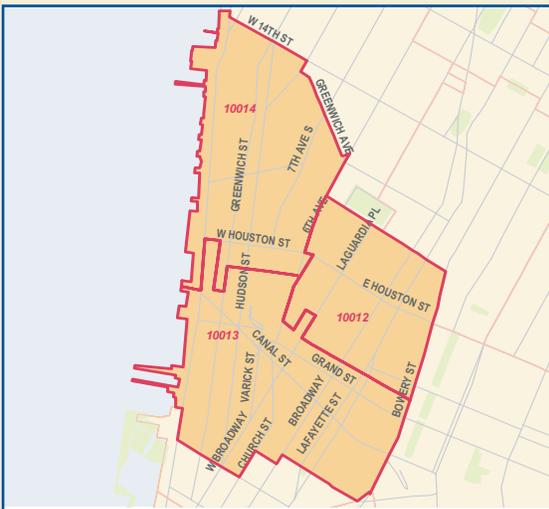


Community Health Profiles

New York City Department of Health and Mental Hygiene

SECOND EDITION — 2006



TAKE CARE Greenwich Village and SoHo

Manhattan

(Including TriBeCa)

Community Health Profile, Second Edition: Greenwich Village and SoHo

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

- Binge drinking is more common in Greenwich Village and SoHo than in NYC overall, and both younger residents and men are more likely to binge drink than other residents in this community (pages 10, 14).
- Colon cancer is in the top three causes of cancer-related death for both men and women in Greenwich Village and SoHo, but only 6 in 10 older adults in this community have had a colonoscopy in the past 10 years (page 11).
- Greenwich Village and SoHo have the highest rates of child lead poisoning among all 42 NYC neighborhoods (page 12).

Methods: While this report provides important information, it is not intended to be an exhaustive examination of the health of Greenwich Village and SoHo residents, 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).

Greenwich Village and SoHo at a Glance

Population

Total number of people living in Greenwich Village and SoHo in 2000:

83,700

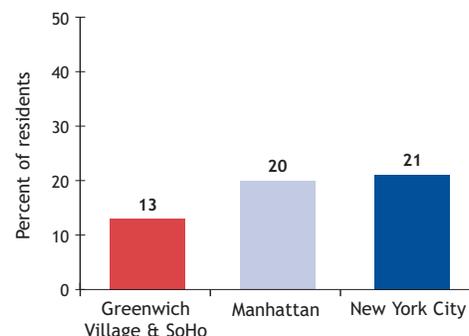
Age

A higher proportion of Greenwich Village and SoHo residents are aged 25-44 than in Manhattan and New York City overall

	Greenwich Village & SoHo	Manhattan	NYC
0-17 years	10%	17%	24%
18-24 years	10%	10%	10%
25-44 years	45%	38%	33%
45-64 years	24%	23%	21%
65+ years	11%	12%	12%

Poverty

In Greenwich Village and SoHo, the percent of residents living below the poverty level is lower than in Manhattan and NYC overall



Education

Greenwich Village and SoHo residents aged 25 and older have completed more years of education than those in Manhattan and NYC overall

	Greenwich Village & SoHo	Manhattan	NYC
Up to equal to 8th grade	9%	10%	12%
Some high school, no diploma	7%	11%	16%
High school diploma	9%	14%	25%
Some college, no degree	13%	16%	20%
College graduate	62%	49%	27%

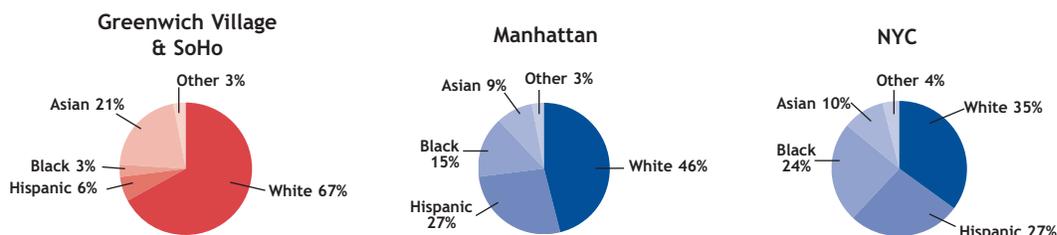
Foreign-born

The percent of residents in Greenwich Village and SoHo born outside the U.S. is lower than in NYC overall

Area	Percent
Greenwich Village & SoHo	28%
Manhattan	29%
NYC	36%

Race / Ethnicity

Greenwich Village and SoHo have higher proportions of white and Asian residents than Manhattan and NYC overall



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

Take Care Greenwich Village and SoHo



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 Greenwich Village and SoHo 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 Greenwich Village and SoHo rank 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

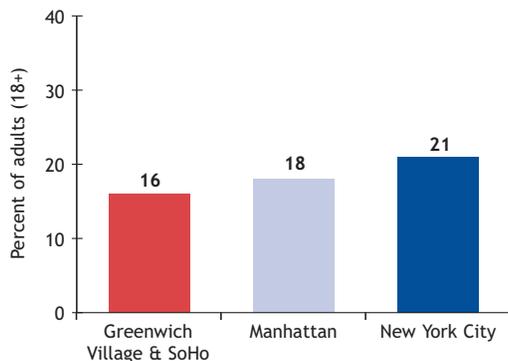
Greenwich Village and SoHo rank as average or above on almost all indicators when compared to the 41 other NYC neighborhoods

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

How Residents Rate Their Own Health

Overall health

More than 1 in 7 adults in Greenwich Village and SoHo consider themselves to be in fair or poor health



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

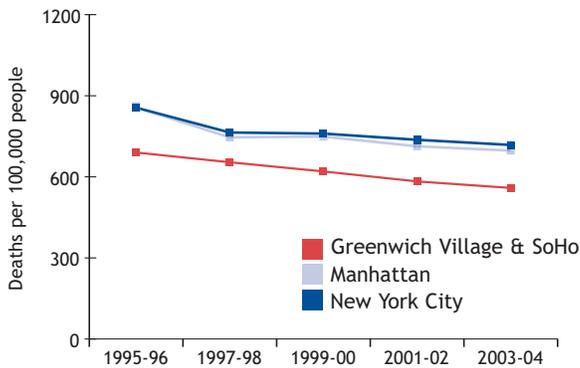
People are good at rating their own health. In general, when asked to rate their general health as excellent, very good, good, fair, or poor, those who say “fair” or “poor” are more likely to have health problems than those who report better health.

In Greenwich Village and SoHo, 16% of residents report being in fair or poor health.

Overall Death Rates on Greenwich Village and SoHo

Death rates

In Greenwich Village and SoHo, death rates are lower than in Manhattan 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 Greenwich Village and SoHo has decreased by almost 20% in the past decade, mirroring the rate drop in New York City overall, and has remained lower than both the Manhattan and citywide rates.

In 2003-2004, the average annual death rate in Greenwich Village and SoHo was about 20% lower than both the Manhattan and New York City overall rates (559/100,000 vs. 697/100,000 in Manhattan 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.

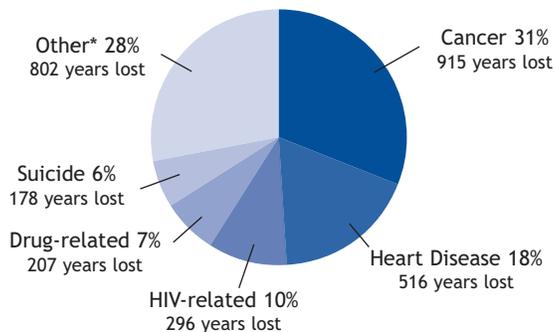
Premature death

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 Greenwich Village and SoHo is cancer, as well as in both Manhattan and New York City overall.

Top 5 causes of years of potential life lost

Cancer causes the most years of potential life lost in Greenwich Village and SoHo



*Other includes Certain Perinatal Conditions (3%), Accidents (3%), Pneumonia and Influenza (3%), and Other (18%).

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

Death before age 75

The 2003-2004 average annual death rate for people younger than 75 years in Greenwich Village and SoHo is one of the lowest, ranking 6th 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

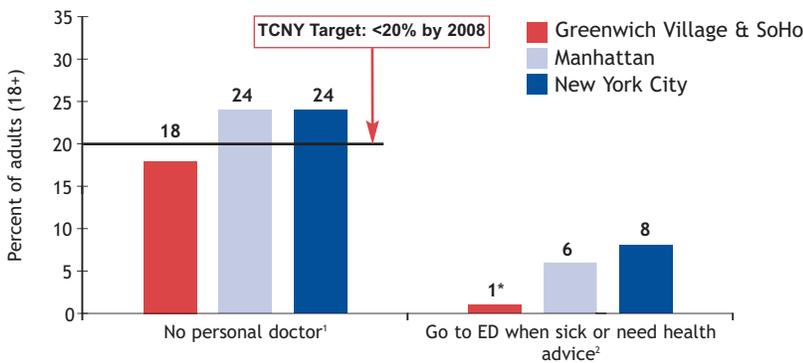
GOAL 1 Have a Regular Doctor or Other Health Care Provider

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. Greenwich Village and SoHo residents are less likely to be without a regular doctor than adults in NYC overall (18% vs. 24%), meeting the TCNY goal of less than 20%. Greenwich Village and SoHo residents are also less likely to go to the ED when they are sick or need health advice (1%) than those in Manhattan (6%) and NYC overall (8%).

Access to care

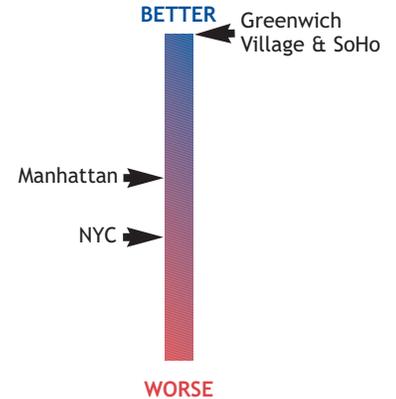
Without a primary provider, people may seek routine health care in the emergency department (ED)



*Estimate is unstable due to small sample size and should be interpreted with caution. Percents are age-adjusted. Data Sources: ¹NYC Community Health Survey 2002-03-04, ²NYC Community Health Survey 2003-04

Avoidable hospitalizations

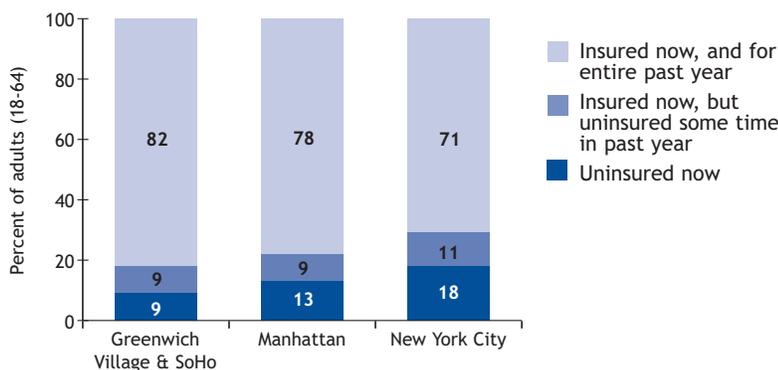
The 2004 avoidable hospitalization rate in Greenwich Village and SoHo is the lowest, ranking 1st among 42 NYC neighborhoods



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

Greenwich Village and SoHo residents are more likely to be insured than those in New York City overall



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

Health insurance is important for access to health care. Residents in Greenwich Village and SoHo are 15% more likely than those in NYC overall to have been insured for the past year (82% vs. 71%). In addition to those currently uninsured (9%), another 9% of residents in this community went without health insurance at some time during the past year.

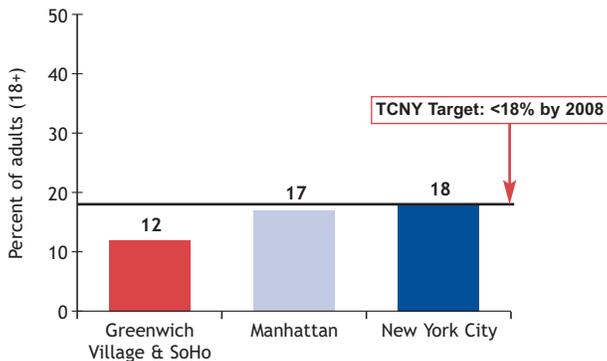


GOAL 2 Be Tobacco-Free

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 1 in 10 Greenwich Village and SoHo residents (12%) currently smoke. Many methods to quit smoking are available, and more than half of smokers in Greenwich Village and SoHo (60%) are trying to kick the habit.

Residents who smoke

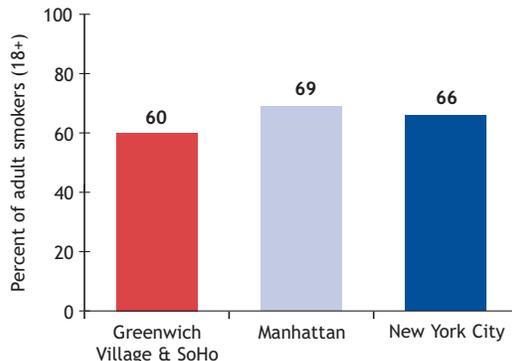
More than 1 in 10 adults in Greenwich Village and SoHo smoke . . .



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

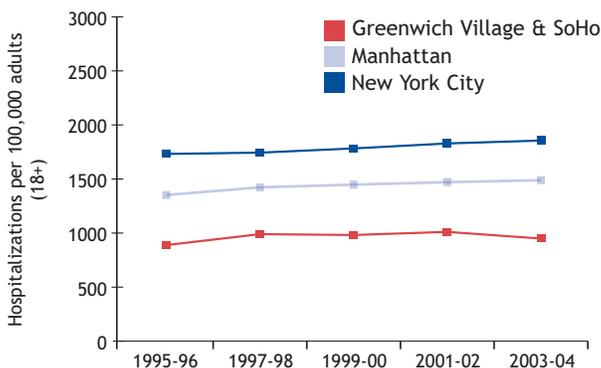


GOAL 3 Keep Your Heart Healthy

Heart disease can cause severe illness and death. Greenwich Village and SoHo residents had an average annual heart disease hospitalization rate in 2003-2004 that was more than 35% lower than the Manhattan rate and nearly 50% lower than the rate in NYC overall (949/100,000 vs. 1,489/100,000 in Manhattan and 1,856/100,000 in NYC). The heart disease death rate in 2003-2004 (193/100,000) was also lower than the rates in Manhattan (234/100,000) and NYC overall (297/100,000).

Heart disease hospitalizations

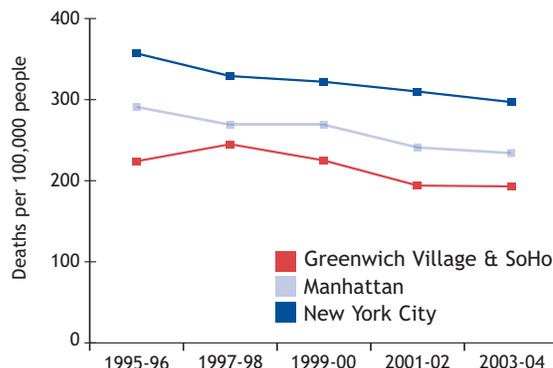
Heart disease causes a lower hospitalization rate in Greenwich Village and SoHo



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

Heart disease death rates are lower in Greenwich Village and SoHo



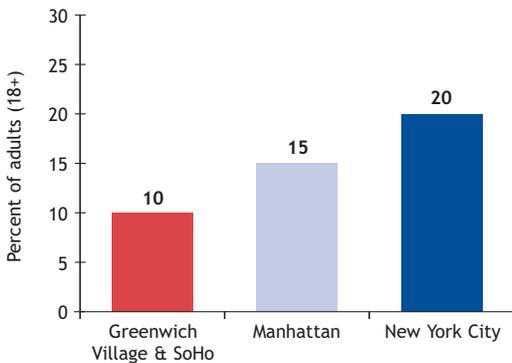
Rates are age-adjusted.
Data Sources: Bureau of Vital Statistics, NYC DOHMH, 1995-2004; U.S. Census 1990 and 2000/NYC Department of City Planning

High blood pressure and high cholesterol. Both of these conditions contribute to heart disease. In Greenwich Village and SoHo, 16% of adults were told by a health care professional that they have high blood pressure (similar to 22% in Manhattan and lower than 26% in NYC overall), and one quarter (27%) were told that they have high cholesterol (the same as Manhattan and similar to 26% in NYC overall).

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

Obesity

Greenwich Village and SoHo adults are less likely to be obese than those in NYC overall



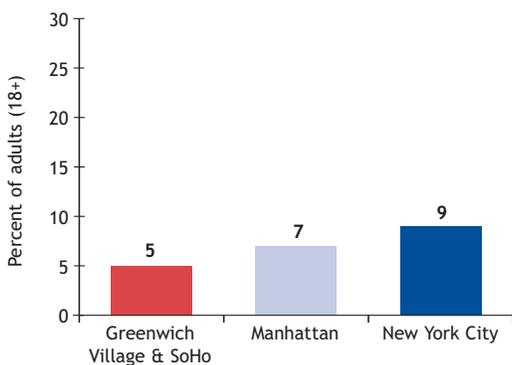
Obesity is defined as a body-mass-index (BMI) of 30 or greater. Percents are age-adjusted.
Data Source: NYC Community Health Survey 2002-03-04

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. Greenwich Village and SoHo residents are half as likely to be obese as adults in New York City overall (10% vs. 20%).

Diabetes

Adults in Greenwich Village and SoHo are less likely to have diabetes than adults in NYC overall



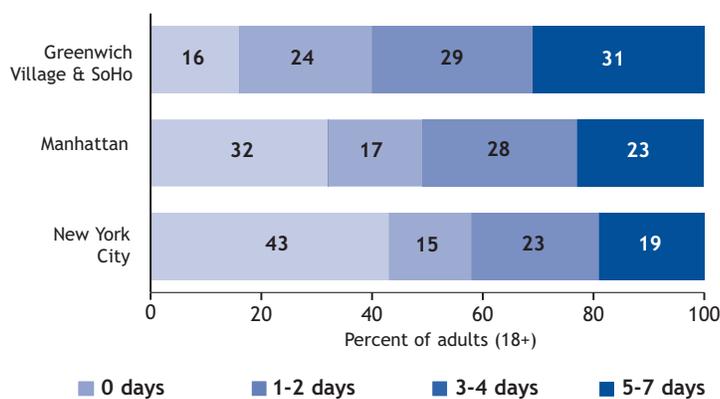
Percents are age-adjusted.
Data Source: NYC Community Health Survey 2002-03-04

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

In Greenwich Village and SoHo, only 5% of adults have diabetes, compared to 9% in New York City overall.

Days per week of recreational exercise

Exercise habits in Greenwich Village and SoHo are more healthy compared to New York City overall



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. Greenwich Village and SoHo residents are more likely to do some physical activity during the week than adults in NYC overall (84% vs. 57%). Nearly two thirds of Greenwich Village and SoHo residents (60%) 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.



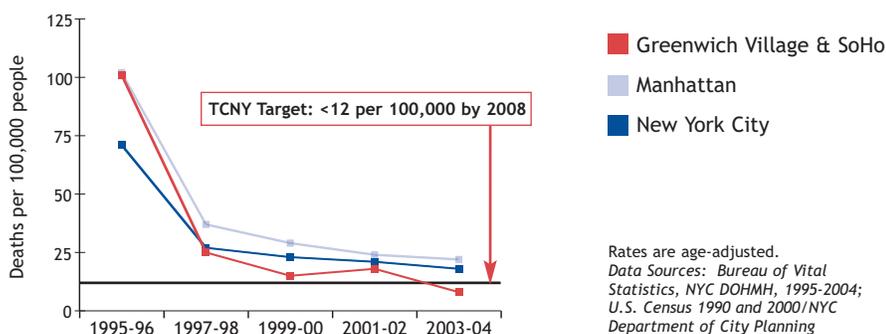
GOAL 4 Know Your HIV Status

Wide disparities exist in HIV across New York City communities. In Greenwich Village and SoHo, the rate of HIV diagnoses is similar to the NYC overall rate, but the rate of people living with HIV/AIDS in the community is 60% higher than the citywide rate (2,295/100,000 vs. 1,419/100,000).

The death rate due to HIV disease has dropped by more than 90% during the past decade in this community. In 2003-2004, the average annual HIV-related death rate in Greenwich Village and SoHo was lower than both the Manhattan and NYC overall rates (8/100,000 vs. 22/100,000 in Manhattan and 18/100,000 in NYC).

Death rate due to HIV

HIV-related death rates in Greenwich Village and SoHo have dropped dramatically in the past decade to below the TCNY target



HIV/AIDS in 2004

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

Greenwich Village & SoHo	59
Manhattan	69
New York City	55

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

Greenwich Village & SoHo	28%
Manhattan	23%
New York City	29%

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

Greenwich Village & SoHo	2,295
Manhattan	2,102
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

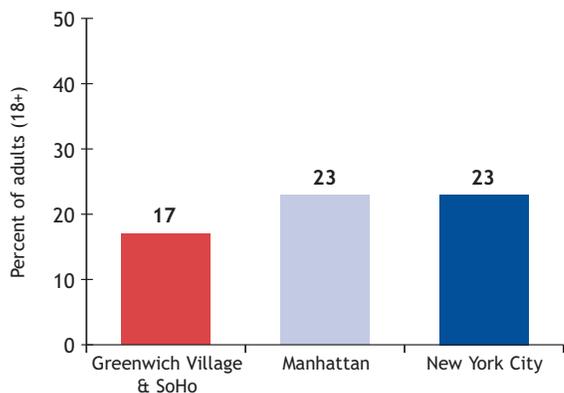
HIV/AIDS testing and prevention

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. Fewer than 1 in 5 Greenwich Village and SoHo residents has been tested for HIV in the past year. In addition, more than one quarter of positive HIV test results (28%) are “late” diagnoses (HIV has already progressed to AIDS) in this community.

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. Nearly one half (49%) of Greenwich Village and SoHo adults who had more than 1 sex partner in the past year reported using a condom at their last sexual encounter.

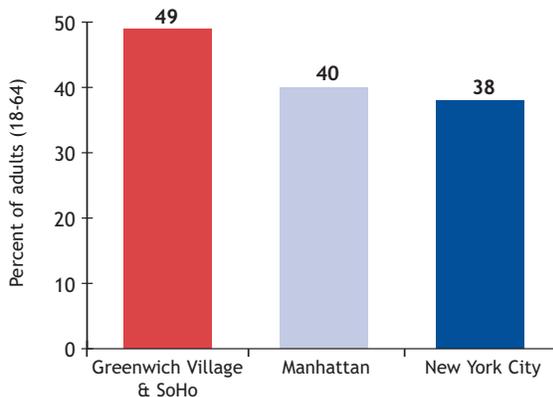
HIV testing

Fewer than 1 in 5 adults in Greenwich Village and SoHo has had an HIV test in the past year



Condom use at last sexual encounter

One half of adults in Greenwich Village and SoHo 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

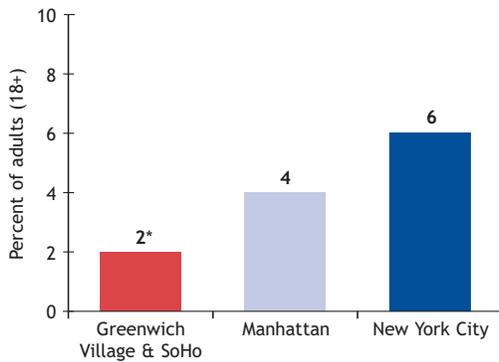
Percents are age-adjusted.
Data Source: NYC Community Health Survey 2003



GOAL 5 Get Help for Depression

Psychological distress

Adults are less likely to suffer from serious psychological distress in Greenwich Village and SoHo than in NYC overall



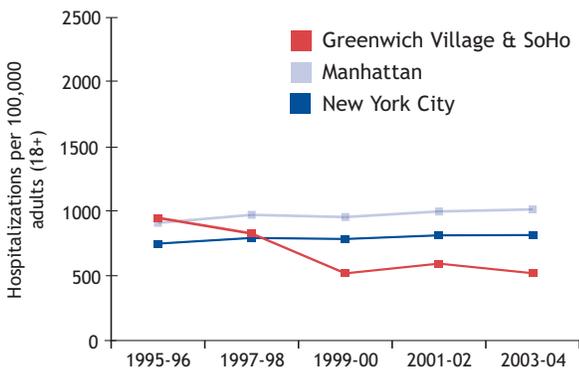
*Estimate is unstable due to small sample size and should be interpreted with caution.
 Serious psychological distress can be identified in individuals using Kessler's K6 scale, a validated measure consisting of 6 simple questions about mood. Percents are age-adjusted.
 Data Source: NYC Community Health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

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

Greenwich Village and SoHo residents are less likely to experience serious psychological distress than adults in NYC overall (2% vs. 6%).

Mental illness

The hospitalization rates for mental illness have decreased in Greenwich Village and SoHo



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. The mental illness hospitalization rate has decreased by 45% during the past decade in Greenwich Village and SoHo.

In 2003-2004, the community's average annual rate of mental illness hospitalizations (519/100,000) was lower than both the Manhattan rate (1,011/100,000) and the rate in New York City overall (813/100,000).

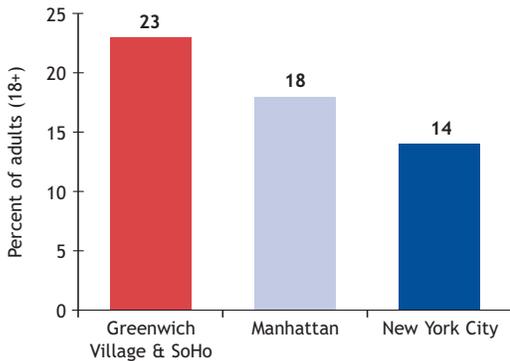
Understanding hospitalizations and access to health care. Hospitalization data are useful in understanding the burden that certain conditions place on the health care system, but not necessarily in measuring the exact extent of illness in a community. Variations in hospitalization rates may reflect not 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 Greenwich Village and SoHo engaged in binge drinking in the past month



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

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 Greenwich Village and SoHo, 23% of adults report engaging in at least one episode of binge drinking (defined as consuming 5 or more drinks on one occasion) in the past month.

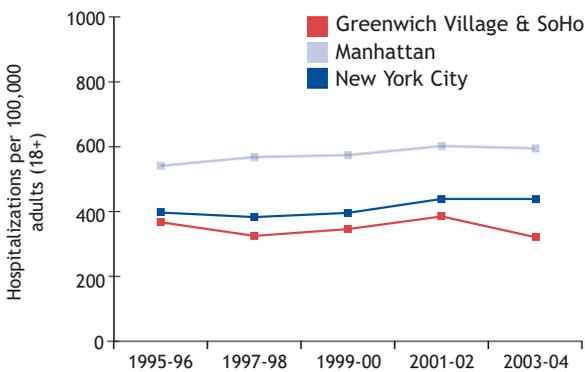
Alcohol-related hospitalizations reflect both acute and chronic (e.g., liver disease) consequences of alcohol abuse. In 2003-2004, the average annual alcohol-related hospitalization rate in Greenwich Village and SoHo was lower than in Manhattan and in New York City overall (321/100,000 vs. 595/100,000 in Manhattan and 439/100,000 in NYC).

The drug-related hospitalization rate in 2003-2004 was also lower (199/100,000) than in Manhattan (643/100,000) and New York City overall (595/100,000).

In 2003-2004, the death rate due to drugs in Greenwich Village and SoHo was similar to the Manhattan and NYC overall rates (7/100,000 vs. 11/100,000 in Manhattan and 10/100,000 in NYC).

Alcohol-related hospitalizations

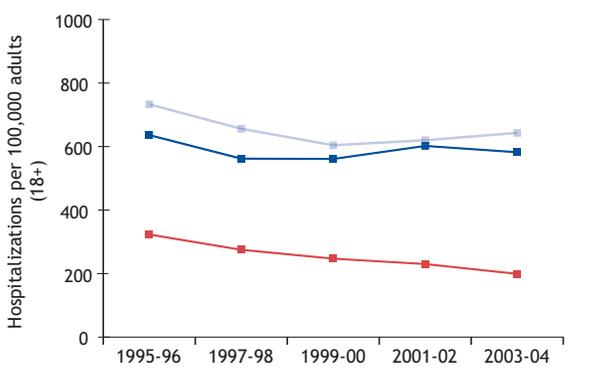
The alcohol-related hospitalization rate is lower in Greenwich Village and SoHo



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

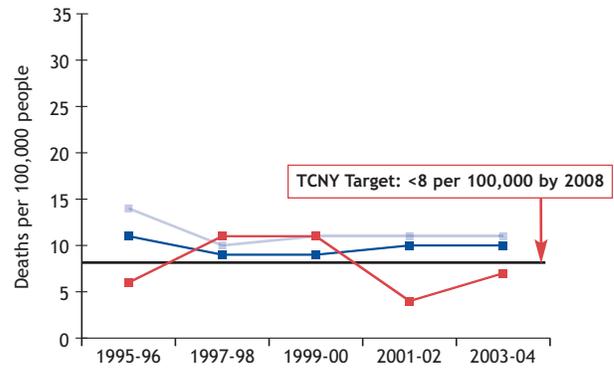
Greenwich Village and SoHo adults are less likely to be hospitalized due to drugs



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 deaths

The death rates due to drugs are similar in Greenwich Village and SoHo and NYC overall



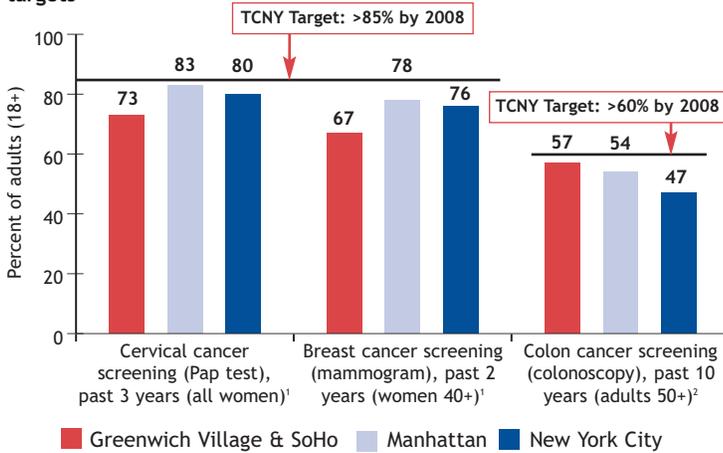
Rates are age-adjusted. Data Sources: Bureau of Vital Statistics, NYC DOHMH, 1995-2004; U.S. Census 1990 and 2000/NYC Department of City Planning



GOAL 7 Get Checked for Cancer

Cancer screenings

In Greenwich Village and SoHo, cancer screening is lower than TCNY targets



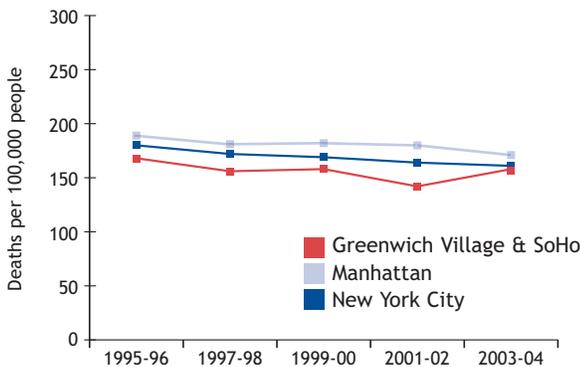
Percents are age-adjusted.
Data Sources: ¹NYC Community Health Survey 2002 & 2004, ²NYC Community Health Survey 2003-04

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

Women in Greenwich Village and SoHo are getting Pap tests for cervical cancer and mammograms for breast cancer at rates well below the TCNY target of more than 85%. In addition, fewer than 6 in 10 adults aged 50 and older in Greenwich Village and SoHo have had a colonoscopy in the past 10 years.

Cancer deaths

The cancer death rate in Greenwich Village and SoHo is similar to 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

The death rate due to cancer has remained fairly steady in Greenwich Village and SoHo during the past decade. The 2003-2004 average annual cancer death rate was similar to both the Manhattan and NYC overall rates (158/100,000 vs. 171/100,000 in Manhattan 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 Greenwich Village and SoHo are due to lung, colon, and blood-related (such as lymphoid) cancers. Among women, lung, breast, and colon cancers are the top 3 causes of cancer-related death.

Highest cancer death rates in Greenwich Village and SoHo (2003-2004)					
MEN	DEATHS / 100,000 PEOPLE		WOMEN	DEATHS / 100,000 PEOPLE	
	Greenwich Village & SoHo	NYC		Greenwich Village & SoHo	NYC
Lung, trachea, bronchus	68	51	Lung, trachea, bronchus	31	28
Colorectal	15	23	Breast	21	26
Blood-related	14	18	Colorectal	16	17
Prostate	12	25	Blood-related	14	12
Bladder	9	6	Pancreas	11	9

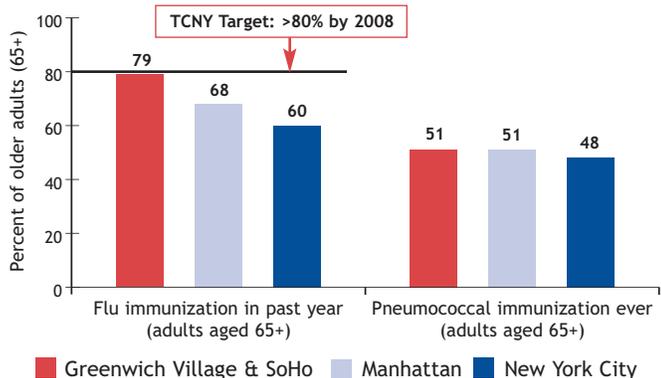
Rates are age-adjusted. Data Sources: Bureau of Vital Statistics, NYC DOHMH, 2003-2004; U.S. Census 2000/ NYC Department of City Planning



GOAL 8 Get the Immunizations You Need

Immunizations

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



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

Immunizations are not just for kids. Of all the deaths that could have been prevented by vaccination, 99% occur in adults. **Take Care New York** has set a target that more than 80% of adults aged 65 and older will get an annual flu (influenza) shot by 2008. Older adults in Greenwich Village and SoHo are more likely to get their flu immunizations than those in NYC overall, nearly meeting the TCNY target of at least 80%.

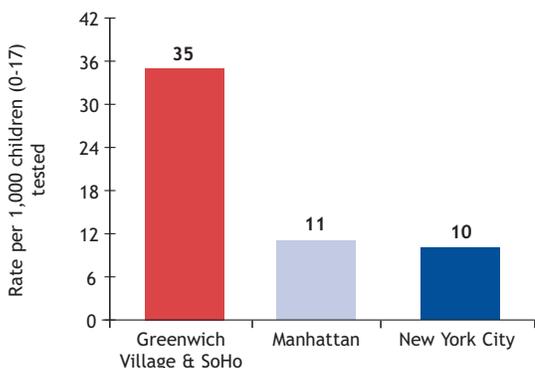
Immunization rates for pneumonia are lower than those for flu across NYC. Only half of older adults in Greenwich Village and SoHo have ever received the pneumococcal vaccine, which protects against one common cause of pneumonia.



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

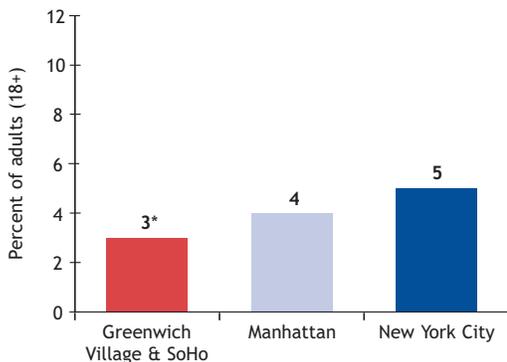
Childhood lead poisoning is a health problem that may be associated with decreased intelligence, learning and behavioral problems, and delayed growth and development. While the number of lead-poisoned children (0-17 years old) in New York City has declined dramatically over the past decade, the Health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

In 2004, 50 children in Greenwich Village and SoHo (35/1,000) 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

Fewer than 1 in 20 adults in Greenwich Village and SoHo suffers from asthma



*Estimate is unstable due to small sample size and should be interpreted with caution. 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.

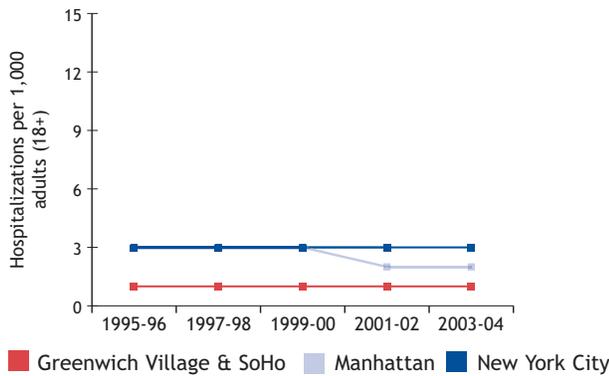
In Greenwich Village and SoHo, 3% of adults report having asthma.

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

Asthma hospitalization rates for adults and children (0-17 years old) in Greenwich Village and SoHo have been lower than in Manhattan and NYC overall during the past decade. The rate among children in 2003-2004 was more than 65% lower than the rates in Manhattan and NYC overall (2/1,000 vs. 6/1,000).

Adult asthma hospitalizations

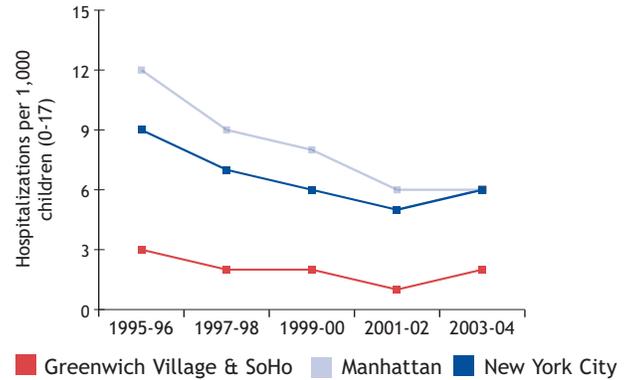
Rates of asthma hospitalization are lower in Greenwich Village and SoHo than in NYC overall



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

Child asthma hospitalizations

Child asthma hospitalizations are less common in Greenwich Village and SoHo



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

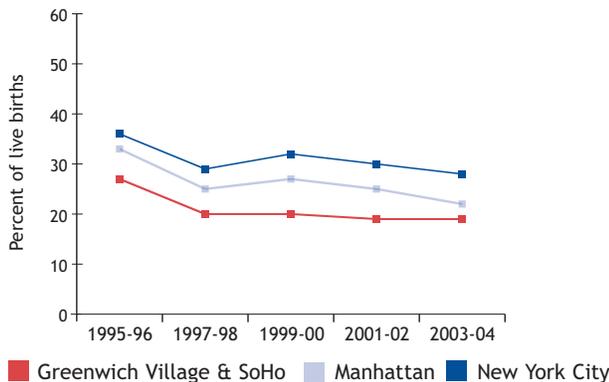
Goal 10 Have a Healthy Baby

The health of babies depends on the health of mothers. Good health care for pregnant women includes high quality prenatal care beginning in the first trimester of pregnancy. The average annual percent of women who received late or no prenatal care has declined in Greenwich Village and SoHo from 27% in 1995-1996 to 19% in 2003-2004 — a lower percent than in both Manhattan (22%) 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. In Greenwich Village and SoHo, the average birth rate to teen moms in 2003-2004 (10/1,000) was more than 80% lower than in Manhattan (59/1,000) and NYC overall (75/1,000).

Prenatal care

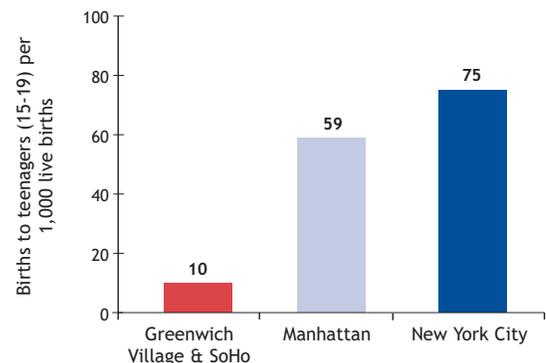
Greenwich Village and SoHo mothers are less likely to received late or no prenatal care



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

Teenage mothers

The birth rate to teenage mothers (15-19 years) is much lower in Greenwich Village and SoHo



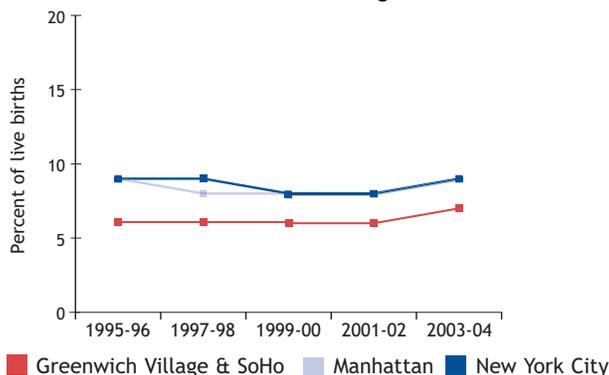
Data Source: Bureau of Vital Statistics, NYC DOHMH, 2003-2004
Due to small numbers, time trends could not be presented.

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 Greenwich Village and SoHo was 7% — similar to the rate in Manhattan and NYC overall (9%).

Infant mortality (the death of babies in the first year of life) has declined over the past 10 years in NYC. The 2002-2004 rate in Greenwich Village and SoHo was 2/1,000 — lower than the NYC overall rate and meeting the TCNY target of fewer than 5/1,000.

Low birthweight

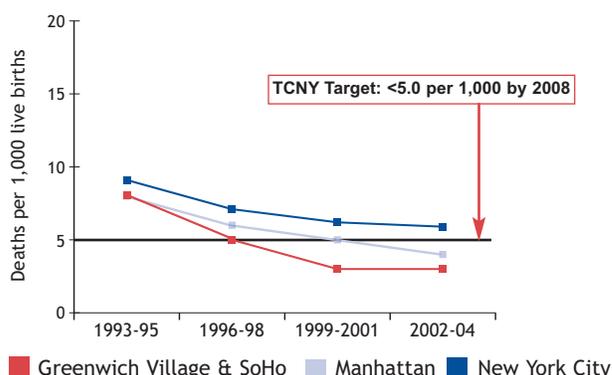
Fewer than 1 in 10 babies in Greenwich Village and SoHo are born with low birthweight



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)

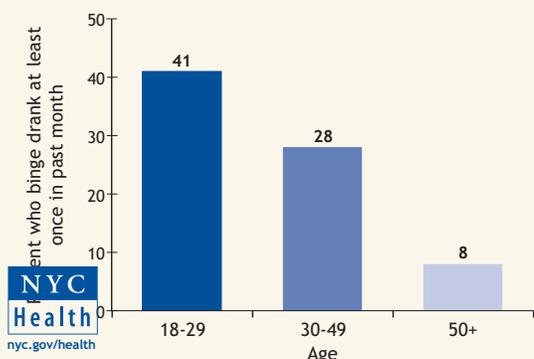
The IMR in Greenwich Village and SoHo is lower than the NYC overall rate



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

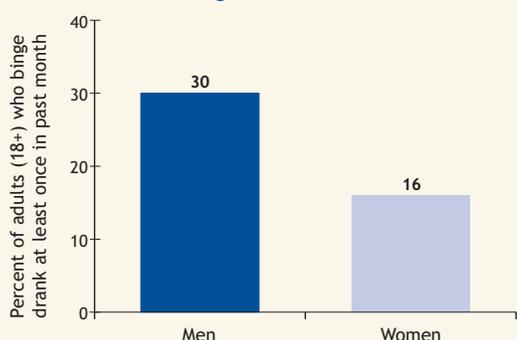
Neighborhood Health Highlight: Binge Drinking

Younger residents in Greenwich Village and SoHo are more likely to binge drink than older adults



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

Men are more likely than women to binge drink in Greenwich Village and SoHo



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

Every New York City neighborhood has different health concerns. Here we highlight binge drinking in Greenwich Village and SoHo.

Binge drinking is defined as the consumption of 5 or more drinks on one occasion, and it can be used to measure the misuse of alcohol in a community. In Greenwich Village and SoHo, residents are more than 60% more likely to engage in binge drinking in the past month than in New York City overall (see page 10).

Younger residents are most likely to binge drink. Greenwich Village and SoHo residents aged 18-29 are more than 5 times as likely to have engaged in binge drinking in the past month as residents aged 50 and older (41% vs. 8%). Additionally, men are more likely to binge drink than women. In Greenwich Village and SoHo, men are nearly twice as likely to have engaged in binge drinking in the past month as women (30% vs. 16%).

TAKING ACTION

Abuse of alcohol can lead to alcohol dependence. When drinking causes trouble in relationships, school or work, social activities, or thinking or feeling, then drinking has become a problem. **Drinking problems should be discussed with a health care professional.** For more information, call 311.

Technical notes

Analyses

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

Data sources

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

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

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

Neighborhood Definitions

The 42 NYC neighborhoods are based on the United Hospital Fund definitions of neighborhood, which are specified by zip code. For a complete listing of all 42 neighborhoods and their zip codes, go to nyc.gov/health. The zip codes included in analyses of Greenwich Village and SoHo are 10012, 10013, and 10014. 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. Greenwich Village and SoHo statistics from these individual-year datasets include data from the neighboring communities of Chelsea and Clinton.

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: Broadway and Washington Place, Manhattan. Photo by Daniel Krieger. Maps by Susan Resnick.

Thank you to all the individuals who contributed to these reports: Sonia Angell, Fatima Ashraf, Birgit Bogler, Shadi Chamany, Louise Cohen, Lorna Davis, Erica Desai, Tamara Dumanovsky, Donna Eisenhower, Jennifer Ellis, Tim Frasca, Stephen Friedman, Renu Garg, Chris Goranson, Leena Gupta, Charon Gwynn, David Hanna, Kelly Henning, Mary Huynh, John Jasek, Qun Jiang, Deborah Kaplan, Adam Karpati, Elizabeth Kilgore, Marty Kim, Vani Kurup, Brooke Levinson, Cortnie Lowe, Jingsong Lu, Xiaowu Lu, Jenna Mandel-Ricci, Thomas Matte, Tina McVeigh, Rachel Miller, Trang Nguyen, Leze Nicaj, Preeti Pathela, Robyn Philburn, Jane Plapinger, Chitra Ramaswamy, Judy Sackoff, Julia Schillinger, Tejinder Singh, Sally Slavinski, Catherine Stayton, Parisa Tehranifar, William Vaughn, Joshua Volle, Joyce Weinstein, Kellee White, Candace Young, and Regina Zimmerman.

Community Health Profile for Greenwich Village and SoHo

This report is an updated, expanded second edition of the 2002 Community Health Profile for Greenwich Village and SoHo.

NEW IN THE SECOND EDITION:

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

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

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

Email: profiles@health.nyc.gov

Mail:

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

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

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