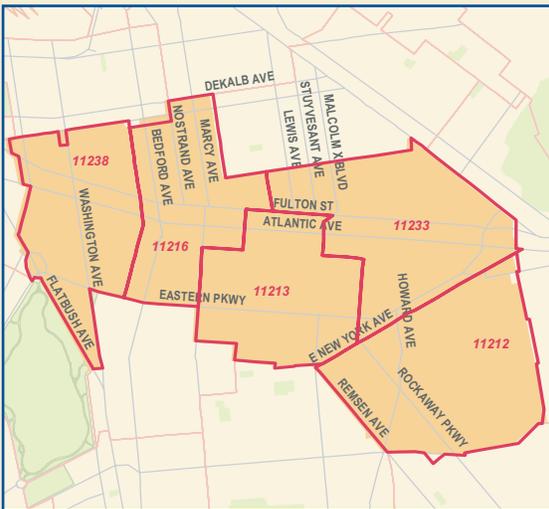


# Community Health Profiles

New York City Department of Health and Mental Hygiene

SECOND EDITION — 2006



## TAKE CARE Central Brooklyn

*(Including Bedford-Stuyvesant, Crown Heights, Prospect Heights, and Brownsville)*

# Community Health Profile, Second Edition: Central Brooklyn

New York City is the most diverse city in the U.S. — a fact reflected in the distinct character of each neighborhood. The second edition of the Community Health Profiles uses **Take Care New York** (TCNY), the city’s health policy, to examine preventable causes of illness and death in all of NYC’s 42 neighborhoods. This report updates the 2002 profile (available at [nyc.gov/health](http://nyc.gov/health)) by providing more recent and time-trend data, and a greater variety of health statistics. Key health issues in **Central Brooklyn** include:

- Central Brooklyn residents experience more barriers to health care access than those in NYC overall, with nearly 3 in 10 without a regular doctor. Also, the percent of uninsured in Central Brooklyn nearly doubled between 2002 and 2004 (page 5).
- Although the death rate due to HIV disease has decreased during the past decade in Central Brooklyn, it remains more than twice the HIV-related death rate in NYC overall (page 8).
- In addition to high rates of HIV, Central Brooklyn has elevated rates of other sexually transmitted infections, such as chlamydia and gonorrhea (page 14).

**Methods:** While this report provides important information, it is not intended to be an exhaustive examination of the health of Central Brooklyn residents, as not all health problems and their causes could be covered. Only statistically significant findings are discussed in the text. For complete information on methods, see Technical Notes (page 15).

## Central Brooklyn at a Glance

### Population

Total number of people living in Central Brooklyn in 2000:

**317,300**

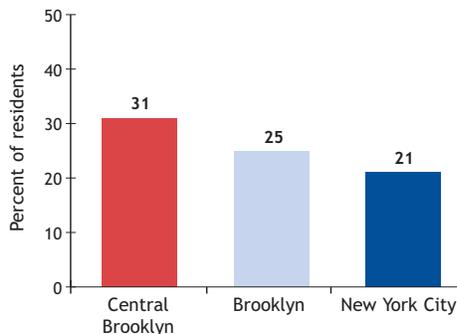
### Age

People in Central Brooklyn are slightly younger than in New York City overall

	Central Brooklyn	Brooklyn	NYC
0-17 years	30%	27%	24%
18-24 years	11%	10%	10%
25-44 years	31%	31%	33%
45-64 years	19%	21%	21%
65+ years	9%	11%	12%

### Poverty

In Central Brooklyn, the percent of residents living below the poverty level is higher than in Brooklyn and NYC overall



### Education

About 1 in 3 (38%) Central Brooklyn residents aged 25 and older have completed at least some college education, compared to 42% in Brooklyn and 47% in NYC overall

	Central Brooklyn	Brooklyn	NYC
Up to 8th grade	10%	13%	12%
Some high school, no diploma	23%	18%	16%
High school diploma	29%	27%	25%
Some college, no degree	23%	20%	20%
College graduate	15%	22%	27%

### Foreign-born

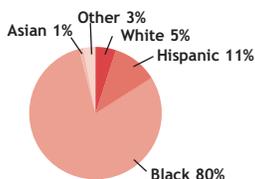
The percent of Central Brooklyn residents born outside the U.S. is lower than in Brooklyn and NYC overall

Area	Percent
Central Brooklyn	29%
Brooklyn	38%
NYC	36%

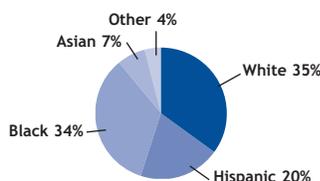
### Race / Ethnicity

Eight in 10 Central Brooklyn residents are black, compared to 34% in Brooklyn and 24% in NYC overall

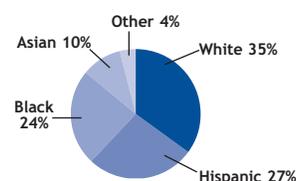
Central Brooklyn



Brooklyn



NYC



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

# Take Care Central Brooklyn



In 2004, the Health Department created a citywide health policy called **Take Care New York** (TCNY) to help improve the health of New Yorkers. TCNY identifies 10 key areas that cause significant illness and death but can be improved through intervention by individuals, health care providers, government agencies, and other organizations.

This report examines how well Central Brooklyn residents are doing on health indicators for each of the 10 TCNY goals. It examines areas in which the community is a health leader, as well as areas that need improvement. The TCNY report card below shows where Central Brooklyn ranks among all 42 New York City neighborhoods. (See Technical Notes for information about how neighborhoods were defined and ranked.)

## Take Care New York report card

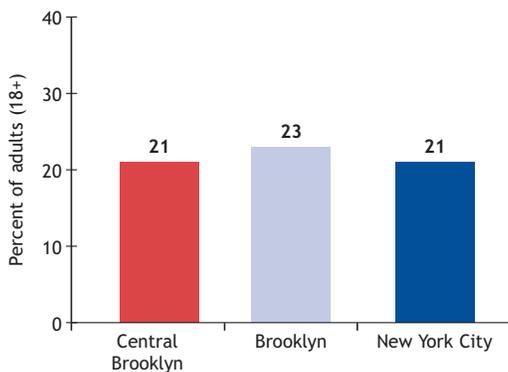
Central Brooklyn ranks below average on half of the indicators when compared to the 41 other NYC neighborhoods

	Below Average (bottom 10)	Average (middle 22)	Above Average (top 10)
<b>Take Care New York Goals</b>			
1 Have a regular doctor	✓		
2 Be tobacco-free		✓	
3 Keep your heart healthy	✓		
4 Know your HIV status		✓	
5 Get help for depression		✓	
6 Live free of alcohol and drugs		✓	
7 Get checked for cancer	✓		
8 Get the immunizations you need	✓		
9 Make your home safe and healthy		✓	
10 Have a healthy baby	✓		

## How Residents Rate Their Own Health

### Overall health

More than 1 in 5 adults in Central Brooklyn consider themselves to be in fair or poor health



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

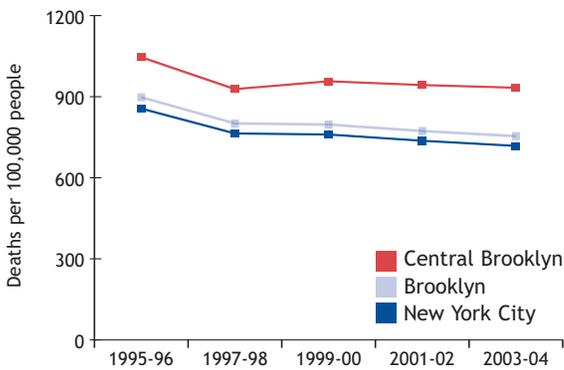
People are good at rating their own health. In general, when asked to rate their general health as excellent, very good, good, fair, or poor, those who say “fair” or “poor” are more likely to have health problems than those who report better health.

In Central Brooklyn, one fifth of residents report being in fair or poor health (21%).

# Overall Death Rates in Central Brooklyn

## Death rates

In Central Brooklyn, death rates are higher than in Brooklyn and NYC overall



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

The death rate in Central Brooklyn has decreased by 10% in the past decade, mirroring the rate drop in New York City overall.

However, in 2003-2004, the average annual death rate in Central Brooklyn was more than 20% higher than in Brooklyn and 30% higher than in New York City overall (933/100,000 vs. 754/100,000 in Brooklyn and 718/100,000 in NYC). Throughout this profile, cause-specific death rates are provided for TCNY goals.

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

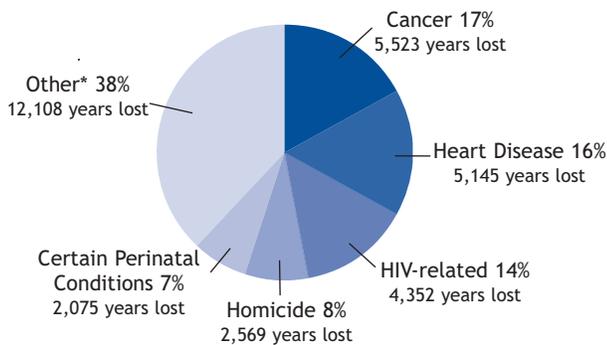
## Premature death

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

The causes of premature death differ across communities. The primary cause of premature death in Central Brooklyn is cancer, as well as in both Brooklyn and New York City overall.

### Top 5 causes of years of potential life lost

Cancer causes the most years of potential life lost in Central Brooklyn

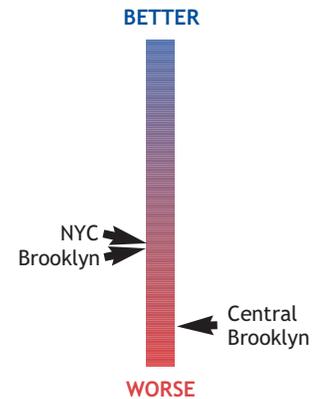


\*Other includes Drug-related (4%), Accidents (4%), Diabetes (3%), Pneumonia and Influenza (2%), Congenital Conditions (2%), and Other (23%).

Data Source: Bureau of Vital Statistics, NYC DOHMH, 2002-04

### Death before age 75

The 2003-2004 average annual death rate for people younger than 75 years in Central Brooklyn ranks poorly (38th) among 42 NYC neighborhoods



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



# Take Care New York Goals

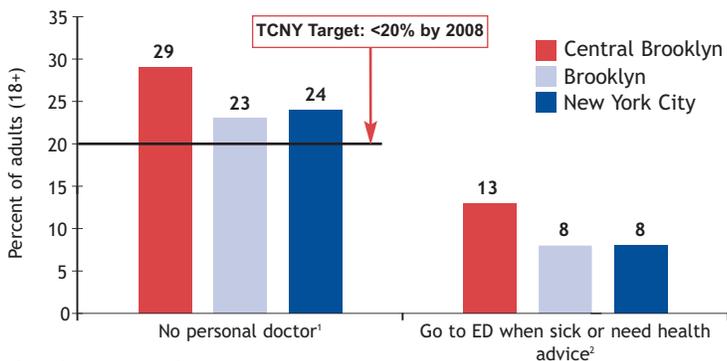
## GOAL 1 Have a Regular Doctor or Other Health Care Provider

Access to good medical care helps people prevent illnesses, identify health conditions early, and treat health problems. Some conditions can and should be managed regularly outside the hospital. Higher rates of these avoidable hospitalizations can indicate reduced access to health care in a community.

Having a “medical home” — a personal doctor or other health care provider and a regular place of care other than the emergency department (ED) — is a critical component of good health care access. In Central Brooklyn, residents are more likely to be without a regular doctor (29%) than those in Brooklyn (23%) and NYC overall (24%). Central Brooklyn residents are also more likely to go to the ED when they are sick or need health advice (13%) than those in Brooklyn and NYC overall (8%).

### Access to care

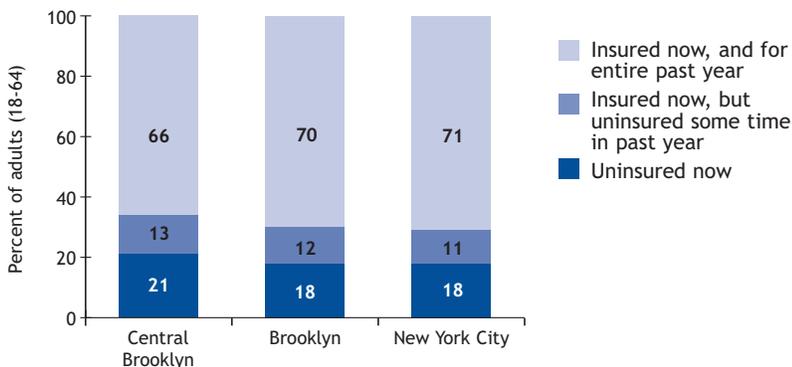
Without a primary provider, people may seek routine health care in the emergency department (ED)



Percents are age-adjusted.  
Data Sources: <sup>1</sup>NYC Community Health Survey 2002-03-04, <sup>2</sup>NYC Community Health Survey 2003-04

### Health insurance

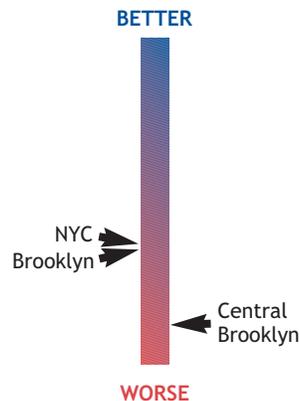
More than 1 in 3 adults in Central Brooklyn are uninsured or went without health insurance during the past year



Insurance rates are calculated for adults aged 18-64 and age-adjusted.  
Data Source: NYC Community Health Survey 2002-03-04

### Avoidable hospitalizations

The 2004 avoidable hospitalization rate in Central Brooklyn ranks poorly (37th) among 42 NYC neighborhoods



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

Health insurance is important for access to health care. In Central Brooklyn, the uninsurance rate nearly doubled between 2002 and 2004. Although the size of this increase cannot be precisely estimated because of small sample size, the percent of uninsured adults in this community has clearly gone up. Residents in Central Brooklyn are less likely to have been insured during the entire past year (66%) than those in Brooklyn (70%) and New York City overall (71%). In addition to those currently uninsured (21%), another 13% of residents in this community went without health insurance at some time during the past year.

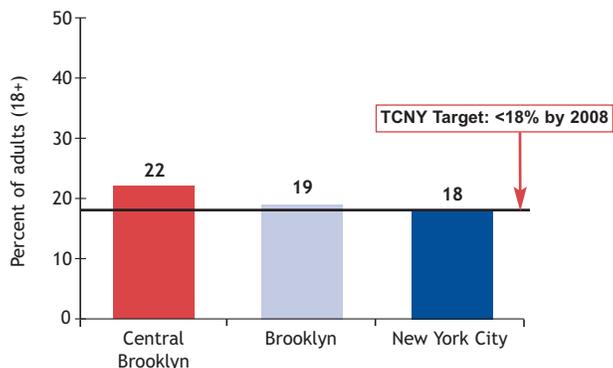


## GOAL 2 Be Tobacco-Free

Smoking is the leading cause of preventable death in New York City and the cause of many illnesses, including heart disease, stroke, emphysema, and lung cancer. More than one fifth of Central Brooklyn residents currently smoke (22%). Many methods to quit smoking are available, and more than 7 in 10 smokers in Central Brooklyn (75%) are trying to kick the habit.

### Residents who smoke

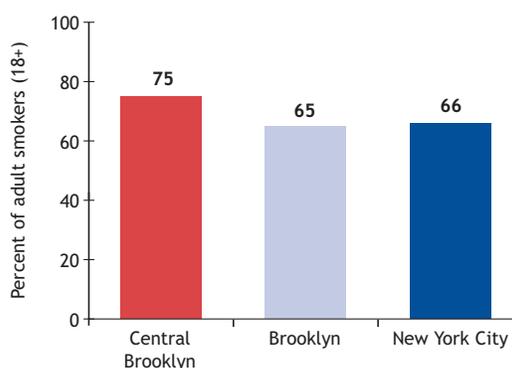
More than 1 in 5 adults in Central Brooklyn smoke . . .



Percents are age-adjusted.  
Data Source: NYC Community Health Survey 2004

### Attempts to quit smoking in the past year

. . . but most smokers are trying to quit



Percents are age-adjusted.  
Data Source: NYC Community Health Survey 2004

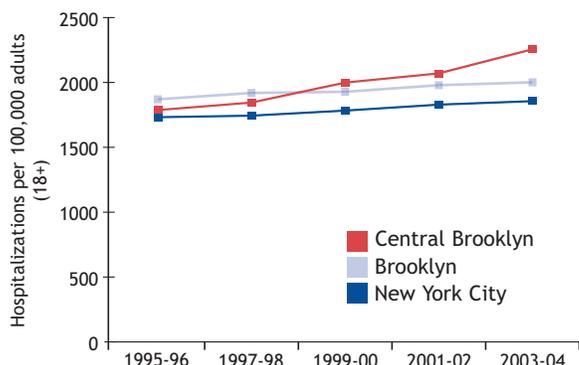


## GOAL 3 Keep Your Heart Healthy

Heart disease can cause severe illness and death. The heart disease hospitalization rate in Central Brooklyn has increased by more than 25% in the past decade. In addition, the 2003-2004 average annual heart disease hospitalization rate in this community was more than 10% higher than the Brooklyn rate and 20% higher than the rate in NYC overall (2,256/100,000 vs. 2,001/100,000 in Brooklyn and 1,856/100,000 in NYC). In contrast to the hospitalization rate, the heart disease death rate has decreased slightly in the past 10 years. However, the 2003-2004 rate (328/100,000) was still similar to the rate in Brooklyn (326/100,000) and higher than the NYC overall rate (297/100,000).

### Heart disease hospitalizations

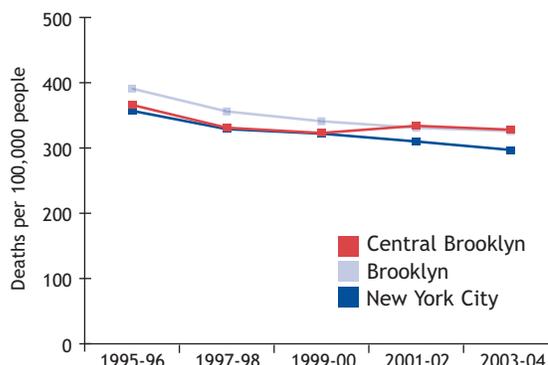
Heart disease causes a higher hospitalization rate in Central Brooklyn



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

### Deaths due to heart disease

The heart disease death rate in Central Brooklyn is higher than the rate in NYC overall



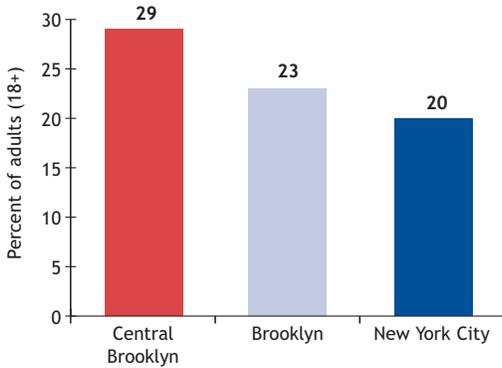
Rates are age-adjusted.  
Data Sources: Bureau of Vital Statistics, NYC DOHMH, 1995-2004; U.S. Census 1990 and 2000/NYC Department of City Planning

**High blood pressure and high cholesterol.** Both of these conditions contribute to heart disease. In Central Brooklyn, 32% of adults were told by a health care professional that they have high blood pressure (similar to 28% in Brooklyn and higher than 26% in NYC overall), and one quarter (26%) were told that they have high cholesterol (the same as in Brooklyn and NYC overall).

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

## Obesity

Nearly 3 in 10 adults in Central Brooklyn are obese



Obesity is defined as a body-mass-index (BMI) of 30 or greater. Percents are age-adjusted.

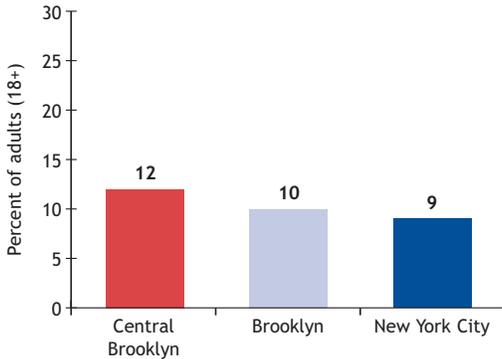
Data Source: NYC Community Health Survey 2002-03-04

In addition to smoking, high blood cholesterol and high blood pressure, other factors that put people at risk for heart disease — lack of physical activity and obesity — can be prevented or controlled.

Obesity can lead to a variety of health problems, including heart disease and diabetes. Rates of obesity are increasing rapidly in New York City and across the U.S., making it a major public health concern. In Central Brooklyn, adults are more likely to be obese (29%) than adults in Brooklyn (23%) and New York City overall (20%).

## Diabetes

Adults in Central Brooklyn are more likely to have diabetes than those in NYC overall



Percents are age-adjusted.

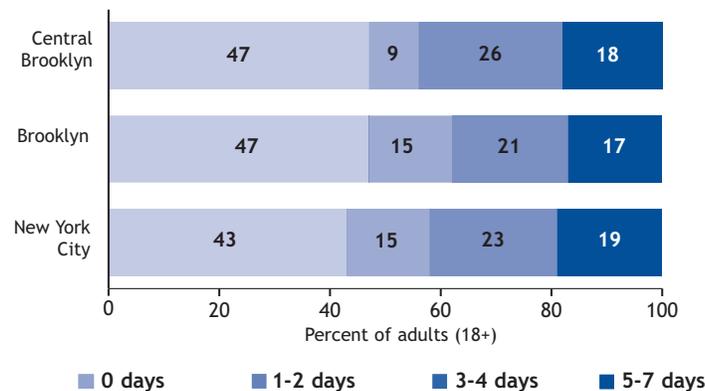
Data Source: NYC Community Health Survey 2002-03-04

The increasing prevalence of obesity in the U.S. has contributed to an epidemic of diabetes. About 95% of diabetes cases are type 2 diabetes, which is strongly associated with obesity. Uncontrolled diabetes can worsen the harmful effects of high blood pressure, high cholesterol, and other risk factors for heart disease.

In Central Brooklyn, 12% of adults have diabetes, compared to 9% in New York City overall.

## Days per week of recreational exercise

Less than half of Central Brooklyn adults are meeting physical activity recommendations



Survey Question: On average, how many days per week do you exercise for at least 30 minutes? Percents are age-adjusted.

Data Source: NYC Community Health Survey 2003

Physical activity helps people maintain a healthy weight and strengthens the cardiovascular system. Nearly half of Central Brooklyn residents (47%) report not doing any physical activity at all. Less than half of residents in this community (44%) report exercising at least 3 days a week.

### Centers for Disease Control and Prevention Recommendations

Adults should do either 20 minutes of vigorous exercise 3 times per week or 30 minutes of moderate exercise 5 times per week.



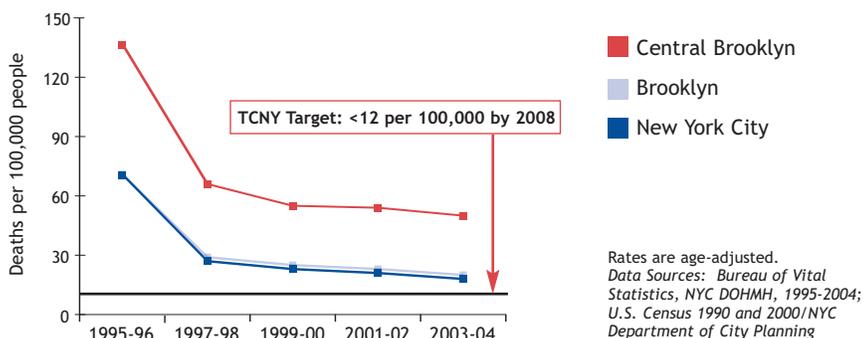
## GOAL 4 Know Your HIV Status

Wide disparities exist in HIV across New York City communities. This is particularly apparent in Central Brooklyn, where the rate of HIV diagnoses is more than twice the Brooklyn and NYC overall rates. Also, the rate of people living with HIV/AIDS in this community is twice the Brooklyn rate and 60% higher than in NYC overall.

The death rate due to HIV disease has dropped by more than 60% during the past decade in Central Brooklyn. However, in 2003-2004, the average annual HIV-related death rate was still more than twice both the Brooklyn and NYC overall rates (50/100,000 vs. 20/100,000 in Brooklyn and 18/100,000 in NYC).

### Death rate due to HIV

HIV-related death rates in Central Brooklyn are double NYC overall rates but have dropped dramatically in the past decade



### HIV/AIDS in 2004

<b>Total HIV diagnoses per 100,000 people* (13+)</b>	
Central Brooklyn	114
Brooklyn	50
New York City	55
<b>% HIV diagnosed concurrently with AIDS** (13+)</b>	
Central Brooklyn	35%
Brooklyn	31%
New York City	29%
<b>People living with HIV/AIDS per 100,000 people* (13+)</b>	
Central Brooklyn	2,285
Brooklyn	1,183
New York City	1,419

\*Rates are age-adjusted.  
\*\*Within 31 days of HIV diagnosis – crude percents  
Data Source and Analysis: HIV Epidemiology Program, NYC DOHMH, 2004

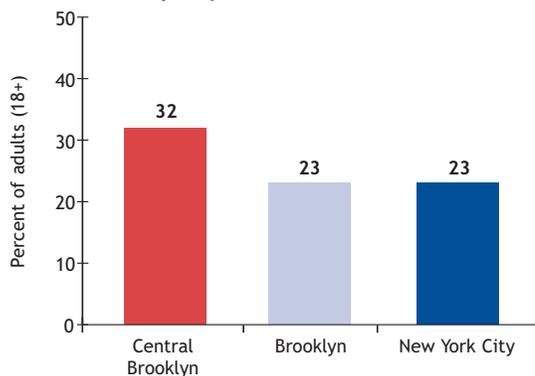
## HIV/AIDS testing and prevention

Everyone should know their HIV status. However, an estimated one quarter of New Yorkers living with HIV do not know they are infected, delaying treatment and increasing the risk that they will transmit the disease to others. Central Brooklyn residents are more likely to be tested for HIV (32%) than those in Brooklyn and New York City overall (23%). However, more than one third of positive HIV test results (35%) are “late” diagnoses (HIV has already progressed to AIDS) in Central Brooklyn.

The most common way people get HIV is through sexual contact, and having multiple sex partners increases the risk of HIV. Condoms offer protection from HIV when engaging in sexual activities. Only about one quarter (27%) of Central Brooklyn adults who had more than 1 sex partner in the past year reported using a condom at their last sexual encounter.

### HIV testing

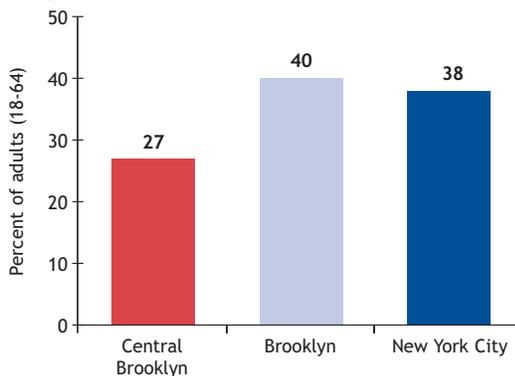
Central Brooklyn adults are more likely to have had an HIV test in the past year



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

### Condom use at last sexual encounter

Fewer than 3 in 10 Central Brooklyn adults with multiple sex partners used a condom



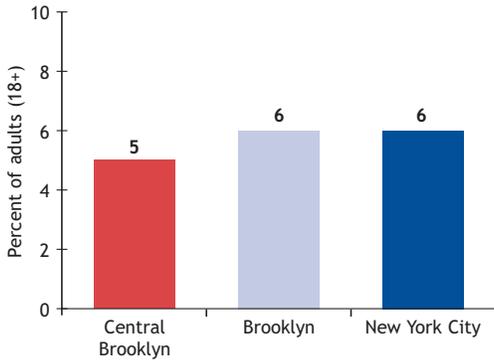
Analysis limited to adults aged 18-64 who reported having >1 sex partner in the past year, excluding women who reported having sex only with women. Percents are age-adjusted.  
Data Source: NYC Community Health Survey 2002-03-04



# GOAL 5 Get Help for Depression

## Psychological distress

One in 20 adults in Central Brooklyn suffers from serious psychological distress



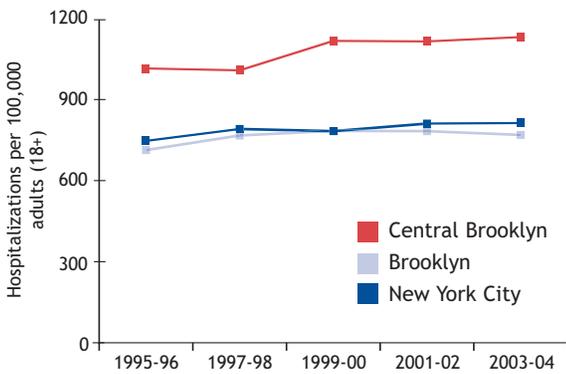
Serious psychological distress can be identified in individuals using Kessler's K6 scale, a validated measure consisting of 6 simple questions about mood. Percents are age-adjusted.  
Data Source: NYC Community Health Survey 2002-03

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

In Central Brooklyn, 5% of residents experience serious psychological distress.

## Mental illness

Hospitalizations for mental illness are higher in Central Brooklyn



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

Hospitalization rates are one way to look at serious mental illness in a neighborhood. Residents in Central Brooklyn have had a higher mental illness hospitalization rate over the past 10 years (excluding alcohol- or drug-related illness) than in Brooklyn and in New York City overall. Also, the mental illness hospitalization rate has increased slightly during the past decade.

In 2003-2004, the community's average annual rate of mental illness hospitalizations (1,131/100,000) was more than 35% higher than both the Brooklyn rate (769/100,000) and the rate in New York City overall (813/100,000).

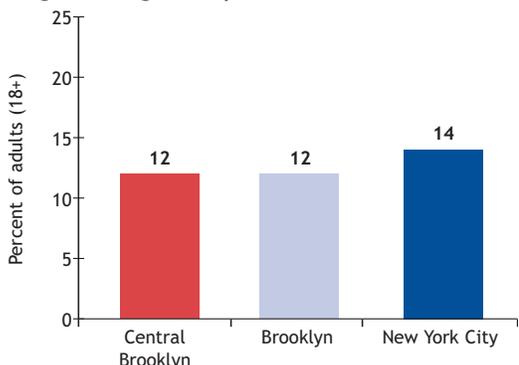
**Understanding hospitalizations and access to health care.** Hospitalization data are useful in understanding the burden that certain conditions place on the health care system, but not necessarily in measuring the exact extent of illness in a community. Variations in hospitalization rates may reflect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



# GOAL 6 Live Free of Dependence on Alcohol and Drugs

## Binge drinking

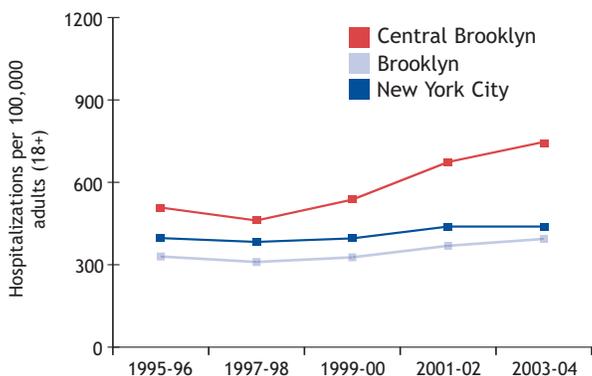
More than 1 in 10 adults in Central Brooklyn engaged in binge drinking in the past month



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

## Alcohol-related hospitalizations

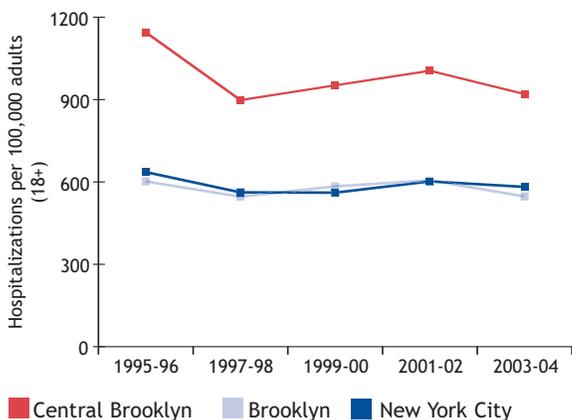
The alcohol-related hospitalization rate is higher in Central Brooklyn



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

## Drug-related hospitalizations

The drug-related hospitalization rate in Central Brooklyn is higher than the Brooklyn and NYC overall rates



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

The abuse of alcohol and drugs can lead to many preventable injuries, illnesses, and deaths, including injury in motor-vehicle crashes, liver disease, and violence.

Estimates of binge drinking represent the risk of immediate alcohol-related problems, such as alcohol-poisoning, injury and violence. In Central Brooklyn, 12% of adults report engaging in at least one episode of binge drinking (defined as consuming 5 or more drinks on one occasion) in the past month.

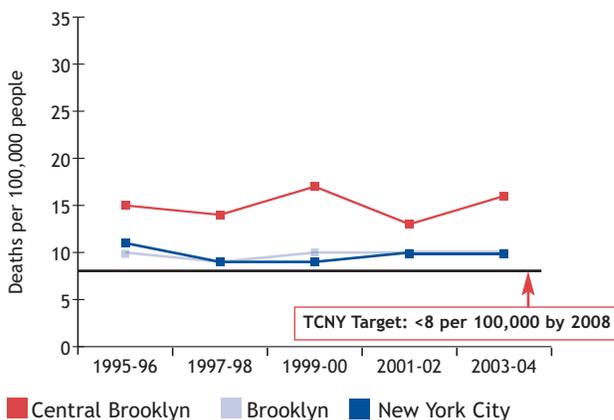
Alcohol-related hospitalizations reflect both acute and chronic (e.g., liver disease) consequences of alcohol abuse. The alcohol-related hospitalization rate in Central Brooklyn has increased by more than 45% in the past decade. In 2003-2004, the average annual alcohol-related hospitalization rate in this community was more than 70% higher than in Brooklyn and in New York City overall (747/100,000 vs. 394/100,000 in Brooklyn and 439/100,000 in NYC).

The drug-related hospitalization rate has decreased slightly in the past decade, but in 2003-2004, it was also higher (920/100,000) than in Brooklyn (547/100,000) and New York City overall (595/100,000).

The death rate due to drugs in 2003-2004 was 60% higher in Central Brooklyn than in Brooklyn and NYC overall (16/100,000 vs. 10/100,000 in Brooklyn and NYC).

## Drug-related deaths

The drug-related death rate is higher in Central Brooklyn than in Brooklyn and NYC overall



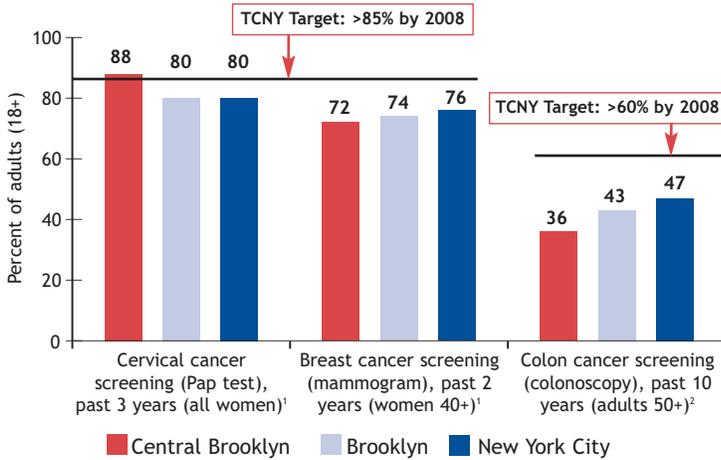
Rates are age-adjusted. Data Sources: Bureau of Vital Statistics, NYC DOHMH, 1995-2004; U.S. Census 1990 and 2000/NYC Department of City Planning



# GOAL 7 Get Checked for Cancer

## Cancer screenings

Cancer screening is an important part of regular preventive health care



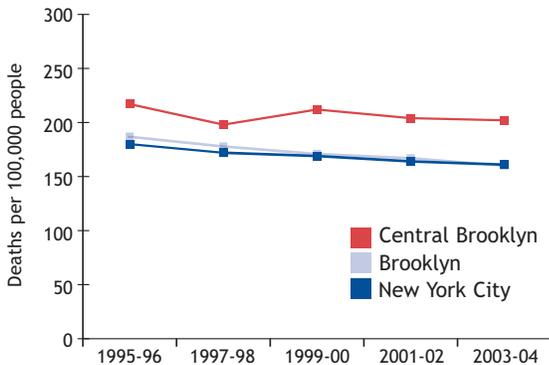
Percents are age-adjusted. Data Sources: <sup>1</sup>NYC Community Health Survey 2002 & 2004, <sup>2</sup>NYC Community Health Survey 2003-04

Cancer screening can save lives by preventing disease, catching cancer in its early stages and providing opportunities for treatment. TCNY has set specific screening targets for cervical, breast, and colon cancers.

Women in Central Brooklyn are more likely to get timely Pap tests for cervical cancer than women in Brooklyn and NYC overall, but they are getting mammograms for breast cancer at a rate well below the TCNY target of more than 85%. In addition, only about one third of adults aged 50 and older in Central Brooklyn have had a colonoscopy in the past 10 years.

## Cancer deaths

The death rate due to cancer is higher in Central Brooklyn



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

The death rate due to cancer has remained fairly steady in Central Brooklyn during the past decade. The 2003-2004 average annual cancer death rate was 25% higher than Brooklyn and NYC overall rates (202/100,000 vs. 160/100,000 in Brooklyn and 161/100,000 in NYC).

**Preventing cancer and related deaths.** Individuals can reduce their risk of the most common cancers. Never smoking or quitting the habit greatly reduces the risk of lung and other cancers. High colon and breast cancer death rates highlight the importance of getting recommended screenings so treatment can begin early.

The highest cancer-related death rates among men in Central Brooklyn are due to lung, prostate, and colon cancers. Among women, breast, lung, and colon cancers are the top 3 causes of cancer-related death.

Highest cancer death rates in Central Brooklyn (2003-2004)					
MEN			WOMEN		
Type of Cancer	DEATHS / 100,000 PEOPLE		Type of Cancer	DEATHS / 100,000 PEOPLE	
	Central Brooklyn	NYC		Central Brooklyn	NYC
Lung, trachea, bronchus	65	51	Breast	34	26
Prostate	48	25	Lung, trachea, bronchus	32	28
Colorectal	38	23	Colorectal	21	17
Blood-related	19	18	Blood-related	11	12
Pancreas	14	12	Uterus	11	5

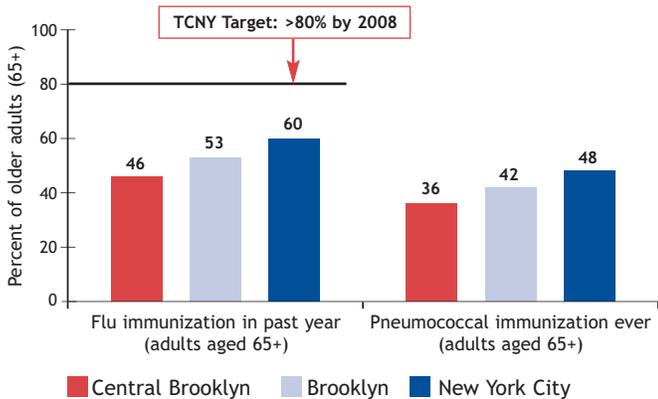
Rates are age-adjusted. Data Sources: Bureau of Vital Statistics, NYC DOHMH, 2003-2004; U.S. Census 2000/NYC Department of City Planning



## GOAL 8 Get the Immunizations You Need

### Immunizations

Flu shot rates and pneumococcal (pneumonia) immunizations among older adults in Central Brooklyn are lower than in NYC overall



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

Immunizations are not just for kids. Of all the deaths that could have been prevented by vaccination, 99% occur in adults. **Take Care New York** has set a target that more than 80% of adults aged 65 and older will get an annual flu (influenza) shot by 2008. Central Brooklyn older adults are less likely to have had a flu shot in the past year than those in NYC overall (46% vs. 60%).

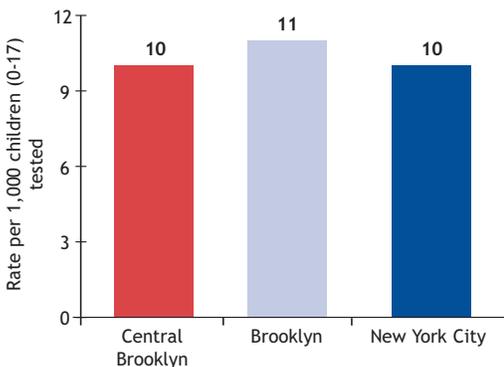
Immunization rates for pneumonia are lower than those for flu across NYC. Older adults in Central Brooklyn are less likely than those in NYC overall (36% vs. 48%) to have ever received the pneumococcal vaccine, which protects against one common cause of pneumonia.



## GOAL 9 Make Your Home Safe and Healthy

### Childhood lead poisoning

Lead poisoning among young children continues to be a problem



Lead poisoning is defined as a blood lead level  $\geq 10$   $\mu\text{g}/\text{dL}$ .

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

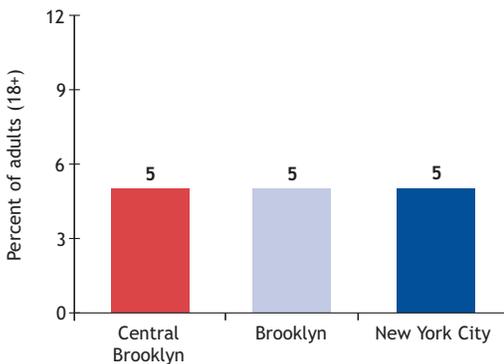
Childhood lead poisoning is a health problem that may be associated with decreased intelligence, learning and behavioral problems, and delayed growth and development. While the number of lead-poisoned children (0-17 years old) in New York City has declined dramatically over the past decade, the Health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

In 2004, 220 children in Central Brooklyn (10/1,000) were newly identified with lead poisoning (defined as a blood lead level greater than or equal to 10  $\mu\text{g}/\text{dL}$ ).

## Asthma in Adults and Children

### Asthma

One in 20 adults suffers from asthma in Central Brooklyn



Percents are age-adjusted.

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

Conditions, or "triggers," in the home environment, such as the presence of second-hand smoke or dust, can cause asthma attacks. Some housing conditions associated with asthma triggers, such as rodent or roach infestation, are more common in some neighborhoods than others.

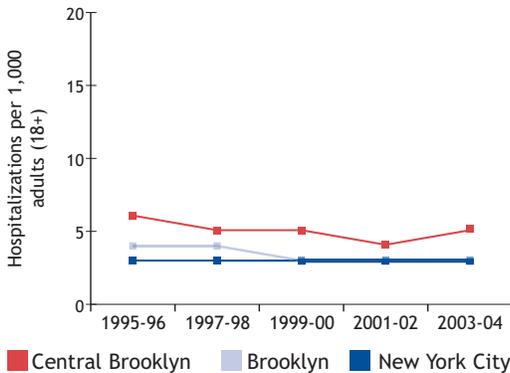
The same proportion of adults in Central Brooklyn, Brooklyn and New York City overall report having asthma (5%).

Neighborhood asthma hospitalization rates depend in part on the percent of residents who have asthma. However, good medical management of asthma can prevent many asthma-related hospitalizations, and patients can work with health care providers to better control their asthma. Thus, the asthma hospitalization rate can also indicate poor access to health care.

Asthma hospitalization rates for adults and children (0-17 years old) in Central Brooklyn have decreased in the past decade. The average annual hospitalization rate due to adult asthma in 2003-2004 was two-thirds higher than in Brooklyn and NYC overall (5/1,000 vs 3/1,000 in Brooklyn and NYC). The rate among children is about twice the rates in Brooklyn and NYC overall.

### Adult asthma hospitalizations

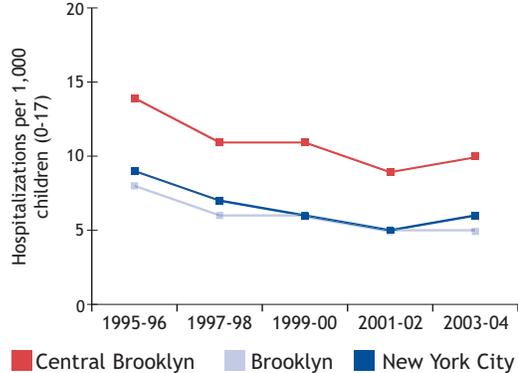
Rates of asthma hospitalization are higher in Central Brooklyn



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

### Child asthma hospitalizations

The child asthma hospitalization rate has decreased but remains higher in Central Brooklyn



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

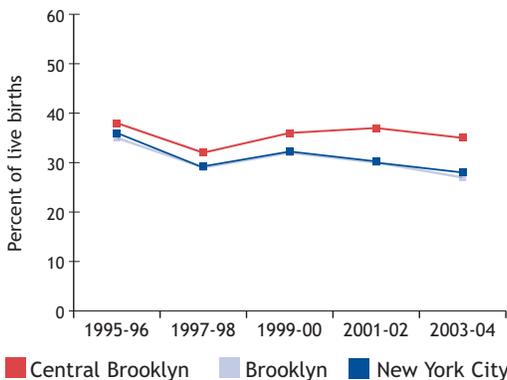
## Goal 10 Have a Healthy Baby

The health of babies depends on the health of mothers. Good health care for pregnant women includes high quality prenatal care beginning in the first trimester of pregnancy. The 2003-2004 average annual percent of women who received late or no prenatal care in Central Brooklyn (35%) is higher than in Brooklyn (27%) and NYC overall (28%).

Teenage mothers and their babies face a number of risks. Pregnant teens are more likely to be poor and not complete high school than other teens, and they are more likely to have babies born with low birthweight than older women. The birth rate to teenage mothers has decreased over the past 10 years by more than 30% in Central Brooklyn. However, the average birth rate to teen moms in 2003-2004 in this community (106/1,000) was still 40% higher than in Brooklyn (73/1,000) and NYC overall (75/1,000).

### Prenatal care

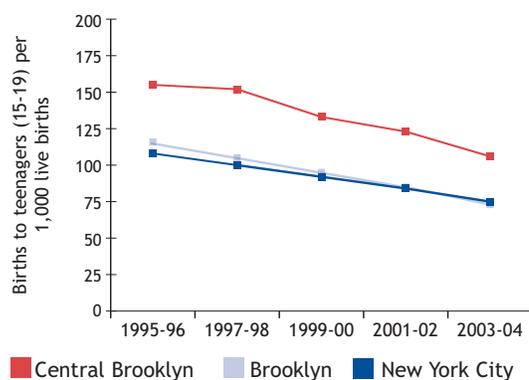
Mothers in Central Brooklyn are more likely to receive late or no prenatal care



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

### Teenage mothers

The birth rate to teenage mothers (15-19 years) is higher in Central Brooklyn

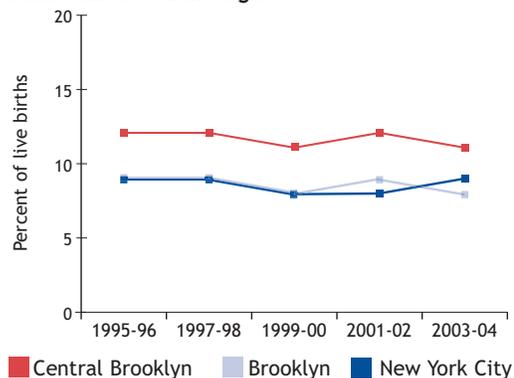


Data Source: Bureau of Vital Statistics, NYC DOHMH, 1995-2004

Babies born with low birthweight tend to have more health problems than others. In 2003-2004, the average percent of babies born with low birthweight in Central Brooklyn was 11% — higher than in Brooklyn (8%) and NYC overall (9%). Infant mortality (the death of babies in the first year of life) has declined in the past 10 years in Central Brooklyn and in NYC overall. Although the rate in Central Brooklyn has also decreased, in 2003-2004, it was still higher than rates in Brooklyn and NYC overall (9/1,000 vs. 7/1,000 in Brooklyn and 6/1,000 in NYC).

### Low birthweight

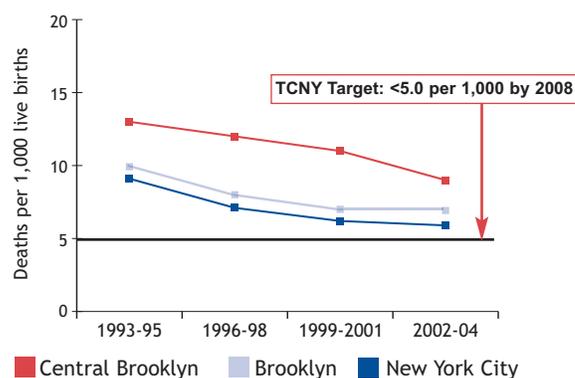
Babies in Central Brooklyn are more likely to be born with low birthweight



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

### Infant mortality rate (IMR)

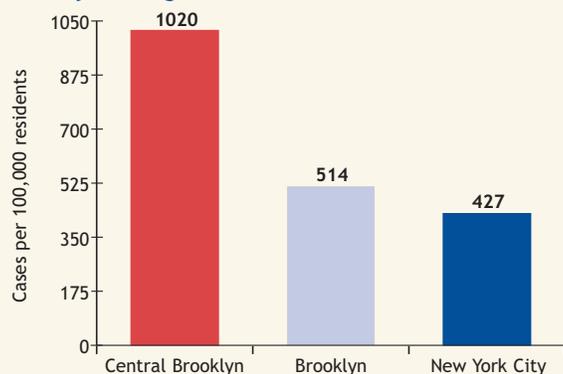
The IMR in Central Brooklyn is higher than in Brooklyn and NYC overall



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

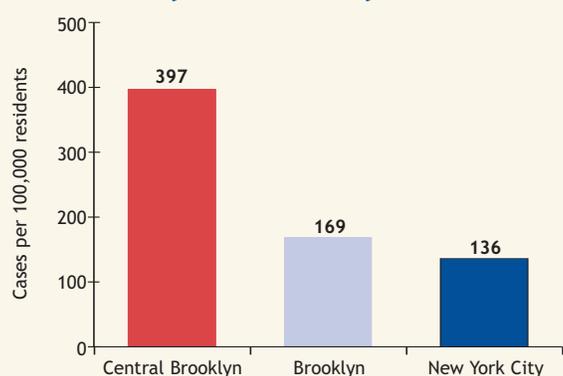
## Neighborhood Health Highlight: Sexually Transmitted Infections

### Central Brooklyn has the highest rate of chlamydia diagnoses in NYC



Data Source and Analysis: Bureau of STD Control, NYC DOHMH, 2004

### The rate of gonorrhea diagnoses is higher in Central Brooklyn than in Brooklyn and NYC overall



Data Source and Analysis: Bureau of STD Control, NYC DOHMH, 2004

Every New York City neighborhood has different health concerns. Here we highlight sexually transmitted diseases in Central Brooklyn.

Gonorrhea and chlamydia are the most commonly reported sexually transmitted infections (STIs) in New York City. STI rates are particularly high in Central Brooklyn.

Among NYC neighborhoods, Central Brooklyn had the highest rate of newly diagnosed chlamydia in 2004, more than twice the New York City overall rate. This community also had the second highest rate of newly diagnosed gonorrhea, almost triple the NYC rate. Both chlamydia and gonorrhea are bacterial infections that can be treated and cured, reducing transmission to others. Serious consequences, such as pelvic inflammatory disease in women and infertility, are possible if infections are left untreated. STIs, including chlamydia and gonorrhea, also increase the risk of contracting HIV.

### TAKING ACTION

Combating STIs in a community requires both individual preventive behavior and community-level support. In Central Brooklyn, only 42% of adults with two or more sex partners in the past year used a condom at their last sexual encounter. **Condom use significantly reduces the risk of contracting HIV and other STIs.** Organizations can order free male condoms at [www.nycondom.org](http://www.nycondom.org). In addition, testing for HIV and other STIs is crucial for early detection and treatment. Only 31% of adults in Central Brooklyn were tested for HIV in the past year. Residents can reduce the consequences of STIs by **encouraging sexual partners to get tested and treated.** For more information on STIs and HIV, call 311.

## Technical notes

### Analyses

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

### Data sources

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

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

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

### Neighborhood Definitions

The 42 NYC neighborhoods are based on the United Hospital Fund definitions of neighborhood, which are specified by zip code. For a complete listing of all 42 neighborhoods and their zip codes, go to [nyc.gov/health](http://nyc.gov/health). The zip codes included in analyses of Central Brooklyn are 11212, 11213, 11216, 11233, and 11238. Please note that some neighborhoods were combined for statistical purposes in the CHS 2002, CHS 2003 and CHS 2004 datasets to make a total of 33 (2002) or 34 (2003, 2004) neighborhoods.

### Avoidable Hospitalizations

Data based on Ambulatory Care Sensitive Conditions (called “avoidable hospitalizations” in this report) were calculated using the Agency for Healthcare Research and Quality (AHRQ) classification of inpatient hospitalization data. Conditions in the overall measure include: Diabetes Short-term Complications Admission Rate, Diabetes Long-term Complications Admission Rate, Pediatric Asthma Admission Rate, Chronic Obstructive Pulmonary Disease Admission Rate, Pediatric Gastroenteritis Admission Rate, Hypertension Admission Rate, Congestive Heart Failure Admission Rate, Dehydration Admission Rate, Bacterial Pneumonia Admission Rate, Urinary Tract Infection Admission Rate, Angina without Procedure Admission Rate, Uncontrolled Diabetes Admission Rate, Adult Asthma Admission Rate, and Rate of Lower-extremity Amputation among Patients with Diabetes.

### Significance Testing

For all data, 95% confidence limits were calculated for neighborhood, borough, and NYC estimates. If these ranges did not overlap, a significant difference was inferred. This is a conservative measure of statistical difference. This methodology also was used to examine differences between years in neighborhood trend data. *Only robust findings found to be statistically significant are discussed in the text.* In addition, all NYC CHS estimates were evaluated for statistical stability using the relative standard error (RSE). Those estimates with an RSE > .30 are flagged in graphs, “Estimate is unstable due to small sample size and should be interpreted with caution.”

### TCNY report card

The neighborhood was classified according to where it ranked in comparison to the other 41 NYC neighborhoods with Above Average = rankings 1-10, Average = rankings 11-32, and Below Average = rankings 33-42 where 1 = the best neighborhood score. Rankings were computed by combining (or in some cases, using only one indicator) standardized measures (z-scores) of the following health indicators for each TCNY goal: TCNY#1 - primary care provider, insurance, ED visits; TCNY#2 - current smokers; TCNY#3 - diabetes, obesity, exercise, heart disease hospitalizations, heart disease mortality; TCNY#4 - HIV testing, AIDS mortality; TCNY#5 - serious psychological distress, mental illness hospitalizations; TCNY#6 - binge drinking, alcohol-related hospitalizations, drug-related hospitalizations, drug-related mortality; TCNY#7 - cervical cancer screening, breast cancer screening, colon cancer screening, cancer mortality; TCNY#8 - flu immunization; TCNY#9 - child lead poisoning, adult asthma rates; TCNY#10 - prenatal care, teenage mothers, low birthweight, infant mortality.

*Cover Photograph: Putnam and Marcy Avenues, Brooklyn. Photo by Ernesha K. Webb. Maps by Susan Resnick.*

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# Community Health Profile for Central Brooklyn

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

## NEW IN THE SECOND EDITION:

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

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

Web: [nyc.gov/health](http://nyc.gov/health)  
Click on "My Community's Health"

Email: [profiles@health.nyc.gov](mailto:profiles@health.nyc.gov)

Mail:

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

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

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