

# Health Behaviors among Youth in East and Central Harlem, Bedford-Stuyvesant and Bushwick, and the South Bronx



New York City Department of Health and Mental Hygiene  
District Public Health Offices

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## Editorial

Bureau of Communications

Cortnie Lowe, MFA, Executive Editor

Lise Millay Stevens, MA, Deputy Editor

Division of Health Promotion and Disease Prevention

Deborah Deitcher, MPH, Director of Communications

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## Key Findings

### 1. Overall, substance use (drinking alcohol and using illicit drugs) among teens in East and Central Harlem, Bedford-Stuyvesant and Bushwick, and the South Bronx is similar to that among teens in the rest of New York City.

- Teen alcohol use is similar in the District Public Health Office (DPHO) and non-DPHO neighborhoods; about one in three teens (32%–36%) reports having had more than one drink in the past 30 days and about one in seven (14%) reports five or more drinks on one occasion.
- Nearly two in 10 teens in Bedford-Stuyvesant and Bushwick (17%) report using marijuana one or more times in the past month, compared with approximately one in 10 teens in non-DPHO neighborhoods (12%).
- Ecstasy use (4%), cocaine use (4%) and glue sniffing (10%) are more common among teens in non-DPHO neighborhoods than among teens in the DPHO neighborhoods (ecstasy use, 2%; cocaine use, 2%; glue-sniffing, 5%–7%).

### 2. Teens in East and Central Harlem, Bedford-Stuyvesant and Bushwick, and the South Bronx are more likely to be hospitalized for asthma than teens in other parts of the city.

- Asthma hospitalization rates among teens in East and Central Harlem (553 per 100,000) and the South Bronx (440 per 100,000) are more than twice as high as teen asthma hospitalization rates in New York City overall (199 per 100,000).
- Nearly three in 10 teens in the DPHO neighborhoods (26%–28%) report being diagnosed with asthma, compared with two in 10 teens in the non-DPHO neighborhoods (20%).

### 3. Symptoms of depression among teens citywide is common, and rates are higher among females and among lesbian, gay, bisexual and questioning youth.

- Approximately one in three teens in Bedford-Stuyvesant and Bushwick (34%) and the non-DPHO neighborhoods (33%) reports feeling depressed, compared with about one in four teens in East and Central Harlem (26%).
- Citywide, four in 10 female teens (40%) report feeling depressed, compared with about one quarter of males (24%). Lesbian, gay, bisexual and questioning (LGBQ) youth also frequently report feeling depressed: more than half (55%) of these teens experience symptoms versus less than a third (31%) of heterosexual teens.
- Suicide attempt rates among youth in the DPHO and non-DPHO neighborhoods range from 8% (East and Central Harlem) to 12% (Bedford-Stuyvesant and Bushwick). Citywide, attempted suicide is almost four times as prevalent among LGBQ teens (31%) as among heterosexual youth (8%).

### 4. Obesity and overweight are more prevalent among teens in Bedford-Stuyvesant and Bushwick, the South Bronx, and East and Central Harlem than among teens in the rest of New York City.

- About one in three teens in the DPHO neighborhoods (32%–38%) is overweight or obese, compared with about one in four teens in non-DPHO neighborhoods (27%).
- Nearly four in 10 teens (38%) in Bedford-Stuyvesant and Bushwick drink soda daily, compared with fewer than three in 10 teens (28%) in non-DPHO neighborhoods. Most teens report eating fewer than five servings of fruits and vegetables per day in DPHO (78%) and non-DPHO neighborhoods (83%) alike.

- More than half of teens in both DPHO and non-DPHO neighborhoods (54%–64%) report an excess amount of time (three or more hours per school day) spent viewing TV.
- Daily attendance at a physical education (PE) class is less common among teens in DPHO neighborhoods than in non-DPHO neighborhoods. Teens in East and Central Harlem are nearly three times less likely to attend a daily PE class (16%) than teens in the non-DPHO neighborhoods (45%).

### 5. Teens in the DPHO neighborhoods of East and Central Harlem, Bedford-Stuyvesant and Bushwick, and the South Bronx are more likely to be sexually active than teens in the rest of New York City.

- The 2005 teen pregnancy rates in the South Bronx (153 per 1,000), East and Central Harlem (142 per 1,000), and Bedford-Stuyvesant and Bushwick (133 per 1,000) are much higher than both the national teen pregnancy rate (75 per 1,000 in 2002) and New York City's overall rate (94 per 1,000).
- About four in 10 teens in the DPHO neighborhoods (39%–45%) report being sexually active, compared with approximately three in 10 teens residing in the rest of New York City (29%).
- Roughly seven in 10 sexually active teens report having used a condom the last time they had sex in both the DPHO neighborhoods (68%–75%) and non-DPHO communities (69%). Very few teens in DPHO and non-DPHO neighborhoods alike (4%–8%) report using birth control pills the last time they had sex.

### 6. Teens in East and Central Harlem, Bedford-Stuyvesant and Bushwick, and the South Bronx are less likely to smoke than teens in the rest of New York City.

- Teens in East and Central Harlem (6%) are half as likely to smoke as teens in the city's non-DPHO neighborhoods (12%). The teen smoking rate in both Bedford-Stuyvesant and Bushwick, and the South Bronx is 8%.
- Smoking rates are lower among male (5%) and female (7%) teens in East and Central Harlem than among male (11%) and female (12%) teens in non-DPHO neighborhoods.
- More than six in 10 teens who smoke in Bedford-Stuyvesant and Bushwick (61%), the South Bronx (67%) and the city's non-DPHO neighborhoods (63%) report quit attempts, compared with about four in 10 East and Central Harlem teens (41%).

### 7. Although youth homicide is decreasing across the city, violence remains a significant problem in DPHO and non-DPHO neighborhoods alike.

- Homicide is the leading cause of death among New York City teens aged 15–19.
- The 2004–2005 youth homicide rates in Bedford-Stuyvesant and Bushwick (43.9 per 100,000) and the South Bronx (41.3 per 100,000) are more than twice as high as the youth homicide rate in the non-DPHO neighborhoods (20.1 per 100,000). In East and Central Harlem, the youth homicide rate of 31.5 per 100,000 is also higher than that in the non-DPHO neighborhoods.
- Nearly one in four teens in Bedford-Stuyvesant and Bushwick (24%) reports having carried a weapon (e.g., gun, knife, club) in the past 30 days, compared with about one in six teens in non-DPHO neighborhoods (16%).
- About one in 10 teens in Bedford-Stuyvesant and Bushwick, the South Bronx and the non-DPHO neighborhoods (9%–11%) reports not going to school in the last month because of feeling unsafe at school, or while on their way to or from school. Fewer teens in East and Central Harlem (6%) report not going to school because of feeling unsafe.

## This Report

The health of youth and young adults is greatly affected by their own life choices, the behavior of those around them and their environment. Nationally, the leading causes of illness and death among children and adults aged 10 to 24 are largely preventable and linked to choices and behaviors such as:

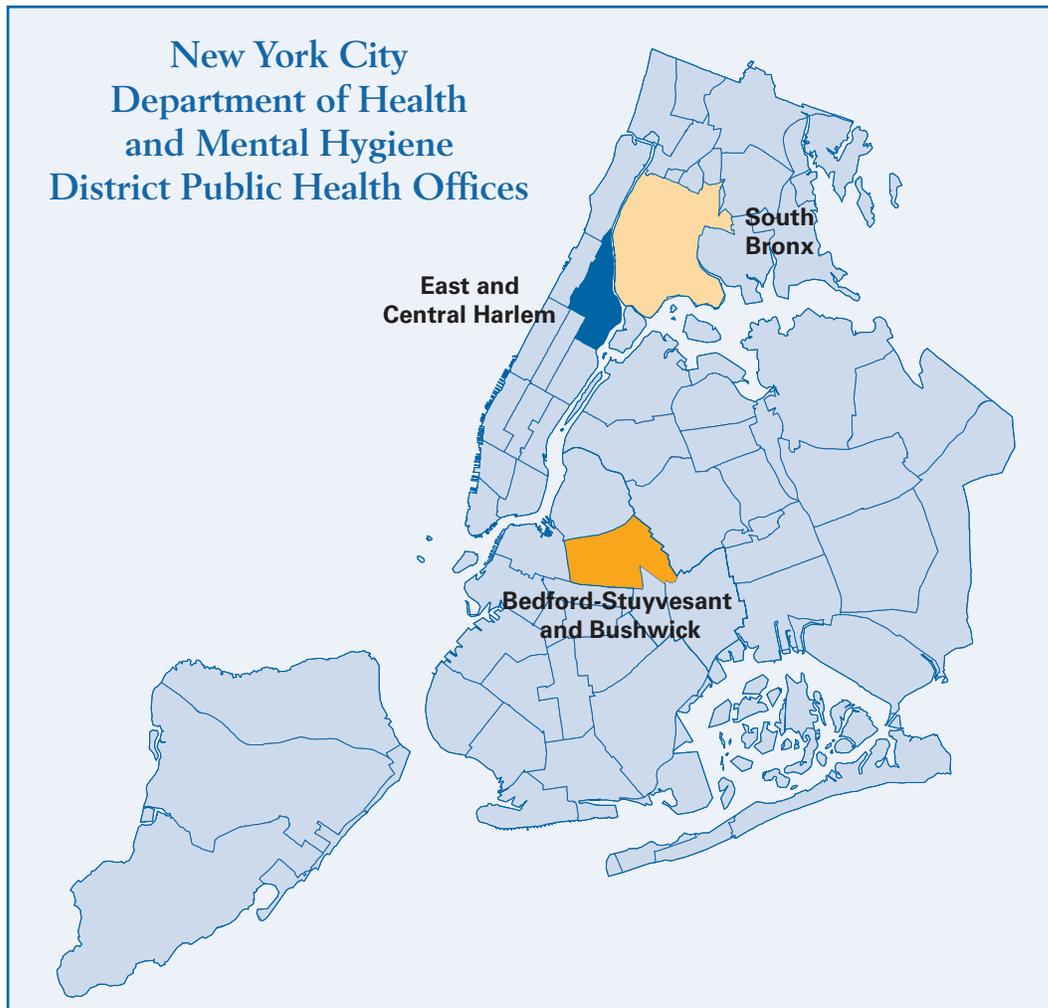
- Alcohol and other drug use
- Unhealthy food choices and physical inactivity that may lead to overweight and obesity
- Sexual activity that may lead to unintended pregnancy and sexually transmitted disease
- Behaviors that contribute to unintentional injury and violence<sup>1</sup>

This report examines health behaviors among public high school students in three New York City neighborhoods with high rates of illness and premature death – East and Central Harlem, Bedford-Stuyvesant and Bushwick, and the South Bronx (see map below) – and compares these data with those of public high school students residing in the rest of the city.

The New York City Department of Health and Mental Hygiene (DOHMH) has established District Public Health Offices (DPHOs) in these high-risk neighborhoods to address disparities and improve the health of community residents. Each DPHO focuses on the public health challenges of the community it serves and works in collaboration with local partners. See **Other Resources** at the end of this report for more information about the DPHOs.

By monitoring teens' behaviors across the city, the DOHMH can better direct resources to meet the needs of high-risk communities.

Demographic characteristics of the students surveyed can be found in **Table 1**.



**Table 1. Demographic characteristics of the 2005 YRBS sample by neighborhood.**

Sample Characteristics	East and Central Harlem	Bedford-Stuyvesant and Bushwick	South Bronx*	Rest of NYC
Female	56%	50%	49%	50%
Age: ≤ 15 years	45%	49%	45%	49%
Age: 16–17 years	46%	44%	44%	42%
Age: ≥ 18 years	9%	7%	8%	9%
Black	49%	63%	35%	33%
Hispanic	48%	34%	63%	37%
White	<1%	<1%	<1%	10%

\*Neighborhoods comprising the South Bronx are Hunts Point, Mott Haven, High Bridge, Morrisania, Crotona and Tremont

## About the Data

Most of the data summarized in this report are from the 2005 New York City Youth Risk Behavior Survey (YRBS), a self-administered, anonymous questionnaire completed by a representative sample of New York City public high school students. Adapted from protocols developed by the Centers for Disease Control and Prevention, the survey covers the following topics:

- Alcohol and drug use
- Asthma
- Depression and suicide
- Nutrition, physical activity and obesity
- Sexual activity
- Tobacco use
- Violence

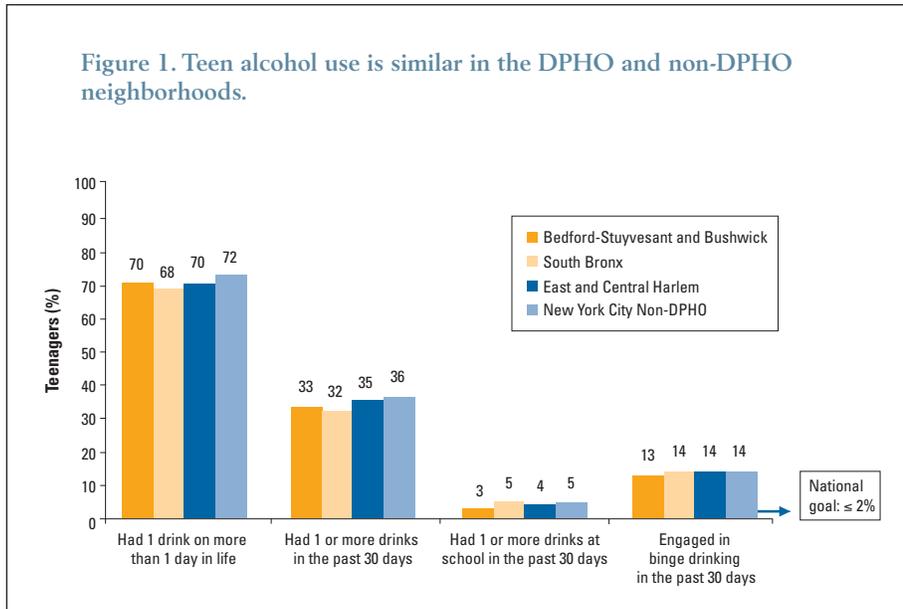
The YRBS is conducted every other year by DOHMH in collaboration with the New York City Department of Education. Throughout this report, the city's YRBS data are compared with national health goals delineated in Healthy People 2010, a compilation of U.S. health objectives targeting significant preventable threats to health.

Additional data contained in this report are from the DOHMH Office of Vital Statistics (teen pregnancy, suicide and homicide rates) and the New York State Department of Health's Statewide Planning and Research Cooperative System (asthma hospitalization rates).

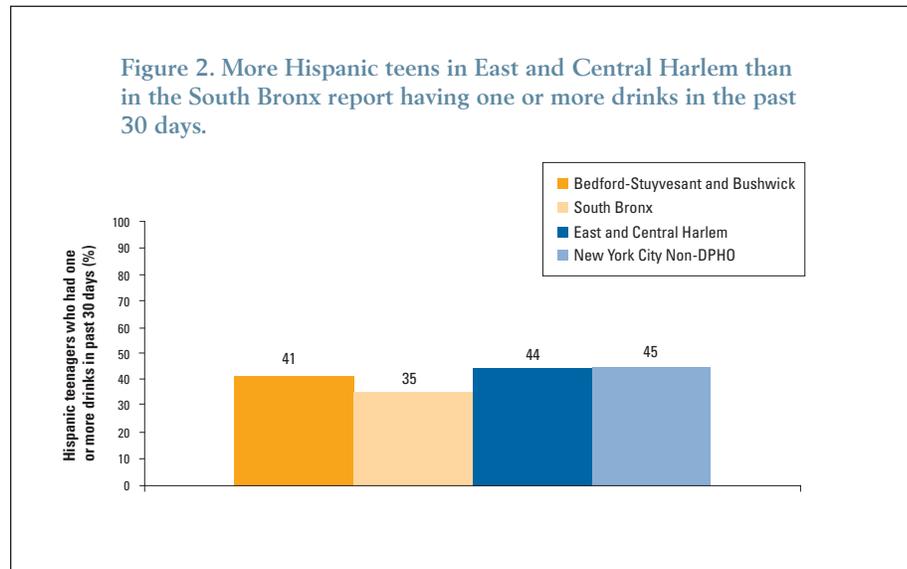
In the text of this report, only statistically significant findings are discussed.

## 1. Overall, substance use (drinking alcohol and using illicit drugs) among teens in East and Central Harlem, Bedford-Stuyvesant and Bushwick, and the South Bronx is similar to that among teens in the rest of New York City.

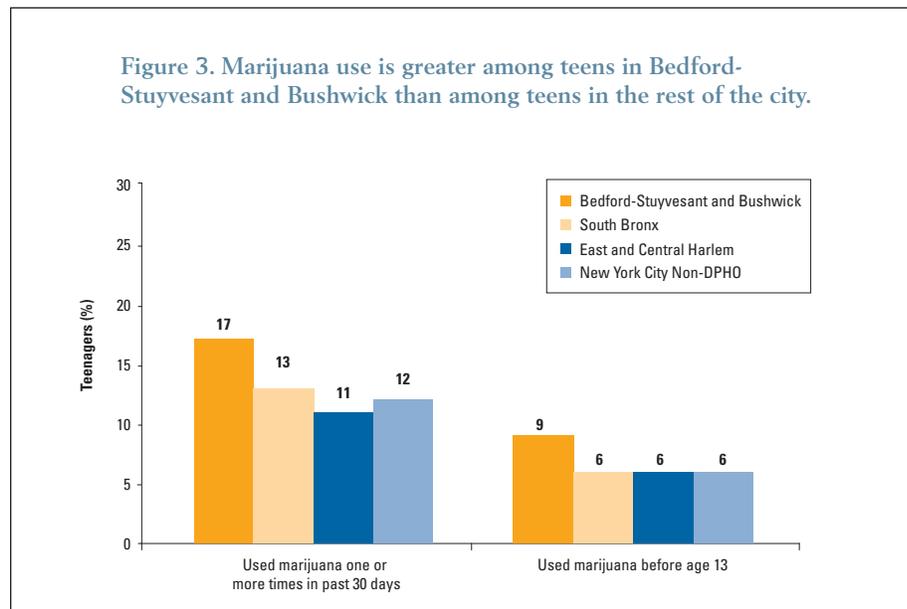
Experimentation with alcohol and drugs is common during adolescence.<sup>2</sup> The consequences of substance use can be serious and far-reaching—in 2005, alcohol and other drug use was responsible for 544 hospitalizations and 16 deaths among New Yorkers aged 13 to 20.<sup>3</sup> Among those who begin drinking before age 14, about 40% develop alcohol dependence at some point in their lives.



About one in three teens in both DPHO and non-DPHO neighborhoods (32%–36%) report having had more than one drink in the past 30 days. Approximately 14% of teens across all neighborhoods report engaging in binge drinking (five or more drinks on one occasion) in the past 30 days (**Figure 1**).

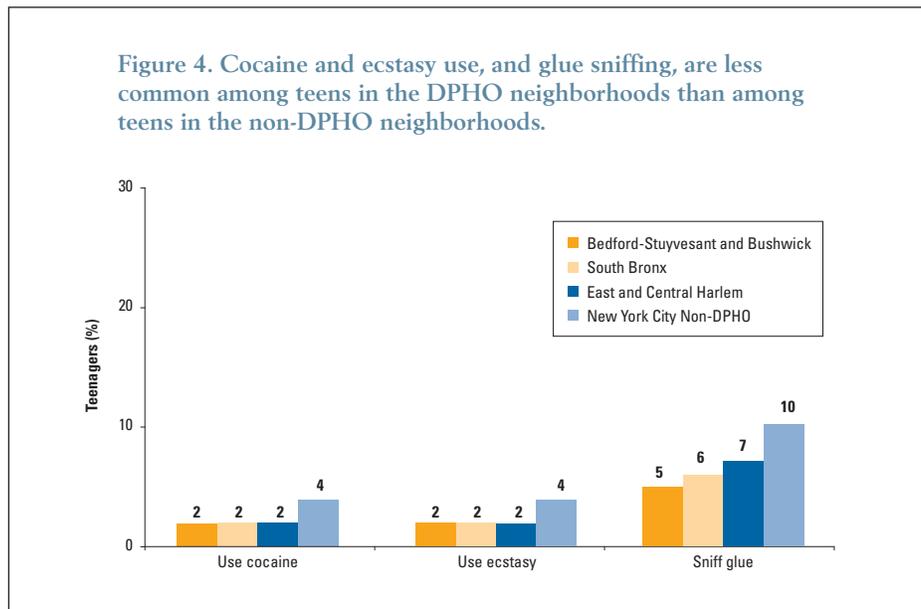


Racial differences in drinking behaviors are evident nationwide, with white (35%) and Hispanic (29%) adolescents aged 12 to 17 more likely to drink than black teens (22%).<sup>4</sup> Similarly, in the DPHO neighborhoods, Hispanic teens are more likely than blacks to use alcohol, although even among Hispanic teens, drinking rates vary by neighborhood, with Hispanic teens in the South Bronx least likely to report having one or more drinks in the past 30 days (**Figure 2**).



Nearly two in 10 Bedford-Stuyvesant and Bushwick teens (17%) report using marijuana one or more times in the past 30 days, compared with approximately one in 10 teens in the non-DPHO neighborhoods (12%) (**Figure 3**). More teens in Bedford-Stuyvesant and Bushwick (9%) also report first use of marijuana before age 13 than teens in the other neighborhoods (6%).

Teens in the DPHO neighborhoods are half as likely as teens in non-DPHO neighborhoods to use cocaine (2% vs. 4%), ecstasy (2% vs. 4%) and to sniff glue (5%–7% vs. 10%) (**Figure 4**).



## Recommendations for Preventing Alcohol and Drug Use

### What Parents Can Do

- Talk with your teenager about the consequences of drug and alcohol use – legal problems; car accidents and injuries; debt; bad grades; losing out on sports, jobs and college; low self-esteem and health problems.

### What Schools Can Do

- Focus on teaching adolescents the dangers of substance use and helping them resist peer pressure to drink or use drugs.
- Offer after-school and summer programs that allow teens to interact in a healthy, drug-free environment.

### What Health Care Providers Can Do

- Discuss with teens alcohol/drug use during routine office visits, as well as during visits for treatment of episodic illness and injury.
- Be alert to factors that may place teens at high risk of drug and alcohol use such as family history of alcoholism, poor relationships with parents, low interest in school and achievement, and low self-esteem. Make referrals as needed.

### Resources

#### New York City Department of Health and Mental Hygiene LifeNet

(800) LIFENET (English); 1-877-AYUDESE (Spanish); (877) 990-8585 (Chinese); (212) 982-5284 (Deaf/Hearing Impaired – TTY). Call 911 in any medical emergency.

#### New York City Youthline

(800) 246-4646 or visit [www.nyc.gov/health](http://www.nyc.gov/health)

#### National Institute on Alcohol Abuse and Alcoholism

Visit [www.niaaa.nih.gov](http://www.niaaa.nih.gov)

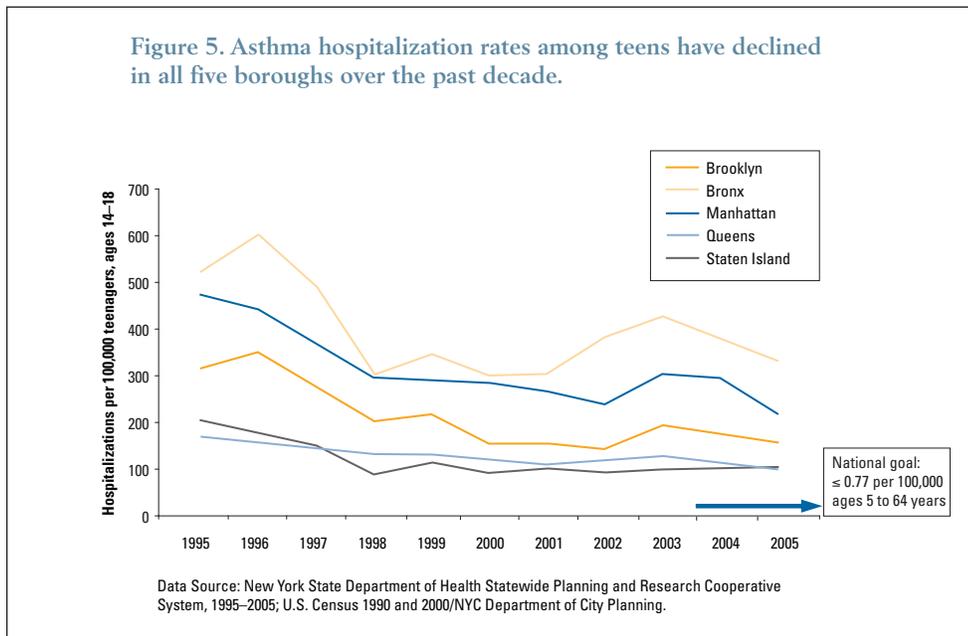
#### National Institute on Drug Abuse

Visit [www.nida.nih.gov](http://www.nida.nih.gov)

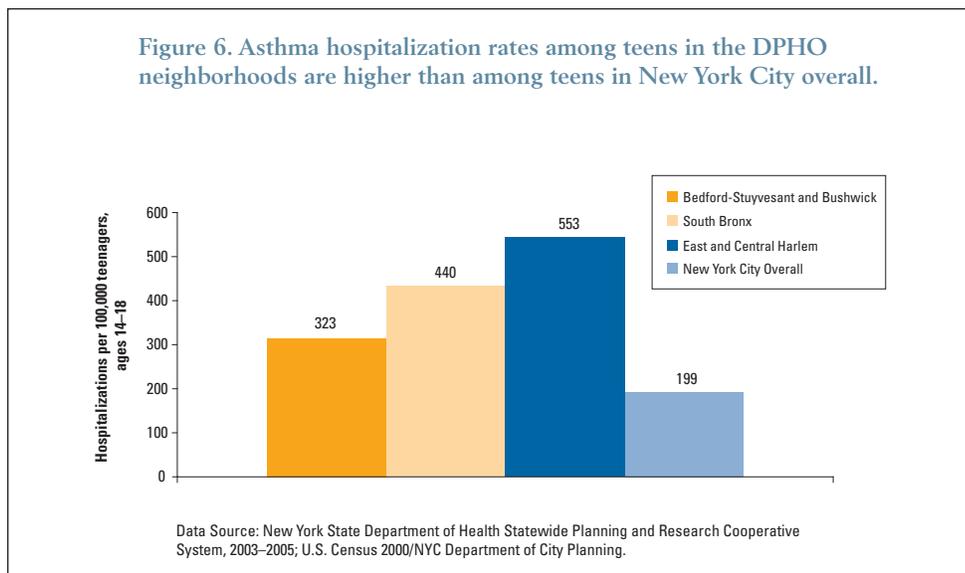
## 2. Teens in East and Central Harlem, Bedford-Stuyvesant and Bushwick, and the South Bronx are more likely to be hospitalized for asthma than teens residing in other parts of the city.

Asthma is a common disease in New York City. Asthma flare-ups result in missed school, physical activity limitations, emergency room visits and hospitalizations. While asthma hospitalization rates for New York City teens have declined over the past 10 years (**Figure 5**), the rates are still much higher than the national goal of  $\leq 0.77$  asthma-related hospitalizations per 100,000 children and adults aged five to 64 years.

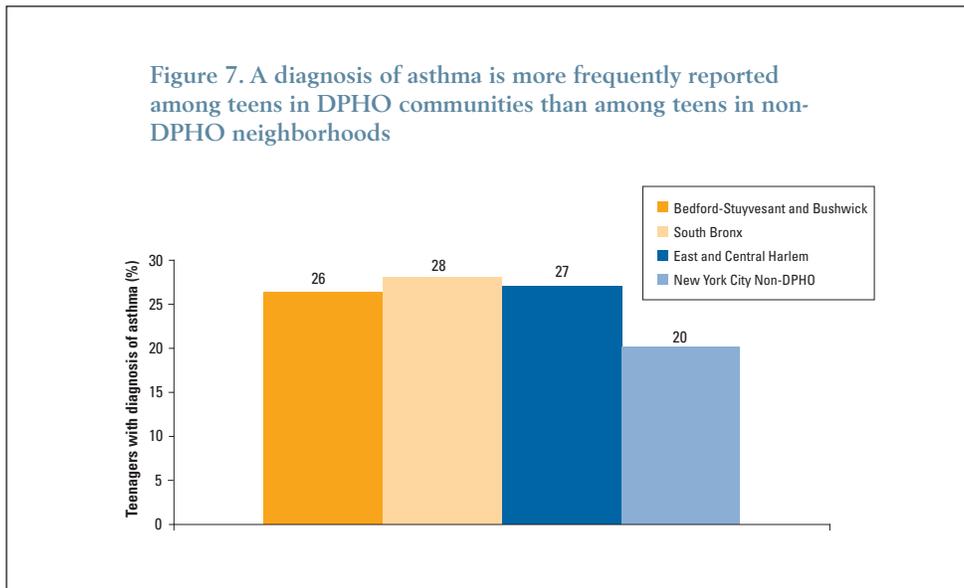
Asthma hospitalization rates for teens aged 14 to 18 vary by borough; the Bronx and Manhattan have the highest rates, while Queens and Staten Island have the lowest (**Figure 5**).



Asthma hospitalization rates (2003–2005) among teens in East and Central Harlem (553 per 100,000) and the South Bronx (440 per 100,000) are more than twice as high as teen asthma hospitalization rates in New York City overall (199 per 100,000) (**Figure 6**).



Nearly three in 10 teens in the DPHO neighborhoods (26%–28%) report being diagnosed with asthma, compared with two in 10 teens in the non-DPHO neighborhoods (20%) (**Figure 7**).



## Recommendations for Managing Asthma

### What Parents Can Do

- Stick to a schedule of regular health care visits if your teen has asthma.
- Talk to the doctor if your child's asthma is not well controlled.
- Ensure that your child takes medicine as prescribed by the doctor.
- Eliminate or reduce asthma triggers at home such as secondhand smoke, cockroaches, mold, mildew and pollen.

### What Schools Can Do

- Use the automated school health record (ASHR) to track students' asthma symptoms and care.
- Contact the student's health care provider if asthma symptoms result in frequent, unscheduled visits to the school nurse or in excessive absences.

### What Health Care Providers Can Do

- Treat persistent asthma with preventive medications, preferably an inhaled corticosteroid.
- Complete a Medication Administration Form ([schools.nyc.gov/parents/essentials/health/setforms/default.htm](http://schools.nyc.gov/parents/essentials/health/setforms/default.htm)) so that your patient can take asthma medications at school, if needed.

## Resources

### New York City Department of Health and Mental Hygiene

Call **311** for the Asthma Action Line.

New York City DOHMH Asthma Initiative, visit [www.nyc.gov/html/doh/html/asthma/asthma.shtml](http://www.nyc.gov/html/doh/html/asthma/asthma.shtml)

### American Lung Association

Tel. (800) 586-4872 or visit [www.lungusa.org](http://www.lungusa.org)

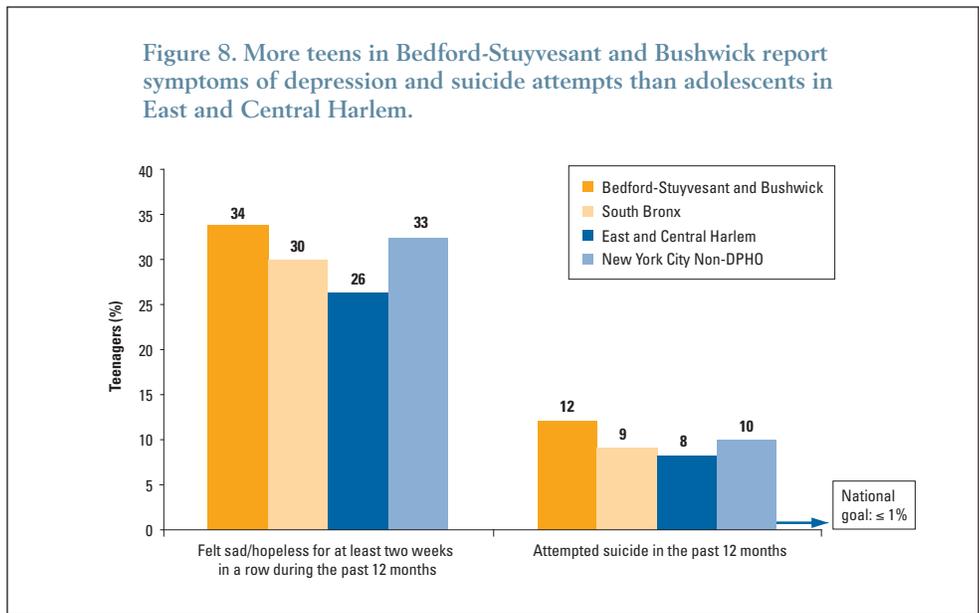
### Asthma and Allergy Network Mothers of Asthmatics

Tel. (800) 878-4403 or visit [www.aanma.org](http://www.aanma.org)

### 3. Symptoms of depression among teens citywide are common; rates are higher among females and lesbian, gay, bisexual and questioning youth.

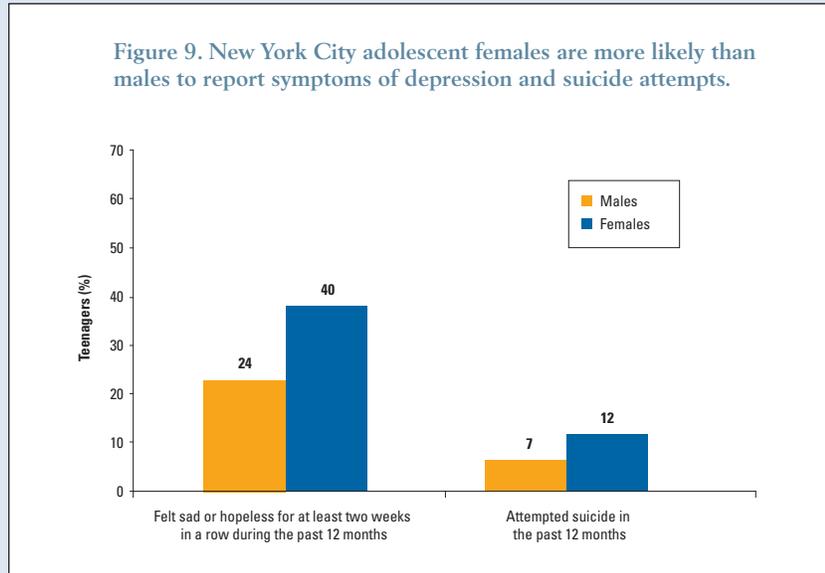
At any given time, 10% to 15% of children and adolescents have some symptoms of depression.<sup>5</sup> Because depression and other mood disorders increase the risk of suicide, properly diagnosing and treating youth depression is a major public health goal. Indeed, studies show that over 90% of children and teens who commit suicide had mental disorders before their deaths.<sup>6</sup> In New York City in 2005, there were 3.5 suicides per 100,000 people aged 15 to 19 years<sup>7</sup>; although this rate is lower than the national goal of  $\leq$  five teen suicides per 100,000, untreated depression and suicidal ideation remain problems for many teenagers and young adults in our city.

Approximately one in three teens in Bedford-Stuyvesant and Bushwick (34%) and the non-DPHO neighborhoods (33%) reports feeling depressed, compared with about one in four teens in East and Central Harlem (26%). Suicide attempt rates among youth in DPHO and non-DPHO neighborhoods are similar, ranging from 8% in East and Central Harlem to 12% in Bedford-Stuyvesant and Bushwick (**Figure 8**).

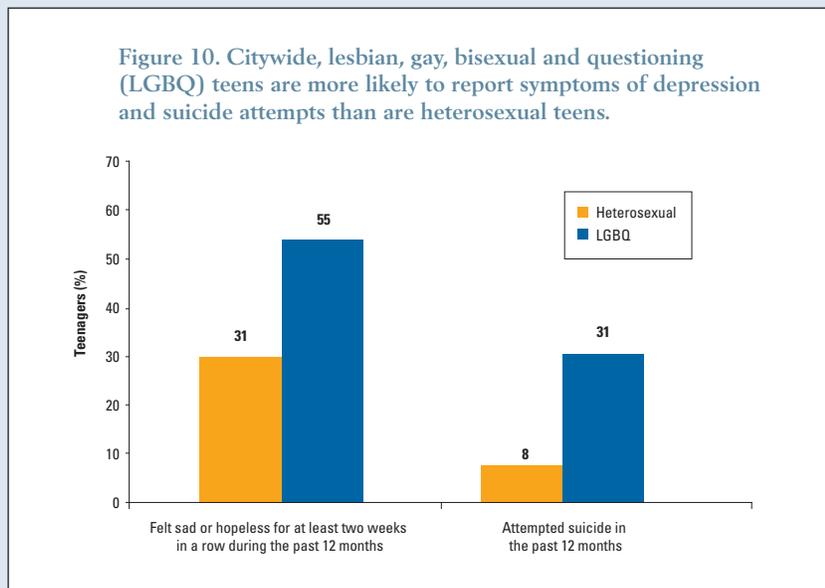


## Teen Depression and Suicide Attempts: Gender and Sexuality Differences

Citywide, four in 10 female teens (40%) report feeling depressed, compared with about one-quarter (24%) of males; suicide attempts, too, are more common among female teens (12%) than among male teenagers (7%) (**Figure 9**). These findings are consistent with national survey results that show women have higher rates of both major depression and suicide attempts than do men.<sup>8</sup>



Over half of lesbian, gay, bisexual and questioning (LGBQ) teens (55%) report feeling depressed, compared with about one-third of heterosexual teens (31%). Attempted suicide is almost four times as prevalent among LGBQ teens (31%) than it is among heterosexual teens (8%) (**Figure 10**). Similar patterns were found for youth in each of the three DPHO areas.



## Recommendations for Mental Health

### What Parents Can Do

- Speak with your child’s doctor or school counselor for referral to appropriate mental health services.

### What Schools Can Do

- Employ sufficient numbers of trained mental health professionals to screen for and diagnose adolescent depression and other mental illnesses, and make referrals as needed.
- Support the creation of gay, lesbian, bisexual, transgender and questioning support groups on high school campuses to reduce the isolation and stigma that contribute to depression and suicidal ideation among this population.

### What Health Care Providers Can Do

- Screen for depression and other mental illnesses, and make referrals as needed.

## Resources

### New York City Department of Health and Mental Hygiene

LIFENET (800) 543-3638; deaf/hearing impaired TTY, (212) 982-5284

In Spanish, (877) 298-3373; in Mandarin, Cantonese and Korean (877) 990-8585

### Gay, Lesbian, Transgender Resources

#### Parents, Families and Friends of Lesbians and Gays

Tel. (646) 240-4288; Helpline (212) 463-0629 or visit [www.pflagnyc.org](http://www.pflagnyc.org)

#### The Lesbian, Gay, Bisexual and Transgender Community Center

Tel. (212) 620-7310; hearing impaired (800) 662-1220 (TDD/TTY) (800) 421-1220 (voice);

Visit [www.gaycenter.org](http://www.gaycenter.org)

### Mental Health Resources

#### Depression and Bipolar Support Alliance

Tel. (800) 826-3632 or visit [www.ndmda.org](http://www.ndmda.org)

#### National Alliance for the Mentally Ill

Tel. (800) 950-6264 or visit [www.nami.org](http://www.nami.org)

#### National Foundation for Depressive Illness

Tel. (800) 239-1265 or visit [www.depression.org](http://www.depression.org)

#### National Institute of Mental Health

Tel. (866) 615-6464 or visit [www.nimh.nih.gov](http://www.nimh.nih.gov)

#### National Mental Health Association

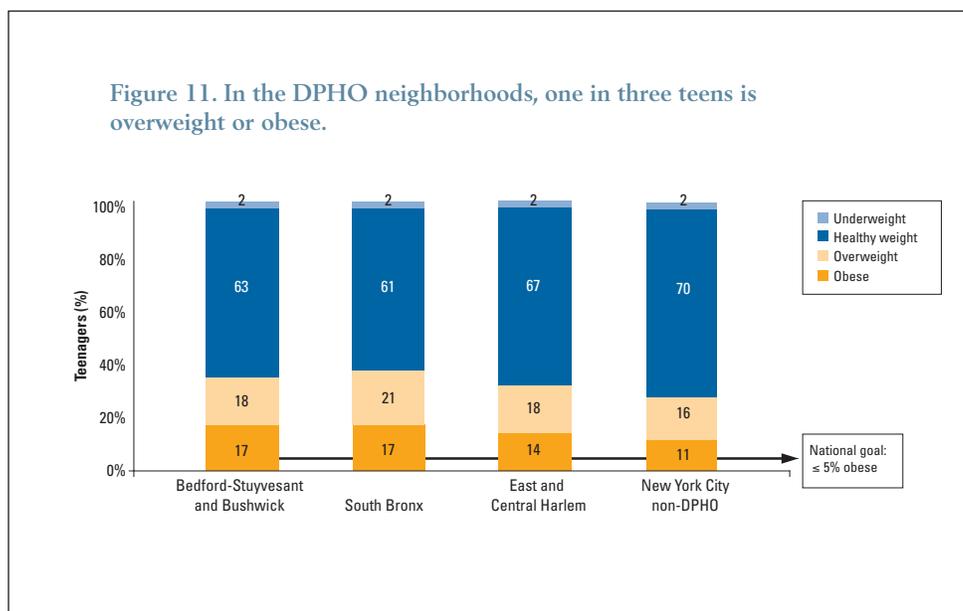
Tel. (800) 969-6642 or visit [www.nmha.org](http://www.nmha.org)

#### 4. Obesity and overweight<sup>9</sup> are more prevalent among teens in Bedford-Stuyvesant and Bushwick, the South Bronx, and East and Central Harlem than among teens in the rest of New York City.

In the past 30 years, the number of overweight\* adolescents in the United States has more than tripled.<sup>10</sup> Being overweight can lead to serious health problems, such as diabetes and heart disease, and overweight children and adolescents are more likely to become overweight adults.<sup>11</sup>

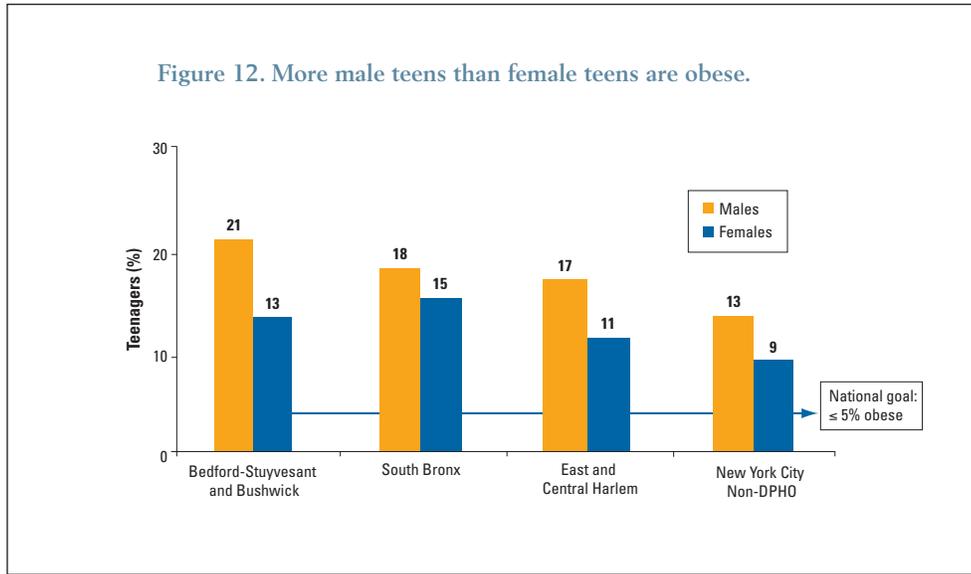
Overweight occurs when more energy is consumed through food and beverage intake than is expended through physical activity. A person's lifestyle, genes and environment can affect this balance of energy consumed and expended. Rising obesity rates are associated with a host of factors, including larger portion sizes, increased consumption of sugar-sweetened drinks, fear of crime and more sedentary activities such as TV viewing, computer use and electronic gaming.<sup>12</sup>

One-third or more of teens in the DPHO neighborhoods (32%–38%) are overweight or obese, compared with about one-quarter of teens in non-DPHO neighborhoods (27%). DPHO neighborhood obesity rates range from 14% to 17%, about three times higher than the national goal ( $\leq 5\%$ ) (**Figure 11**).

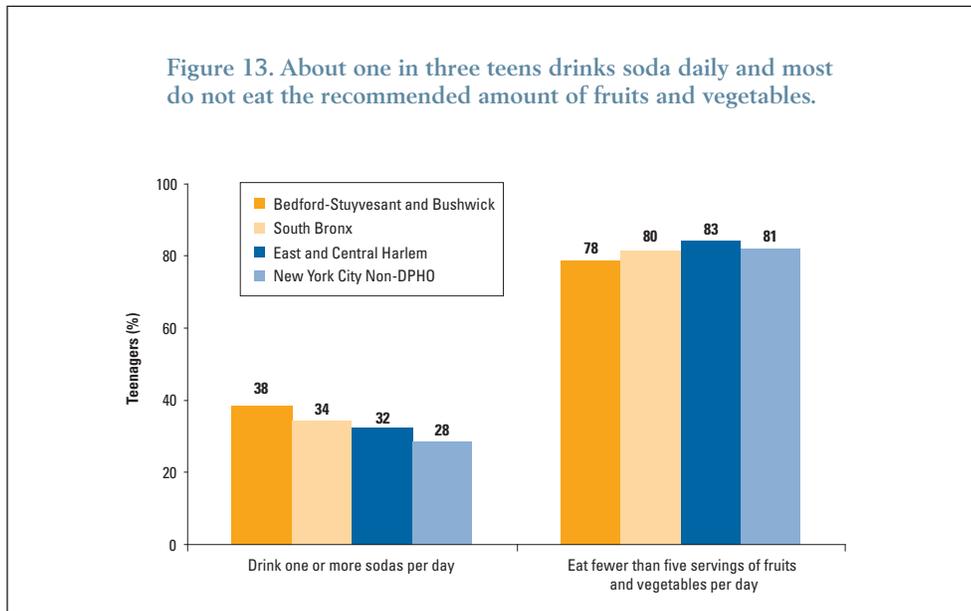


\*To determine whether a person is overweight or obese, height and weight are used to calculate a body mass index (BMI). A teen with a BMI  $\geq 85$ th and  $< 95$ th percentile for age and gender is referred to here as "overweight"; a teen with a BMI of  $\geq 95$ th percentile for age and gender is "obese." As used in this report, the terms "overweight" and "obese" are equivalent, respectively, to the U.S. Centers for Disease Control terms "at risk for overweight" and "overweight."

In the DPHO neighborhoods, about one in five male teens is obese, compared with one in eight female teens (**Figure 12**).



Nearly four in 10 teens in Bedford-Stuyvesant and Bushwick (38%) drink soda daily, compared with fewer than three in 10 teens in non-DPHO neighborhoods (28%). Consumption of fruits and vegetables is low citywide—about eight in 10 teens (78%–83%) report eating fewer than five servings of fruits and vegetables per day (**Figure 13**).



Below are additional data relevant to the prevalence of overweight and obesity in the DPHO neighborhoods:

- Excess TV viewing is common among teens in DPHO and non-DPHO neighborhoods; more than one in two (54%–64%) reporting watching three or more hours of TV per school day.
- Citywide and in the DPHO neighborhoods, more than one in 10 teens report not engaging in any moderate-to-vigorous exercise during the past week.
- Daily attendance at a physical education (PE) class is less common among teens in DPHO neighborhoods than in non-DPHO neighborhoods. Teens in East and Central Harlem are nearly three times less likely to attend a daily PE class (16%) than teens in the non-DPHO neighborhoods (45%).
- Citywide, fewer than one in two teens reports playing on one or more sports teams in the last year.

## Recommendations for Maintaining a Healthy Weight

### What Parents Can Do

- Encourage healthy choices in your teens by serving as a role model. Exercise regularly; purchase, prepare and serve healthy foods and maintain a healthy weight.
- Set household guidelines related to eating and physical activity (e.g., encourage daily physical activity, fruit and vegetable consumption and limit TV viewing and sugar-sweetened beverage consumption).
- Get involved in your community. Advocate for safe parks and other exercise spaces, encourage local grocers to offer a larger selection of healthy foods and help organize farmers' markets and community-supported agriculture programs.

### What Schools Can Do

- Increase the number of students who receive daily physical education classes and ensure that, at a minimum, students receive 120 minutes of physical education per week as mandated by New York State. For more information, visit [www.emsc.nysed.gov/ciai/pe/peqa.html](http://www.emsc.nysed.gov/ciai/pe/peqa.html).
- Promote school athletic programs, after-school physical activity programs and getting to school by walking or biking.
- Replace sugar-sweetened beverages from school vending machines with healthier alternatives (e.g., low-fat or skim milk, water).

### What Health Care Providers Can Do

- Screen teen patients for overweight and obesity by taking height and weight measurements, and calculating a BMI. An online BMI calculator can be found at [apps.nccd.cdc.gov/dnpabmi/calculator.aspx](http://apps.nccd.cdc.gov/dnpabmi/calculator.aspx).
- Recommend weight loss for patients who are overweight or obese. Discuss the benefits of losing weight and help patients to create a weight-loss plan that combines a reduced-calorie diet with regular moderate-to-vigorous physical activity.
- Emphasize the importance of adopting a healthy lifestyle as a strategy for maintaining a healthy weight.

## Resources

### New York City DOHMH Physical Activity and Nutrition Program

Visit [nyc.gov/health/obesity](http://nyc.gov/health/obesity)

### New York City DOHMH – TeenSpeak About Getting Fit

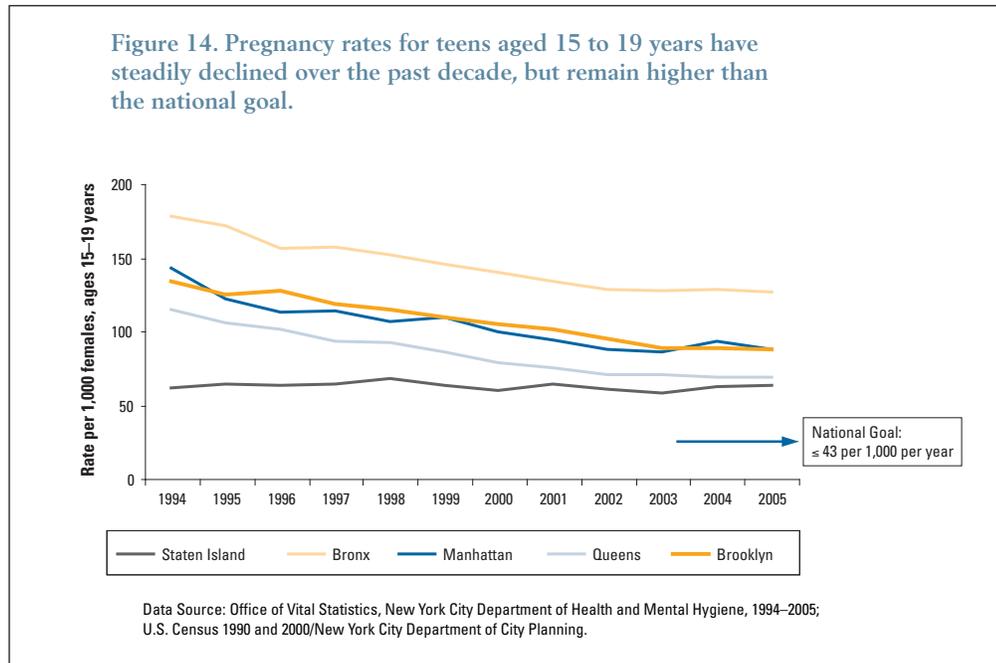
Visit [nyc.gov/html/doh/downloads/pdf/cdp/cdp\\_teensspeakefit.pdf](http://nyc.gov/html/doh/downloads/pdf/cdp/cdp_teensspeakefit.pdf)

For nutrition and fitness resources within the DPHO neighborhoods, go to [nyc.gov/health/dpho](http://nyc.gov/health/dpho)

### US Departments of Agriculture and Health and Human Services – Finding Your Way to a Healthier You

Visit [www.health.gov/dietaryguidelines/dga2005/document/html/brochure.htm](http://www.health.gov/dietaryguidelines/dga2005/document/html/brochure.htm)

## 5. Teens in East and Central Harlem, Bedford-Stuyvesant and Bushwick, and the South Bronx are more likely to be sexually active than teens in the rest of New York City.



Teen pregnancy has negative impacts on both mother and child.<sup>13</sup> Children born to adolescents are at greater risk of being at a low birth weight, and more likely to live in poverty and have behavioral disorders. Teenage mothers are less likely to finish high school or have economic security later in life.<sup>14</sup>

While the most currently available national data reveal a teen pregnancy rate of 75 per 1,000 teens aged 15–19 years,<sup>15</sup> New York City's 2005 teen pregnancy rate was 94 per 1,000.<sup>16</sup> The teen pregnancy rates in the DPHO neighborhoods were even higher<sup>17</sup>:

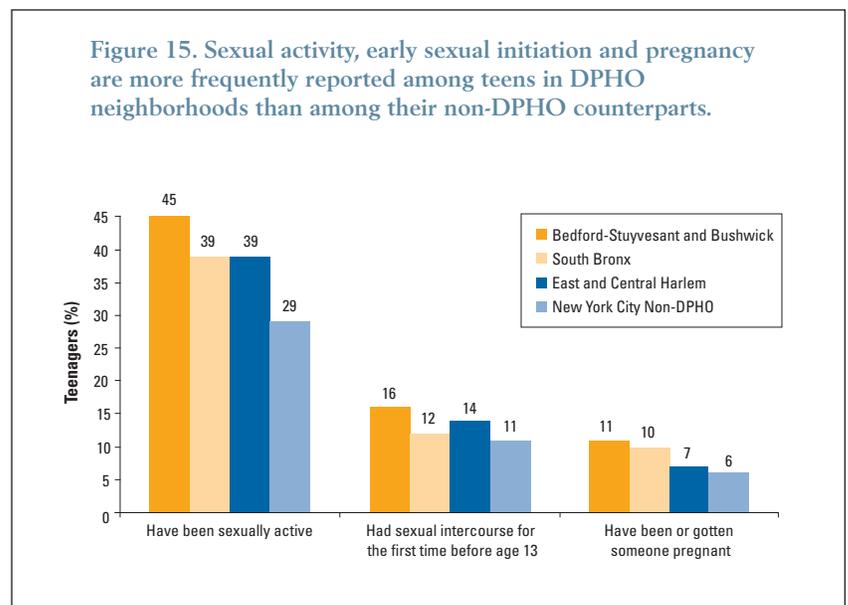
- Bedford-Stuyvesant and Bushwick: 133 per 1,000
- East and Central Harlem: 142 per 1,000
- South Bronx: 153 per 1,000 – twice the national rate

See **Figure 14** for trends in teen pregnancy rates by borough.

Sexual activity and pregnancy are more common in the DPHO neighborhoods

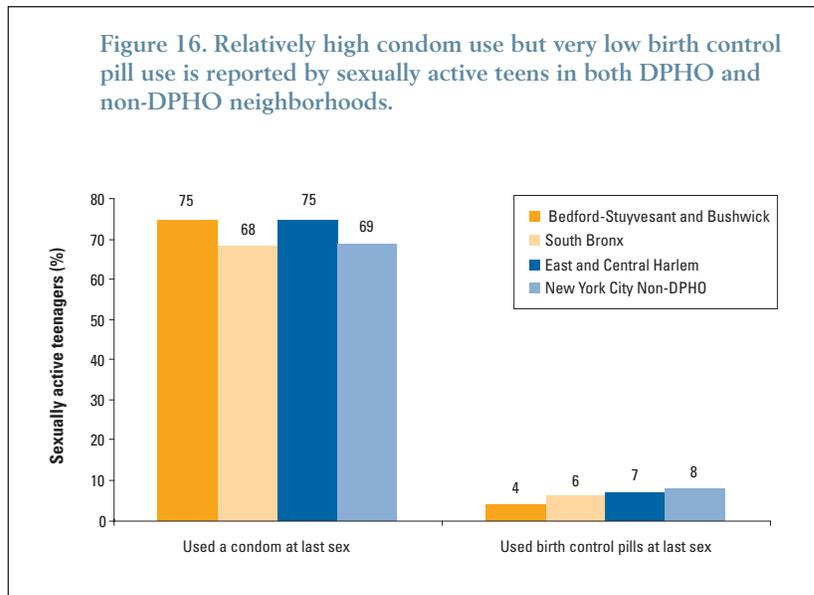
(**Figure 15**). Specifically:

- Approximately four in 10 teens in the DPHO neighborhoods (39%–45%) report being sexually active compared with about three in 10 teens residing in the rest of the city (29%).



- Having had sex before age 13 is most commonly reported by teens in Bedford-Stuyvesant and Bushwick (16%) and least frequently reported by teens in non-DPHO neighborhoods (11%).
- Teens in Bedford-Stuyvesant and Bushwick (11%), and in the South Bronx (10%) are more likely than teenagers in non-DPHO areas (6%) to report having been pregnant or having impregnated someone.

Roughly seven in 10 sexually active teens in all New York City neighborhoods (68%–75%) report having used a condom the last time they had sex, but very few teens in both DPHO and non-DPHO neighborhoods (4%–8%) report using birth control pills at last sex (**Figure 16**).

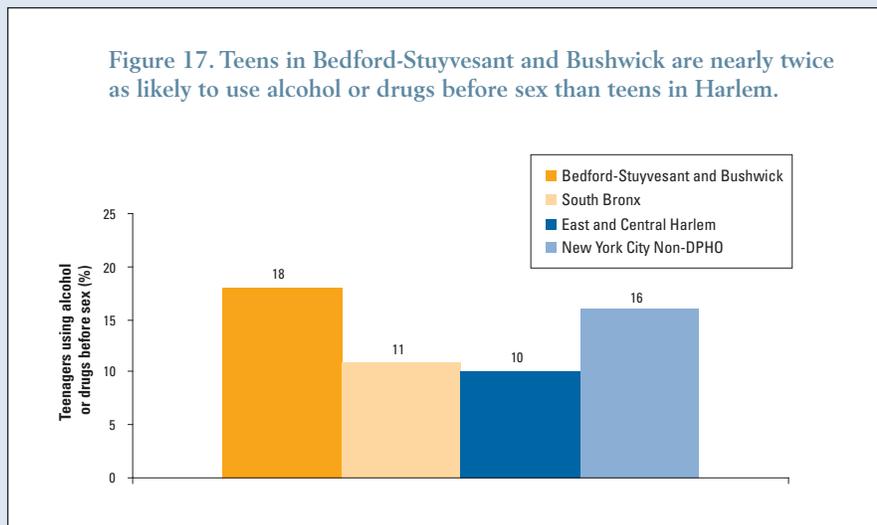


Emergency contraception (commonly referred to as EC, Plan B or the morning-after pill) can safely and effectively prevent pregnancy if taken within five days of unprotected sex.<sup>18</sup> Nearly six in 10 teens in East and Central Harlem (59%) have heard of EC, compared with roughly four in 10 teens in Bedford-Stuyvesant and Bushwick (37%), and the South Bronx (42%).

## High-Risk Sexual Behavior

Using drugs or alcohol before sex can increase the risk of unintended pregnancy and contracting sexually transmitted diseases (STDs). Substance use decreases the chance that birth control will be used and increases the likelihood of improper use.

Sexually active teenagers in East and Central Harlem and the South Bronx (10%–11%) are less likely to report having used alcohol or drugs before their last sexual intercourse than are adolescents in Bedford-Stuyvesant and Bushwick (18%), and in the non-DPHO neighborhoods (16%) (**Figure 17**).



## Recommendations for Sexual Health

### What Parents Can Do

- Let teens know that choosing not to have sex is the surest way to avoid unintended pregnancy and STDs.
- If teens are sexually active, emphasize that girls should use hormonal birth control and boys should use condoms **every time** they have sex, and that all sexually active teens should get tested regularly for HIV and other STDs.

### What Schools Can Do

- Ensure compliance with the 1991 mandate requiring high school “health resource rooms” where students can obtain condoms and health information. [For more information, go to [schools.nyc.gov/offices/dyd/health/otherhealthforms/healthresource+room.htm](http://schools.nyc.gov/offices/dyd/health/otherhealthforms/healthresource+room.htm)]
- Implement a citywide, evidence-based health education curriculum for grades K through 12, including comprehensive sexual and reproductive health lessons.

### What Health Care Providers Can Do

- Take a sexual health assessment of all adolescent patients.
- Advise teen patients that choosing not to have sex is the surest way to avoid unintended pregnancy and STDs.
- For sexually active teenage patients, stress the importance of consistently using birth control and condoms, and help female patients choose an appropriate method. Counsel teens about emergency contraception, and give girls advance prescriptions and/or pill packs during routine healthcare visits. Test for pregnancy, HIV and other STDs regularly.

## Resources

### New York City Department of Health and Mental Hygiene

Call **311** for a list of clinics that provide free and confidential sexual and reproductive health services for teens, including the provision of emergency contraception.

### New York City DOHMH Healthy Teens Initiative

(seven steps for comprehensive sexual and reproductive health care for teens)  
Visit [www.nyc.gov/html/doh/downloads/pdf/ms/ms-hti-guide.pdf](http://www.nyc.gov/html/doh/downloads/pdf/ms/ms-hti-guide.pdf)

### National Campaign to Prevent Teen and Unplanned Pregnancy

Tel. (202) 478-8500 or visit [www.teenpregnancy.org](http://www.teenpregnancy.org)

### Sex, etc. (Sex Education by Teens, for Teens)

Visit [www.sexetc.org](http://www.sexetc.org)

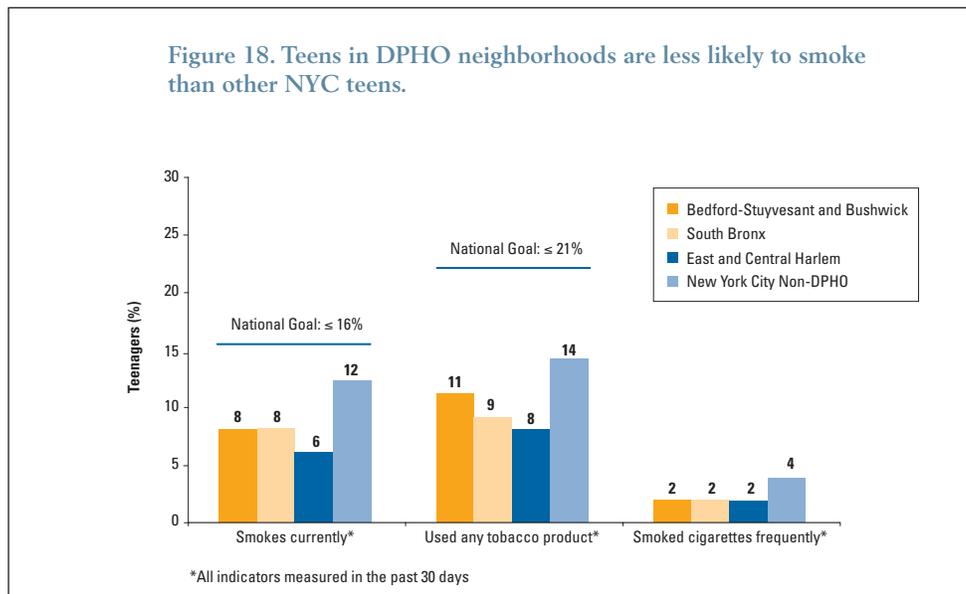
### Advocates for Youth

Tel. (202) 419-3420 or visit [www.advocatesforyouth.org](http://www.advocatesforyouth.org)

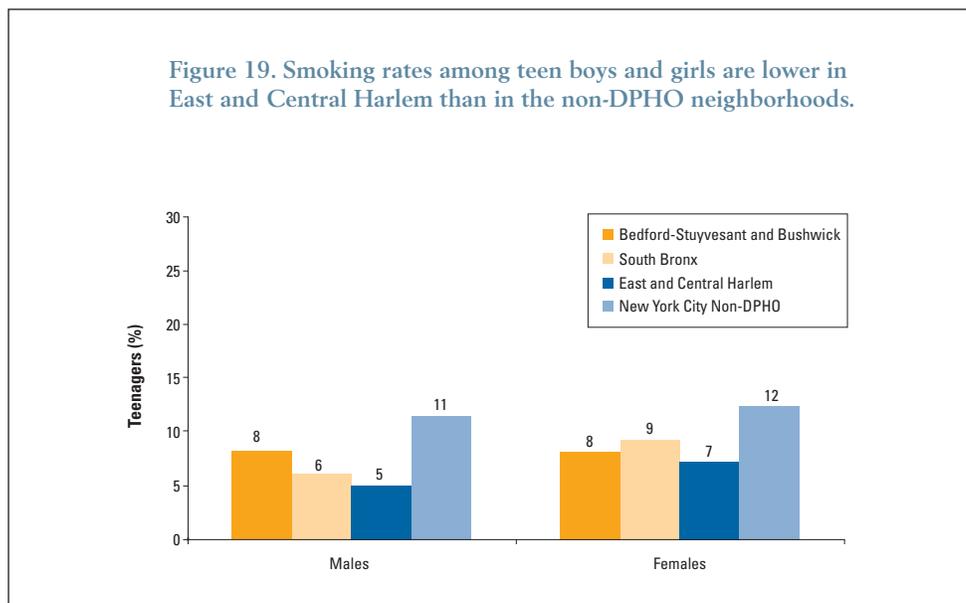
## 6. Teens in East and Central Harlem, Bedford-Stuyvesant and Bushwick, and the South Bronx are less likely to smoke than teens in the rest of New York City.

Smoking is the number one preventable cause of death. Approximately one New Yorker dies every hour from smoking-related illnesses.<sup>19</sup> Each day, about 40 New York City children become regular smokers; people who start smoking as adolescents are less likely to quit compared with those who start later in life.<sup>19</sup>

Teens in East and Central Harlem are half as likely to smoke (6%) as teens living in non-DPHO neighborhoods (12%) **(Figure 18)**. Smoking rates are also lower among teens in Bedford-Stuyvesant and Bushwick (8%), and the South Bronx (8%). Teens in the South Bronx (9%) and East and Central Harlem (8%) are also less likely to have used any tobacco products in the past 30 days compared with teens in the non-DPHO neighborhoods (14%). Similarly, fewer teens in the DPHO neighborhoods report smoking cigarettes frequently (at least 20 cigarettes in the past 30 days) (2%) compared with teens in the non-DPHO area (4%).

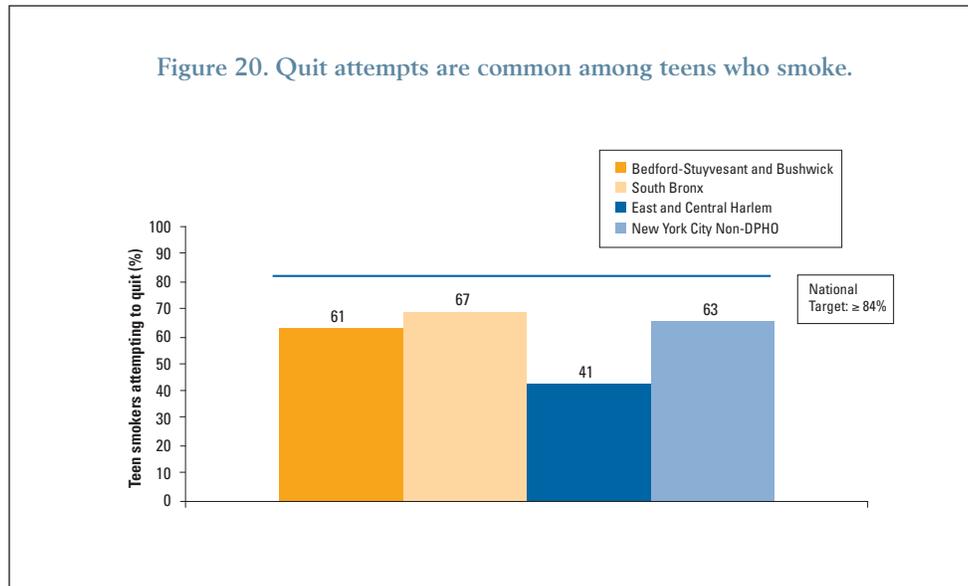


Smoking rates are lower among male (5%) and female (7%) teens in East and Central Harlem than among male (11%) and female (12%) teens in non-DPHO neighborhoods **(Figure 19)**.



Smoking patterns also vary by race. National YRBS data published in 2003 showed that more Hispanic teenage girls reported current smoking (18%) compared with black teenage girls (11%).<sup>4</sup> This trend is mirrored in Bedford-Stuyvesant and Bushwick, where twice as many Hispanic female teens reporting current smoking (12%) compared with black female teens (6%).

More than six in 10 teens in Bedford-Stuyvesant and Bushwick (61%), the South Bronx (67%) and the city's non-DPHO neighborhoods (63%) report quit attempts – compared with about four in 10 East and Central Harlem teens (41%) (**Figure 20**).



## Recommendations for Preventing Tobacco Use

### What Parents Can Do

- If you smoke, seek help to quit—children of smokers are twice as likely to become smokers themselves.
- Make your home smoke-free.

### What Schools Can Do

- Enforce smoke-free policies among students, teachers and other staff both during the school day and during after-school activities.
- If neighboring businesses are not complying with the state and local laws prohibiting the sale of tobacco to people under 18 years of age, report them by calling 311.

### What Health Care Providers Can Do

- Ask about tobacco use at every office visit, advise smokers to quit and provide counseling.

## Resources

### New York City Department of Health and Mental Hygiene

Call 311 for free nicotine patches and for a list of smoking cessation facilities.

For tips on quitting smoking, visit [www.nyc.gov/html/doh/html/smoke/smoke2-cess1.shtml](http://www.nyc.gov/html/doh/html/smoke/smoke2-cess1.shtml)

### Centers for Disease Control and Prevention

Youth Tobacco Prevention Program,

Visit [www.cdc.gov/tobacco/youth/index.htm](http://www.cdc.gov/tobacco/youth/index.htm)

### Campaign for Tobacco-Free Kids

Tel. (202) 296-5469 or visit [www.tobaccofreekids.org](http://www.tobaccofreekids.org)

### American Legacy Foundation

Tel. (202) 454-5555 or visit [www.americanlegacy.org](http://www.americanlegacy.org)

## 7. Although youth homicide is decreasing across the city, violence remains a significant problem in DPHO and non-DPHO neighborhoods alike.

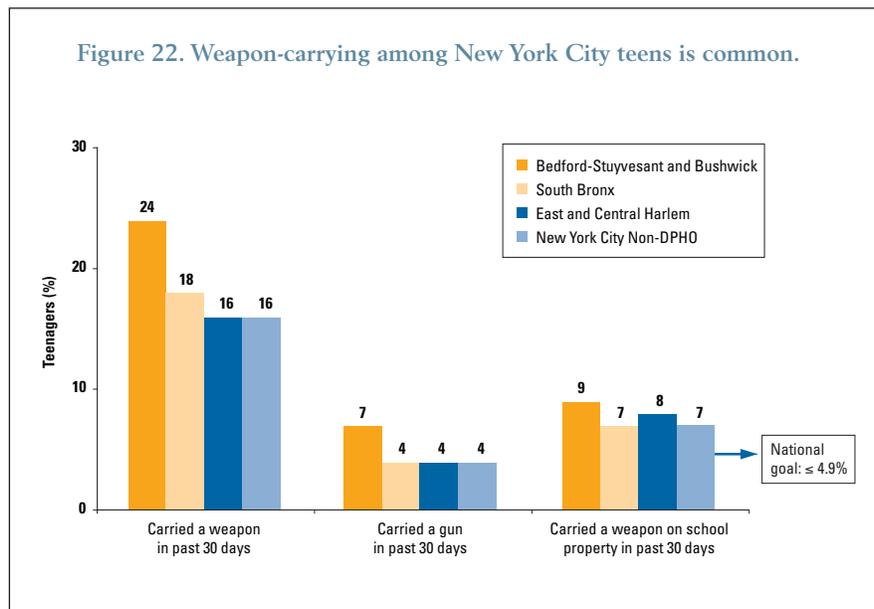
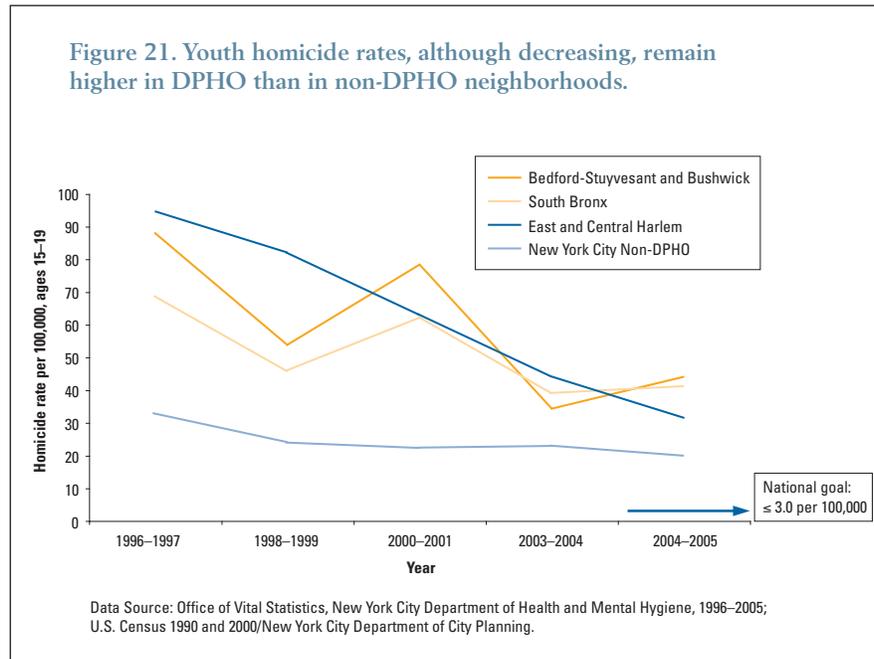
Youth violence takes many forms, including bullying, physical fights, dating violence and weapon-related violence (including homicide). In addition to physical injuries and death, teen violence, for victims, is associated with feelings of isolation, depression and poor academic performance, as well as having a negative impact on the overall school learning environment.<sup>20-22</sup>

Homicide is the leading cause of death among youth aged 15 to 19 in New York City. From 2004–2005, more than one in four deaths in this age group was the result of homicide,<sup>1</sup> nearly 70% of which were gun-related.<sup>23</sup>

Despite a downward trend over the last 10 years, youth homicide rates in New York City remain substantially higher than the overall national goal of  $\leq 3.0$  per 100,000. Rates are higher in the DPHO neighborhoods than in the rest of the city. From 2004–2005, more than twice as many teen homicides occurred in Bedford-Stuyvesant and Bushwick (43.9 per 100,000) and the South Bronx (41.3 per 100,000) than in the non-DPHO neighborhoods (20.1 per 100,000)<sup>24</sup> (see **Figure 21**). In East and Central Harlem, the teen homicide rate was 31.5 per 100,000.

New York City teens commonly carry weapons. Specifically:

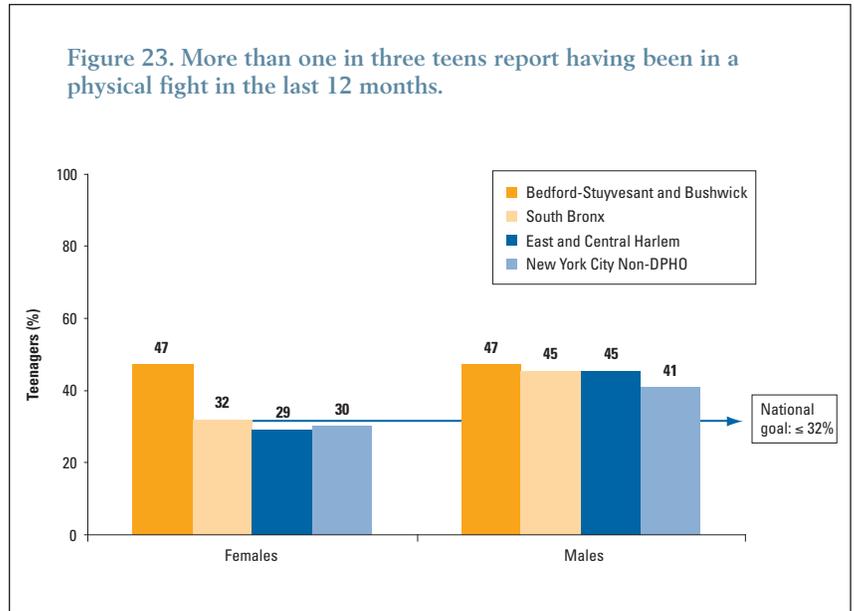
- Nearly one in four teens in Bedford-Stuyvesant and Bushwick (24%) reports having carried a weapon (e.g., gun, knife, club) in the past 30 days, compared with about one in six teens in non-DPHO neighborhoods (16%). Bedford-Stuyvesant and Bushwick teens were also most likely to carry guns – 7% compared with 4% in the remaining DPHO and non-DPHO neighborhoods (**Figure 22**).
- 7% of New York City teens report having carried a weapon on school property in the last 30 days; this exceeds the national goal of  $\leq 4.9\%$  (**Figure 22**).
- 8% of New York City teens report having been threatened or injured with a weapon on school property in the last year.



<sup>1</sup> All New York City homicide rates include deaths due to legal intervention.

New York City teens frequently engage in physical fighting. Specifically:

- Bedford-Stuyvesant and Bushwick females are more likely to report engaging in a physical fight in the last year (47%) than female teens in the other DPHO and non-DPHO neighborhoods (29%–32%). Almost half of all New York City teen males (41%–47%) report fighting (**Figure 23**).
- About one in 10 teens in Bedford-Stuyvesant and Bushwick, the South Bronx and the non-DPHO neighborhoods (9%–11%) reports not going to school in the last month because of feeling unsafe at school or on their way to or from school. Compared with the non-DPHO neighborhoods, East and Central Harlem teens (6%) are less likely to report not going to school because of feeling unsafe.
- Membership in a gang is reported by 12% of New York City teens.

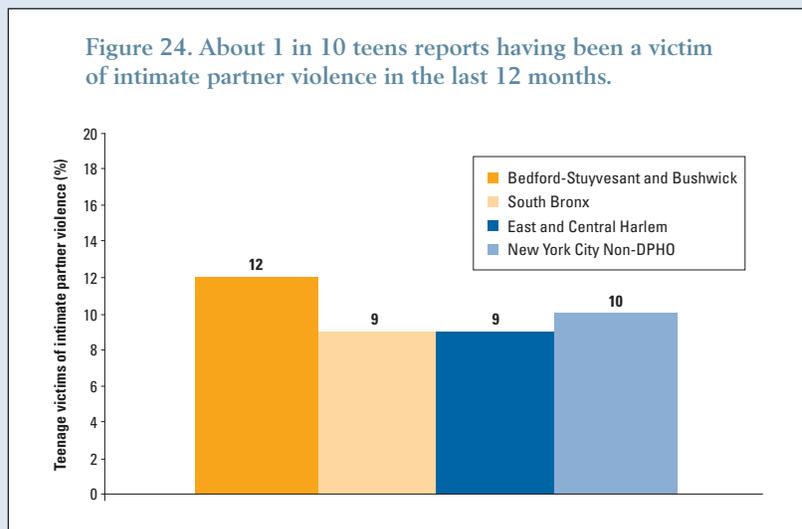


## Intimate Partner Violence/Teen Dating Violence

Violence can occur between partners in an intimate relationship. Since this violence exists within the context of a relationship, it may be reported less often. Research has shown that female adolescents tend to suffer more emotionally and physically from relationship violence.<sup>24</sup>

Reports of intimate partner violence among teens are not uncommon:

- One in 10 New York City teens reports having been hit, slapped or physically hurt on purpose by their boyfriend or girlfriend during the past year (**Figure 24**).
- Similar proportions of male and female teens report being physically hurt by a boyfriend or girlfriend.



## Recommendations for Preventing Violence

### What Parents Can Do

- Talk with your teen about the consequences of weapon-carrying and use, gang participation and violence.
- Know where your children are and who their friends are.
- If weapons are in the home, keep them in a secure, locked location.
- Be on the lookout for changes in your teen's behavior. If you are concerned, seek appropriate mental health services.
- Advocate for safe schools with zero tolerance for bullying and violence among students. Encourage the development of school conflict resolution programs.
- Discuss what constitutes safe, appropriate dating and relationships, and strategies for avoiding and/or resolving interpersonal conflicts with friends and peers.

### What Schools Can Do

- Offer after-school and summer programming so that teens have gathering places where they can engage in enriching, well-supervised and safe activities.
- Incorporate conflict resolution and anger management skills into classroom curricula.
- Enforce school policies that seek to reduce the risk of violence. Do not tolerate bullying, harassment, name-calling or teasing among students.
- Screen students who are being disciplined because of violent behavior for any victimization experiences, substance use and suicidality. Make appropriate referrals, as needed.

### What Health Care Providers Can Do

- Identify risk factors for violence, such as history of mental illness; family stresses (e.g., unemployed parent, divorce); exposure to violence in the home (domestic violence, child abuse); access to firearms; and gang involvement. Make referrals, as needed.
- Discuss what constitutes safe, appropriate dating and relationships, and strategies for avoiding and/or resolving interpersonal conflicts with friends and peers.

## Resources

### New York City Department of Health and Mental Hygiene

LIFENET Tel. (800) 543-3638; deaf/hearing impaired TTY, (212) 982-5284  
In Spanish, (877) 298-3373; in Mandarin, Cantonese and Korean (877) 990-8585

### American Academy of Pediatrics

Connected Kids, Safe, Strong, Secure  
Tel. (847) 434-4000 or visit [www.aap.org/healthtopics/violprev.cfm](http://www.aap.org/healthtopics/violprev.cfm)

### National Youth Violence Prevention Resources Center

Visit [www.safeyouth.org](http://www.safeyouth.org)

For a list of crisis hotlines, visit [www.safeyouth.org/scripts/topics/hotlines.asp](http://www.safeyouth.org/scripts/topics/hotlines.asp)

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A Neighborhood Report from the

# District Public Health Offices

New York City Department of Health and Mental Hygiene

April 2008

## Other Resources

### More about teen health

#### Youth Risk Behavioral Survey National Results

National Center for Chronic Disease Prevention and Health Promotion: [www.cdc.gov/healthyyouth/yrbs/](http://www.cdc.gov/healthyyouth/yrbs/)

#### Healthy Schools, Healthy Youth

National Center for Chronic Disease Prevention and Health Promotion: [www.cdc.gov/healthyyouth/](http://www.cdc.gov/healthyyouth/)

#### Adolescent Health

American Medical Association: [www.ama-assn.org/ama/pub/category/1947.html](http://www.ama-assn.org/ama/pub/category/1947.html)

National Adolescent Health Information Center (NAHIC): [nahic.ucsf.edu/](http://nahic.ucsf.edu/)

### New York City government information

#### New York City Department of Health and Mental Hygiene

[nyc.gov/health](http://nyc.gov/health)

#### New York City Department of Education

[schools.nyc.gov](http://schools.nyc.gov)

### Learning about the health of your communities

**Hunts Point and Mott Haven:** [nyc.gov/html/doh/downloads/pdf/data/2006chp-107.pdf](http://nyc.gov/html/doh/downloads/pdf/data/2006chp-107.pdf)

**Highbridge and Morrisania:** [nyc.gov/html/doh/downloads/pdf/data/2006chp-106.pdf](http://nyc.gov/html/doh/downloads/pdf/data/2006chp-106.pdf)

**Central Bronx:** [nyc.gov/html/doh/downloads/pdf/data/2006chp-105.pdf](http://nyc.gov/html/doh/downloads/pdf/data/2006chp-105.pdf)

**East Harlem:** [nyc.gov/html/doh/downloads/pdf/data/2006chp-303.pdf](http://nyc.gov/html/doh/downloads/pdf/data/2006chp-303.pdf)

**Central Harlem:** [nyc.gov/html/doh/downloads/pdf/data/2006chp-302.pdf](http://nyc.gov/html/doh/downloads/pdf/data/2006chp-302.pdf)

**Bedford-Stuyvesant:** [nyc.gov/html/doh/downloads/pdf/data/2006chp-203.pdf](http://nyc.gov/html/doh/downloads/pdf/data/2006chp-203.pdf)

**Bushwick:** [nyc.gov/html/doh/downloads/pdf/data/2006chp-211.pdf](http://nyc.gov/html/doh/downloads/pdf/data/2006chp-211.pdf)

## Neighborhood Reports

To help reduce health disparities and improve the health of all New Yorkers, the New York City Department of Health and Mental Hygiene established District Public Health Offices (DPHOs) in 2003. DPHOs target public health efforts and resources to New York City neighborhoods with the highest rates of illness and premature death: North and Central Brooklyn, the South Bronx, and East and Central Harlem.

This neighborhood report was prepared by the Bronx, Brooklyn and East and Central Harlem District Public Health Offices.

For more information on the District Public Health Offices, visit [nyc.gov/health/dpho](http://nyc.gov/health/dpho)