Serious Psychological Distress among Adults in New York City, 2002-2015

Serious psychological distress (SPD) includes mental health problems that may impact social, occupational, and educational functioning. SPD disproportionately affects women, Latinos, those with chronic diseases and income below the federal poverty level (FPL). Disparities are likely due to differences in factors such as poor neighborhood conditions (e.g., high poverty, stress), access to, and quality of mental health care. This data brief describes demographic characteristics of New York City (NYC) adults with SPD, their access to mental health treatment, and trends in the prevalence of health behaviors and chronic diseases.

Prevalence of serious psychological distress in New York City by demographic characteristics, 2015

- Approximately 354,000 (5%) New York City (NYC) adults had SPD, similar to the 2015 national prevalence of 5%. SPD prevalence has decreased since 2002 (6%).
- Among adults with SPD, four in five (81%) had symptoms that interfered with their daily lives or activities, either some or a lot of the time.
- The age-adjusted prevalence of SPD was higher among women than men (6% vs. 5%).
- The prevalence of SPD among Latinos was about two times as high as those of Whites and Blacks (8% vs. 4% and 4%).
- NYC adults aged 45 to 64 had a higher prevalence of SPD compared with adults aged 18 to 24 (6% vs. 4%).
- Bisexual adults were over four times as likely to have SPD as heterosexuals (21%* vs. 5%).
- The prevalence of SPD was five times as high among adults with household incomes below 100% of the FPL compared with those with household incomes at or above 600% FPL (10% vs. 2%*).

Prevalence of serious psychological distress by sex and race/ethnicity, New York City, 2015

<table>
<thead>
<tr>
<th>Race/ethnicity</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Black</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Latino</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>3</td>
<td>6</td>
</tr>
</tbody>
</table>

White, Black, Asian/Pacific Islander race categories exclude Latino ethnicity. Latino includes Hispanic or Latino of any race. Data are age-adjusted to the 2000 standard US population. Source: NYC Community Health Survey, 2015

Definitions:
Serious psychological distress (SPD) is defined as having a score greater than or equal to 13 on the Kessler 6 (K6) scale. The K6 is a six-item scale developed to identify persons with a high likelihood of having a diagnosable mental illness and associated functional limitations. The K6 asks about the frequency of each of the six symptoms of mental illness or nonspecific psychological distress: “During the Past 30 Days, how often did you feel …1. So sad or depressed that nothing could cheer you up; 2. Nervous; 3. Hopeless; 4. Restless or fidgety; 5. That everything was an effort; 6. Worthless, rated on a 5 point scale from “All of the time” to “None of the time.” Only participants who answered all six questions were included in the analysis.

Race/ethnicity: White, Black, Asian/Pacific Islander categories exclude Latino ethnicity. Latino includes Hispanic or Latino of any race.

Neighborhood poverty (based on zip code) is defined as the percentage of the population living below the Federal Poverty Line (FPL) based on the American Community Survey 2009-2013. Neighborhoods are categorized into four groups as follows: “Low poverty” neighborhoods are those with <10% of the population living below the FPL; “Medium poverty” neighborhoods have 10-<20% of the population below FPL; “High Poverty” neighborhoods have 20-<30% of the population living below the FPL; “Very high poverty” neighborhoods have ≥30% of the population living below the FPL.

References:
**Geographic characteristics of New York City adults with serious psychological distress**

- In 2015, SPD prevalence was over three times as high among adults living in very high poverty neighborhoods compared with those living in low poverty neighborhoods (7% vs. 2%).

- The five neighborhoods with the highest SPD prevalence for the combined years of 2009, 2010, and 2012 were Hunts Point-Mott Haven, Coney Island, Crotona-Tremont, Greenpoint, and East Harlem. The five neighborhoods with the lowest SPD prevalence were Lower Manhattan,* Chelsea-Clinton, Southeast Queens, Bayside-Little Neck,* and Downtown-Heights-Slope.

### Prevalence of serious psychological distress (SPD) by United Hospital Fund neighborhood (UHF), New York City, 2009-2010 and 2012

<table>
<thead>
<tr>
<th>Neighborhood poverty level</th>
<th>Prevalence of SPD</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 10% of residents below FPL (wealthiest)</td>
<td>1 - &lt; 3%</td>
</tr>
<tr>
<td>10 - &lt; 20% of residents below FPL</td>
<td>3 - &lt; 6%</td>
</tr>
<tr>
<td>20 - &lt; 30% of residents below FPL</td>
<td>6 - &lt; 8%</td>
</tr>
<tr>
<td>30 - &lt; 100% of residents below FPL</td>
<td>8 – 10%</td>
</tr>
</tbody>
</table>

The United Hospital Fund classifies NYC into 42 neighborhoods, comprised of contiguous ZIP codes. Neighborhood poverty level (based on ZIP code) defined as percent of residents with incomes below 100% of the Federal Poverty Level, per American Community Survey 2009-2013, in four groups: low/wealthiest (<10%), medium (10 %-< 20%), high (20 %-< 30%), and very high/poorest (>=30%).

Data from multiple years were combined for analysis at UHF level. Data are age-adjusted to the 2000 standard US population.

Source: NYC Community Health Survey (CHS) 2009, 2010, and 2012 combined.

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**Access to mental health care among New York City adults, 2015**

- In 2015, about 46% of NYC adults with SPD received counseling or prescription medication for a mental health problem in the past 12 months.

- Among adults with SPD, men were less likely than women to receive counseling or prescription medication for a mental health problem in the last 12 months (34% vs. 54%); young adults aged 18 to 24 were less likely to receive counseling or prescription medication for a mental health problem than adults aged 45 to 64 (35%* vs. 60%).

- NYC adults with SPD who had health insurance were more likely to receive counseling or prescription medication for a mental health problem in the last 12 months than those without insurance (49% vs. 30%*).

- NYC adults with SPD who were uninsured, had Medicaid, or had private insurance were more likely to report they needed mental health treatment in the past 12 months but did not receive it compared with those with Medicare (29%*,27%, and 19% vs. 8%*).
Chronic disease and health behaviors among New York City adults with serious psychological distress, 2002-2015

• In 2015, NYC adults with SPD reported higher rates of hypertension (44% vs. 28%), diabetes (20% vs. 11%), and obesity (34% vs. 24%) than those without SPD. They were also more likely to report two or more chronic conditions† (30% vs. 16%).

• In 2015, adults with SPD were more likely to consume no fruits and vegetables on the previous day (19% vs. 12%) and to report no physical activity in the past 30 days (39% vs. 25%) than those without SPD. They were also more likely to have two or more unhealthy behaviors‡ than those without SPD (21% vs. 9%).

• From 2002 to 2015, there was an increasing trend in the prevalence of diabetes and obesity among NYC adults with SPD (diabetes: 13% to 20%; obesity: 24% to 34%) as well as among those without SPD (diabetes: 8% to 11%; obesity: 18% to 24%). The prevalence of hypertension did not change among adults with SPD during this period.

• The prevalence of adults who did not consume fruits and vegetables on the previous day decreased from 2002 to 2015 among those with SPD (26% to 19%) and those without SPD (14% to 12%); however, the decrease among SPD is greater than those without SPD.

Prevalence of current smoking among New York City adults

• NYC adults with SPD were more than twice as likely to be current smokers as those without SPD (31% vs. 13%) in 2015.

• Between 2002 and 2015, the prevalence of smoking among NYC adults with SPD did not change (29% to 31%). In contrast, the prevalence of smoking among adults without SPD decreased from 2002 to 2015 (21% to 13%).

†Includes chronic disease of hypertension, diabetes and obesity
‡Includes unhealthy behaviors of current smoking, no physical activity in past 30 days and no fruits or vegetables yesterday

Data are age-adjusted to the 2000 standard US population.

Source: NYC Community Health Survey (CHS) 2015

Prevalence of current smoking by serious psychological distress (SPD) status, New York City, 2002-2015

Data are age-adjusted to the 2000 US standard population.
Data not available for every year (represented by line gaps in figure)

Source: NYC Community Health Survey 2002-2015

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Acknowledgements: Richard Ross

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Visit EpiQuery – the Health Department’s interactive health data system at nyc.gov/health/EpiQuery

New York City Department of Health and Mental Hygiene
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**Data Tables**

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<th>Prevalence of serious psychological distress (SPD) among New York City adults aged 18 years and older, by sex and race/ethnicity, 2002-2015</th>
</tr>
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</tr>
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</tr>
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</tr>
<tr>
<td>Table 4.</td>
<td>Prevalence of comorbidities and health behaviors among New York City adults aged 18 years and older, by serious psychological distress (SPD) status, 2015</td>
</tr>
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<td>Table 5.</td>
<td>Prevalence of comorbidities and health behaviors among New York City adults aged 18 years and older, by serious psychological distress (SPD) status, 2002-2013, 2015</td>
</tr>
</tbody>
</table>

**Data Sources**

Community Health Survey (CHS), 2002-2003, 2005-2006, 2008-2010, 2012-2013, 2015 is conducted annually by the Health Department with approximately 9,000 non-institutionalized adults ages 18 and older. Estimates are age-adjusted to the US 2000 standard population. The CHS has included adults with landline phones since 2002 and, starting in 2009, has included adults who can be reached by cell-phone. CHS 2002-2008 data are weighted to the NYC adult population per Census 2000; starting in 2009, data are weighted to the 2008 HVS for phone usage and the Census 2000. CHS 2012 data are weighted to the adult residential population per American Community Survey, 2011. CHS 2013 data are weighted to the adult residential population per the American Community Survey, 2012. CHS 2015 data are weighted to the adult residential population per the American Community Survey, 2014. For survey details, visit www.nyc.gov/health/survey.

**Definitions**

**Serious psychological distress (SPD)** is defined as having a score greater than or equal to 13 on the Kessler 6 (K6) scale. The K6 is a six-item scale developed to identify persons with a high likelihood of having a diagnosable mental illness and associated functional limitations. The K6 asks about the frequency of each of the six symptoms of mental illness or nonspecific psychological distress: "During the PAST 30 DAYS, how often did you feel ...1. So sad or depressed that nothing could cheer you up; 2. Nervous; 3. Hopeless; 4. Restless or fidgety; 5. That everything was an effort; 6. Worthless, rated on a 5 point scale from "All of the time" to "None of the time." Only participants who answered all six questions were included in the analysis.

**Race/ethnicity**: White, Black, Asian/Pacific Islander categories exclude Latino ethnicity. Latino includes Hispanic or Latino of any race.

**Past year mental health treatment** is defined as having received either mental health counseling or medication in the past 12 months.

**Needed mental health care** but didn't get it is defined as respondents who answered "Yes" to "Was there a time in the past 12 months when you needed treatment for a mental health problem but did not get it?"

**Current smoking** is defined as individuals who replied "Yes" to ever smoking 100 cigarettes and smoke cigarettes "Everyday" or "Some days"

**Fruit and vegetable consumption** is defined as having zero serving of fruit or vegetables eaten on the previous day. A serving would equal one medium apple, a handful of broccoli, or a cup of carrots.

**Physical activity** is defined as no physical activities such as running, calisthenics, golf, gardening, or walking for exercise, other than regular job in past 30 days.

**Obesity**: Self-reported height and weight where Body Mass Index (BMI) ≥25

**Diabetes**: If respondent had ever been told by a doctor, nurse or health professional that they had diabetes
### Table 1a. Prevalence of serious psychological distress (SPD) among New York City adults aged 18 years and older, by sex and race/ethnicity, 2002-2015

**Source:** NYC Community Health Survey (CHS), 2002-2003, 2005-2006, 2008-2010, 2012-2013 , 2015

CHS has included adults with landline phones since 2002 and, starting in 2009, also has included adults who can be reached by cell phone.

CHS 2002-2008 data are weighted to the NYC adult population per Census 2000; starting in 2009, data are weighted to the 2008 HVS for phone usage and the Census 2000. CHS 2012 data are weighted to the adult residential population per American Community Survey, 2011. CHS 2013 data are weighted to the adult residential population per the American Community Survey, 2012. CHS 2015 data are weighted to the adult residential population per the American Community Survey, 2014.

Data are age-adjusted to the US 2000 Standard Population.

<table>
<thead>
<tr>
<th>Year</th>
<th>Overall</th>
<th>White</th>
<th>Black</th>
<th>Latino</th>
<th>Asian/Pacific Islander</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Prevalence (95% Confidence Interval)</td>
<td>Prevalence (95% Confidence Interval)</td>
<td>Prevalence (95% Confidence Interval)</td>
<td>Prevalence (95% Confidence Interval)</td>
<td>Prevalence (95% Confidence Interval)</td>
</tr>
<tr>
<td>2002</td>
<td>6.4 (5.8, 7.0)</td>
<td>3.5 (2.5, 4.9)</td>
<td>6.5 (5.3, 8.1)</td>
<td>4.1 (2.8, 6.0)</td>
<td>4.7 (3.6, 6.3)</td>
</tr>
<tr>
<td>2003</td>
<td>5.1 (4.5, 5.6)</td>
<td>3.6 (2.7, 4.7)</td>
<td>2.8 (2.1, 3.7)</td>
<td>3.0 (1.8, 4.9)</td>
<td>5.7 (4.3, 7.6)</td>
</tr>
<tr>
<td>2005</td>
<td>6.3 (5.7, 6.9)</td>
<td>2.9 (2.1, 3.9)</td>
<td>5.0 (3.7, 6.7)</td>
<td>4.9 (3.5, 6.8)</td>
<td>8.1 (6.5, 9.9)</td>
</tr>
<tr>
<td>2006</td>
<td>6.4 (5.8, 7.0)</td>
<td>3.9 (2.9, 5.2)</td>
<td>5.6 (4.6, 6.8)</td>
<td>4.9 (3.4, 7.0)</td>
<td>6.1 (4.7, 7.8)</td>
</tr>
<tr>
<td>2008</td>
<td>5.9 (5.2, 6.6)</td>
<td>4.0 (2.8, 5.8)</td>
<td>3.9 (2.9, 5.2)</td>
<td>6.3 (3.9, 10.0)</td>
<td>6.5 (4.7, 8.8)</td>
</tr>
<tr>
<td>2009</td>
<td>5.0 (4.4, 5.6)</td>
<td>2.6 (1.9, 3.6)</td>
<td>5.1 (3.7, 7.0)</td>
<td>4.1 (2.6, 6.3)</td>
<td>4.4 (3.0, 6.3)</td>
</tr>
<tr>
<td>2010</td>
<td>4.4 (3.8, 5.2)</td>
<td>3.1 (2.0, 4.9)</td>
<td>4.0 (2.8, 5.6)</td>
<td>2.9 (1.5, 5.7)</td>
<td>3.8 (2.3, 6.1)</td>
</tr>
<tr>
<td>2012</td>
<td>5.5 (4.8, 6.3)</td>
<td>6.3 (4.3, 9.0)</td>
<td>4.7 (3.2, 6.9)</td>
<td>2.7 (1.6, 4.7)</td>
<td>3.5 (2.2, 5.6)</td>
</tr>
<tr>
<td>2013</td>
<td>5.3 (4.7, 6.0)</td>
<td>4.3 (3.0, 6.0)</td>
<td>5.3 (3.8, 7.2)</td>
<td>3.6 (2.2, 5.7)</td>
<td>4.0 (2.7, 5.9)</td>
</tr>
<tr>
<td>2015</td>
<td>5.4 (4.8, 6.1)</td>
<td>4.1 (2.8, 5.8)</td>
<td>4.7 (3.4, 6.4)</td>
<td>4.0 (2.6, 6.2)</td>
<td>4.5 (3.3, 6.3)</td>
</tr>
</tbody>
</table>

**Notes:**

- When rounding to the nearest whole number, round down.
- When rounding to the nearest whole number, round up.
- Data are suppressed due to imprecise and unreliable estimates.
- *Estimate should be interpreted with caution. Estimate’s Relative Standard Error (a measure of estimate precision) is greater than 30%, the 95% Confidence Interval half-width is greater than 10, or the sample size is less than 50, making the estimate potentially unreliable.
- When rounding to the nearest whole number, round down.

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When rounding to the nearest whole number, round down.
### Table 1b. Prevalence of serious psychological distress (SPD) among New York City adults aged 18 years and older, by demographic, social, and economic characteristics, 2015

**Source:** NYC Community Health Survey (CHS), 2015

CHS has included adults with landline phones since 2002 and, starting in 2009, also has included adults who can be reached by cell phone. CHS 2015 data are weighted to the adult residential population per the American Community Survey, 2014.

Data are age-adjusted to the US 2000 Standard Population except those stratified by age group.

<table>
<thead>
<tr>
<th>Prevalence</th>
<th>(95% Confidence Intervals)</th>
<th>p-value±</th>
<th>p-value±</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td></td>
<td>5.4 (4.8, 6.1)</td>
<td>N/A</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td>4.6 (3.8, 5.5)</td>
<td>Reference</td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td>6.1 (5.2, 7.1)</td>
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</tr>
<tr>
<td>Age group (years)</td>
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<td></td>
</tr>
<tr>
<td>18-24</td>
<td></td>
<td>3.8 (2.5, 5.7)</td>
<td>Reference</td>
</tr>
<tr>
<td>25-44</td>
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</tr>
<tr>
<td>45-64</td>
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<td>4.4 (3.4, 5.5)</td>
<td>Reference</td>
</tr>
<tr>
<td>Black</td>
<td></td>
<td>4.3 (3.3, 5.6)</td>
<td>Reference</td>
</tr>
<tr>
<td>Latino</td>
<td></td>
<td>7.9 (6.7, 9.2)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td></td>
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<td>0.786</td>
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<tr>
<td>Other</td>
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</tr>
<tr>
<td>Borough of residence</td>
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</tr>
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<td>Brooklyn</td>
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<td>Manhattan</td>
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<td>5.1 (4.0, 6.7)</td>
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<td>Queens</td>
<td></td>
<td>4.5 (3.3, 6.1)</td>
<td>0.520</td>
</tr>
<tr>
<td>Staten Island</td>
<td></td>
<td>4.1 (2.2, 7.3)</td>
<td>*</td>
</tr>
<tr>
<td>Household poverty</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;100% FPL</td>
<td></td>
<td>9.6 (8.2, 11.3)</td>
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</tr>
<tr>
<td>100% - &lt;200% FPL</td>
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<td>6.2 (5.0, 7.6)</td>
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<tr>
<td>200% - &lt;400% FPL</td>
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<td>400% - &lt;600% FPL</td>
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<td>1.7 (1.1, 2.5)</td>
<td>&lt;0.001</td>
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<tr>
<td>&gt;= 600% FPL</td>
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<td>2.0 (1.0, 4.2)</td>
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<td>Neighborhood poverty</td>
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<tr>
<td>Low poverty</td>
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<td>2.5 (1.6, 3.9)</td>
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<tr>
<td>Medium poverty</td>
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<tr>
<td>High poverty</td>
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<td>6.4 (5.2, 7.8)</td>
<td>&lt;0.001</td>
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<tr>
<td>Very high poverty</td>
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<tr>
<td>Sexual orientation</td>
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<td>Heterosexual</td>
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<td>5.1 (4.5, 5.8)</td>
<td>Reference</td>
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<td>Gay/Lesbian</td>
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<td>3.2 (1.7, 6.0)</td>
<td>*</td>
</tr>
<tr>
<td>Bisexual</td>
<td></td>
<td>20.7 (12.4, 32.1)</td>
<td>*</td>
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<td>Health insurance type</td>
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<tr>
<td>Private</td>
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<td>2.8 (2.2, 3.6)</td>
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<td>Medicare</td>
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<td>&lt;0.001</td>
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<tr>
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<tr>
<td>Uninsured</td>
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<td>5.2 (3.7, 7.7)</td>
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</tr>
<tr>
<td>Place of birth</td>
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<td>US born</td>
<td></td>
<td>5.2 (4.4, 6.0)</td>
<td>Reference</td>
</tr>
<tr>
<td>Born outside the US</td>
<td></td>
<td>5.8 (4.8, 6.8)</td>
<td>0.355</td>
</tr>
</tbody>
</table>

± Measure of statistical significance of t-test. Bold p-values indicate that the estimate is statistically different from the reference group.

*Estimate should be interpreted with caution. Estimate’s Relative Standard Error (a measure of estimate precision) is greater than 30%, the 95% Confidence Interval half-width is greater than 10, or the sample size is less than 50, making the estimate potentially unreliable.

1 95% Confidence Intervals (CIs) are a measure of estimate imprecision: the wider the CI, the more imprecise the estimate.

2 When rounding to the nearest whole number, round down.

3 When rounding to the nearest whole number, round up.

4 White, Black, Asian/Pacific Islander race categories exclude Latino ethnicity. Latino includes Hispanic or Latino of any race.

5 Household poverty is measured as the total income of the household and is categorized into five groups, relative to the Federal Poverty Line (FPL), as follows: Very high poverty (<100% FPL), High poverty (100%—<200% FPL), Medium poverty (200%—<400% FPL), Low poverty (400%—<600% FPL) and Very low poverty (>=600% FPL).

6 Neighborhood poverty (based on ZIP code) was defined as percent of residents with incomes below 100% of the federal poverty level (FPL, based on American Community Survey 5-year files), separated into four groups: low (<10% FPL), medium (10%-<20% FPL), high (20%-<30% FPL) and very high (>=30% FPL).
### Table 1c. Prevalence of serious psychological distress (SPD) interference with life or activities some or a lot among New York City adults aged 18 years and older, by demographic, social, and economic characteristics, 2015

Source: NYC Community Health Survey (CHS), 2015

CHS has included adults with landline phones since 2002 and, starting in 2009, also has included adults who can be reached by cell phone. CHS 2015 data are weighted to the adult residential population per the American Community Survey, 2014.

Data are age-adjusted to the US 2000 Standard Population except those stratified by age group.

<table>
<thead>
<tr>
<th>Among those with SPD</th>
<th>Overall</th>
<th>Sex</th>
<th>Age group (years)</th>
<th>Race/ethnicity¹</th>
<th>Borough of residence</th>
<th>Household poverty¤</th>
<th>Neighborhood poverty§</th>
<th>Health Insurance coverage</th>
<th>Place of birth</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prevalence</strong></td>
<td>80.7 (75.9, 84.7)</td>
<td><strong>Male</strong></td>
<td>82.5 (74.0, 88.7)</td>
<td>78.3 (57.8, 90.5)</td>
<td>77.7 (66.3, 86.0)</td>
<td>83.1 (74.3, 91.9)</td>
<td>80.0 (72.1, 86.0)</td>
<td>83.6 (78.8, 87.5)</td>
<td>87.0 (81.8, 90.9)</td>
</tr>
<tr>
<td><strong>(95% Confidence Intervals)</strong></td>
<td>N/A</td>
<td><strong>Female</strong></td>
<td>79.9 (73.7, 85.0)</td>
<td>82.2 (74.0, 88.3)</td>
<td>81.4 (72.8, 87.7)</td>
<td>80.8 (73.0, 87.3)</td>
<td>80.8 (73.0, 87.3)</td>
<td>69.6 (54.0, 84.7)</td>
<td>74.7 (66.6, 81.5)</td>
</tr>
<tr>
<td><strong>p-value±</strong></td>
<td>[0.581]</td>
<td></td>
<td>[0.670]</td>
<td>[0.458]</td>
<td>[0.742]</td>
<td>[0.529]</td>
<td>[0.510]</td>
<td>[0.063]</td>
<td>[0.006]</td>
</tr>
</tbody>
</table>

1White, Black, Asian/Pacific Islander race categories exclude Latino ethnicity. Latino includes Hispanic or Latino of any race.

*Estimate should be interpreted with caution. Estimate’s Relative Standard Error (a measure of estimate precision) is greater than 30%, the 95% Confidence Interval half-width is greater than 10, or the sample size is less than 50, making the estimate potentially unreliable.

95% Confidence Intervals (CI) are a measure of estimate imprecision: the wider the CI, the more imprecise the estimate.

When rounding to the nearest whole number, round up.

When rounding to the nearest whole number, round down.

*Measure of statistical significance of t-test. Bold p-values indicate that the estimate is statistically different from the reference group.

**Household poverty** is measured as the total income of the household and is categorized into five groups, relative to the Federal Poverty Line (FPL), as follows: Very high poverty (<100% FPL), High poverty (100%-<200% FPL), Medium poverty (200%-<400% FPL), Low poverty (400%-<600% FPL), and Very low poverty (≥600% FPL).

**Neighborhood poverty** (based on ZIP code) was defined as percent of residents with incomes below 100% of the federal poverty level (FPL, based on American Community Survey 5-year files), separated into four groups: low (<100% FPL), medium (100%-<200% FPL), high (200%-<400% FPL), and very high (≥400% FPL).
### Table 2. Prevalence of serious psychological distress (SPD) by United Hospital Fund neighborhood in New York City, 2009-10 and 2012

Source: NYC Community Health Survey (CHS), 2009, 2010, 2012. CHS has included adults with landline phones since 2002 and, starting in 2009, also has included adults who can be reached by cell phone. Starting in 2009, data are weighted to the 2008 HVS for phone usage and the Census 2000. CHS 2012 data are weighted to the adult residential population per American Community Survey, 2011. Data are age-adjusted to the US 2000 Standard Population.

<table>
<thead>
<tr>
<th>Borough</th>
<th>United Hospital Fund neighborhood number</th>
<th>United Hospital Fund neighborhood name</th>
<th>Prevalence (95% Confidence Interval)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronx</td>
<td>101</td>
<td>Kingsbridge</td>
<td>2.8 (1.6, 4.7)</td>
</tr>
<tr>
<td></td>
<td>102</td>
<td>Northeast Bronx</td>
<td>5.3 (3.7, 7.7)</td>
</tr>
<tr>
<td></td>
<td>103</td>
<td>Fordham-Branko Park</td>
<td>6.5 (4.5, 8.8)</td>
</tr>
<tr>
<td></td>
<td>104</td>
<td>Pelham</td>
<td>5.8 (4.1, 8.3)</td>
</tr>
<tr>
<td></td>
<td>105</td>
<td>Crotona-Tremont</td>
<td>8.5 (6.5, 11.1)</td>
</tr>
<tr>
<td></td>
<td>106</td>
<td>High Bridge-Morrisania</td>
<td>6.4 (4.7, 8.8)</td>
</tr>
<tr>
<td></td>
<td>107</td>
<td>Hunts Point-Mott Haven</td>
<td>9.8 (7.2, 13.3)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brooklyn</td>
<td>201</td>
<td>Greenpoint</td>
<td>7.5 (4.6, 12.0)</td>
</tr>
<tr>
<td></td>
<td>202</td>
<td>Downtown-Heights-Slope</td>
<td>2.7 (1.5, 4.7)</td>
</tr>
<tr>
<td></td>
<td>203</td>
<td>Bedford-Stuyvesant-Crown Heights</td>
<td>3.8 (2.4, 5.8)</td>
</tr>
<tr>
<td></td>
<td>204</td>
<td>East New York</td>
<td>4.6 (2.9, 7.3)</td>
</tr>
<tr>
<td></td>
<td>205</td>
<td>Sunset Park</td>
<td>4.2 (2.6, 6.6)</td>
</tr>
<tr>
<td></td>
<td>206</td>
<td>Borough Park</td>
<td>5.4 (3.7, 7.6)</td>
</tr>
<tr>
<td></td>
<td>207</td>
<td>East Flatbush-Flatbush</td>
<td>4.2 (2.6, 6.7)</td>
</tr>
<tr>
<td></td>
<td>208</td>
<td>Canarsie</td>
<td>5.3 (3.7, 7.6)</td>
</tr>
<tr>
<td></td>
<td>209</td>
<td>Bensonhurst-Bay Ridge</td>
<td>5.7 (3.7, 8.7)</td>
</tr>
<tr>
<td></td>
<td>210</td>
<td>Coney Island</td>
<td>9.8 (7.3, 13.0)</td>
</tr>
<tr>
<td></td>
<td>211</td>
<td>Williamsburg</td>
<td>6.4 (4.5, 8.9)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manhattan</td>
<td>301</td>
<td>Washington Heights</td>
<td>6.0 (4.1, 8.8)</td>
</tr>
<tr>
<td></td>
<td>302</td>
<td>Central Harlem-Morningside Heights</td>
<td>5.2 (3.4, 7.9)</td>
</tr>
<tr>
<td></td>
<td>303</td>
<td>East Harlem</td>
<td>6.6 (4.4, 9.9)</td>
</tr>
<tr>
<td></td>
<td>304</td>
<td>Upper West Side</td>
<td>3.8 (2.1, 6.7)</td>
</tr>
<tr>
<td></td>
<td>305</td>
<td>Upper Eastside</td>
<td>4.1 (2.5, 6.8)</td>
</tr>
<tr>
<td></td>
<td>306</td>
<td>Chelsea-Clinton</td>
<td>2.3 (1.4, 3.9)</td>
</tr>
<tr>
<td></td>
<td>307</td>
<td>Gramercy Park-Murray Hill</td>
<td>5.4 (2.5, 11.2)</td>
</tr>
<tr>
<td></td>
<td>308</td>
<td>Greenwich Village-Soho</td>
<td>4.5 (2.1, 9.5)</td>
</tr>
<tr>
<td></td>
<td>309</td>
<td>Union Square, Lower East Side</td>
<td>4.9 (3.2, 7.4)</td>
</tr>
<tr>
<td></td>
<td>310</td>
<td>Lower Manhattan</td>
<td>1.1 (0.4, 3.1)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Queens</td>
<td>401</td>
<td>Long Island-City, Astoria</td>
<td>5.7 (3.8, 8.6)</td>
</tr>
<tr>
<td></td>
<td>402</td>
<td>West Queens</td>
<td>4.3 (3.0, 6.1)</td>
</tr>
<tr>
<td></td>
<td>403</td>
<td>Flushing-Cleanview</td>
<td>3.5 (2.3, 5.4)</td>
</tr>
<tr>
<td></td>
<td>404</td>
<td>Bayside-Little Neck</td>
<td>2.2 (0.8, 6.0)</td>
</tr>
<tr>
<td></td>
<td>405</td>
<td>Ridgewood-Forest Hills</td>
<td>3.5 (2.4, 5.0)</td>
</tr>
<tr>
<td></td>
<td>406</td>
<td>Fresh Meadows</td>
<td>3.4 (2.0, 5.5)</td>
</tr>
<tr>
<td></td>
<td>407</td>
<td>Southwest Queens</td>
<td>6.4 (4.5, 8.9)</td>
</tr>
<tr>
<td></td>
<td>408</td>
<td>Jamaica</td>
<td>4.8 (3.2, 7.0)</td>
</tr>
<tr>
<td></td>
<td>409</td>
<td>Southeast Queens</td>
<td>2.3 (1.3, 4.0)</td>
</tr>
<tr>
<td></td>
<td>410</td>
<td>Rockaway</td>
<td>6.1 (3.8, 9.6)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staten Island</td>
<td>501</td>
<td>Port Richmond</td>
<td>3.9 (2.0, 7.5)</td>
</tr>
<tr>
<td></td>
<td>502</td>
<td>Staplepton-St. George</td>
<td>4.2 (2.6, 6.9)</td>
</tr>
<tr>
<td></td>
<td>503</td>
<td>Willowbrook</td>
<td>4.4 (2.3, 8.0)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Estimate should be interpreted with caution. Estimate’s Relative Standard Error (a measure of estimate precision) is greater than 30% or the 95% Confidence Interval half-width is too large, or the sample size is too small, making the estimate potentially unreliable.

The United Hospital Fund (UHF) classifies New York City into 42 neighborhoods, comprised of contiguous ZIP codes.

95% Confidence Intervals (CIs) are a measure of estimate imprecision: the wider the CI, the more imprecise the estimate.

* when rounding to the nearest whole number, round up.

† when rounding to the nearest whole number, round down.
Table 3a. Prevalence of access to mental health care among New York City adults aged 18 years and older with serious psychological distress (SPD), 2015

Source: NYC Community Health Survey (CHS), 2015

CHS has included adults with landline phones since 2002 and, starting in 2009, also has included adults who can be reached by cell phone. CHS 2015 data are weighted to the adult residential population per the American Community Survey, 2014.

Data are age-adjusted to the US 2000 Standard Population except those stratified by age group.

Among those with SPD

<table>
<thead>
<tr>
<th></th>
<th>Prevalence (95% Confidence Interval)</th>
<th>p-value±</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>45.9 (39.9, 52.0)</td>
<td>N/A</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>34.4 (27.4, 42.2)</td>
<td>Reference</td>
</tr>
<tr>
<td>Female</td>
<td>54.2 (45.9, 62.3)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Age group (years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-24</td>
<td>35.0 (18.3, 56.3) *</td>
<td>Reference</td>
</tr>
<tr>
<td>25-44</td>
<td>36.5 (26.3, 48.0) *U</td>
<td>0.895</td>
</tr>
<tr>
<td>45-64</td>
<td>60.1 (51.8, 67.9)</td>
<td>0.022</td>
</tr>
<tr>
<td>65+</td>
<td>51.2 (38.6, 63.8) *</td>
<td>0.178</td>
</tr>
<tr>
<td>Race/ethnicity¹</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>43.8 (32.3, 56.1) *</td>
<td>Reference</td>
</tr>
<tr>
<td>Black</td>
<td>35.2 (24.8, 47.2) *</td>
<td>0.307</td>
</tr>
<tr>
<td>Latino</td>
<td>51.1 (42.6, 59.4)</td>
<td>0.339</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>41.8 (23.5, 62.7) *</td>
<td>0.868</td>
</tr>
<tr>
<td>Health insurance coverage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>49.2 (42.4, 55.9)</td>
<td>Reference</td>
</tr>
<tr>
<td>No</td>
<td>29.8 (16.3, 48.2) *</td>
<td>0.033</td>
</tr>
<tr>
<td>Health insurance type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private</td>
<td>33.0 (23.5, 44.1) *</td>
<td>Reference</td>
</tr>
<tr>
<td>Medicare</td>
<td>64.1 (44.6, 79.8) *</td>
<td>0.004</td>
</tr>
<tr>
<td>Medicaid</td>
<td>54.2 (44.0, 64.1) *</td>
<td>0.004</td>
</tr>
<tr>
<td>Other</td>
<td>49.6 (26.7, 72.6) *</td>
<td>0.228</td>
</tr>
<tr>
<td>Uninsured</td>
<td>29.8 (16.3, 48.2) *</td>
<td>0.746</td>
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<tr>
<td>Place of birth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>US-born</td>
<td>50.2 (43.0, 57.4)</td>
<td>Reference</td>
</tr>
<tr>
<td>Born outside the US</td>
<td>41.4 (32.1, 51.4)</td>
<td>0.159</td>
</tr>
</tbody>
</table>

1White, Black, Asian/Pacific Islander race categories exclude Latino ethnicity. Latino includes Hispanic or Latino of any race.

* Estimate should be interpreted with caution. Estimate’s Relative Standard Error (a measure of estimate precision) is greater than 30% or the sample size is less than 50, or the 95% Confidence Interval half width is greater than 10, making the estimate potentially unreliable.

95% Confidence Intervals (CIs) are a measure of estimate imprecision: the wider the CI, the more imprecise the estimate.

U When rounding to the nearest whole number, round up.

± Measure of statistical significance of t-test. Bold p-values indicate that the estimate is statistically different from the reference group.

Bold p-values indicate statistically significant difference from the reference group.
### Table 3b. Prevalence of unmet need for mental health care among New York City adults aged 18 years and older by serious psychological distress (SPD), 2015

**Source:** NYC Community Health Survey (CHS), 2015

CHS has included adults with landline phones since 2002 and, starting in 2009, also has included adults who can be reached by cell phone. CHS 2015 data are weighted to the adult residential population per the American Community Survey, 2014.

Data are age-adjusted to the US 2000 Standard Population except those stratified by age group.

Survey question: Was there a time in the past 12 months when you needed treatment for a mental health problem but did not get it?

<table>
<thead>
<tr>
<th></th>
<th>SPD (95% Confidence Interval)</th>
<th>p-value±</th>
<th>Without SPD (95% Confidence Interval)</th>
<th>p-value±</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>20.7 (13.9, 29.7)</td>
<td>Reference</td>
<td>2.1 (1.6, 2.8)</td>
<td>Reference</td>
</tr>
<tr>
<td>Female</td>
<td>24.6 (17.7, 33.3)</td>
<td>0.490</td>
<td>2.6 (2.0, 3.2)</td>
<td>0.283</td>
</tr>
<tr>
<td><strong>Race/ethnicity†</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>35.1 (23.4, 48.9)</td>
<td>*</td>
<td>2.7 (2.0, 3.6)</td>
<td>Reference</td>
</tr>
<tr>
<td>Black</td>
<td>15.6 (9.5, 24.8)</td>
<td><strong>0.011</strong></td>
<td>2.3 (1.5, 3.4)</td>
<td>0.502</td>
</tr>
<tr>
<td>Latino</td>
<td>16.9 (11.8, 23.6)</td>
<td><strong>0.012</strong></td>
<td>2.7 (2.0, 3.7)</td>
<td>0.964</td>
</tr>
<tr>
<td>Asian</td>
<td>22.9 (8.4, 48.9)</td>
<td>*</td>
<td>0.6 (0.3, 1.1)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td><strong>Household poverty‡</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;200% FPL</td>
<td>21.5 (16.1, 28.2)</td>
<td>0.424</td>
<td>2.3 (1.8, 3.0)</td>
<td>0.970</td>
</tr>
<tr>
<td>&gt;=200% FPL</td>
<td>27.2 (16.6, 41.3)</td>
<td>*</td>
<td>2.4 (1.8, 3.1)</td>
<td>Reference</td>
</tr>
<tr>
<td><strong>Health insurance coverage</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>23.2 (17.2, 30.6)</td>
<td>Reference</td>
<td>2.1 (1.7, 2.6)</td>
<td>Reference</td>
</tr>
<tr>
<td>No</td>
<td>29.5 (16.4, 47.3)</td>
<td>*</td>
<td>3.2 (2.0, 5.1)</td>
<td>0.155</td>
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<td><strong>Health insurance type</strong></td>
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<td></td>
</tr>
<tr>
<td>Private</td>
<td>19.1 (12.3, 28.5)</td>
<td>Reference</td>
<td>2.3 (1.7, 3.0)</td>
<td>Reference</td>
</tr>
<tr>
<td>Medicare</td>
<td>8.1 (4.4, 14.6)</td>
<td>*</td>
<td>1.7 (0.8, 3.4)</td>
<td>*</td>
</tr>
<tr>
<td>Medicaid</td>
<td>27.1 (18.9, 37.2)</td>
<td>0.203</td>
<td>2.0 (1.4, 2.7)</td>
<td>0.502</td>
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<tr>
<td>Medicaid</td>
<td>29.5 (16.4, 47.3)</td>
<td>*</td>
<td>3.2 (2.0, 5.1)</td>
<td>0.241</td>
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<tr>
<td><strong>Place of birth</strong></td>
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<td></td>
</tr>
<tr>
<td>US-born</td>
<td>27.2 (20.4, 35.3)</td>
<td>Reference</td>
<td>3.1 (2.4, 3.8)</td>
<td>Reference</td>
</tr>
<tr>
<td>Born outside the US</td>
<td>20.3 (12.4, 31.6)</td>
<td>0.268</td>
<td>1.6 (1.2, 2.2)</td>
<td><strong>0.001</strong></td>
</tr>
</tbody>
</table>

Among all adults, needed treatment for a mental health problem but did not get in the past 12 months

<table>
<thead>
<tr>
<th></th>
<th>SPD (95% Confidence Interval)</th>
<th>p-value±</th>
<th>Without SPD (95% Confidence Interval)</th>
<th>p-value±</th>
</tr>
</thead>
<tbody>
<tr>
<td>US-born</td>
<td>4.3 (3.6, 5.2)</td>
<td>Reference</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Born outside the US</td>
<td>2.6 (2.0, 3.5)</td>
<td><strong>0.002</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

†White, Black, Asian/Pacific Islander race categories exclude Latino ethnicity. Latino includes Hispanic or Latino of any race.

* Estimate should be interpreted with caution. Estimate's Relative Standard Error (a measure of estimate precision) is greater than 30% or the sample size is less than 50, or the 95% Confidence Interval half width is greater than 10, making the estimate potentially unreliable.

‡ When rounding to the nearest whole number, round up.

§ When rounding to the nearest whole number, round down

± Measure of statistical significance of t-test. Bold p-values indicate that the estimate is statistically different from the reference group.

‖ Household poverty is measured as the total income of the household and is categorized into two groups, relative to the Federal Poverty Line (FPL), as follows: High poverty (<200% FPL), Low poverty (>=200% FPL).

Bold p-values indicate statistically significant difference from the reference group.
Table 4. Prevalence of comorbidities and health behaviors among New York City adults aged 18 years and older, by serious psychological distress (SPD) status, 2015

Source: NYC Community Health Survey (CHS), 2015

CHS has included adults with landline phones since 2002 and, starting in 2009, also has included adults who can be reached by cell phone. CHS 2015 data are weighted to the adult residential population per the American Community Survey, 2014.

Data are age-adjusted to the US 2000 Standard Population.

<table>
<thead>
<tr>
<th></th>
<th>SPD Prevalence (95% Confidence Interval)</th>
<th>Without SPD (Reference) Prevalence (95% Confidence Interval)</th>
<th>p-value±</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fair or poor health</td>
<td>57.6 (51.9, 63.2)</td>
<td>20.6 (19.5, 21.6)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Had primary care provider</td>
<td>86.4 (82.2, 89.8)</td>
<td>83.6 (82.5, 84.7)</td>
<td>0.165</td>
</tr>
<tr>
<td>Hypertension</td>
<td>44.1 (39.0, 49.4)</td>
<td>27.9 (26.9, 28.9)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Diabetes</td>
<td>19.7 (16.2, 23.8)</td>
<td>11.1 (10.3, 11.9)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Obesity</td>
<td>33.7 (28.2, 39.7)</td>
<td>23.6 (22.4, 24.8)</td>
<td>0.001</td>
</tr>
<tr>
<td>2+ chronic diseases†</td>
<td>30.0 (25.1, 35.3)</td>
<td>15.7 (14.8, 16.6)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Current smoking</td>
<td>30.5 (25.2, 36.4)</td>
<td>13.3 (12.4, 14.4)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>No physical activity in the past 30 Days</td>
<td>39.2 (33.7, 45.0)</td>
<td>24.7 (23.5, 25.9)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Zero fruits and vegetables yesterday</td>
<td>18.7 (14.7, 23.4)</td>
<td>11.7 (10.8, 12.7)</td>
<td>0.002</td>
</tr>
<tr>
<td>2+ unhealthy behaviors‡</td>
<td>20.9 (16.6, 25.8)</td>
<td>9.2 (8.4, 10.1)</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

± Measure of statistical significance of t-test. Bold p-values indicate that the estimate is statistically different from the reference group.

Bold p-values indicate statistically significant difference from the reference group.

† Includes chronic conditions of hypertension, diabetes and obese

‡ Includes unhealthy behaviors of current smoking, no physical activity in past 30 days and zero fruits and vegetables yesterday
Table 5. Prevalence of comorbidities and health behaviors among New York City adults aged 18 years and older, by serious psychological distress (SPD) status, 2002-2013, 2015

Source: NYC Community Health Survey (CHS), 2002-2003, 2005-2006, 2008-2010, 2012-2013 and 2015. CHS has included adults with landline phones since 2002 and, starting in 2009; also has included adults who can be reached by cell phone.

CHS 2002-2008 data are weighted to the NYC adult population per Census 2000; starting in 2009, data are weighted to the 2008 HVS for phone usage and the Census 2000. CHS 2012 data are weighted to the adult residential population per American Community Survey, 2011. CHS 2013 data are weighted to the adult residential population per the American Community Survey, 2012. CHS 2015 data are weighted to the adult residential population per the American Community Survey, 2014.

Data are age-adjusted to the US 2000 Standard Population.

<table>
<thead>
<tr>
<th>Year</th>
<th>Current asthma</th>
<th>High cholesterol</th>
<th>Hypertension</th>
<th>Obesity</th>
<th>Physical activity</th>
<th>Smoking</th>
<th>Fair or poor Health</th>
<th>Diabetes</th>
<th>High cholesterol</th>
<th>High blood pressure</th>
<th>Diastolic blood pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>11.0 (8.5, 14.2)</td>
<td>24.8 (22.2, 27.5)</td>
<td>13.5 (11.0, 16.5)</td>
<td>12.1 (10.3, 14.3)</td>
<td>30.0 (26.9, 33.2)</td>
<td>20.9 (17.2, 24.7)</td>
<td>2.0 (1.7, 2.3)</td>
<td>11.2 (9.0, 13.8)</td>
<td>12.6 (10.8, 15.1)</td>
<td>18.5 (16.3, 21.0)</td>
<td>2.0 (1.7, 2.4)</td>
</tr>
<tr>
<td>2003</td>
<td>10.9 (8.4, 13.4)</td>
<td>24.7 (22.2, 27.5)</td>
<td>13.4 (11.0, 16.5)</td>
<td>12.0 (10.3, 14.3)</td>
<td>30.0 (26.9, 33.2)</td>
<td>20.9 (17.2, 24.7)</td>
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<td>18.5 (16.3, 21.0)</td>
<td>2.0 (1.7, 2.4)</td>
</tr>
<tr>
<td>2005</td>
<td>10.8 (8.3, 13.3)</td>
<td>24.6 (22.1, 27.3)</td>
<td>13.3 (10.8, 16.7)</td>
<td>11.9 (10.2, 14.7)</td>
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<td>20.8 (17.1, 24.6)</td>
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<td>18.5 (16.3, 21.0)</td>
<td>2.0 (1.7, 2.4)</td>
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<td>2006</td>
<td>10.7 (8.2, 13.1)</td>
<td>24.5 (22.0, 27.0)</td>
<td>13.2 (10.7, 16.6)</td>
<td>11.8 (10.1, 14.6)</td>
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<td>18.5 (16.3, 21.0)</td>
<td>2.0 (1.7, 2.4)</td>
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<tr>
<td>2008</td>
<td>10.6 (8.1, 12.9)</td>
<td>24.4 (21.9, 26.9)</td>
<td>13.1 (10.6, 16.6)</td>
<td>11.7 (10.0, 14.5)</td>
<td>29.7 (26.4, 32.9)</td>
<td>20.6 (16.9, 24.2)</td>
<td>2.0 (1.7, 2.3)</td>
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<td>2.0 (1.7, 2.4)</td>
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<td>2009</td>
<td>10.5 (8.0, 12.6)</td>
<td>24.3 (21.8, 26.5)</td>
<td>13.0 (10.5, 16.5)</td>
<td>11.6 (9.9, 14.4)</td>
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<td>2010</td>
<td>10.4 (7.9, 12.7)</td>
<td>24.2 (21.7, 26.4)</td>
<td>12.9 (10.4, 16.5)</td>
<td>11.5 (9.8, 14.3)</td>
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<td>2.0 (1.7, 2.4)</td>
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<td>2013</td>
<td>10.3 (7.8, 12.8)</td>
<td>24.1 (21.6, 26.3)</td>
<td>12.8 (10.3, 16.5)</td>
<td>11.4 (9.7, 14.2)</td>
<td>29.4 (26.1, 32.0)</td>
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<td>2.0 (1.7, 2.3)</td>
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<td>18.5 (16.3, 21.0)</td>
<td>2.0 (1.7, 2.4)</td>
</tr>
<tr>
<td>2015</td>
<td>10.2 (7.7, 12.8)</td>
<td>24.1 (21.6, 26.3)</td>
<td>12.7 (10.2, 16.6)</td>
<td>11.3 (9.6, 14.1)</td>
<td>29.3 (26.0, 31.7)</td>
<td>20.2 (16.5, 23.3)</td>
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