



NYC Vital Signs

The State of New York City's Health

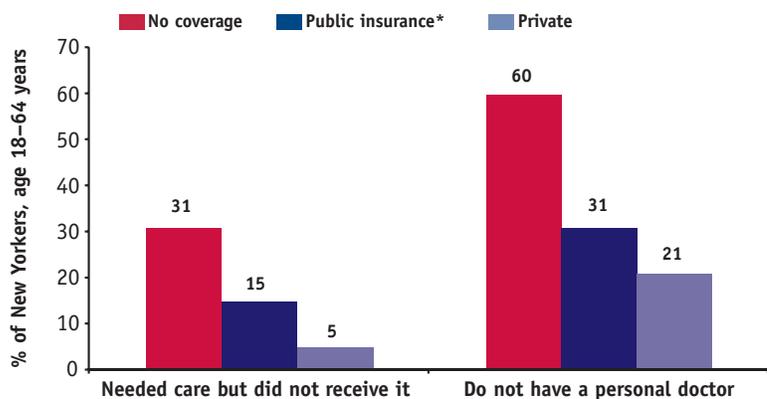
New York City residents are living longer than ever, but our city still faces significant health problems. In this report, we discuss the leading causes of preventable illness and death in New York City. Tackling these issues requires concerted action: New Yorkers must take increased responsibility for their health; health care institutions and community organizations must provide prevention-focused health care; and city, state and federal governments must work to provide a healthier environment.

This report focuses on the 10 leading health issues facing New York City, including smoking, obesity, physical inactivity and other preventable causes of heart disease, cancer screening, immunizations against influenza and pneumonia, mental health, HIV/AIDS prevention, screening and treatment of alcohol and other substance abuse, and the control of asthma. A critical first step in tackling any of these health issues is to ensure that all New Yorkers have access to affordable, high-quality health care.

Many New Yorkers are not getting the medical care they need

- More than half a million New Yorkers reported needing medical care in the past 12 months, but not receiving it.
- 31% of adults, age 18–64 years, with no health coverage were unable to get necessary health care when they needed it—twice the rate of publicly insured people and 6 times that of people with private insurance.
- 1.4 million New Yorkers do not have a personal doctor. Sixty percent of those without health care coverage did not have a doctor, twice the rate of those with public insurance, and 3 times the rate of those with private insurance.
- Surprisingly, nearly 70% of adults who do not have a personal doctor have health coverage.

New Yorkers without health coverage are more likely to go without needed medical care



*Public insurance includes Medicaid, Medicare, Child and Family Health Plus, and the Prenatal Care Assistance Program

As many as 30% of uninsured adults may qualify for free or low-cost insurance.

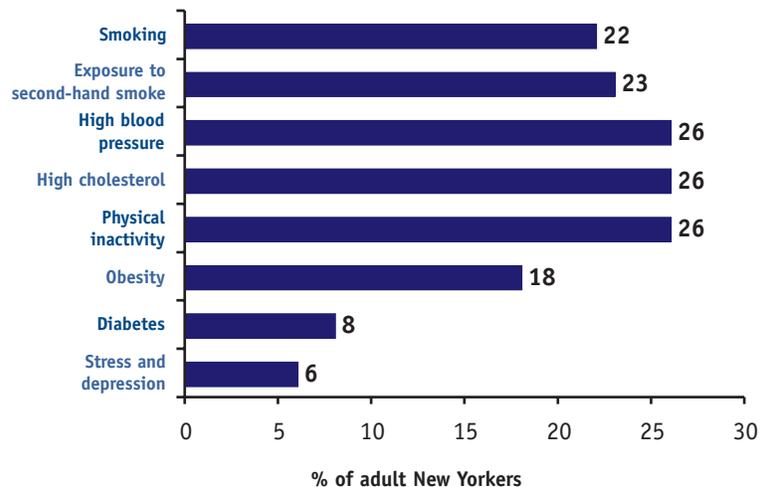
For more information call 3-1-1

New York City's biggest killer — heart disease — is on the run

Heart disease is the leading cause of death in New York City and nationally. There are many risk factors for heart disease. Most, such as smoking and physical inactivity, can be controlled.

- 74% of New Yorkers (4.5 million adults) have at least one of the risk factors for heart disease.
- Risk factors for heart disease include high blood pressure, high cholesterol, and diabetes. Up to one third of people with high blood pressure, diabetes, and high cholesterol are not aware that they have these conditions.

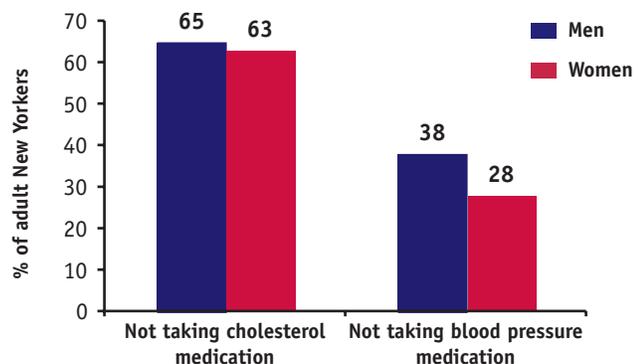
Most New Yorkers have at least one risk factor for heart disease



Men older than 35 and women older than 45 should be screened for high cholesterol.

- Among those who know that they have high cholesterol and high blood pressure, only a small proportion have these problems under optimal control.
- Among those who know they have high cholesterol, 64% are not taking medication.
- Among those who know they have high blood pressure, 32% are not taking medication — 38% of men compared with 28% of women.

Among those who know they have high cholesterol or high blood pressure, many are not taking medication

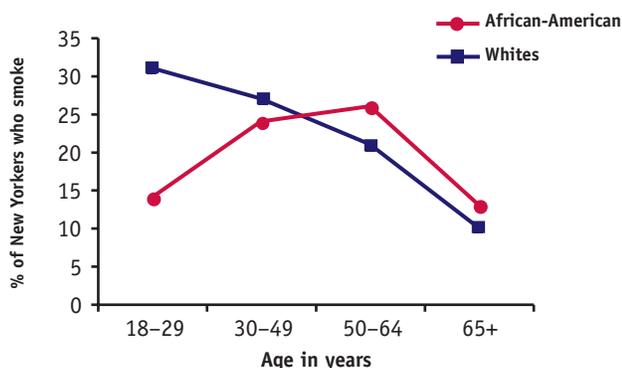


Deaths from heart disease have dropped dramatically in the past decade; however, further reductions can be made by addressing controllable risk factors at every physician visit and through individual lifestyle choices.

Smoking is the leading preventable cause of death in New York City

- Smoking kills more New Yorkers than alcohol, suicide, homicide, motor vehicle crashes, heroin and cocaine use, and breast cancer *combined*.
- 22% of adult New Yorkers (1.3 million) currently smoke cigarettes.
- It is encouraging that African-Americans, age 18–29 years, have a lower rate of smoking (14%) compared with whites (31%).
- A cause for concern, however, is that older African-Americans — in particular, men — smoke much more (17%) than older white men (9%).

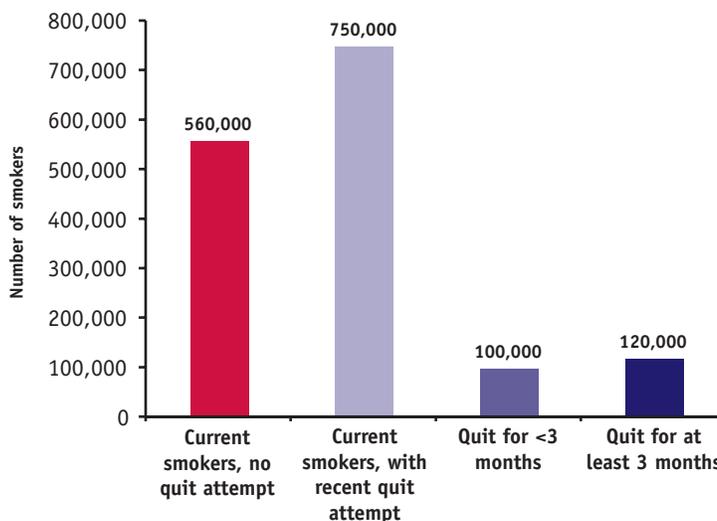
African-Americans start smoking later in life, but are less likely to quit



Quitting smoking is, by far, the single most important thing smokers can do to improve their health.

120,000 New Yorkers quit smoking last year

- Most smokers want to quit, and each year many succeed. Among New Yorkers who smoked last year, 63% (970,000) tried to quit. Eight percent (an estimated 120,000 people) succeeded in quitting for at least 3 months.



Quitting smoking is not easy; but with help smokers can quit and remain smoke free.

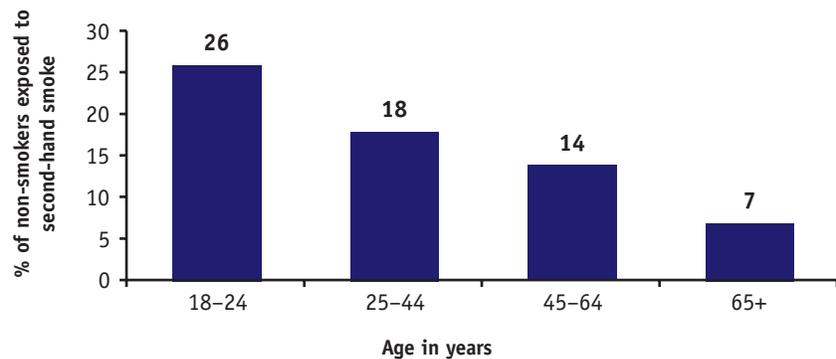
For help quitting, call 3-1-1 or 1-866-NYQUITS (1-866-697-8487)

Non-smokers are also at risk — second-hand smoke kills

Second-hand smoke causes heart disease, stroke, respiratory disease, lung cancer, and many other illnesses. Prior to the smoke-free air act of 2002, many non-smoking New Yorkers were still exposed to second-hand smoke at work (415,000 people) or at home (about 400,000 people), including 55,000 people who were exposed both at work and at home.

- In total, 16% of non-smoking New Yorkers (753,000 people) reported frequent exposure to second-hand smoke at home or work. This includes 23% of adults with asthma (an estimated 46,000 people).
- 26% of New Yorkers age 18–24 were exposed to second-hand smoke, compared with only 7% of those 65 and older.

Many non-smokers, especially 18 to 24 year olds, were exposed to second-hand smoke most or all of the time at home or work



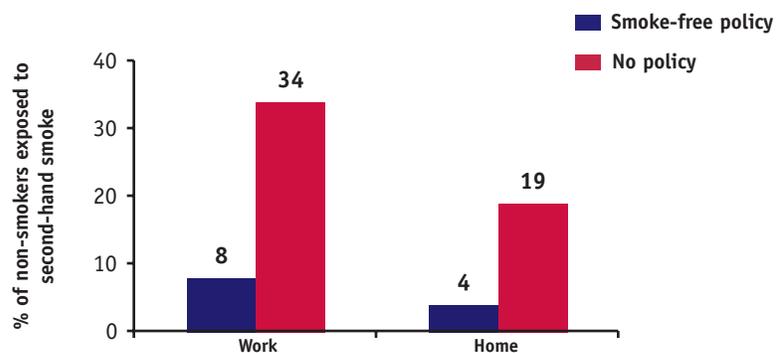
Smoke-free policies work

Most non-smoking New Yorkers already choose to establish smoke-free homes (71%) and workplaces (82%).

34% of non-smokers who did not have smoke-free workplace policies were exposed to second-hand smoke, compared with only 8% of non-smokers who had smoke-free workplaces.

Establishing smoke-free homes and workplaces reduces exposure to the harmful chemicals in second-hand smoke.

Smoke-free policies at home and work reduce second-hand smoke exposure among non-smokers



The Smoke-Free Air Act of 2002 makes virtually all workplaces in New York City smoke-free.

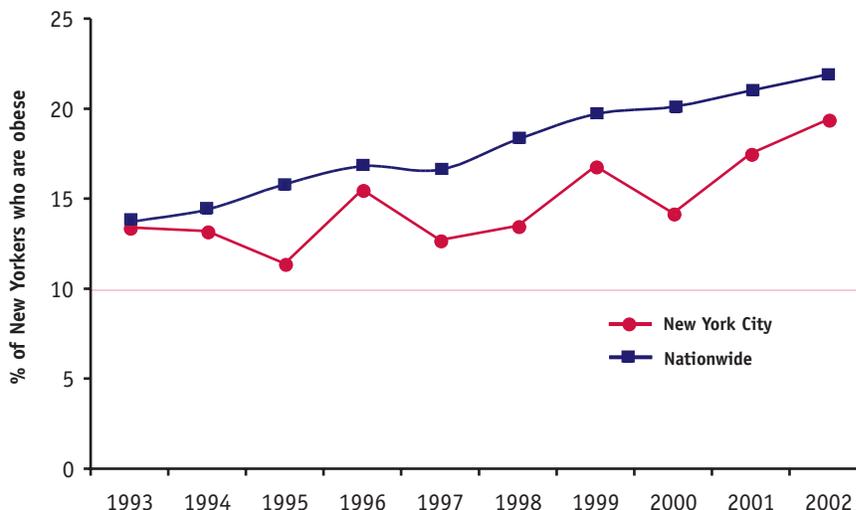
Obesity threatens progress against heart disease

In New York City and around the country, people are getting less physical activity and becoming more overweight. Being overweight increases a person's risk for heart disease, cancer, and diabetes. If current trends in obesity are not reversed, progress made in the past decade combating heart disease could be lost.

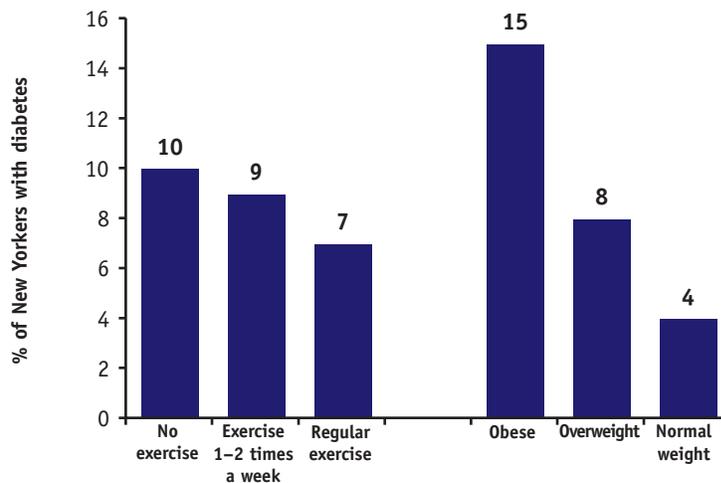
1 in 4 New Yorkers does not exercise;
1 in 6 is obese;
1 in 13 has diabetes.

- Diabetes has been diagnosed in 8% of New Yorkers (454,000 people).
- Hispanic (12%) and African-American (11%) adults are more likely to have diabetes than whites (5%) and Asians (7%).
- Rates of diabetes are much higher among those who are overweight or obese, and lower among those who exercise regularly.

Obesity is on the rise



Physical activity and weight control significantly reduce the risk of diabetes



*Obese, overweight and normal weight are defined by Body Mass Index (BMI). For more information on BMI, visit: <http://nhlbisupport.com/bmi/>.

Individuals can reduce their risk of obesity and diabetes by incorporating physical activity into their daily lives, for example, by walking more and taking the stairs.

Cancer screening can lead to early detection and cure

Some cancers can be cured if detected early. Cancer screening is proven effective and currently recommended for three major cancers: colon, breast, and cervical. Although screening for these cancers is covered by nearly all health insurance plans, many New Yorkers are not being screened appropriately.

Colon Cancer Screening: Colonoscopy

- Despite colon cancer being among the most preventable cancers, more than half of New Yorkers 50 years and older (972,000 people) report never having undergone a sigmoidoscopy or colonoscopy.
- Last year, more than 1,500 New Yorkers died from colon cancer; almost all of these deaths could have been prevented. African-American New Yorkers are least likely to get a colonoscopy, and most likely to die of colon cancer.

Breast Cancer Screening: Mammograms

- 77% of women in New York City 40 years and older had a mammogram in the past 2 years. While this is encouraging, nearly 1 in 4, an estimated 381,000 women, has not been screened.

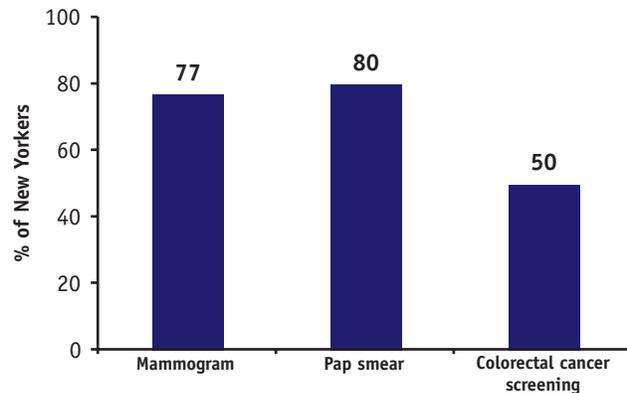
Cervical Cancer Screening: Pap Smears

- While 80% of women in New York City had a Pap smear in the past 3 years, 15% (422,000 women) reported they had never had a Pap smear.
- Last year, 150 women died from cervical cancer. Virtually all of these deaths could have been prevented.

The New York City Department of Health and Mental Hygiene recommends:

- Colonoscopy for all adults 50 and older every 10 years.
- Mammograms for all women 40 and older every 1–2 years.
- Routine Pap smears for all sexually active women under 65.

Improvements can be made for breast, cervical and especially colon cancer screening



The Women's Healthline provides referrals for information on women's health services and cancer screening, call 3-1-1

For resources and referrals for colon cancer screening, call the National Cancer Institute at 1-800-4-CANCER (1-800-422-6237)

Not just for kids: flu and pneumonia shots save lives

Every year in New York City, influenza and pneumonia cause thousands of hospitalizations and more than 2,500 deaths. Much of this illness and death could be prevented by vaccination.

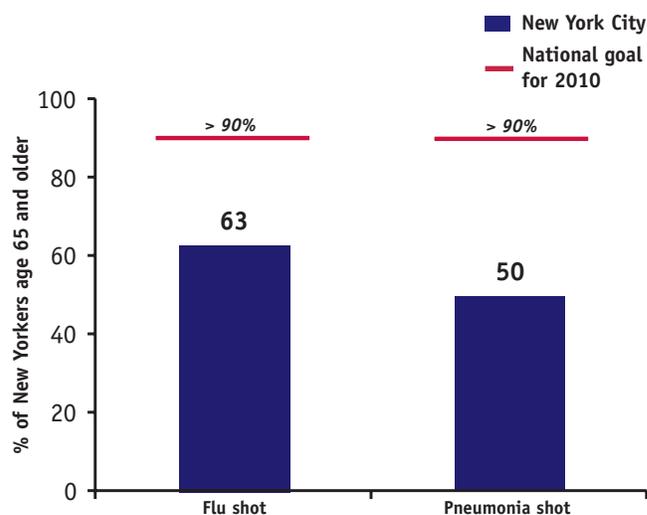
People 65 years and older are at highest risk of dying from influenza. The more than 300,000 older New Yorkers who did not get vaccinated last year were left unnecessarily vulnerable to illness, hospitalization, and death from the flu. Yearly flu shots greatly reduce the risk of hospitalization for heart disease, stroke, pneumonia, and influenza, particularly among people over 65.

- While 63% of New Yorkers 65 years and older did get flu vaccinations, this rate is far below the 2010 national target of 90%.
- Only 50% of older New Yorkers have ever received the vaccine for pneumococcal pneumonia, leaving 431,000 older New Yorkers vulnerable to this preventable cause of pneumonia.
- African-Americans are less likely than whites and Hispanics to be vaccinated against flu and pneumonia.
- Fewer than half of those with diabetes (40%) and asthma (36%) got a flu shot. People with diabetes and asthma are at high risk and should receive a flu shot every year, regardless of age.
- Having access to health care is no guarantee that a person will be vaccinated. Eighty-one percent of the older New Yorkers who did not get a flu shot had both health coverage and a personal doctor.

Annual flu shots are recommended for all adults 50 years and older, as well as for other high risk persons.

A one-time pneumonia shot is recommended for people 65 years and older.

Among New Yorkers 65 and older, flu and pneumonia immunization rates fall well below national targets



**To find out where to get a free flu shot,
call 3-1-1**

Sex in the city: more HIV testing and condom use is needed!

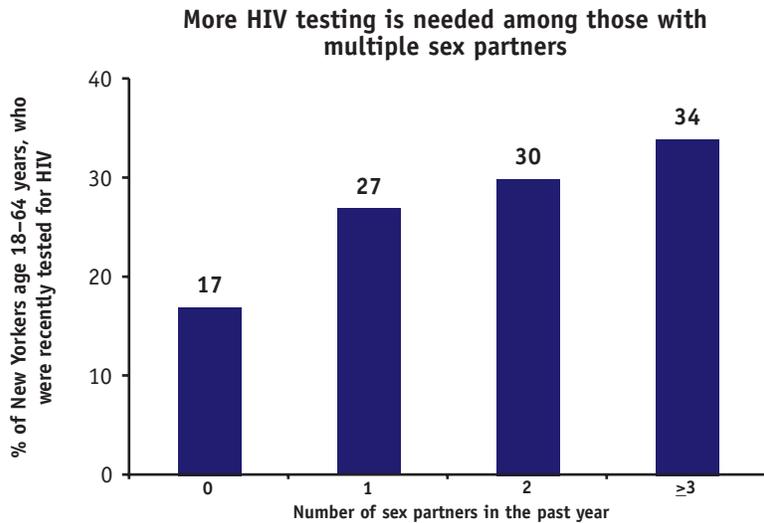
Despite new medications that help people with HIV live longer and healthier lives, HIV/AIDS remains the third leading killer of New Yorkers under the age

of 65. While most New Yorkers report practicing safer sex, many are still engaging in risky behaviors such as unprotected sex with multiple partners.

Among those with multiple sex partners, HIV testing rates are low

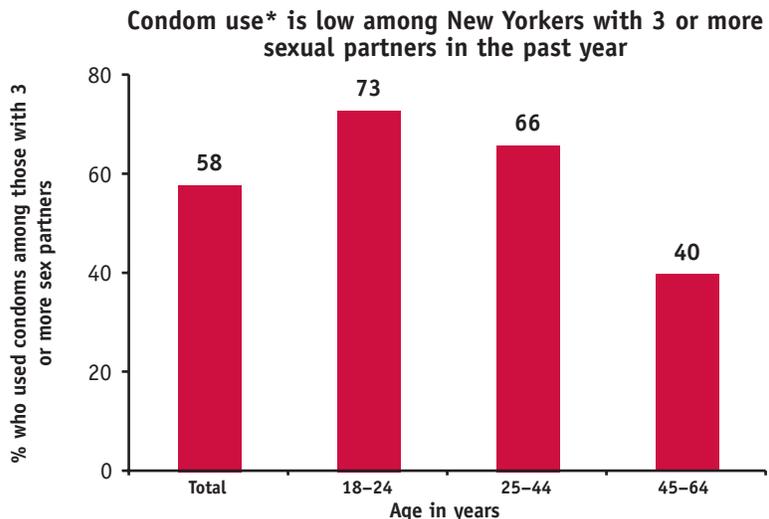
- Overall, only 26% of New Yorkers age 18–64 years report having had a recent HIV test*.
- 374,000 New Yorkers age 18–64 years reported 3 or more sex partners. Among this group only 34% had a recent HIV test.

* A recent HIV test is defined as a test performed in the past 18 months.



Condom use falls short, particularly among older New Yorkers

- Condoms can prevent HIV and other sexually transmitted infections. Despite this, almost half (42%) of New Yorkers who had sex with 3 or more people in the past year reported that they did not use a condom the last time they had sex.
- Among New Yorkers with 3 or more sex partners, condom use was lowest in those 45–64 years of age.



* Condom use is defined as the use of a condom at last sexual intercourse between a man and a woman or between 2 men.

For information on where to get free, confidential counseling and testing for HIV and other sexually transmitted infections, call 3-1-1

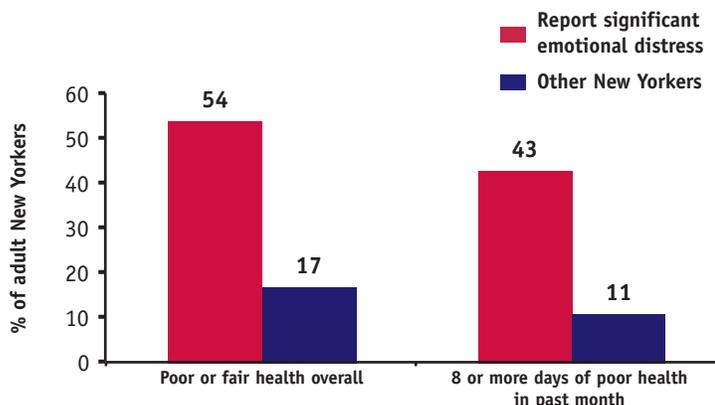
There is no health without mental health

About 6% of all adult New Yorkers (381,000 people) report having clinically significant emotional distress. Persons with distress often experience depression, anxiety, and other emotional problems

that may substantially interfere with a major life activity, such as eating, maintaining a household, working, or developing and maintaining personal relationships.

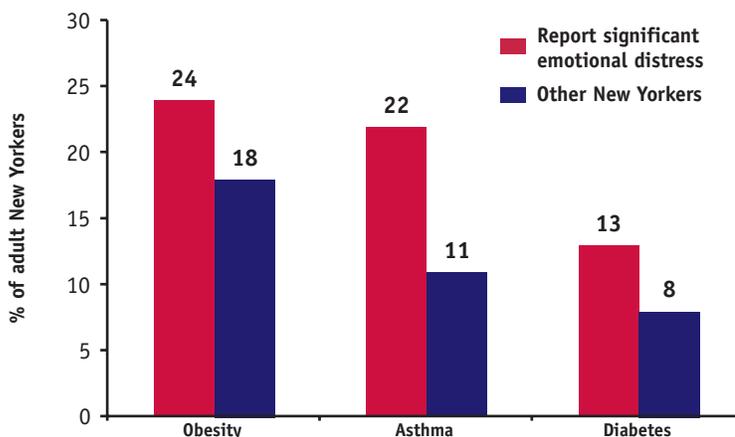
- Significant emotional distress can affect physical health. A person who is very depressed or anxious may be more likely than others to engage in behaviors that contribute to poor health, such as smoking, getting no exercise, and eating a poor diet.

Poor physical health is more common among New Yorkers who report significant emotional distress



- New Yorkers who report significant emotional distress have more chronic conditions that put them at risk for early death, including high cholesterol, high blood pressure, obesity, asthma, and diabetes.

New Yorkers with significant emotional distress also report high rates of chronic diseases



For information or a referral for any emotional or substance abuse problem call 3-1-1 or 1-800-LIFENET (1-800-543-3638)

Problem drinking — an under-recognized public health threat

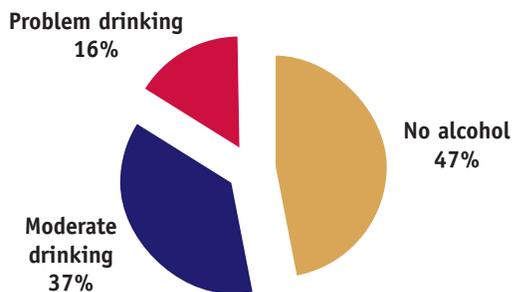
Problem drinking is responsible for many preventable deaths, diseases, and injuries, including motor-vehicle crashes, falls, assaults, liver disease, and cancer. Problem drinking is defined as either “heavy drinking” (an average of more than 2 drinks per day for men, and more than 1 for women) or “binge drinking” (consuming more than 5 drinks at one setting).

Five percent of New Yorkers (276,000) consume an amount of alcohol considered to be “heavy

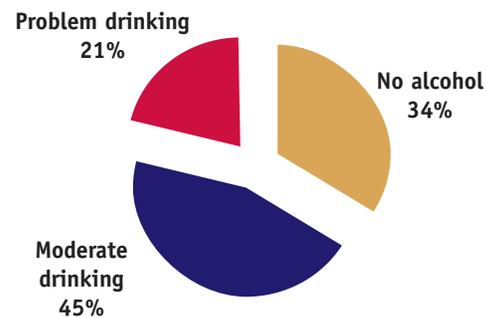
drinking,” while 15% of New Yorkers (876,000 people) had at least 1 episode of “binge” drinking in the past month. Three percent (200,000) reported both binge and heavy drinking.

- White New Yorkers have higher rates of problem drinking than African-Americans and Hispanics.
- Most adults are able to have healthy drinking habits, and many may benefit from moderate alcohol consumption — no more than one drink a day for women, and two drinks a day for men.

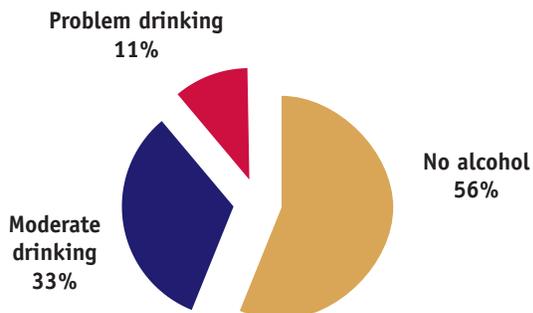
All New Yorkers



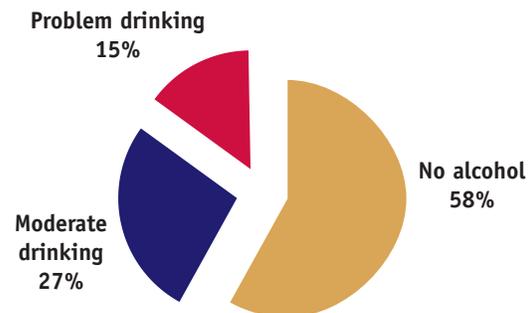
White New Yorkers



African-American New Yorkers



Hispanic New Yorkers



For information or a referral for a substance abuse problem,
call 3-1-1 or 1-800-LIFENET

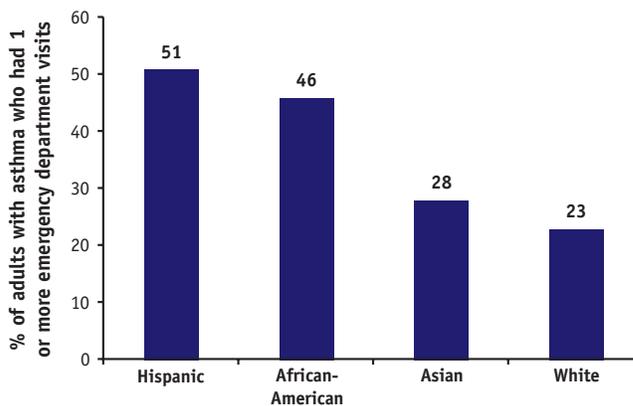
Asthma can be controlled

Asthma is a chronic illness that can be controlled in two ways: avoiding “triggers” such as dust and cockroaches, and taking preventive medication to ward off asthma attacks.

Asthma is common in New York City — 12% of adult New Yorkers (730,000 people) have been diagnosed with asthma at some point in their lives. There are also 300,000 children who have been diagnosed with asthma.

There are racial disparities in asthma control. African-American and Hispanic New Yorkers have higher rates of poorly controlled asthma than white New Yorkers; for example, they are much more likely to visit the emergency department for their asthma.

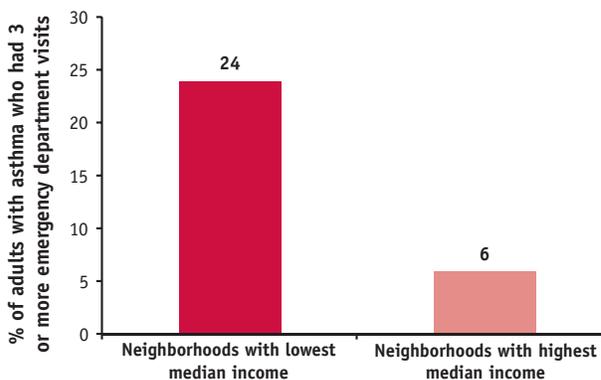
Half of Hispanic and African-American adults with asthma required emergency department treatment in the past year



All people with asthma should have a written “Asthma Action Plan” that describes which medicines to take and when to take them.

Poor control of asthma is also more common in lower-income neighborhoods. The percentage of adults with asthma who went to the emergency department several times in the past year was 4 times higher in the poorest neighborhoods than in high income neighborhoods.

One quarter of adults with asthma in poor neighborhoods required emergency care 3 or more times in the past year

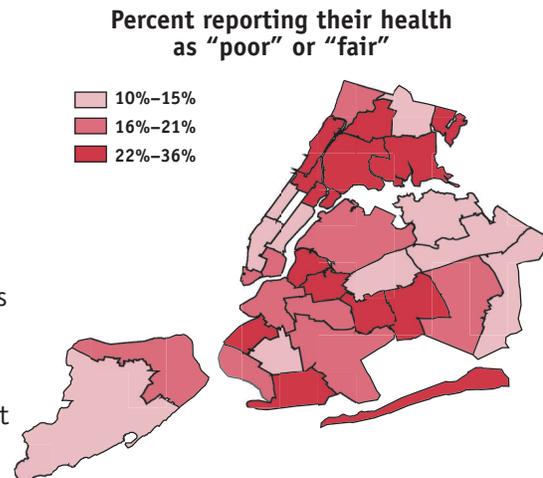


For more information on asthma and how to manage it, or to obtain an Asthma Action Plan form, call the Asthma Action Line at 3-1-1

A closer look at New York City's neighborhoods

The Community Health Survey illustrates the large disparities in self-reported health among neighborhoods. Self-reported health status correlates closely with other health outcomes. When asked to rate their health from "excellent" to "poor," 19% of New Yorkers reported that their health was only "poor" or "fair."

- While fewer than 10% of the residents of the Upper East Side report having poor or fair health, 36% of South Bronx residents do.
- Detailed neighborhood-level reports covering the health of 42 New York City neighborhoods are available from the Department of Health and Mental Hygiene. For more information visit: www.nyc.gov/health.



This is a summary of findings of the 2002 New York City Community Health Survey (CHS). The CHS is a population-based telephone survey that collects important health information from adults in New York City. Survey participants represent the age, sex, and race/ethnicity distribution of adults in New York City. In 2002, 9,674 New Yorkers age 18 years and older were interviewed about their health status, use of preventive services, access to health care, and behaviors that affect health over the previous 12 months. Both citywide and neighborhood-level findings have been derived from the survey and most estimates are age-adjusted. Survey methods are described in detail at nyc.gov/health/survey.

Contents

Access to health care	1
Heart disease	2
Smoking	3
Second-hand smoke	4
Obesity	5
Cancer screening	6
Immunization	7
Sexual behavior	8
Mental health	9
Alcohol	10
Asthma	11
Health of neighborhoods	12

A report from the New York City Community Health Survey



NYC Vital Signs

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To contact NYC Vital Signs, e-mail survey@health.nyc.gov.

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