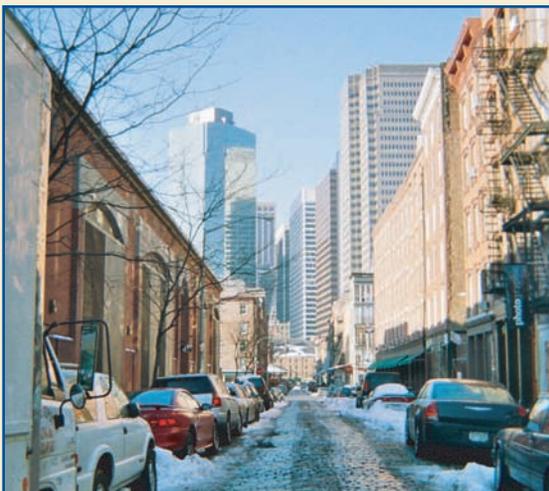


Community Health Profiles

New York City Department of Health and Mental Hygiene

SECOND EDITION — 2006



Lower Manhattan

Community Health Profile, Second Edition: Lower Manhattan

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 [Lower Manhattan](#) include:

- The rate of alcohol-related hospitalizations in Lower Manhattan has increased in the past decade to more than double the NYC overall rate (page 10).
- Lower Manhattan cancer screening rates remain well below TCNY targets, and the top causes of cancer-related death in both men and women include cancers for which there are preventive screening tests (page 11).
- Lower Manhattan residents are more likely to binge drink and engage in heavy drinking than those in NYC overall (page 14).

Methods: While this report provides important information, it is not intended to be an exhaustive examination of the health of Lower Manhattan 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).

Lower Manhattan at a Glance

Population

Total number of people living in Lower Manhattan in 2000:

30,900

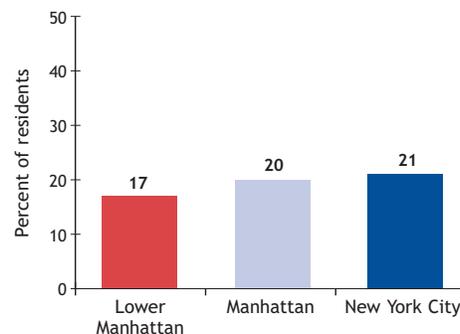
Age

People in Lower Manhattan are more likely to be middle-aged than residents in New York City overall

	Lower Manhattan	Manhattan	NYC
0-17 years	12%	17%	24%
18-24 years	15%	10%	10%
25-44 years	42%	38%	33%
45-64 years	20%	23%	21%
65+ years	11%	12%	12%

Poverty

In Lower Manhattan, the percent of residents living below the poverty level is lower than in NYC overall



Education

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

	Lower Manhattan	Manhattan	NYC
Up to 8th grade	11%	10%	12%
Some high school, no diploma	9%	11%	16%
High school diploma	11%	14%	25%
Some college, no degree	15%	16%	20%
College graduate	54%	49%	27%

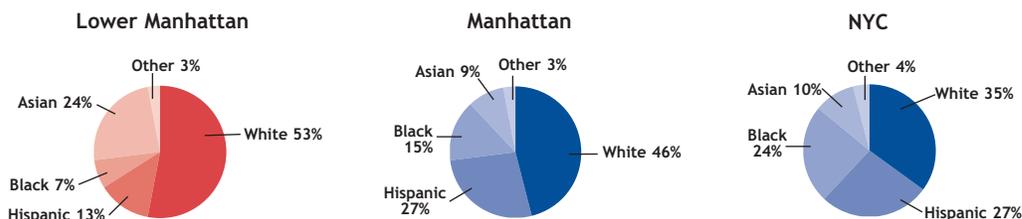
Foreign-born

The percent of Lower Manhattan residents born outside the U.S. is lower than in NYC overall

Area	Percent
Lower Manhattan	28%
Manhattan	29%
NYC	36%

Race / Ethnicity

Lower Manhattan has 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 Lower Manhattan



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 Lower Manhattan 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 Lower Manhattan 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

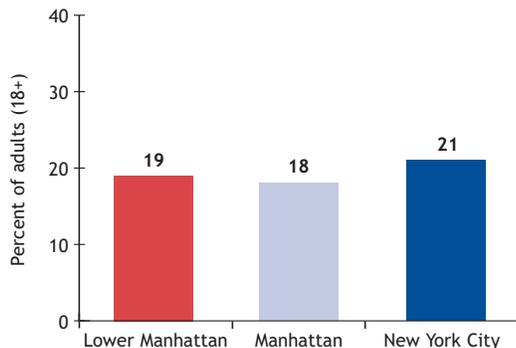
Lower Manhattan ranks as average or above on nearly all indicators when compared to the 41 other NYC neighborhoods

	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

One in 5 adults in Lower Manhattan reports being in fair or poor health



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

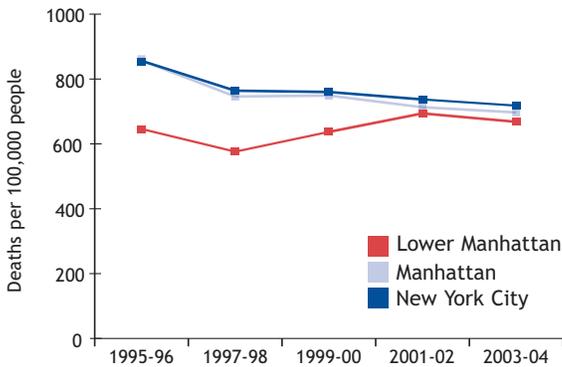
People are good at rating their own health. In general, when asked to rate their general health as excellent, very good, good, fair, or poor, those who say “fair” or “poor” are more likely to have health problems than those who report better health.

In Lower Manhattan, about one fifth of residents (19%) consider themselves to be in fair or poor health.

Overall Death Rates in Lower Manhattan

Death rates

In Lower Manhattan, the death rate is similar to rates 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

Although New York City death rates have dropped over the last decade, the death rate in Lower Manhattan has remained fairly stable.

In 2003-2004, the average annual death rate in Lower Manhattan was similar to the Manhattan and New York City overall rates (668/100,000 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.

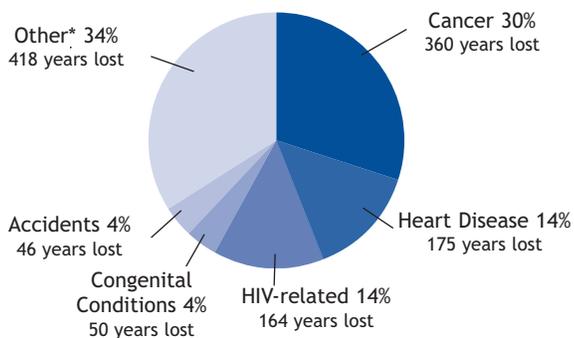
Premature death

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 Lower Manhattan 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 Lower Manhattan

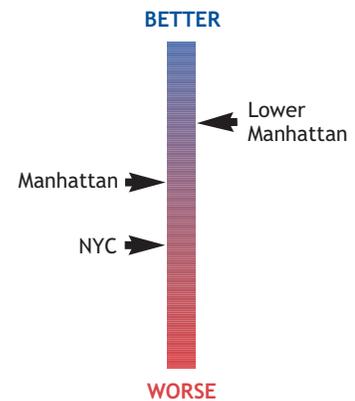


*Other includes Certain Perinatal Conditions (2%), Diabetes (2%), Unknown or Benign Neoplasms (1%), and Other (29%).

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 Lower Manhattan is relatively low, ranking 11th 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

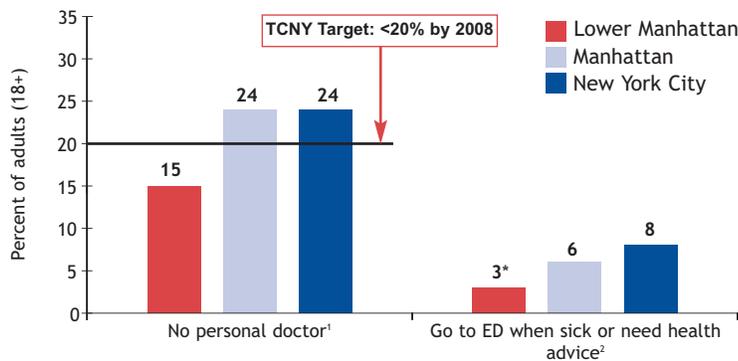
GOAL 1 Have a Regular Doctor or Other Health Care Provider

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. Lower Manhattan residents are less likely to be without a regular doctor than those in Manhattan and NYC overall, meeting the TCNY goal of less than 20%. Lower Manhattan residents are also less likely to go to the ED when they are sick or need health advice (3%) than those in NYC overall (8%).

Access to care

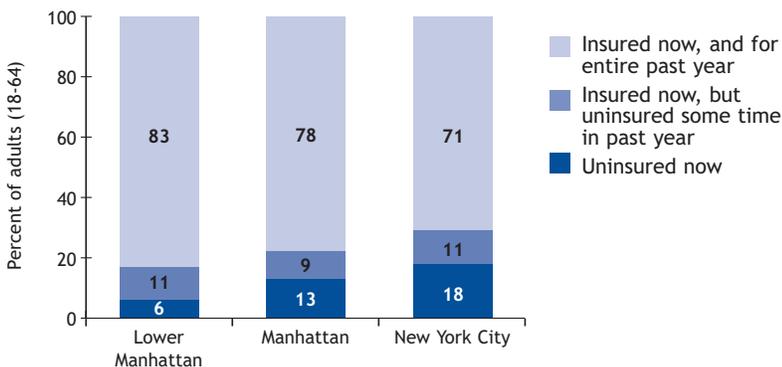
Without a primary provider, people may seek routine health care in the emergency department (ED)



*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

Health insurance

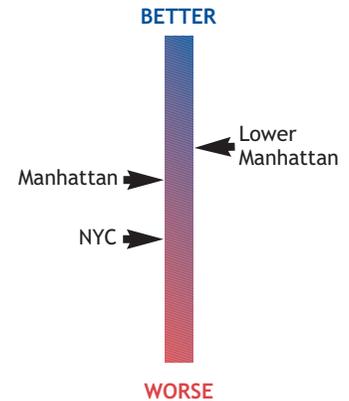
Lower Manhattan residents are more likely to be insured than those in New York City overall



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

Avoidable hospitalizations

The 2004 avoidable hospitalization rate in Lower Manhattan ranks in the top half (16th) 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. Residents in Lower Manhattan are 15% more likely than those in NYC overall to have been insured for the entire past year (83% vs. 71%). In addition to those currently without health insurance (6%), another 11% of residents in this community went without health insurance at some time during the past year.

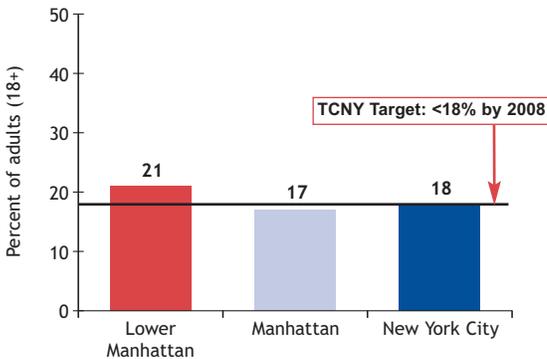


GOAL 2 Be Tobacco-Free

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. One fifth of Lower Manhattan residents (21%) currently smoke. Many methods to quit smoking are available, and nearly 7 in 10 smokers in Lower Manhattan (68%) are trying to kick the habit.

Residents who smoke

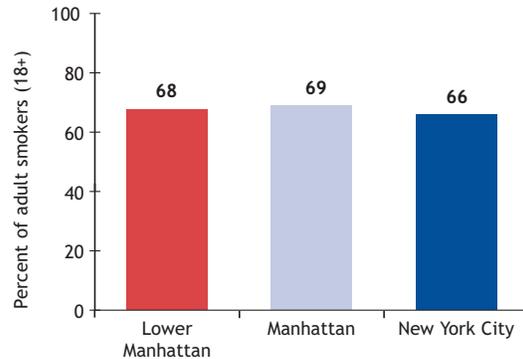
More than 1 in 5 adults in Lower Manhattan smoke . . .



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

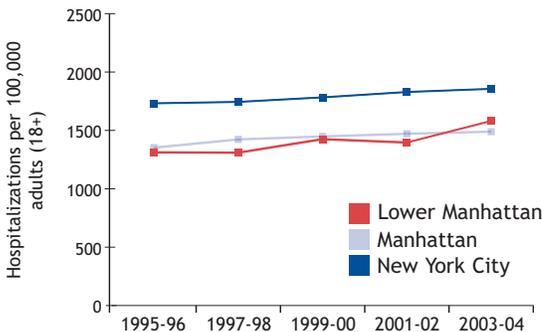


GOAL 3 Keep Your Heart Healthy

Heart disease can cause severe illness and death. Lower Manhattan residents had an average annual heart disease hospitalization rate in 2003-2004 that was similar to the Manhattan rate and 15% lower than the rate in NYC overall (1,581/100,000 vs. 1,489/100,000 in Manhattan and 1,856/100,000 in NYC). The heart disease death rate in 2003-2004 (221/100,000) was also similar to the rate in Manhattan (234/100,000) and lower than the NYC overall rate (297/100,000).

Heart disease hospitalizations

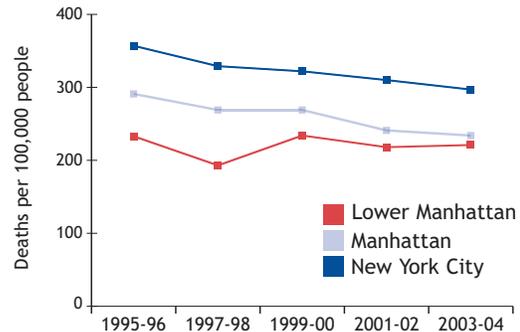
Heart disease hospitalization rates are lower in Lower Manhattan than in NYC overall



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

Deaths due to heart disease

The heart disease death rate in Lower Manhattan is lower than in NYC overall



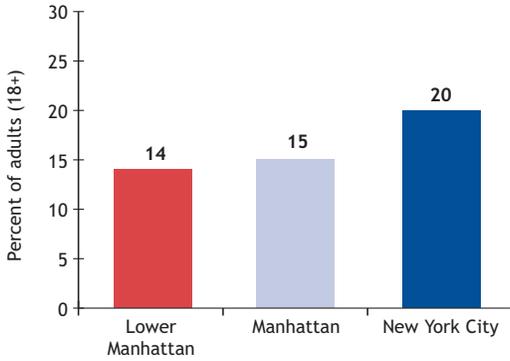
Rates are age-adjusted.
Data Sources: Bureau of Vital Statistics, NYC DOHMH, 1995-2004; U.S. Census 1990 and 2000/NYC Department of City Planning

High blood pressure and high cholesterol. Both of these conditions contribute to heart disease. In Lower Manhattan, 27% of adults were told by a health care professional that they have high blood pressure (similar to 22% in Manhattan and 26% in NYC overall), and one third (32%) were told that they have high cholesterol (similar to 27% in Manhattan and 26% in NYC overall).

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

Obesity

One in 7 adults in Lower Manhattan is obese



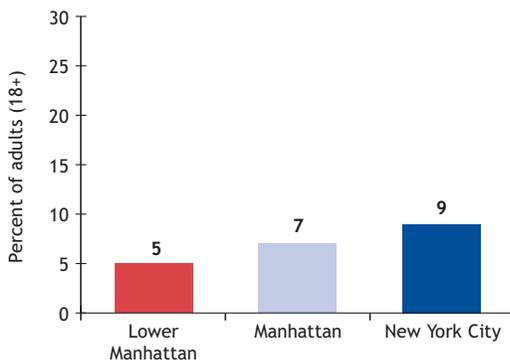
Obesity is defined as a body-mass-index (BMI) of 30 or greater. Percents are age-adjusted.
Data Source: NYC Community Health Survey 2002-03-04

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 Lower Manhattan, 14% of adults are obese.

Diabetes

One in 20 Lower Manhattan adults has diabetes



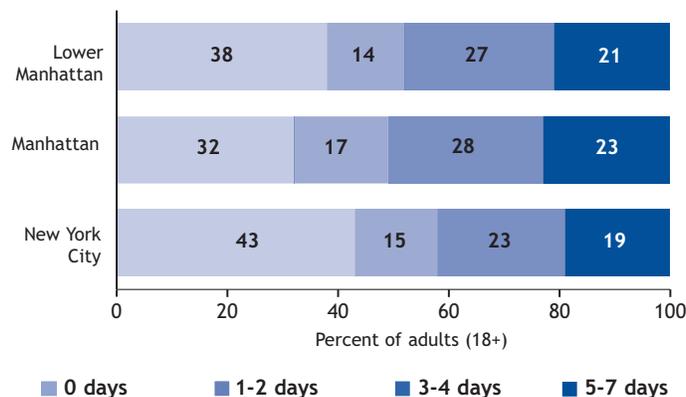
Percents are age-adjusted.
Data Source: NYC Community Health Survey 2002-03-04

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 Lower Manhattan, 1 in 20 adults has diabetes (5%).

Days per week of recreational exercise

Less than half of adults in Lower Manhattan 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. More than 1 in 3 Lower Manhattan residents (38%) report doing no physical activity at all. Less than half of Lower Manhattan residents (48%) 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.



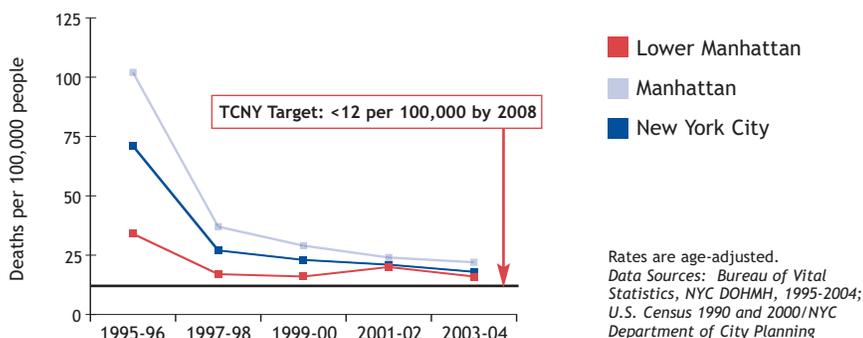
GOAL 4 Know Your HIV Status

Wide disparities exist in HIV across New York City communities. In Lower Manhattan, the rate of HIV diagnoses (54/100,000) and the rate of people living with HIV/AIDS (1,454/100,000) are lower than the Manhattan rates and similar to the rates in NYC overall.

In 2003-2004, the average annual HIV-related death rate in Lower Manhattan was similar to the Manhattan and NYC overall rates (16/100,000 vs. 22/100,000 in Manhattan and 18/100,000 in NYC).

Death rate due to HIV

HIV and related disease continues to cause many deaths in New York City



HIV/AIDS in 2004

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

Lower Manhattan	54
Manhattan	69
New York City	55

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

Lower Manhattan	33%
Manhattan	23%
New York City	29%

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

Lower Manhattan	1,454
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

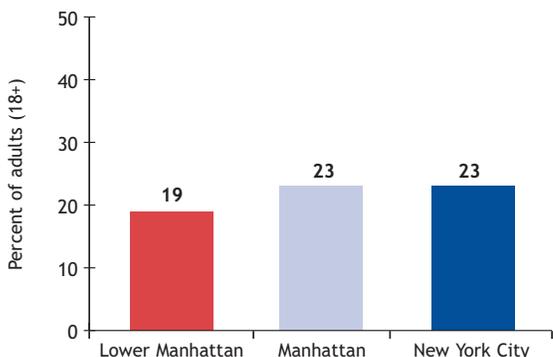
HIV/AIDS testing and prevention

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. Only one fifth of Lower Manhattan residents (19%) have been tested for HIV in the past year. In addition, one third of positive HIV test results (33%) 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. About one third (37%) of Lower Manhattan adults who had more than 1 sex partner in the past year reported using a condom at their last sexual encounter.

HIV testing

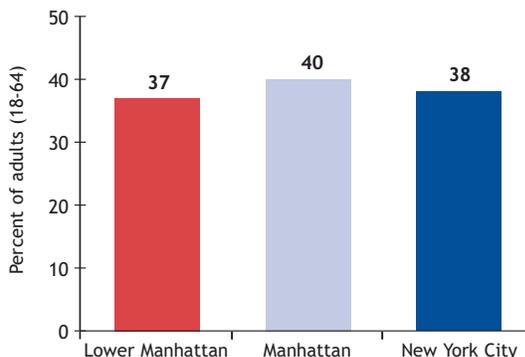
Only 1 in 5 Lower Manhattan adults has had an HIV test in the past year



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

Condom use at last sexual encounter

Only about 4 in 10 Lower Manhattan adults with multiple sex partners used a condom



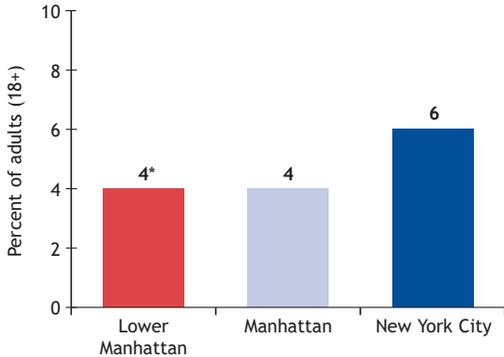
Analysis limited to adults aged 18-64 who reported having >1 sex partner in the past year, excluding women who reported having sex only with women.
Percents are age-adjusted.
Data Source: NYC Community Health Survey 2002-03-04



GOAL 5 Get Help for Depression

Psychological distress

Almost 1 in 20 Lower Manhattan adults suffers from serious psychological distress



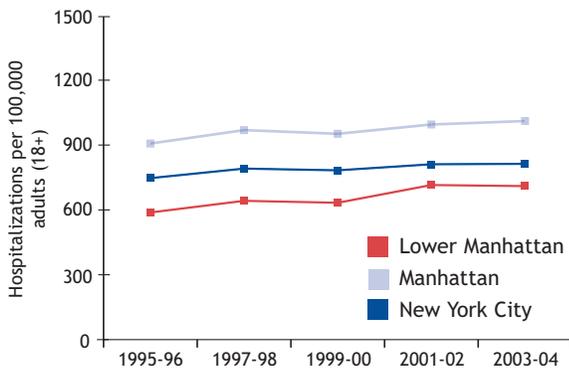
*Estimate is unstable due to small sample size and should be interpreted with caution.
 Serious psychological distress can be identified in individuals using Kessler's K6 scale, a validated measure consisting of 6 simple questions about mood. Percents are age-adjusted.
 Data Source: NYC Community Health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

In Lower Manhattan, 4% of residents experience serious psychological distress.

Mental illness

Hospitalizations for mental illness are less common in Lower Manhattan



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 in Lower Manhattan has remained fairly constant during the past decade.

In 2003-2004, the community's average annual rate of mental illness hospitalizations (710/100,000) was lower than both the Manhattan rate (1,011/100,000) and the rate in New York City overall (813/100,000).

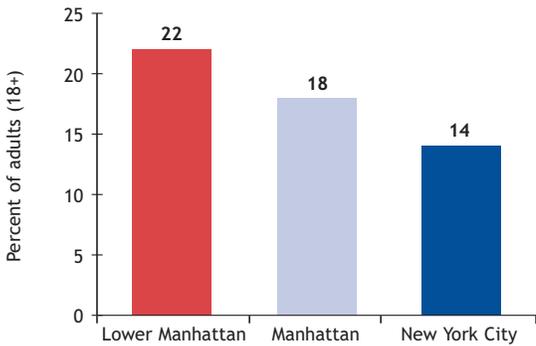
Understanding hospitalizations and access to health care. Hospitalization data are useful in understanding the burden that certain conditions place on the health care system, but not necessarily in measuring the exact extent of illness in a community. Variations in hospitalization rates may reflect not 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 5 adults in Lower Manhattan engaged in binge drinking in the past month



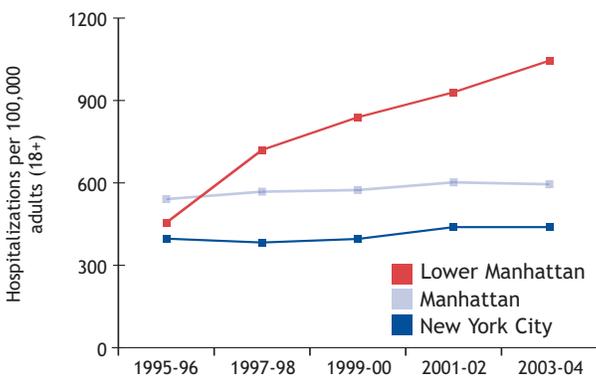
Percents are age-adjusted.
Data Source: NYC Community Health Survey 2002-03-04

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. Lower Manhattan adults are more likely than adults NYC overall (22% vs. 14%) to 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

The alcohol-related hospitalization rate in Lower Manhattan is more than double the NYC overall rate

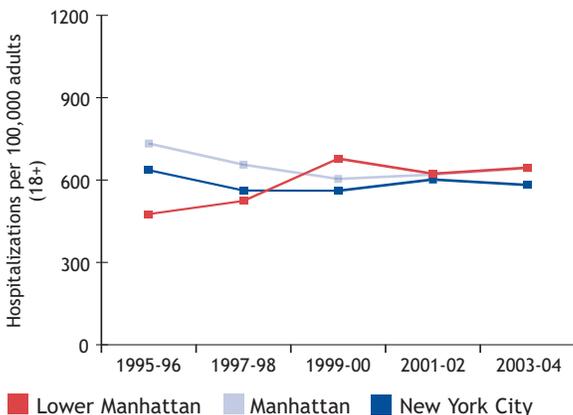


Rates are age-adjusted.
Data Sources: New York State Department of Health Statewide Planning and Research Cooperative System, 1995-2004; U.S. Census 1990 and 2000/NYC Department of City Planning

Alcohol-related hospitalizations reflect both acute and chronic (e.g., liver disease) consequences of alcohol abuse. The alcohol-related hospitalization rate in Lower Manhattan has more than doubled in the past decade. In 2003-2004, the average annual alcohol-related hospitalization rate in this community was higher than in Manhattan and in New York City overall (1,045/100,000 vs. 595/100,000 in Manhattan and 439/100,000 in NYC).

Drug-related hospitalizations

The drug-related hospitalization rate in Lower Manhattan is similar to the NYC overall rate



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

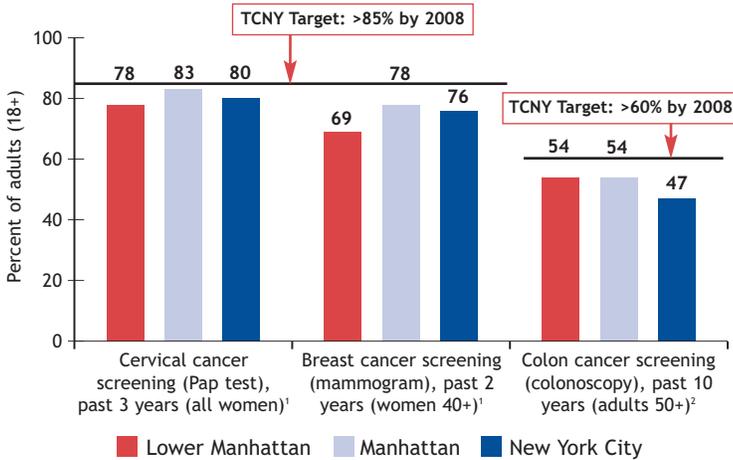
The drug-related hospitalization rate has also increased during the past 10 years in Lower Manhattan. In 2003-2004, it was similar (645/100,000) to both the Manhattan (643/100,000) and New York City overall (595/100,000) rates.



GOAL 7 Get Checked for Cancer

Cancer screenings

In Lower Manhattan, cancer screening is lower than TCNY targets



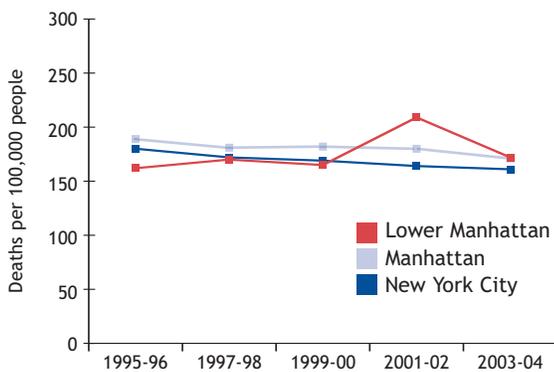
Percentages are age-adjusted. Data Sources: ¹NYC Community Health Survey 2002 & 2004, ²NYC Community Health Survey 2003-04

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 Lower Manhattan are getting Pap tests for cervical cancer and mammograms for breast cancer at rates below the TCNY target of more than 85%. In addition, only about half of adults aged 50 and older in Lower Manhattan have had a colonoscopy in the past 10 years.

Cancer deaths

Cancer is one of the top causes of death in New York City



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 Lower Manhattan during the past decade. The 2003-2004 average annual cancer death rate was similar to the Manhattan and NYC overall rates (172/100,000 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 Lower Manhattan are due to lung, colon and blood-related (such as lymphoid) cancers. Among women, lung, colon, and breast cancers are the top 3 causes of cancer-related death.

Highest cancer death rates in Lower Manhattan (2003-2004)					
MEN			WOMEN		
Type of Cancer	DEATHS / 100,000 PEOPLE		Type of Cancer	DEATHS / 100,000 PEOPLE	
	Lower Manhattan	NYC		Lower Manhattan	NYC
Lung, trachea, bronchus	83	51	Lung, trachea, bronchus	52	28
Colorectal	18	23	Colorectal	22	17
Blood-related	15	18	Breast	16	26
Stomach	13	8	Blood-related	15	12
Liver	13	10	Stomach / Uterus	7 / 7	5 / 5

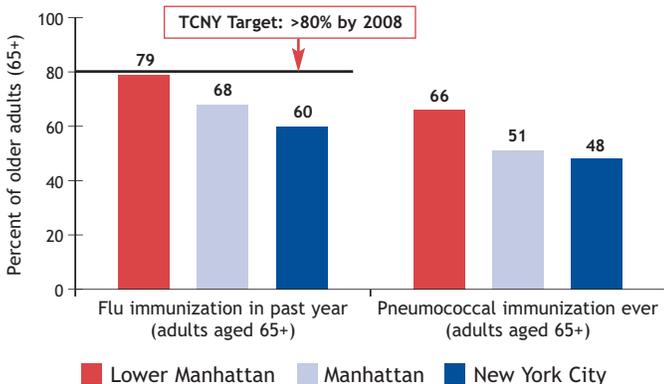
Rates are age-adjusted. Data Sources: Bureau of Vital Statistics, NYC DOHMH, 2003-2004; U.S. Census 2000/ NYC Department of City Planning



GOAL 8 Get the Immunizations You Need

Immunizations

Older adults in Lower Manhattan are more likely to have had their flu and pneumococcal (pneumonia) immunizations than those 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. Older adults in Lower Manhattan are more likely to have had a flu shot in the past year than those in NYC overall (79% vs. 60%).

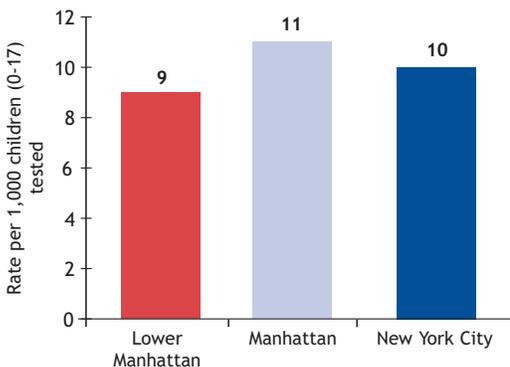
Immunization rates for pneumonia are lower than those for flu across NYC. Lower Manhattan older adults are more likely than those in NYC overall (66% vs. 48%) to have ever received the pneumococcal vaccine, which protects against one common cause of pneumonia.



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 ≥ 10 $\mu\text{g}/\text{dL}$.

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

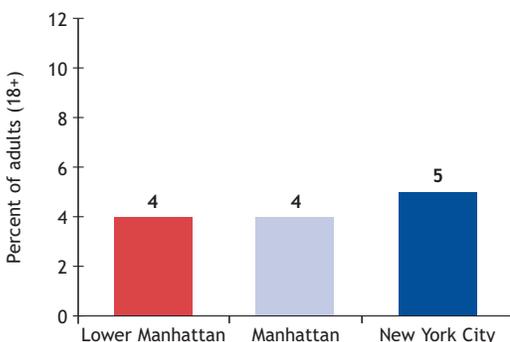
Childhood lead poisoning is a health problem that may be associated with decreased intelligence, learning and behavioral problems, and delayed growth and development. While the number of lead-poisoned children (0-17 years old) in New York City has declined dramatically over the past decade, the Health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

In 2004, 7 children in Lower Manhattan (9/1,000) 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

Nearly 1 in 20 adults in Lower Manhattan suffers from asthma



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.

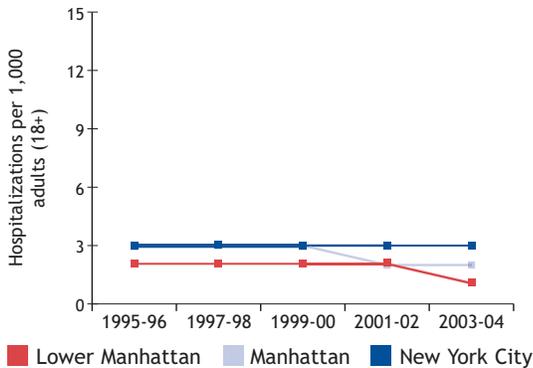
In Lower Manhattan, 4% of adults report having asthma.

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 in Lower Manhattan are lower than in Manhattan and NYC overall. The average annual hospitalization rate due to adult asthma in 2003-2004 was nearly 50% lower in Lower Manhattan than in NYC overall. The 2003-2004 rate among children (0-17 years old) in this community was also lower than Manhattan and NYC overall rates (3/1,000 vs. 6/1,000 in Manhattan and NYC).

Adult asthma hospitalizations

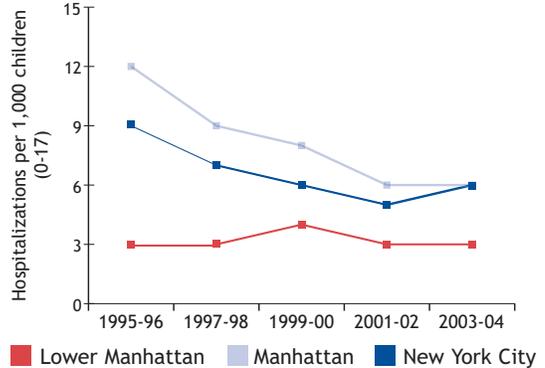
Rates of asthma hospitalization are lower in Lower Manhattan than in NYC overall



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 Lower Manhattan



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

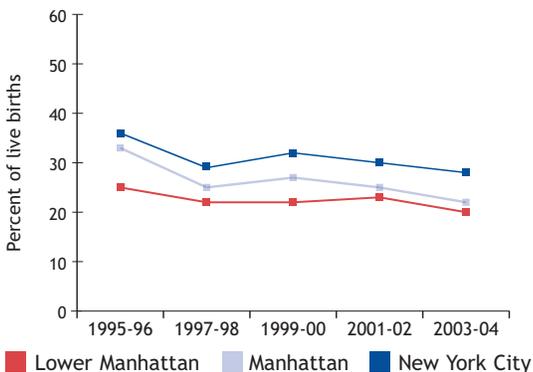
Goal 10 Have a Healthy Baby

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. In Lower Manhattan, the average annual percent of women who received late or no prenatal care in 2003-2004 was lower than in NYC overall (20% vs. 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 nearly 60% in Lower Manhattan. The average birth rate to teen moms in 2003-2004 in this community (19/1,000) was almost 70% lower than the Manhattan rate (59/1,000) and 75% lower than in NYC overall (75/1,000).

Prenatal care

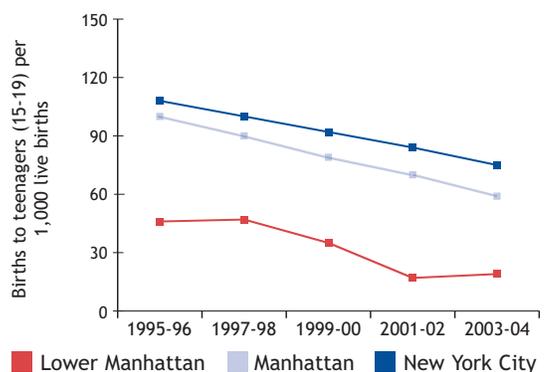
Mothers in Lower Manhattan are less likely to receive late or no prenatal care than mothers in New York City overall



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

Teenage mothers

The birth rate to teenage mothers (15-19 years) is lower in Lower Manhattan



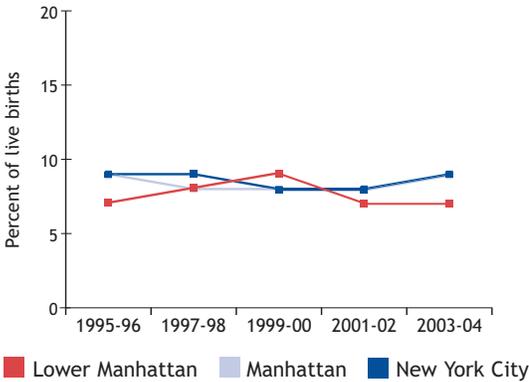
Data Source: Bureau of Vital Statistics, NYC DOHMH, 1995-2004

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 Lower Manhattan was 7% — similar to 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 Lower Manhattan was 3/1,000, similar to Manhattan and NYC overall.

Low birthweight

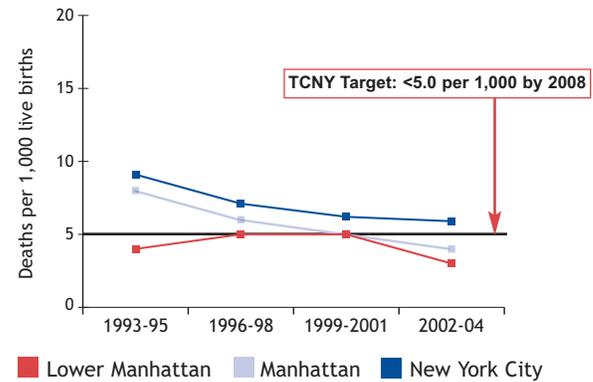
Less than 10% of babies in Lower Manhattan are born with low birthweight



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)

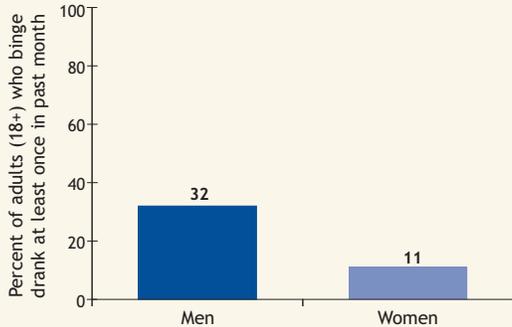
The IMR in NYC is still higher than the TCNY target



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

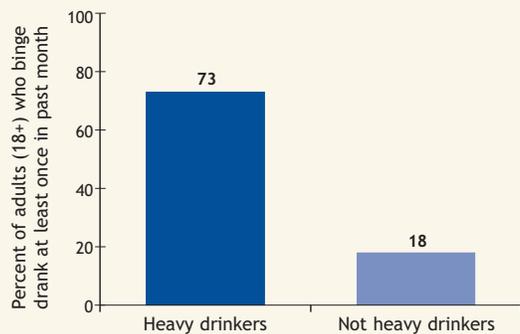
Neighborhood Health Highlight: Alcohol Abuse

Men are more likely to binge drink than women in Lower Manhattan



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

Binge drinking is more common among heavy drinkers in Lower Manhattan



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 alcohol abuse on the Lower Manhattan.

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 Lower Manhattan, the proportion of residents who engaged in binge drinking in the past month is more than 55% higher than in New York City overall (22% vs 14%).

Men are more likely to binge drink than women. In Lower Manhattan, men are nearly three times as likely as women to have engaged in binge drinking in the past month. While binge drinking measures acute alcohol abuse, chronic alcohol abuse can be measured with average daily consumption — more than 2 drinks/day for men and more than 1 drink/day for women is considered “heavy drinking.” Heavy drinking and binge drinking often go together. In Lower Manhattan, residents who drink heavily are 4 times more likely to binge drink.

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 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. The zip codes included in analyses of Lower Manhattan are 10004, 10005, 10006, 10007, 10036, 10048, 10280, and 10282. 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. Lower Manhattan statistics from the 2003 and 2004 individual-year datasets include data from the neighboring communities of the Lower East Side, Chinatown and the East Village.

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: Front Street, Manhattan. Photo by Shadi Chamany. Maps by Susan Resnick.

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Community Health Profile for Lower Manhattan

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

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.**

Inside

Community-specific information on . . .

Census Data	2
TCNY Report Card	3
Death Rates	4

Take Care New York

Have a Regular Doctor	5
Be Tobacco Free	6
Keep Your Heart Healthy	6
Know Your HIV Status	8
Get Help for Depression	9
Live Free of Dependence on Alcohol and Drugs	10
Get Checked for Cancer	11
Get the Immunizations You Need	12
Make Your Home Safe and Healthy	12
Have a Healthy Baby	13

Neighborhood Health Highlight	14
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