles present data on a range of measures. These data should be interpreted with an understanding that good health is not only determined by personal choices. Many other factors shape differences in health outcomes, including past and current discrimination based on race, ethnicity, national origin, gender, sexual orientation and other identities. We hope the Community Health Profiles support your efforts in making NYC more equitable for all. For more information on the New York City Health Department programs and services that are closing the gap in health outcomes, visit nyc.gov/health.

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Social and Economic Conditions

Education

Higher education levels are associated with better health outcomes. Missing too many days of school can cause students to fall behind and increases their risk of dropping out. Queens Village's elementary school absenteeism rate is lower than the rate for NYC overall. Four out of five high school students in Queens Village graduate in four years, higher than the citywide rate.

<table>
<thead>
<tr>
<th>ELEMENTARY SCHOOL ABSENTEEISM</th>
<th>ON-TIME HIGH SCHOOL GRADUATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>(percent of public school students in grades K through 5 missing 19 or more school days)</td>
<td>(percent of public school students graduating in four years)</td>
</tr>
<tr>
<td>Queens Village</td>
<td>Queens</td>
</tr>
<tr>
<td>15%</td>
<td>15%</td>
</tr>
</tbody>
</table>

Source: NYC Department of Education, 2016-2017

Note: NYC and borough On-time High School Graduation data may differ from rates presented in other published sources. See technical notes in the public use dataset for more details.

Source: NYC Department of Education, 2017

HIGHEST LEVEL OF EDUCATION ACHIEVED

(Percent of adults ages 25 and older)

<table>
<thead>
<tr>
<th></th>
<th>Less than high school</th>
<th>High school graduate or some college</th>
<th>College graduate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Queens Village</td>
<td>13%</td>
<td>49%</td>
<td>38%</td>
</tr>
<tr>
<td>Queens</td>
<td>19%</td>
<td>42%</td>
<td>39%</td>
</tr>
<tr>
<td>NYC</td>
<td>19%</td>
<td>38%</td>
<td>43%</td>
</tr>
<tr>
<td>Highest % college graduate: Financial District, Greenwich Village - Soho</td>
<td>4%</td>
<td>12%</td>
<td>84%</td>
</tr>
</tbody>
</table>

Two out of five adults in Queens Village have a college degree. Thirteen percent of adults have not completed high school, a rate lower than the citywide rate.

Source: U.S. Census Bureau, American Community Survey, 2012-2016
Social and Economic Conditions

Economic stress
Living in high-poverty neighborhoods limits healthy options and makes it difficult to access quality health care and resources that promote health. In Queens Village, 13% of residents live in poverty, compared with 20% of NYC residents. Access to affordable housing and employment opportunities with fair wages and benefits are also closely associated with good health. Queens Village’s unemployment rate is similar to the citywide average of 9%. Rent burdened households pay more than 30% of their income for housing and may have difficulty affording food, clothing, transportation and health care. Fifty percent of Queens Village residents are rent burdened, a similar rate compared with residents citywide. One way to consider the effect of income on health is by comparing death rates among neighborhoods. “Avertable deaths” are those that could have been avoided if each neighborhood had the same death rate as the five wealthiest neighborhoods. Using this measure, 17% of deaths could have been averted in Queens Village.

ECONOMIC STRESS

<table>
<thead>
<tr>
<th></th>
<th>Queens Village</th>
<th>Queens</th>
<th>NYC</th>
<th>Lowest %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty (percent of residents)</td>
<td>13%</td>
<td>19%</td>
<td>20%</td>
<td>7%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Upper East Side</td>
</tr>
<tr>
<td>Unemployment (percent of people ages 16 and older)</td>
<td>8%</td>
<td>8%</td>
<td>9%</td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Upper East Side</td>
</tr>
<tr>
<td>Rent Burden (percent of renter-occupied homes)</td>
<td>50%</td>
<td>53%</td>
<td>51%</td>
<td>37%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Park Slope and Carroll Gardens</td>
</tr>
</tbody>
</table>

Note: Unemployment data may differ from rates presented in other published sources. See technical notes in the public use dataset for more details.


Is your neighborhood gentrifying?
Gentrification transforms a low-income area into a high-income area through neighborhood redevelopment. It is often defined as changes in the racial and ethnic makeup, education level and average income of a neighborhood’s residents, as well as changes in housing and commercial businesses. While development may be beneficial, it is often inequitable, and can lead to displacement of long-time residents and businesses.

Gentrification can be measured in many ways. One measure that is used in NYC is to determine if a low-income neighborhood (those with the lowest 40% of average household income in 1990) saw higher than median rent growth over the past 20 years. Based on this definition, of 24 neighborhoods that were considered low-income in 1990, 17 were considered to be gentrifying. Queens Village is one of 35 neighborhoods within the highest 60% of average household income in 1990 and was excluded from the measure.

Source: NYU Furman Center, 2015
Social and Economic Conditions

Violence
Compared with the citywide rate, Queens Village has a lower rate of assault-related hospitalizations.

NON-FATAL ASSAULT HOSPITALIZATIONS (per 100,000 people)

<table>
<thead>
<tr>
<th></th>
<th>Queens Village</th>
<th>Queens</th>
<th>NYC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowest: Bayside and Little Neck</td>
<td>8</td>
<td>37</td>
<td>59</td>
</tr>
</tbody>
</table>

More healthy | Less healthy

Source: New York State Department of Health, Statewide Planning and Research Cooperative System, 2012-2014

Incarceration
Incarceration takes a toll on individuals, families and communities. Black and Latino New Yorkers experience higher policing compared with non-Latino White New Yorkers. This leads to higher rates of detention, which may include long periods of time spent in jail before trial. People who have been incarcerated are more likely to experience mental and physical health problems. They may also have trouble finding employment and housing and accessing healthy food.

JAIL INCARCERATION (per 100,000 adults ages 16 and older)

<table>
<thead>
<tr>
<th></th>
<th>Queens Village</th>
<th>Queens</th>
<th>NYC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowest: Upper East Side</td>
<td>71</td>
<td>378</td>
<td>425</td>
</tr>
<tr>
<td>Queens Village</td>
<td>8</td>
<td>71</td>
<td>378</td>
</tr>
<tr>
<td>Highest: Tottenville and Great Kills</td>
<td>86</td>
<td>86</td>
<td>86</td>
</tr>
</tbody>
</table>

Source: NYC Department of Corrections, 2015-2016

Helpful neighbors
Strong social connections can have a positive impact on the health of community members. Feeling that our neighbors are willing to help each other is one aspect of community connection. In Queens Village, 75% of residents think that their neighbors are willing to help one another. This is similar to the rest of the city.

ADULTS REPORTING THAT THEIR NEIGHBORS ARE WILLING TO HELP ONE ANOTHER (percent of adults)

<table>
<thead>
<tr>
<th></th>
<th>Queens Village</th>
<th>Queens</th>
<th>NYC</th>
<th>Highest: Tottenville and Great Kills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Queens Village</td>
<td>75</td>
<td>73</td>
<td>72</td>
<td>86</td>
</tr>
</tbody>
</table>

Less healthy | More healthy

Source: NYC DOHMH, Community Health Survey, 2015-2016
Housing and Neighborhood Conditions

The environment we live in can make it easier or more difficult for New Yorkers to lead healthy lives.

Air conditioning
Most heat stroke deaths in NYC occur in homes without air conditioning. Nearly nine out of 10 households in Queens Village have working air conditioners.

Air pollution
Though air quality is improving in NYC in general, it varies by community district. In Queens Village, levels of the most harmful air pollutant, fine particulate matter (PM2.5), are 6.5 micrograms per cubic meter.

Housing quality
Every resident has the right to live in housing that is safe and pest-free. Poorly maintained housing is associated with poor health outcomes, including worsened asthma and other respiratory illnesses. In Queens Village, 61% of renter-occupied homes are adequately maintained by landlords – free from heating breakdowns, cracks, holes, peeling paint and other defects. Nine percent of Queens Village households report seeing cockroaches, which is a potential asthma trigger.

HOMES WITHOUT MAINTENANCE DEFECTS (percent of renter-occupied homes)

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

Source: NYC Housing and Vacancy Survey, 2014

Source: NYC DOHMH, Community Air Survey, 2016
Housing and Neighborhood Conditions

**Bicycle network coverage**
Three percent of roads in Queens Village have bike lanes, which is lower than NYC overall.

**BICYCLE NETWORK COVERAGE**
(percent of streets with bike lanes)

- Queens Village: 3%
- Queens: 6%
- NYC: 10%
- Highest: Crown Heights and Prospect Heights: 45%

**Pedestrian injury**
Queens Village residents have a lower pedestrian injury hospitalization rate than NYC overall.

**PEDESTRIAN INJURY HOSPITALIZATIONS**
(per 100,000 people)

- Queens Village: 13
- Queens: 19
- NYC: 23
- Lowest: Greenwich Village and Soho: 9

Source: New York State Department of Health, Statewide Planning and Research Cooperative System, 2012-2014

**Food environment**
Bodegas are less likely to have healthy food options than supermarkets. The lowest ratio among NYC community districts is one supermarket for every three bodegas (healthier); the highest is one supermarket for every 57 bodegas (less healthy). Queens Village is home to no NYC farmers markets, another source of healthy food.

**SUPERMARKET TO BODEGA RATIO**
For every one supermarket in Queens Village, there are 14 bodegas.

Maternal and Child Health

Pregnancy outcomes

In Queens Village, the rate of expectant mothers receiving late or no prenatal care is higher than the citywide rate. One in nine births to Queens Village residents is preterm (three or more weeks before the due date), higher than the citywide rate.

LATE OR NO PREGNATAL CARE

(percent of live births)

<table>
<thead>
<tr>
<th>Location</th>
<th>Rate of Late or No Prenatal Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowest: Financial District</td>
<td>1.3%</td>
</tr>
<tr>
<td>NYC</td>
<td>6.7%</td>
</tr>
<tr>
<td>Queens</td>
<td>7.9%</td>
</tr>
<tr>
<td>Queens Village</td>
<td>8.7%</td>
</tr>
</tbody>
</table>


PRETERM BIRTHS

(percent of live births)

<table>
<thead>
<tr>
<th>Location</th>
<th>Rate of Preterm Births</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowest: Greenpoint and Williamsburg</td>
<td>5.4%</td>
</tr>
<tr>
<td>Queens</td>
<td>8.5%</td>
</tr>
<tr>
<td>Queens Village</td>
<td>11.1%</td>
</tr>
</tbody>
</table>


Teen pregnancy

Teen pregnancy has declined across NYC; Queens Village’s teen birth rate is 8.8 per 1,000 teen girls.

TEEN BIRTHS

(per 1,000 females ages 15 to 19)

<table>
<thead>
<tr>
<th>Location</th>
<th>Teen Birth Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Queens Village</td>
<td>8.8</td>
</tr>
<tr>
<td>Queens</td>
<td>15.3</td>
</tr>
<tr>
<td>NYC</td>
<td>19.3</td>
</tr>
</tbody>
</table>


Access to quality health care is critical to a mother’s health before, during and after pregnancy, and to the health of our littlest New Yorkers.
Maternal and Child Health

Childhood obesity
One out of five Queens Village children in grades K through 8 has obesity. This is similar to the citywide rate.

![Childhood Obesity Chart](chart)

Source: NYC Department of Education, 2016-2017

Children’s hospitalizations and emergency department visits
“Avoidable hospitalizations” are those that could be prevented with timely access to quality outpatient care. The rate of avoidable pediatric hospitalizations among children ages 4 and younger in Queens Village is similar to the citywide rate.

Many childhood asthma emergency department visits could be prevented by reducing the presence of pests, mold, secondhand smoke and other asthma triggers, and by taking daily medication. The asthma emergency department visit rate among children ages 5 to 17 in Queens Village is lower than the citywide rate. The TCNY 2020 goal is to have fewer than 210 asthma emergency department visits per 10,000 children across the entire city.

![Avoidable Hospitalizations Chart](chart)


© Take Care New York 2020 (TCNY 2020) is the City’s blueprint for giving everyone the chance to live a healthier life. For more information, visit nyc.gov/health and search for TCNY.
**Healthy Living**

**Self-reported health**
How residents feel about their own health can be a good measure of overall mental and physical health. Seventy-four percent of Queens Village residents rank their health as “excellent,” “very good” or “good,” similar to the rest of NYC. The TCNY 2020 goal for the city is at least 82%.

**Physical activity, diet and smoking**
Sixty-eight percent of Queens Village adults report getting any physical activity in the past 30 days, similar to New Yorkers overall. The percentage of Queens Village adults who report eating at least one serving of fruits or vegetables in the past day is similar to the citywide average of 87%.

Sugary drink consumption can increase the risk of type 2 diabetes, heart disease, cavities, weight gain and obesity. Industry marketing can affect behavior and sugary drinks are heavily marketed to youth and communities of color. While sugary drink consumption has decreased to 23% in NYC, the TCNY 2020 goal is to reduce sugary drink consumption to less than 19% citywide. More than a quarter of Queens Village adults drink at least one sugary drink a day.

The adult smoking rate in Queens Village is similar to the rest of the borough and other parts of NYC. The City is committed to reducing the citywide adult smoking rate to 12% by 2020.

**Physical Activity, Diet and Smoking (percent of adults)**

<table>
<thead>
<tr>
<th></th>
<th>Queens Village</th>
<th>Queens</th>
<th>NYC</th>
<th>Highest %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any physical activity in the past 30 days</td>
<td>68%</td>
<td>70%</td>
<td>73%</td>
<td>90% Financial District, Greenwich Village-SoHo</td>
</tr>
<tr>
<td>At least one serving of fruits or vegetables per day</td>
<td>86%</td>
<td>89%</td>
<td>87%</td>
<td>96% Financial District, Greenwich Village-SoHo</td>
</tr>
<tr>
<td>One or more 12-ounce sugary drinks per day</td>
<td>28%</td>
<td>22%</td>
<td>23%</td>
<td>8% Financial District, Greenwich Village-SoHo</td>
</tr>
<tr>
<td>Current smokers</td>
<td>12%</td>
<td>14%</td>
<td>14%</td>
<td>8% Upper East Side</td>
</tr>
</tbody>
</table>

Source: NYC DOHMH, Community Health Survey, 2015-2016

*Take Care New York 2020 (TCNY 2020) is the City’s blueprint for giving everyone the chance to live a healthier life. For more information, visit [nyc.gov/health](http://nyc.gov/health) and search for TCNY.*
Health Care

Access to health care
Citywide, the percentage of uninsured New Yorkers decreased in the last five years from 20% to 12%. In Queens Village, 11% of adults are uninsured and 11% report going without needed medical care in the past 12 months, similar to the rest of NYC. The TCNY 2020 goal is to have less than 9% of New Yorkers going without needed medical care.

**ACCESS TO HEALTH CARE** (percent of adults)

<table>
<thead>
<tr>
<th></th>
<th>Queens Village</th>
<th>Queens</th>
<th>NYC</th>
<th>Lowest %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults without health insurance</td>
<td>11%</td>
<td>15%</td>
<td>12%</td>
<td>3%*</td>
</tr>
<tr>
<td>Adults without needed medical care</td>
<td>11%</td>
<td>10%</td>
<td>10%</td>
<td>3%*</td>
</tr>
</tbody>
</table>

*Interpret estimate with caution due to small sample size.
Source: NYC DOHMH, Community Health Survey, 2015-2016

Avoidable hospitalizations
“Avoidable hospitalizations” are those that could be prevented if adults had access to quality primary care. The rate of avoidable hospitalizations among adults in Queens Village is similar to the citywide rate.

**AVOIDABLE HOSPITALIZATIONS AMONG ADULTS** (per 100,000 adults)

<table>
<thead>
<tr>
<th></th>
<th>Queens Village</th>
<th>Queens</th>
<th>NYC</th>
<th>Lowest</th>
<th>Source: New York State Department of Health, Statewide Planning and Research Cooperative System, 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1,084</td>
<td>1,028</td>
<td>1,033</td>
<td>426</td>
<td></td>
</tr>
</tbody>
</table>

Fall-related hospitalizations
Queens Village’s rate of fall-related hospitalizations among adults ages 65 and older is lower than the citywide average. The TCNY 2020 goal is fewer than 1,410 hospitalizations per 100,000 older adults citywide.

**FALL-RELATED HOSPITALIZATIONS AMONG OLDER ADULTS** (per 100,000 adults ages 65 and older)

<table>
<thead>
<tr>
<th></th>
<th>Queens Village</th>
<th>Queens</th>
<th>NYC</th>
<th>Lowest</th>
<th>Source: New York State Department of Health, Statewide Planning and Research Cooperative System, 2012-2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>667</td>
<td>1,352</td>
<td>1,604</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Health insurance can make it easier to get affordable primary care, which can help New Yorkers manage chronic conditions and stay healthy.

Take Care New York 2020 (TCNY 2020) is the City’s blueprint for giving everyone the chance to live a healthier life. For more information, visit nyc.gov/health and search for TCNY.
Influenza (flu) and pneumonia are the third leading causes of death in NYC. Everyone ages 6 months and older should get the flu vaccine every year.

**Vaccinations**

The human papillomavirus (HPV) vaccine protects against cancers caused by HPV. The vaccine is recommended for all children between the ages of 11 and 12. Thirty-three percent of teens ages 13 to 17 in Queens Village receive all recommended doses of the HPV vaccine. Half of Queens Village adults report getting a flu vaccine in the past 12 months, similar to the rest of NYC.

![HPV Vaccination Chart](image)

### HPV Vaccination

(Percent of teens ages 13 to 17 who received all recommended doses of the vaccine)

- Queens Village: 33%
- Queens: 52%
- NYC: 59%
- Highest: Hunts Point and Longwood: 85%

### Flu Vaccination

(Percent of adults)

- Queens Village: 48%
- Queens: 42%
- NYC: 43%
- Highest: Upper West Side: 62%

Sources: HPV Vaccination: NYC DOHMH, Citywide Immunization Registry, 2017; Flu Vaccination: NYC DOHMH, Community Health Survey, 2015-2016
**Health Outcomes**

**Obesity, diabetes and hypertension**

Queens Village’s adult obesity rate is 27%, which is similar to the rest of NYC. The TCNY 2020 goal is to reduce the obesity rate to less than 23% citywide. More than 700,000 adult New Yorkers have been told they have diabetes. An additional 164,000 are estimated to have diabetes but not be aware. Fourteen percent of Queens Village adults have been diagnosed with diabetes and 37% of adults have been told they have hypertension. The rate of diabetes in this community is similar to the NYC average, while the rate of hypertension is higher.

**OBESITY, DIABETES AND HYPERTENSION** (percent of adults)

<table>
<thead>
<tr>
<th></th>
<th>Queens Village</th>
<th>Queens</th>
<th>NYC</th>
<th>Lowest %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity</td>
<td>27%</td>
<td>22%</td>
<td>24%</td>
<td>4% Financial District, Greenwich Village-Soho</td>
</tr>
<tr>
<td>Diabetes</td>
<td>14%</td>
<td>11%</td>
<td>11%</td>
<td>3% Financial District, Greenwich Village-Soho</td>
</tr>
<tr>
<td>Hypertension</td>
<td>37%</td>
<td>28%</td>
<td>28%</td>
<td>15% Financial District, Greenwich Village-Soho</td>
</tr>
</tbody>
</table>

Source: NYC DOHMH, Community Health Survey, 2015-2016

**New HIV diagnoses**

Getting an HIV test is the first step to accessing treatment if you are positive or developing an HIV prevention strategy if you are negative.

**NEW HIV DIAGNOSES** (per 100,000 people)

<table>
<thead>
<tr>
<th></th>
<th>Queens Village</th>
<th>Queens</th>
<th>NYC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity can lead to diabetes, high blood pressure and other health conditions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypertension, also known as high blood pressure, is a leading risk factor for heart disease and stroke.</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>


*Take Care New York 2020 (TCNY 2020) is the City’s blueprint for giving everyone the chance to live a healthier life. For more information, visit nyc.gov/health and search for TCNY.*
**New hepatitis C reports**
Hepatitis C is a virus that damages the liver. New Yorkers born between 1945 and 1965 and people who have ever injected drugs should be tested because hepatitis C can be cured.

**NEW HEPATITIS C REPORTS** (per 100,000 people)

![Graph showing new hepatitis C reports in Queens Village compared to NYC and Queens.]

Source: NYC DOHMH, Communicable Disease Surveillance Registry, 2016

**Binge drinking**
Binge drinking is linked to high-risk behaviors and chronic health problems. The binge drinking rate in **Queens Village** is similar to the rest of NYC. The TCNY 2020 goal is to reduce binge drinking to less than 17% citywide.

**BINGE DRINKING** (percent of adults)

![Graph showing binge drinking rates in various neighborhoods.]

Lowest: Bensonhurst
Queens Village
NYC

Note: Binge drinking is defined as five or more drinks for men and four or more drinks for women on one occasion during the past 30 days. Source: NYC DOHMH, Community Health Survey, 2015-2016

**Psychiatric hospitalizations**
The rate of adult psychiatric hospitalization in **Queens Village** is similar to the citywide rate.

**PSYCHIATRIC HOSPITALIZATIONS** (per 100,000 adults)

![Graph showing psychiatric hospitalization rates in various neighborhoods.]

High psychiatric hospitalization rates likely reflect the challenges residents in underresourced neighborhoods face, including difficulty accessing preventive services and early care, greater exposure to stressors and interruptions in health insurance coverage.

Source: New York State Department of Health, Statewide Planning and Research Cooperative System, 2015

Note: Take Care New York 2020 (TCNY 2020) is the City’s blueprint for giving everyone the chance to live a healthier life. For more information, visit nyc.gov/health and search for TCNY.
Health Outcomes

Infant mortality
NYC’s infant mortality rate has declined in recent years. In Queens Village the infant mortality rate is higher than the citywide rate. The TCNY 2020 goal is a citywide rate of less than 4.4 per 1,000 live births.

<table>
<thead>
<tr>
<th></th>
<th>Queens Village</th>
<th>Queens</th>
<th>NYC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant Mortality (per 1,000 live births)</td>
<td>5.7</td>
<td>4.0</td>
<td>4.4</td>
</tr>
<tr>
<td>Lowest: Upper East Side</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Interpret estimate with caution due to small number of events.

Premature death
Cancer and heart disease are the leading causes of premature death (death before the age of 65) in Queens Village, similar to the rest of NYC. However, Queens Village residents die prematurely at a lower rate. Lung cancer, breast cancer (among women) and colorectal cancer are the three leading causes of cancer-related premature death in Queens Village.

NYC’s premature mortality rate (death before age 65) decreased 19% from 2006 to 2015. However, longstanding disparities persist. People living in high-poverty neighborhoods and Black New Yorkers are dying before age 65 at higher rates.

TOP CAUSES OF PREMATURE DEATH
rate of death before age 65 per 100,000 people
(number of deaths)

<table>
<thead>
<tr>
<th>Overall rate</th>
<th>Queens Village</th>
<th>NYC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>33.0 (338)</td>
<td>46.2</td>
</tr>
<tr>
<td>Heart disease</td>
<td>24.0 (245)</td>
<td>32.9</td>
</tr>
<tr>
<td>Accidents (excluding drug poisoning)</td>
<td>5.2 (43)</td>
<td>6.4</td>
</tr>
<tr>
<td>Stroke</td>
<td>3.9 (42)</td>
<td>4.3</td>
</tr>
<tr>
<td>Homicide</td>
<td>5.2 (38)</td>
<td>4.9</td>
</tr>
</tbody>
</table>

Note: NYC rate includes premature deaths among NYC residents only and will differ from other published sources.

*Take Care New York 2020 (TCNY 2020) is the City’s blueprint for giving everyone the chance to live a healthier life. For more information, visit nyc.gov/health and search for TCNY.*
Notes

Neighborhood Definitions
The 59 Community Districts (CDs) were established citywide by local law in 1975. For a complete listing of all CDs and their boundaries, visit communityprofiles.planning.nyc.gov. The CDs correspond to 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.

Analyses
For most data, 95% confidence intervals were calculated for CD, borough and NYC estimates. If the confidence intervals did not overlap, a significant difference was inferred. This is a conservative measure of statistical difference. For most population-level data, if a CD rate was within 5% of the NYC estimate, the CD was considered similar to NYC, otherwise the CD rate was considered higher or lower than the NYC estimate. For Community Health Survey data, a t-test comparing the CD with the rest of NYC and the rest of the borough was conducted where p-values ≤0.05 were considered an indication of statistical significance. Report text highlights significant findings but does not include all significant results. The public use dataset contains additional data.

For a complete dataset including numbers, rates and confidence intervals, as well as more technical notes on neighborhood definitions, analyses and data sources with complete citations, visit nyc.gov/health and search for Community Health Profiles or visit on.nyc.gov/chp.

Most estimates were evaluated for statistical stability. Estimates with a relative standard error (RSE) > 30% or with a small sample size or small numbers of events (≤ 10) are flagged as follows: “Interpret estimate with caution due to small number of events or small sample size.”

Acknowledgements
Queens Village’s average life expectancy is **1.7 years longer** than NYC overall.


Contact information:
For reports on the other 58 Community Districts, please visit nyc.gov and search for Community Health Profiles or email profiles@health.nyc.gov.
Copyright©2018 The New York City Department of Health and Mental Hygiene.
The NYC Community Health Profiles feature information about 59 neighborhoods in NYC.