

COMMUNITY HEALTH ASSESSMENT STUDY DISCUSSION PAPER # 3

Socio-demographic Description of the Service Area & Overview of Health Status Indicators

REPORT TO
COMMUNITY HEALTH ASSESSMENT STEERING COMMITTEE

December 3, 2010

Community Health Assessment Study

- Discussion Paper #1 - Define Service Area
- Discussion Paper #2 - St. Vincent's CMC Medical Center
 - The Origin of its Patients
 - A Review of Communities Receiving Care
- **Discussion Paper #3**
 - **Sociodemographic Description of the Service Area**
 - **Overview of Health Status Indicators**
- Discussion Paper # 4 - Service Area Utilization & Projected Need for Health Services
- Discussion Paper #5 - Survey of Community Health and Access to Health Services
- Discussion Paper # 6 - Identification of Service Area Health Needs/Service Gaps
- Discussion Paper #7 - Recommendations for Community Health

Service Area

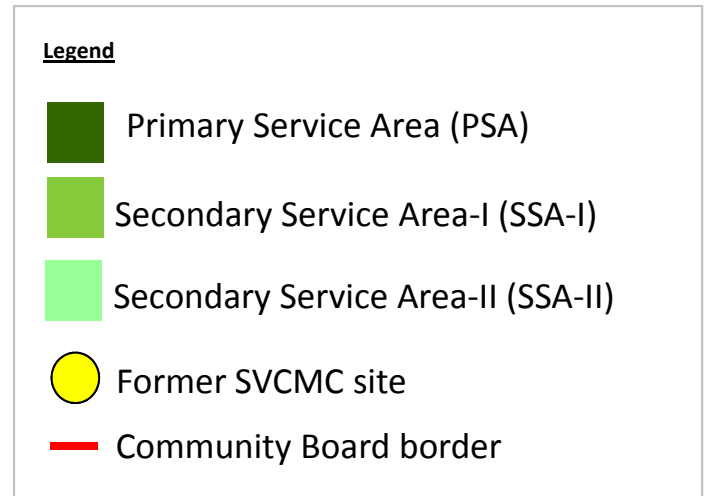
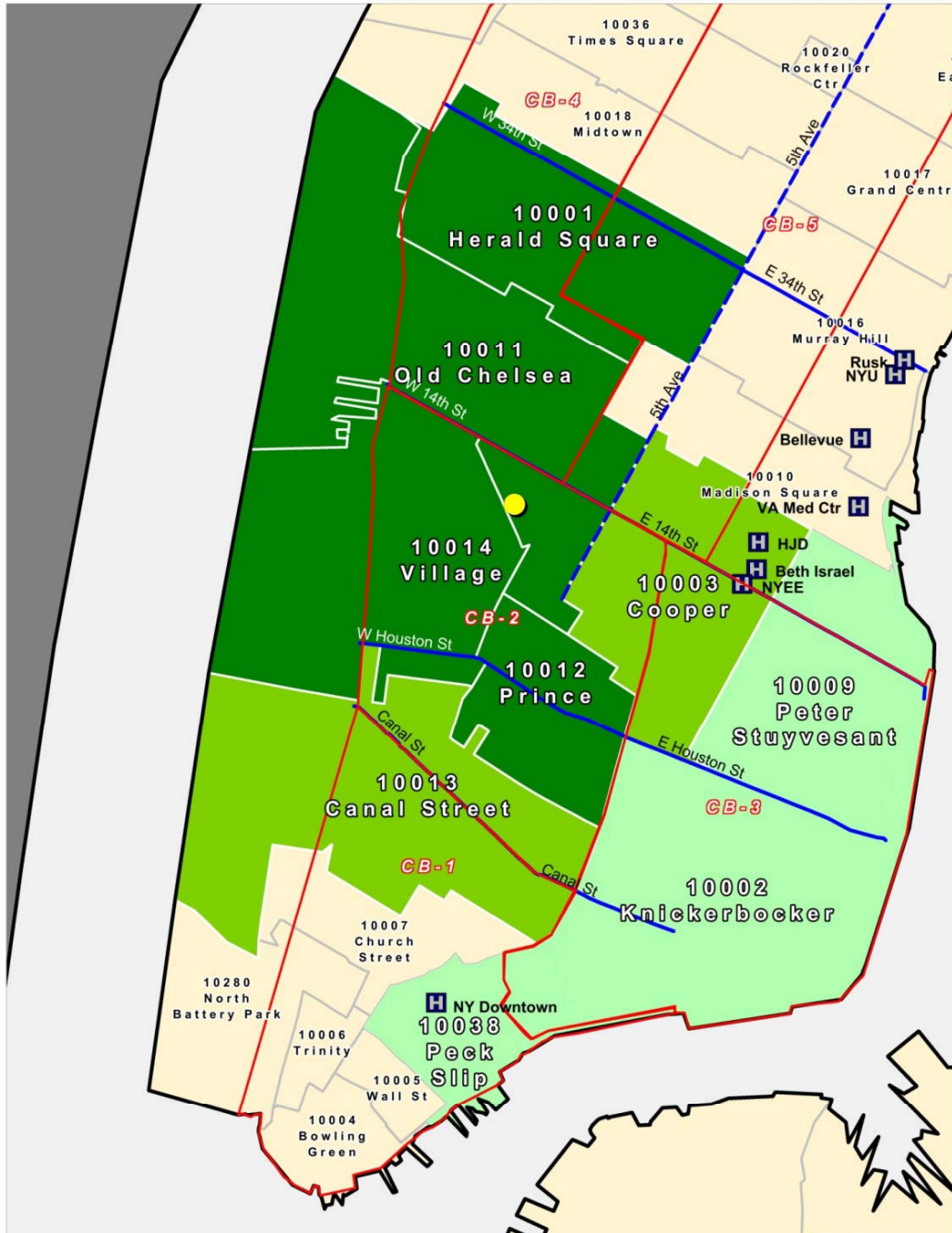


Table 1 - Estimated Population and Projection, 2010 - 2015

Current populations estimates and projections for the Service Area have been developed by Thomson Reuters, a data analysis service.

Preliminary information for the 2010 Census will be released in 2011

Estimated 2010 Population			Estimated 2015 Population				
Area	Estimated Population		Area	Estimated Population		Growth	
	#	%		#	%	Absolute	Percent
Primary Service Area (PSA)	129,421	33.5%	Primary Service Area (PSA)	131,470	33.3%	2,049	1.6%
Secondary Service Area (SSA-I)	82,787	21.5%	Secondary Service Area (SSA-I)	84,457	21.4%	1,670	2.0%
Secondary Service Area (SSA-II)	173,584	45.0%	Secondary Service Area (SSA-II)	178,398	45.2%	4,814	2.8%
Total Service Area	385,792	100.0%	Total Service Area	394,325	100.0%	8,533	2.2%

Source: Thomson Reuters; accessed November 5, 2010

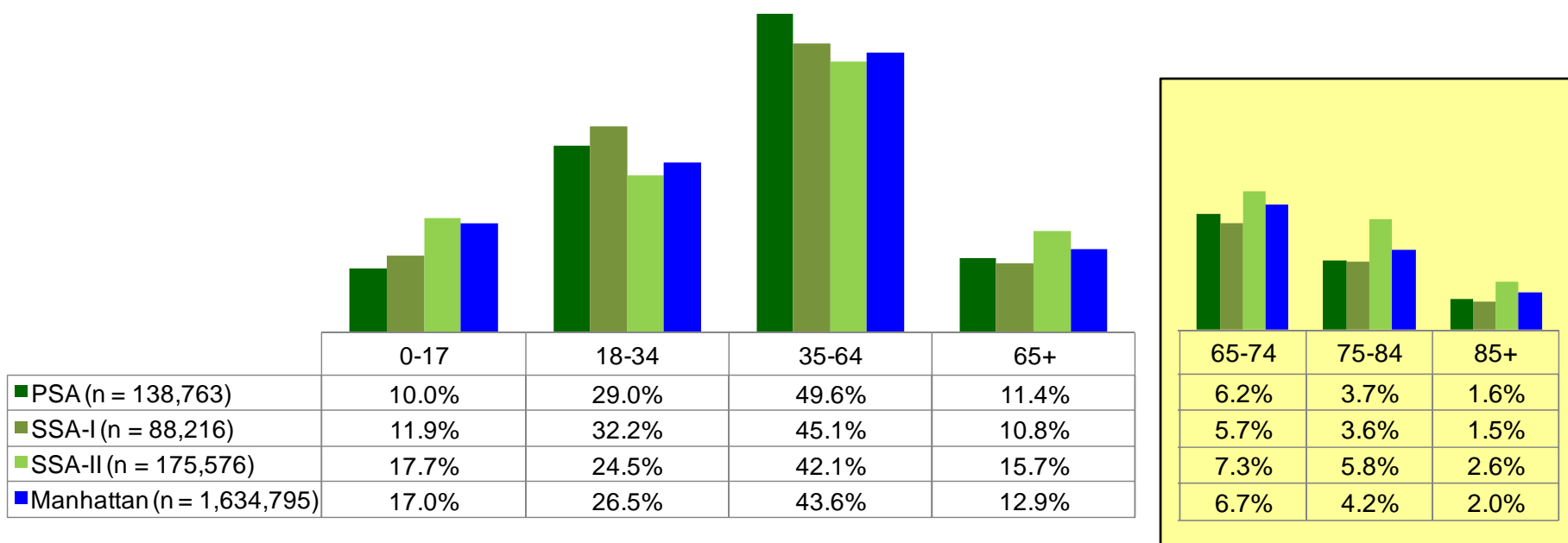
PSA = Primary Service Area; SSA-I = Secondary Service Area-I; SSA-II = Secondary Service Area-II

Table 2 - Service Area Population by Age Group, 2008

SSA-I is generally younger.

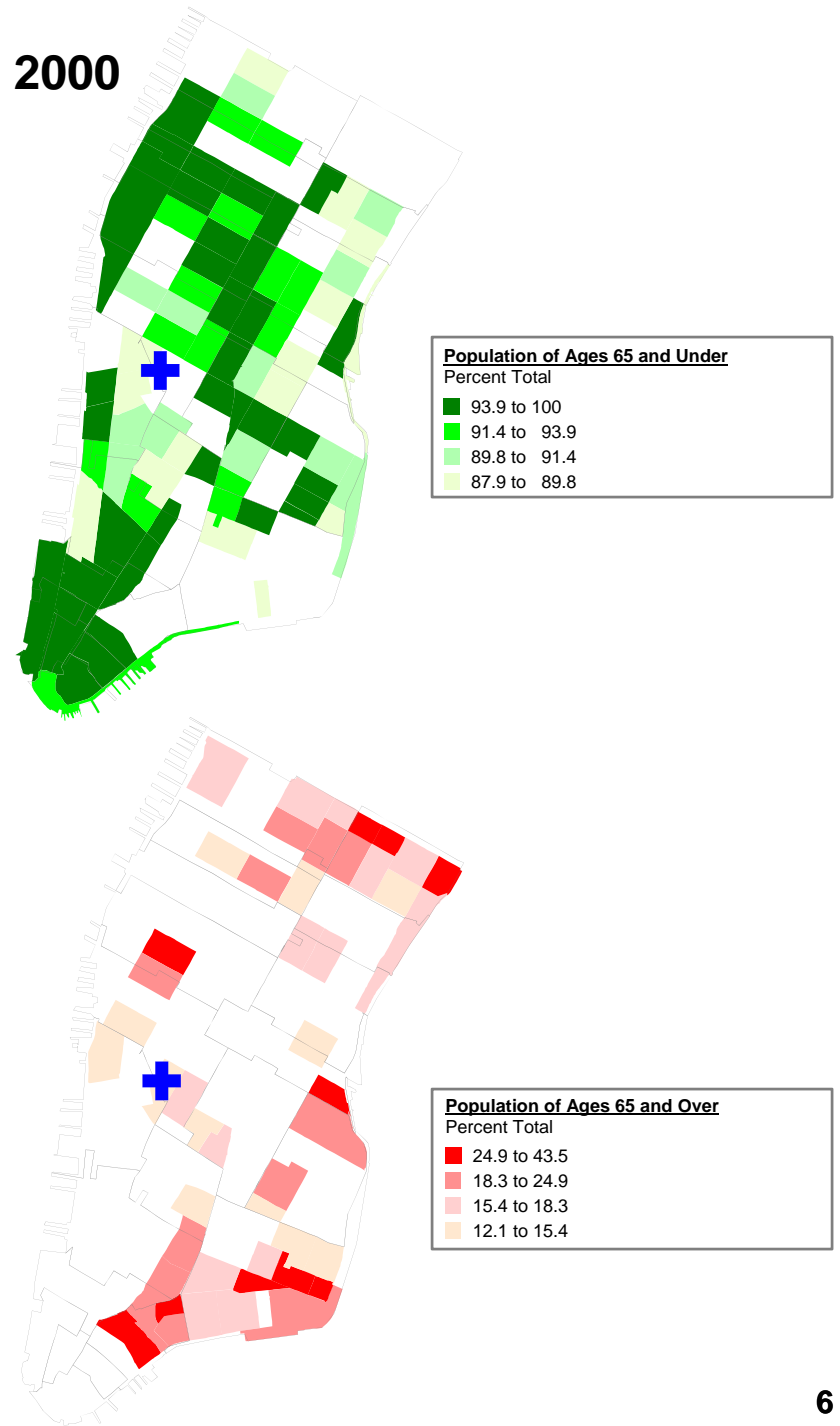
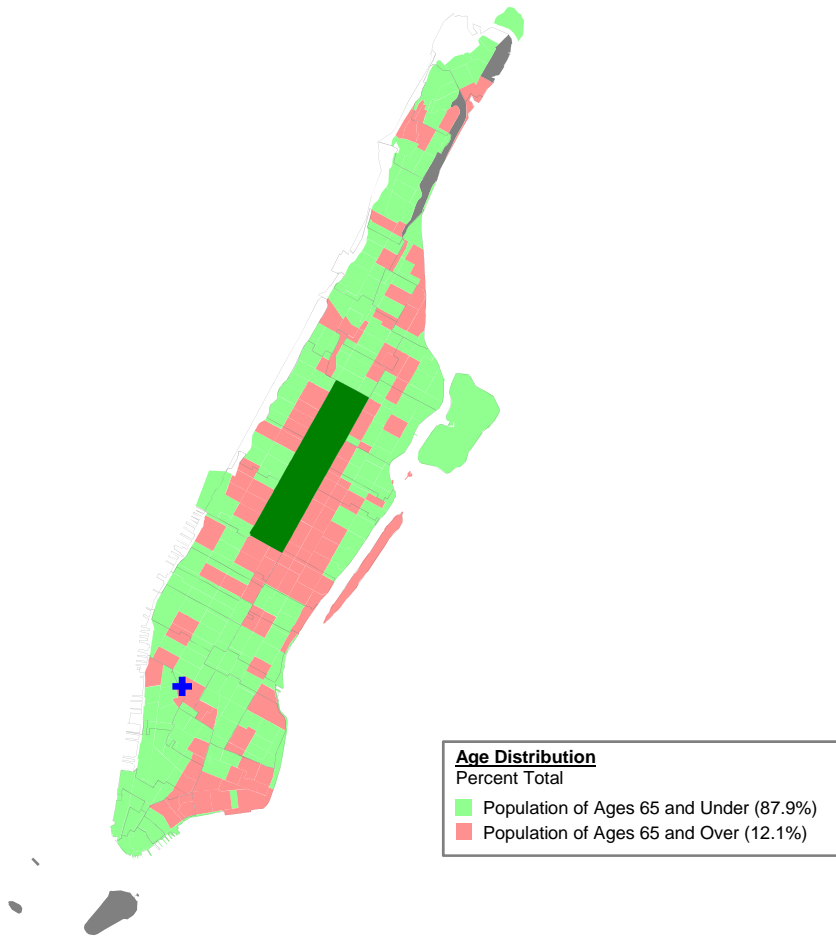
The PSA has a relatively higher proportion of adults 35-64.

The SSA-II contains the highest percentage of persons over 65 years of age and the frail elderly 85+.



Source: NYC Department of Health and Mental Hygiene (NYC DHMH) Epidemiology Services (http://www.nyc.gov/html/doh/html/episrv/popest_methods.shtml); accessed November 5, 2010
 PSA = Primary Service Area; SSA-I = Secondary Service Area-I; SSA-II = Secondary Service Area-II

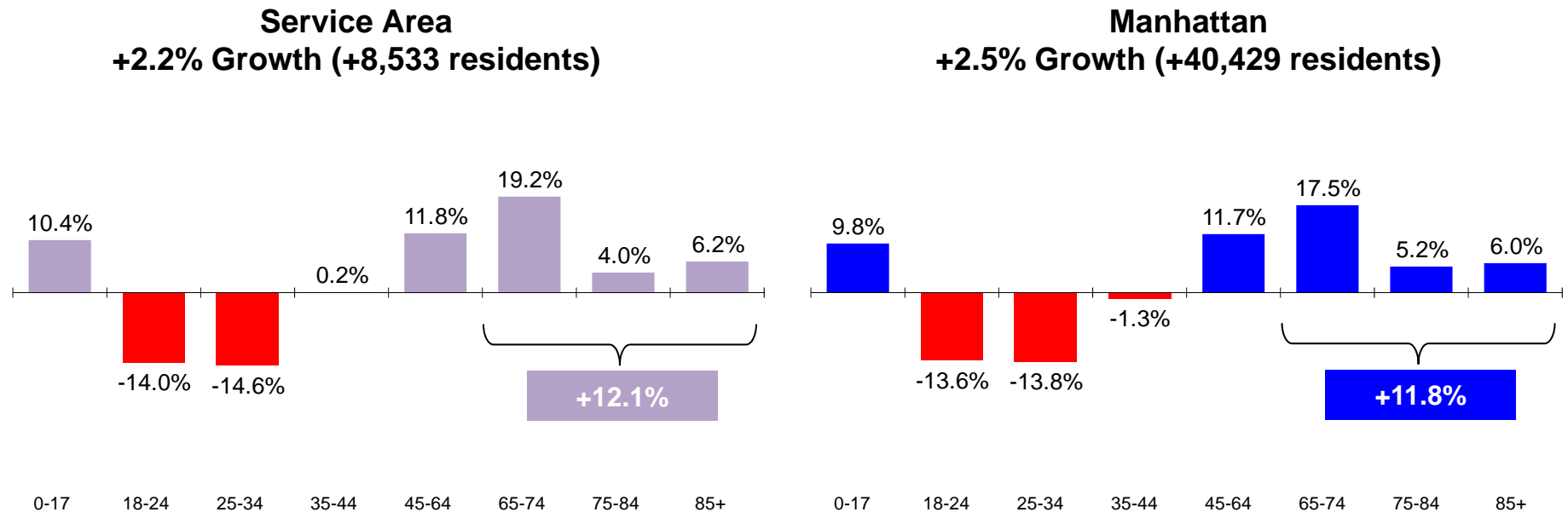
Table 3 - Age Distribution (by Census Tract), 2000



Source: 2000 Decennial Census, Summary File-3 (SF3), Table P8 (Sex and Age)
Accessed November 8, 2010

Table 4 - Population Growth by Age Group, Service Area and Manhattan, 2010-2015

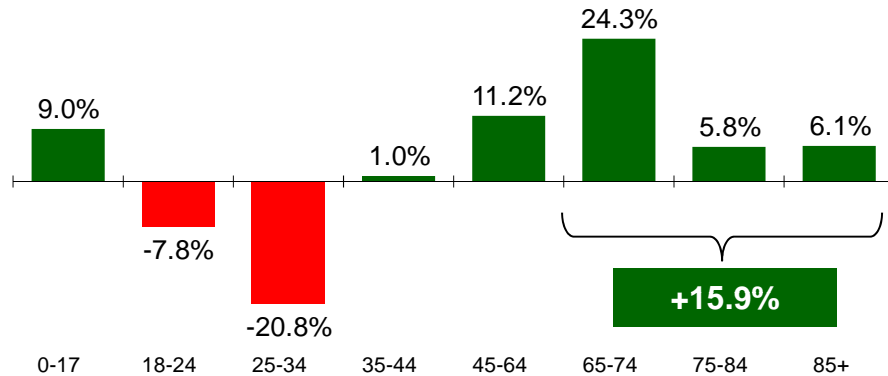
Overall Service Area growth is modest, 2.2% but the population over 65 years is projected to increase by 12%.



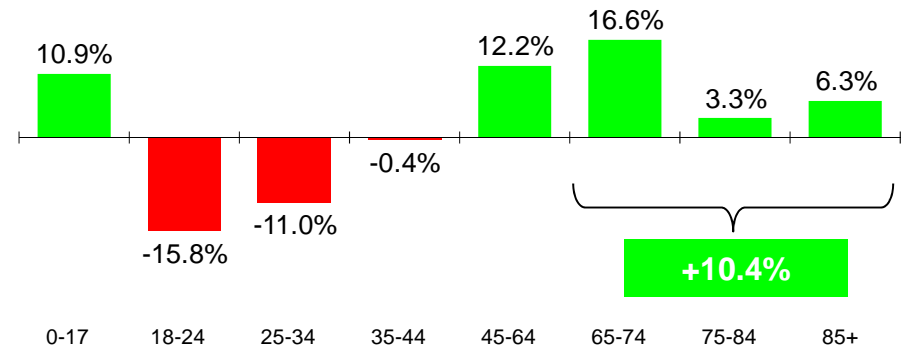
Source: Thomson Reuters; accessed November 5, 2010
PSA = Primary Service Area; SSA-I = Secondary Service Area-I; SSA-II = Secondary Service Area-II

Table 5 - Population Growth by Age Group, PSA and SSA, 2010-2015

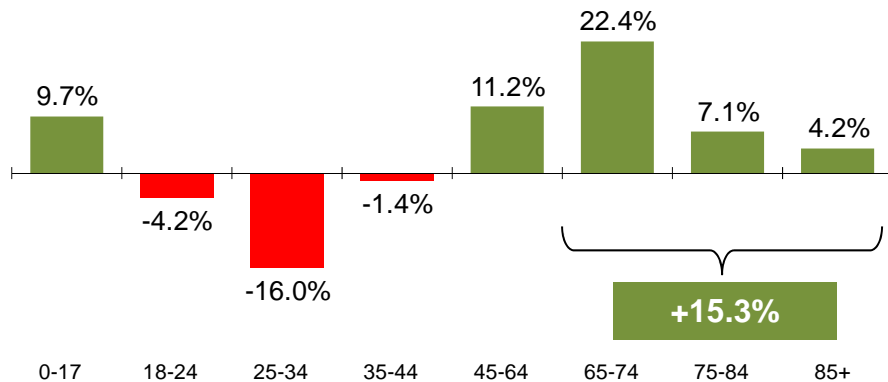
Primary Service Area +1.6% Growth (+2,049 residents)



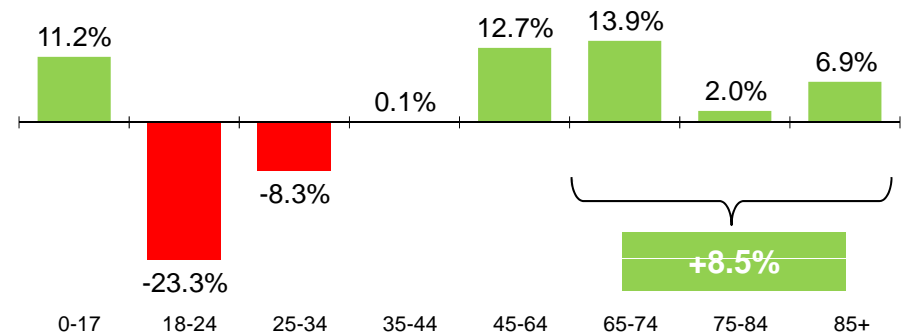
Secondary Service Area +2.5% Growth (+6,484 residents)



Secondary Service Area-I +2.0% Growth (+1,670 residents)



Secondary Service Area-II +2.8% Growth (+4,814 residents)



Source: Thomson Reuters; accessed November 5, 2010
 PSA = Primary Service Area; SSA-I = Secondary Service Area-I; SSA-II = Secondary Service Area-II

Relationship Between Utilization and Aging

Service Area
Inpatient Discharges - Med/Surg Utilization/1,000 Population

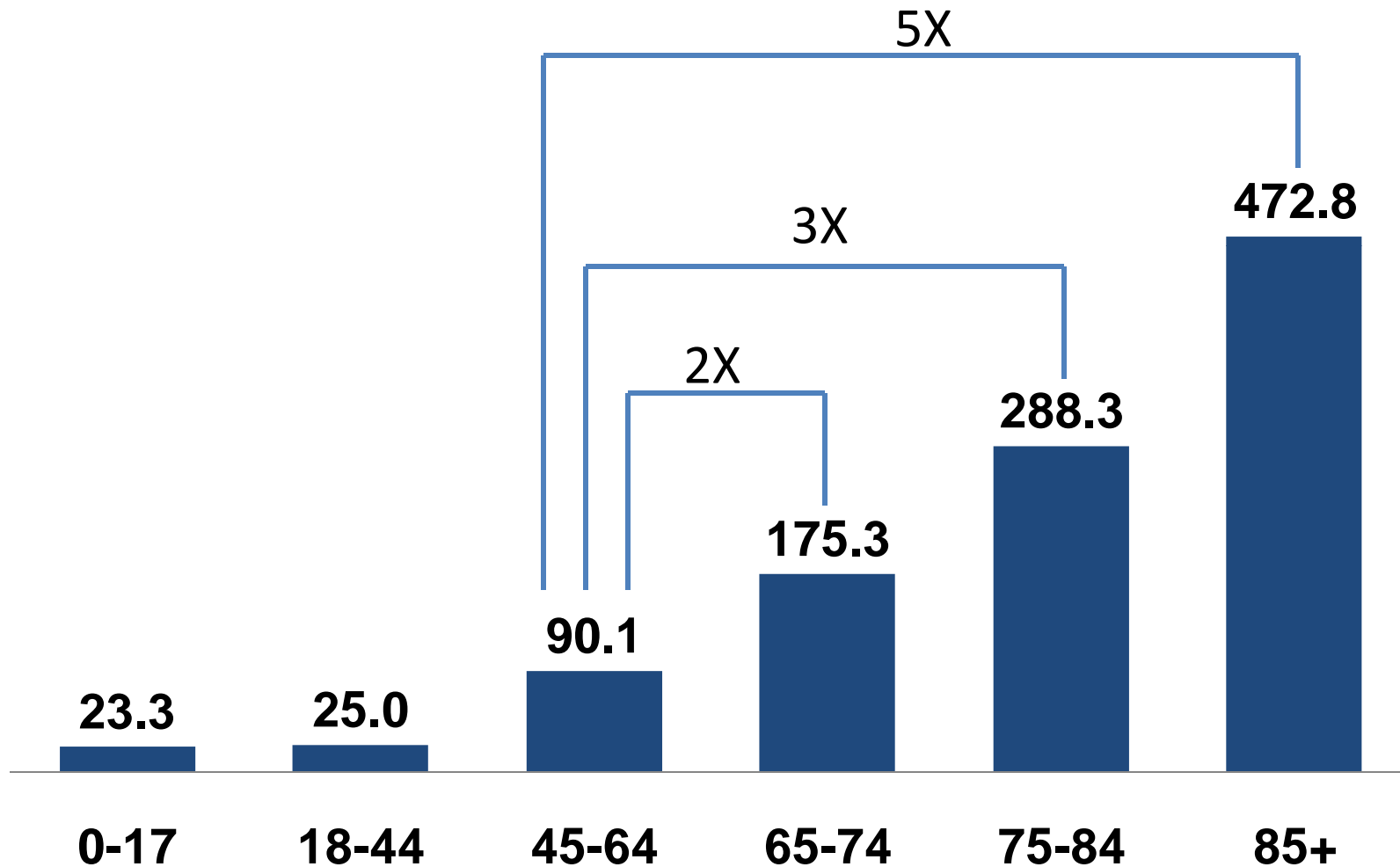
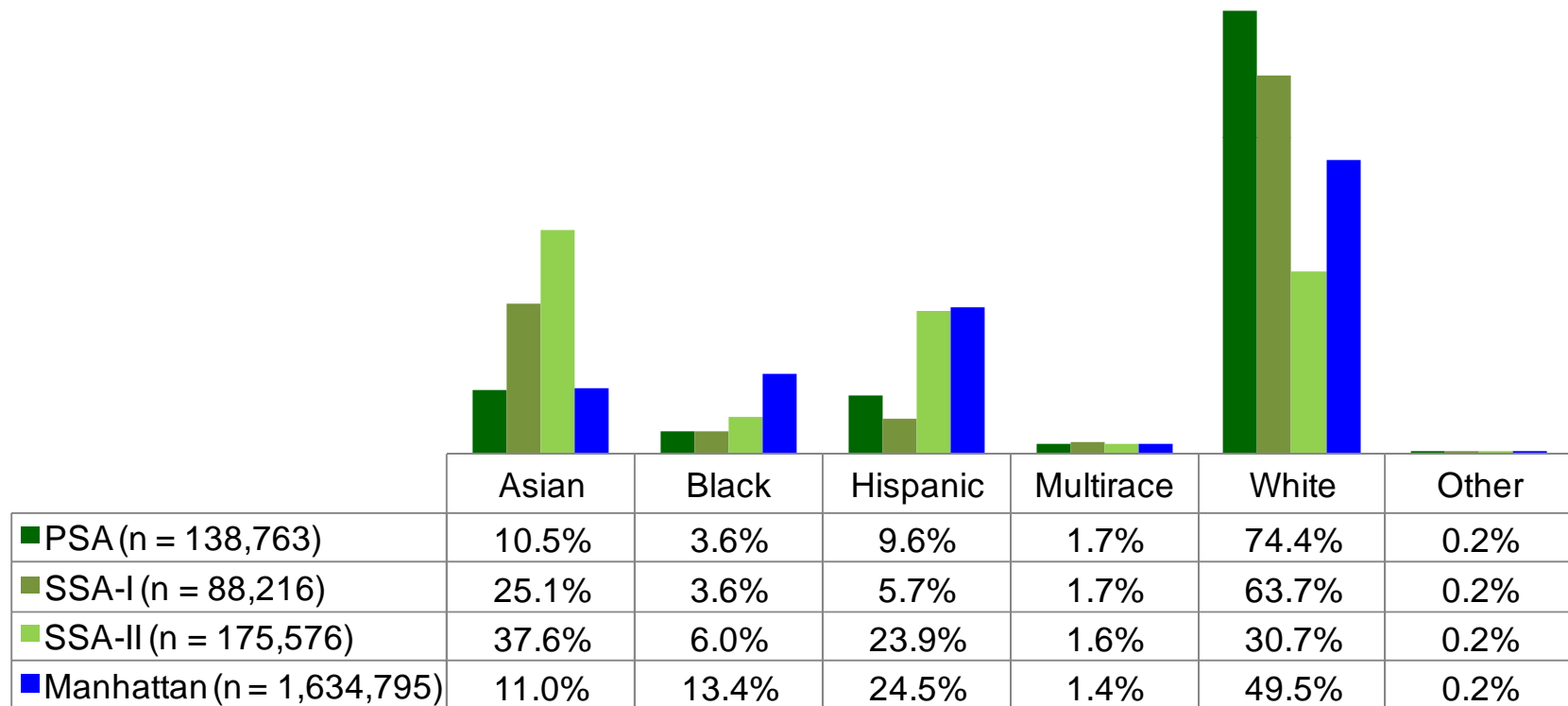


Table 6 - Population by Race & Ethnicity, 2008

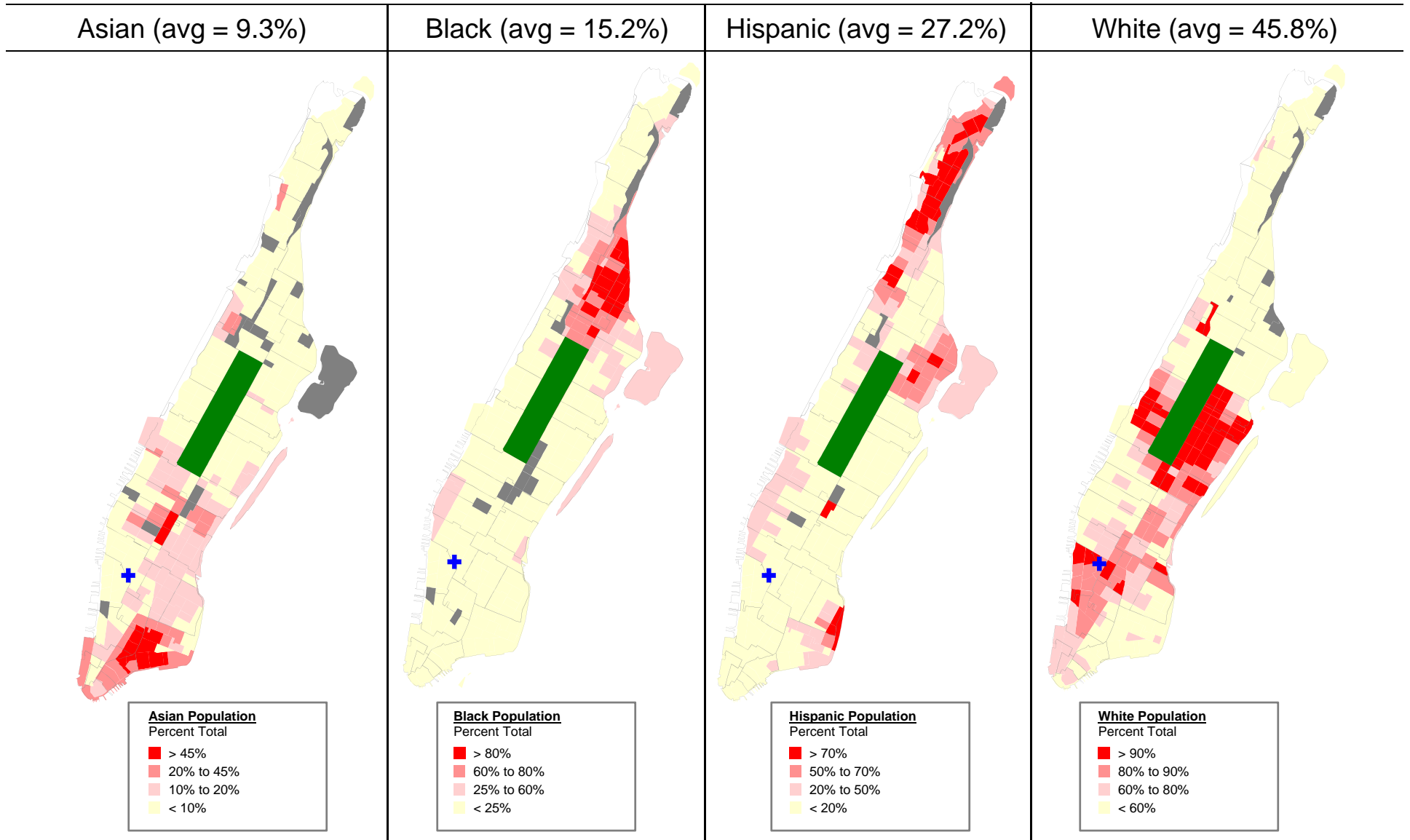
Racial/Ethnic composition varies by service area segment.

The PSA/SSA-I residents are primarily White while the SSA-II population is primarily Asian and contains a relatively higher proportion of Hispanic and Black residents.



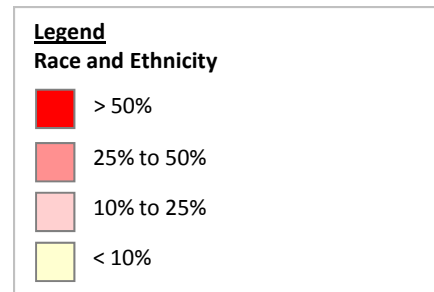
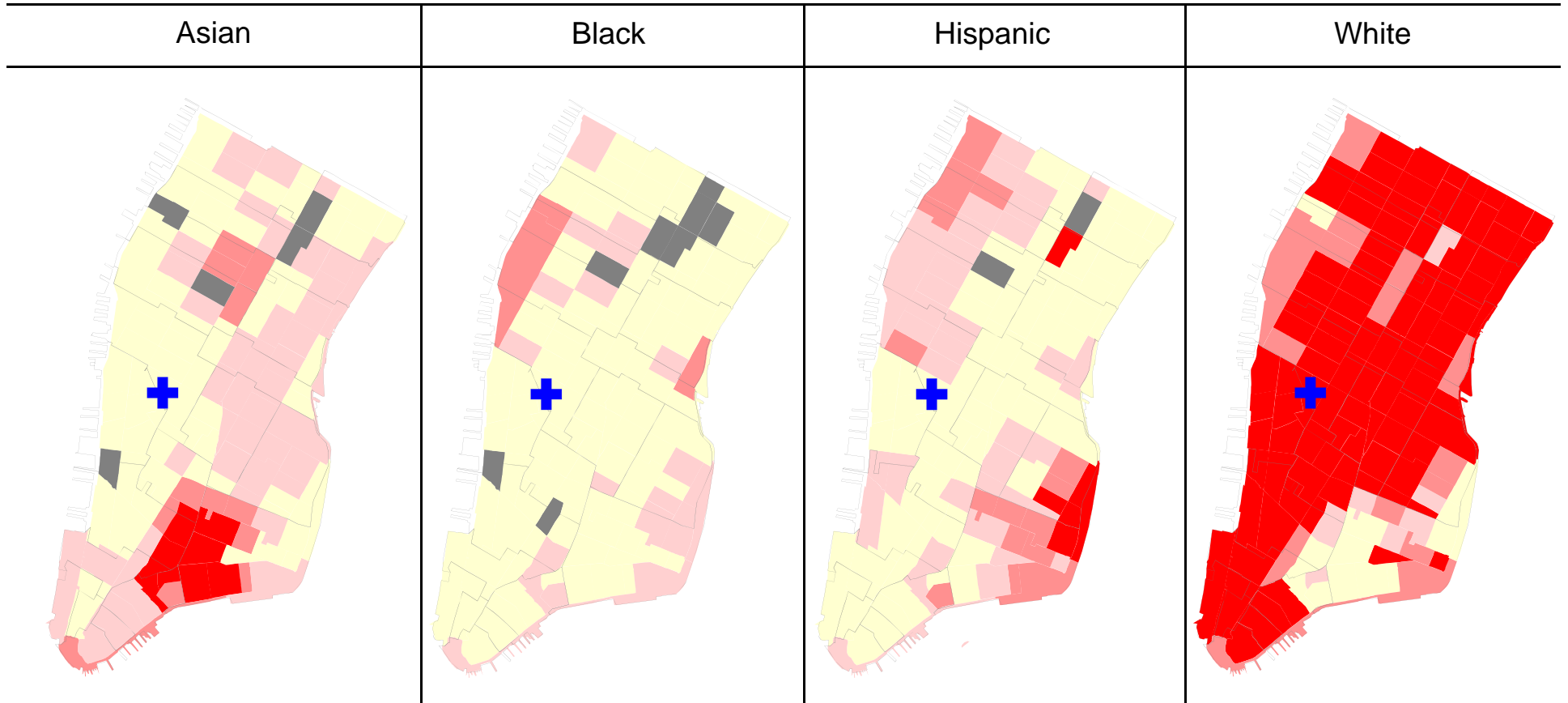
Source: NYC Department of Health and Mental Hygiene (NYC DHMH) Epidemiology Services (http://www.nyc.gov/html/doh/html/episrv/popest_methods.shtml); accessed November 5, 2010
 PSA = Primary Service Area; SSA-I = Secondary Service Area-I; SSA-II = Secondary Service Area-II

Table 7 - Race and Ethnicity (by Census Tract), 2000



Source: 2000 Decennial Census, Summary File-3 (SF3), Table P7 (Hispanic or Latino by Race); accessed November 8, 2010

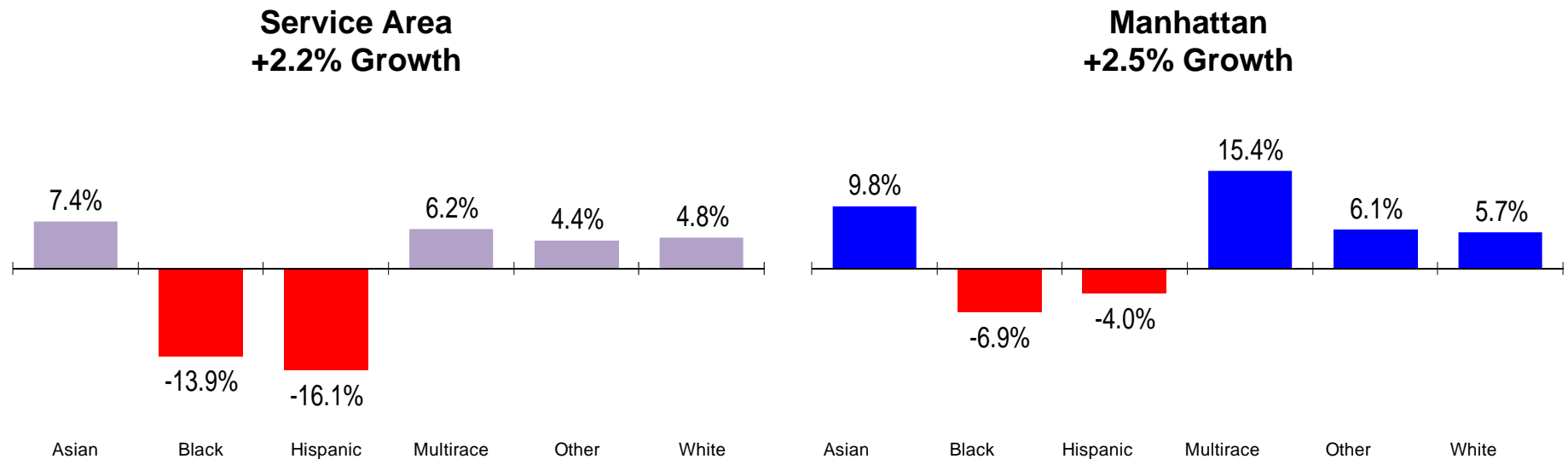
Table 8 - Race and Ethnicity by Census Tract, 2000
(below 58th Street)



Source: 2000 Decennial Census, Summary File-3 (SF3), Table P7 (Hispanic or Latino by Race); accessed November 8, 2010

Table 9 - Population Growth by Race & Ethnicity, Service Area and Manhattan 2010-2015

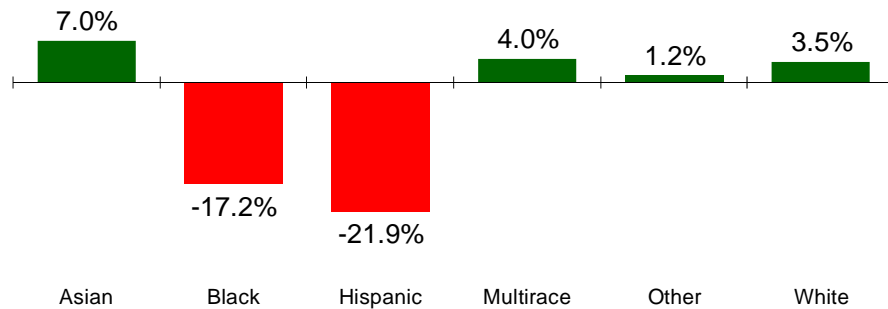
Overall, the Service Area population is projected to experience double digit decreases in Hispanic and Black populations, double digit increases in Multirace and single digit increases in Other categories.



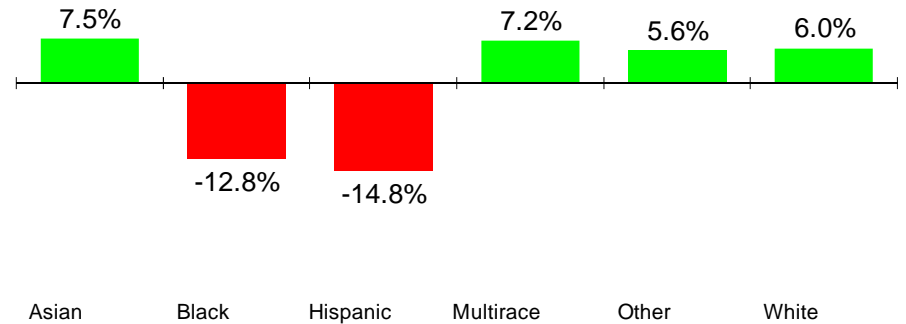
Source: Thomson Reuters; accessed November 5, 2010
 PSA = Primary Service Area; SSA-I = Secondary Service Area-I; SSA-II = Secondary Service Area-II

Table 10 - Population Growth by Race & Ethnicity, PSA & SSA, 2010-2015

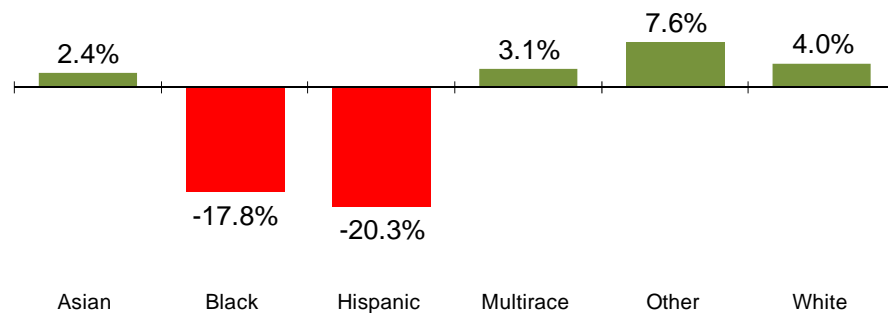
**Primary Service Area
+1.6% Growth**



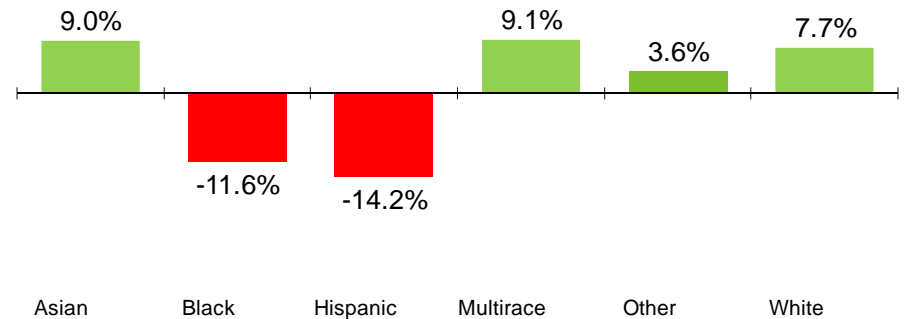
**Secondary Service Area
+2.5% Growth**



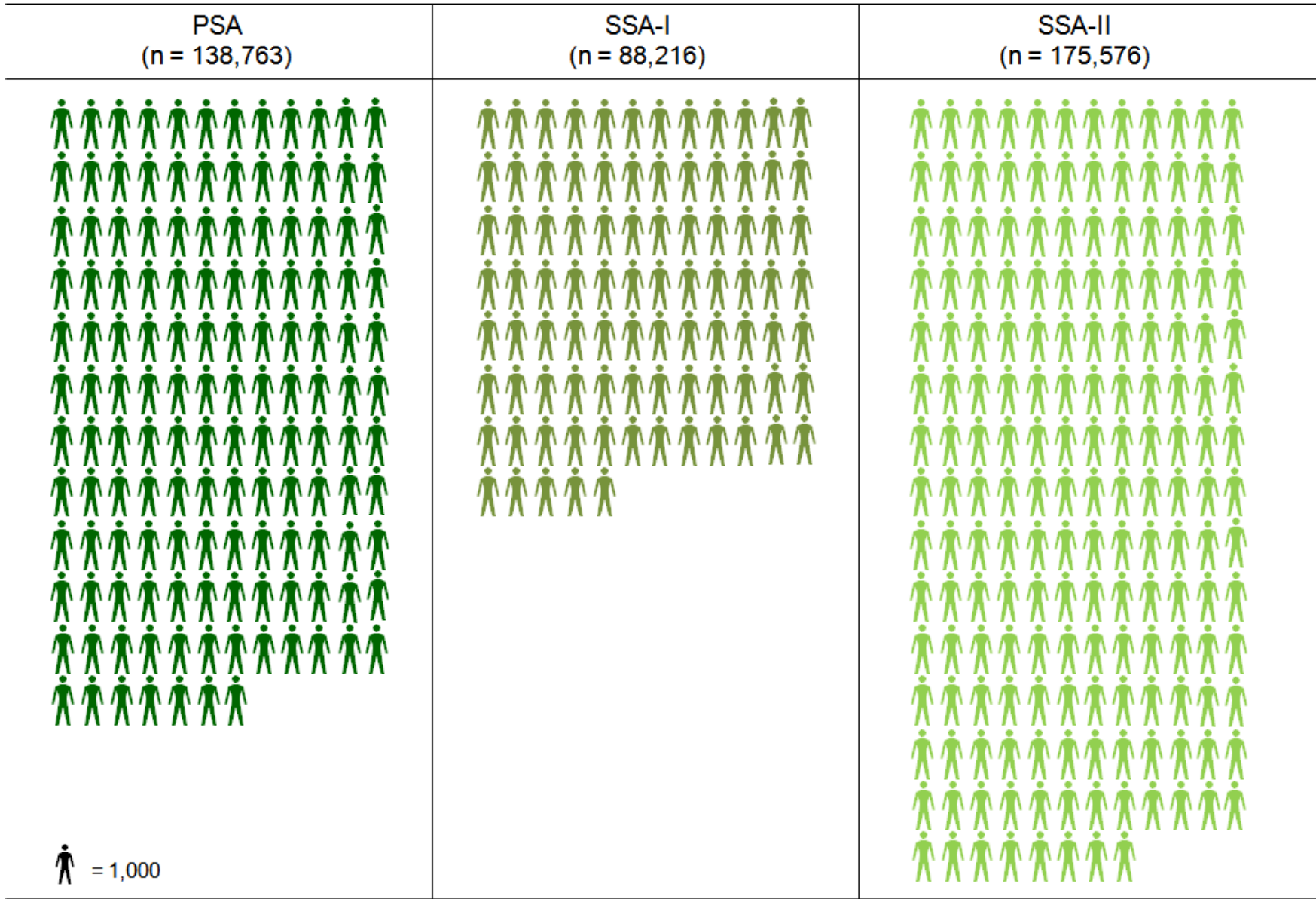
**Secondary Service Area-I
+2.0% Growth**



**Secondary Service Area-II
+2.8% Growth**



Source: Thomson Reuters; accessed November 5, 2010
 PSA = Primary Service Area; SSA-I = Secondary Service Area-I; SSA-II = Secondary Service Area-II



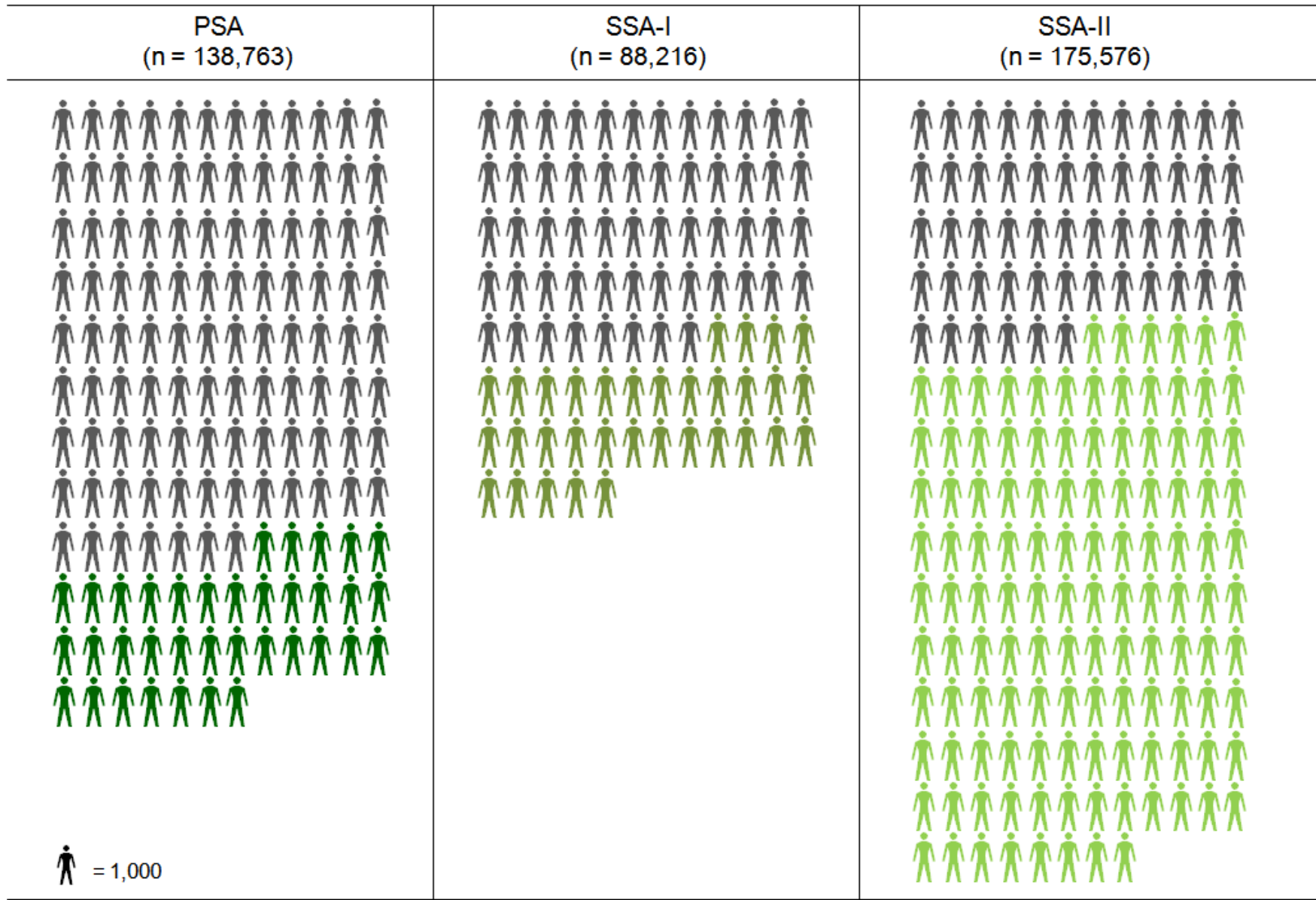


Table 11 - Languages Spoken at Home, Service Area and Manhattan, 2000

Top three languages spoken at home other than English are Chinese, Spanish or French (including Patois/Cajun).

Service Area

Language Spoken	Total Service Area	% Total Service Area
Speak only English	197,237	56.7%
Chinese	59,698	17.2%
Spanish or Spanish Creole	51,919	14.9%
French (incl. Patois, Cajun)	6,229	1.8%
Italian	4,181	1.2%
Japanese	3,401	1.0%
German	2,528	0.7%
Other Indic languages	1,991	0.6%
Hebrew	1,783	0.5%
Other Slavic languages	1,754	0.5%
Total	347,867	100.0%

Manhattan

Language Spoken	Total Manhattan	% Total Manhattan
Speak only English	849,603	58.1%
Spanish or Spanish Creole	364,141	24.9%
Chinese	75,876	5.2%
French (incl. Patois, Cajun)	32,200	2.2%
German	13,053	0.9%
Japanese	12,515	0.9%
Italian	12,319	0.8%
Hebrew	10,077	0.7%
Russian	9,144	0.6%
Korean	7,816	0.5%
Total	1,462,015	100.0%

Table 12 - Languages Spoken at Home, PSA and SSA, 2000

Primary Service Area

Languages Spoken	Total PSA	% Total PSA
Speak only English	87,785	73.6%
Spanish or Spanish Creole	11,590	9.7%
Chinese	5,168	4.3%
French (incl. Patois, Cajun)	3,157	2.6%
Italian	2,158	1.8%
Japanese	1,443	1.2%
German	1,040	0.9%
Korean	673	0.6%
Hebrew	658	0.6%
Portuguese or Portuguese Creole	615	0.5%
Total	119,346	100.0%

Secondary Service Area

Language Spoken	Total SSA	% Total SSA
Speak only English	109,452	47.9%
Chinese	54,530	23.9%
Spanish or Spanish Creole	40,329	17.6%
French (incl. Patois, Cajun)	3,072	1.3%
Italian	2,023	0.9%
Japanese	1,958	0.9%
Other Indic languages	1,838	0.8%
Other Slavic languages	1,571	0.7%
German	1,488	0.7%
Tagalog	1,427	0.6%
Total	228,521	100.0%

Secondary Service Area-I

Language Spoken	Total SSA-I	% Total SSA-I
Speak only English	48,833	63.9%
Chinese	11,507	15.1%
Spanish or Spanish Creole	4,834	6.3%
French (incl. Patois, Cajun)	1,806	2.4%
Japanese	1,208	1.6%
Italian	1,083	1.4%
Other Slavic languages	879	1.1%
German	717	0.9%
Tagalog	525	0.7%
Korean	520	0.7%
Total	76,455	100.0%

Secondary Service Area-II

Language Spoken	Total SSA-II	% Total SSA-II
Speak only English	60,619	39.9%
Chinese	43,023	28.3%
Spanish or Spanish Creole	35,495	23.3%
Other Indic languages	1,321	0.9%
French (incl. Patois, Cajun)	1,266	0.8%
Yiddish	981	0.6%
Italian	940	0.6%
Polish	906	0.6%
Tagalog	902	0.6%
German	771	0.5%
Total	152,066	100.0%

Source: 2000 Decennial Census, Summary File-3 (SF3), Table PCT10 (Age by Language Spoken at Home for the Population of 5+ Years); accessed November 8, 2010

Table 13 - Median Household Income, 2000 – 2015

The Median Household Income of the PSA is significantly higher than the rest of the Service Area, a trend which is projected to continue.

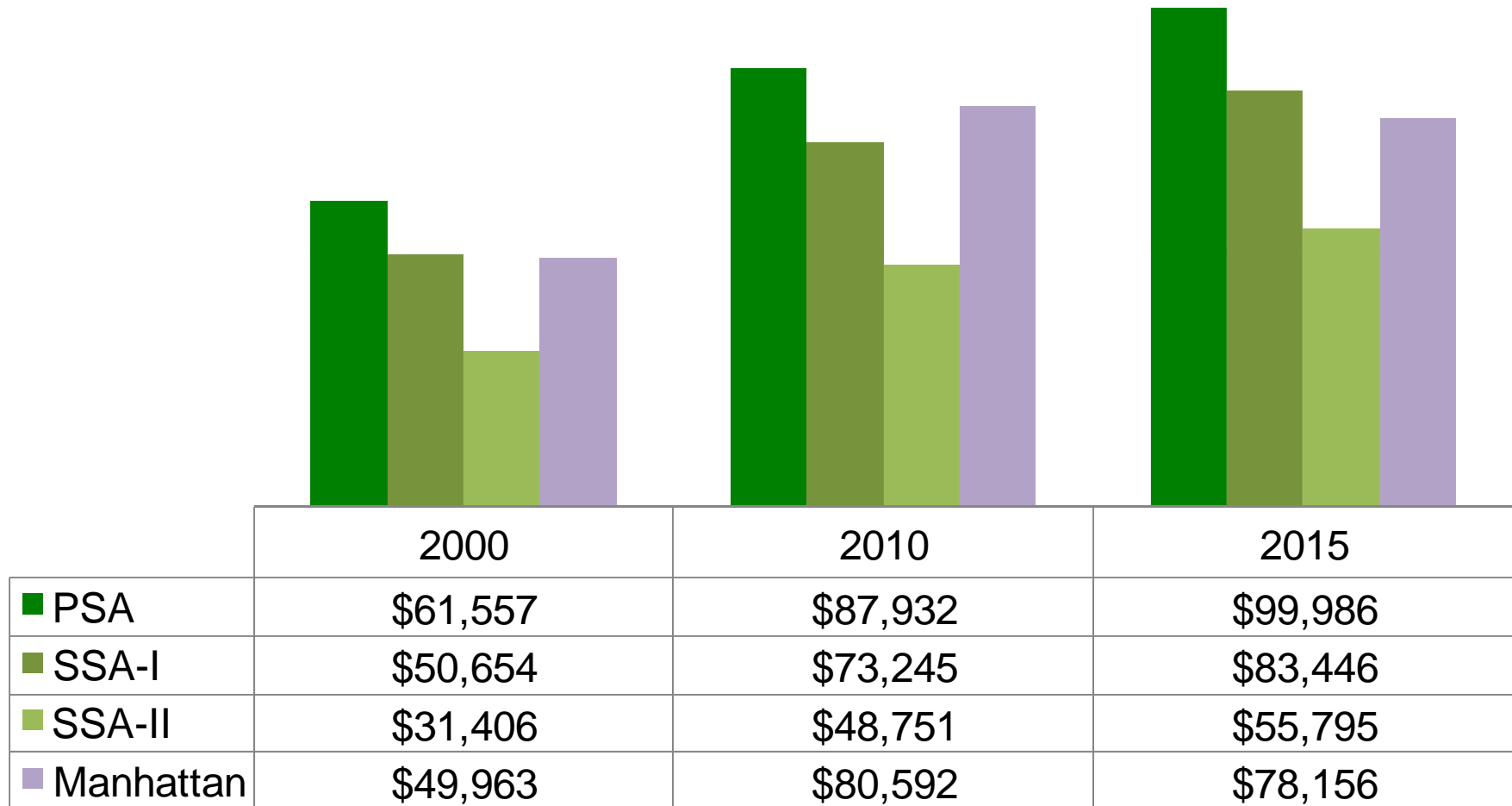
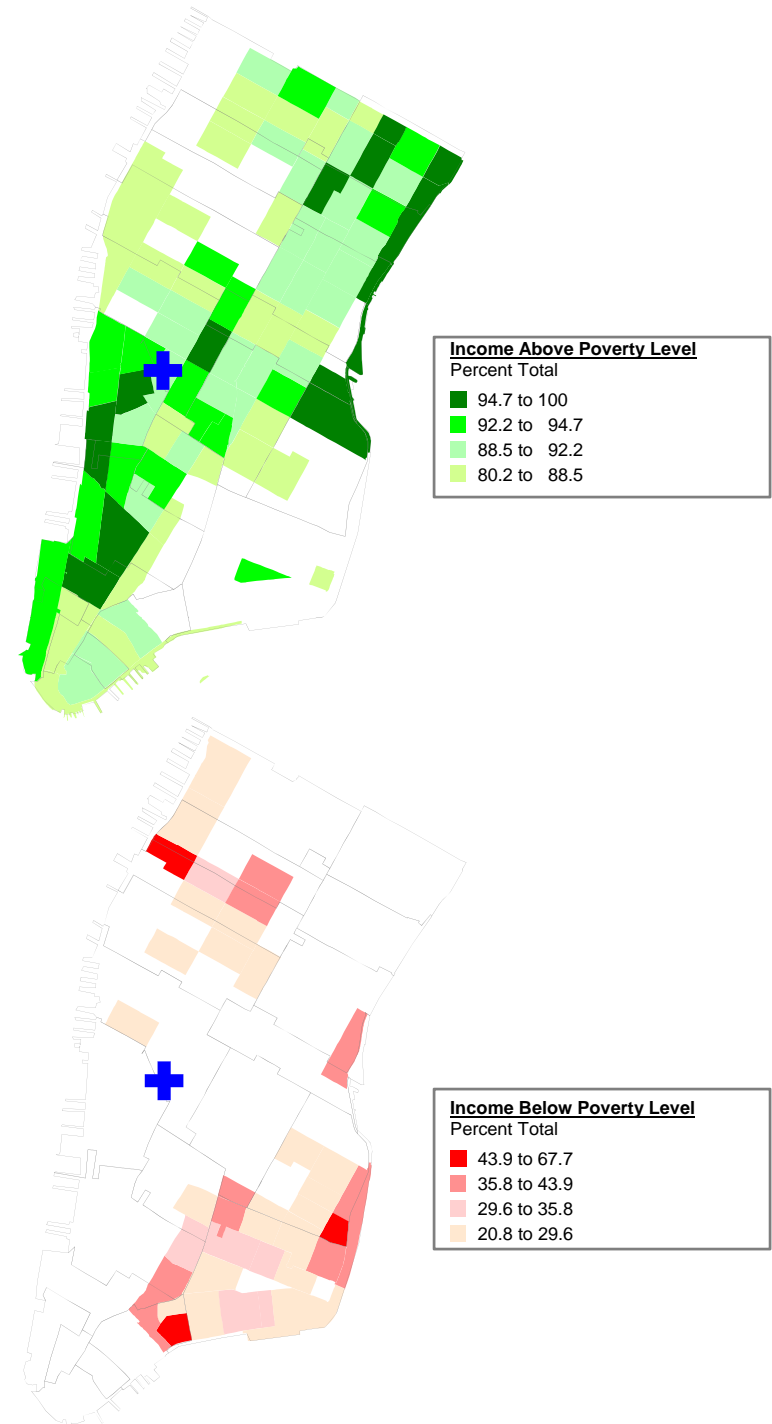
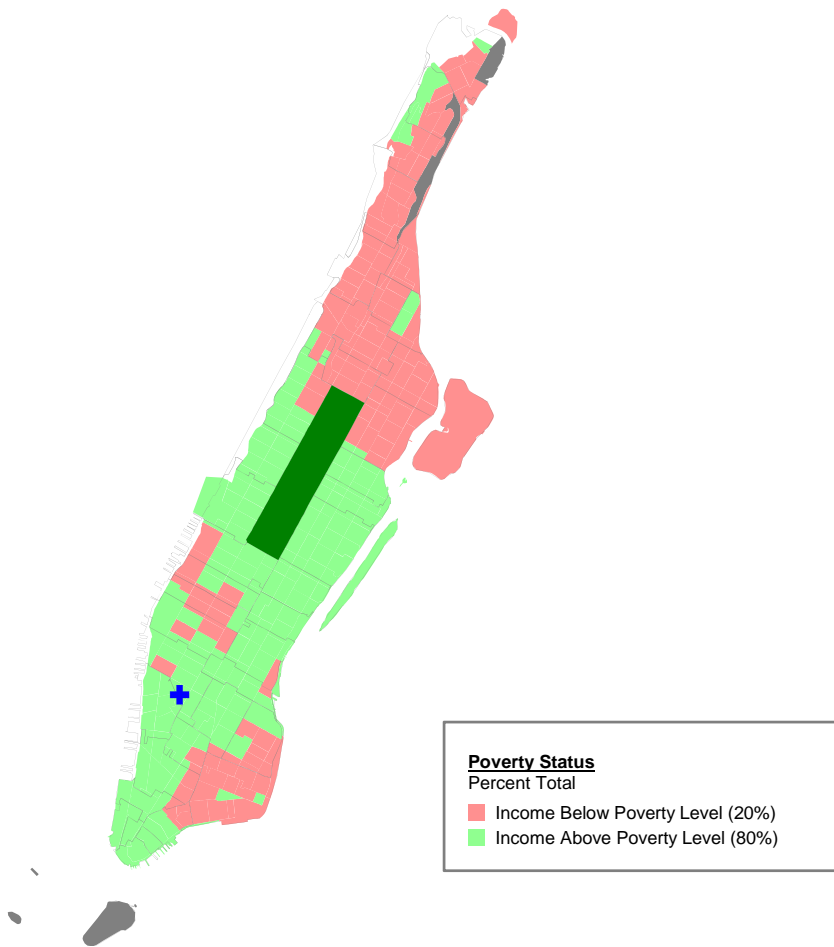


Table 14 - Poverty Level, 2000

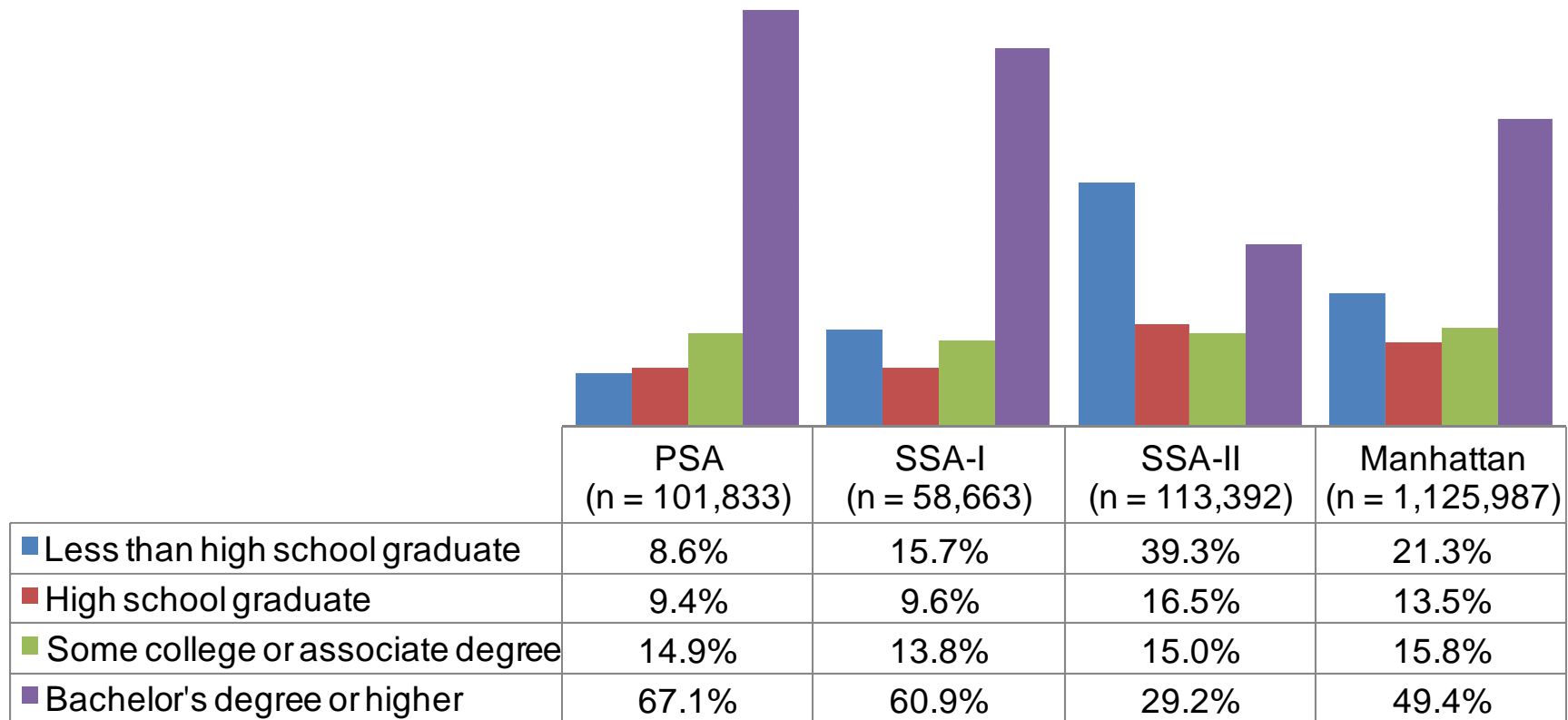
The Service Area contains pockets of poverty which are primarily located in the SSA-II.



Source: 2000 Decennial Census, Summary File-3 (SF3), Table P87 (Poverty Status in 1999)
Accessed November 8, 2010

Table 15 - Education Attainment, 2000

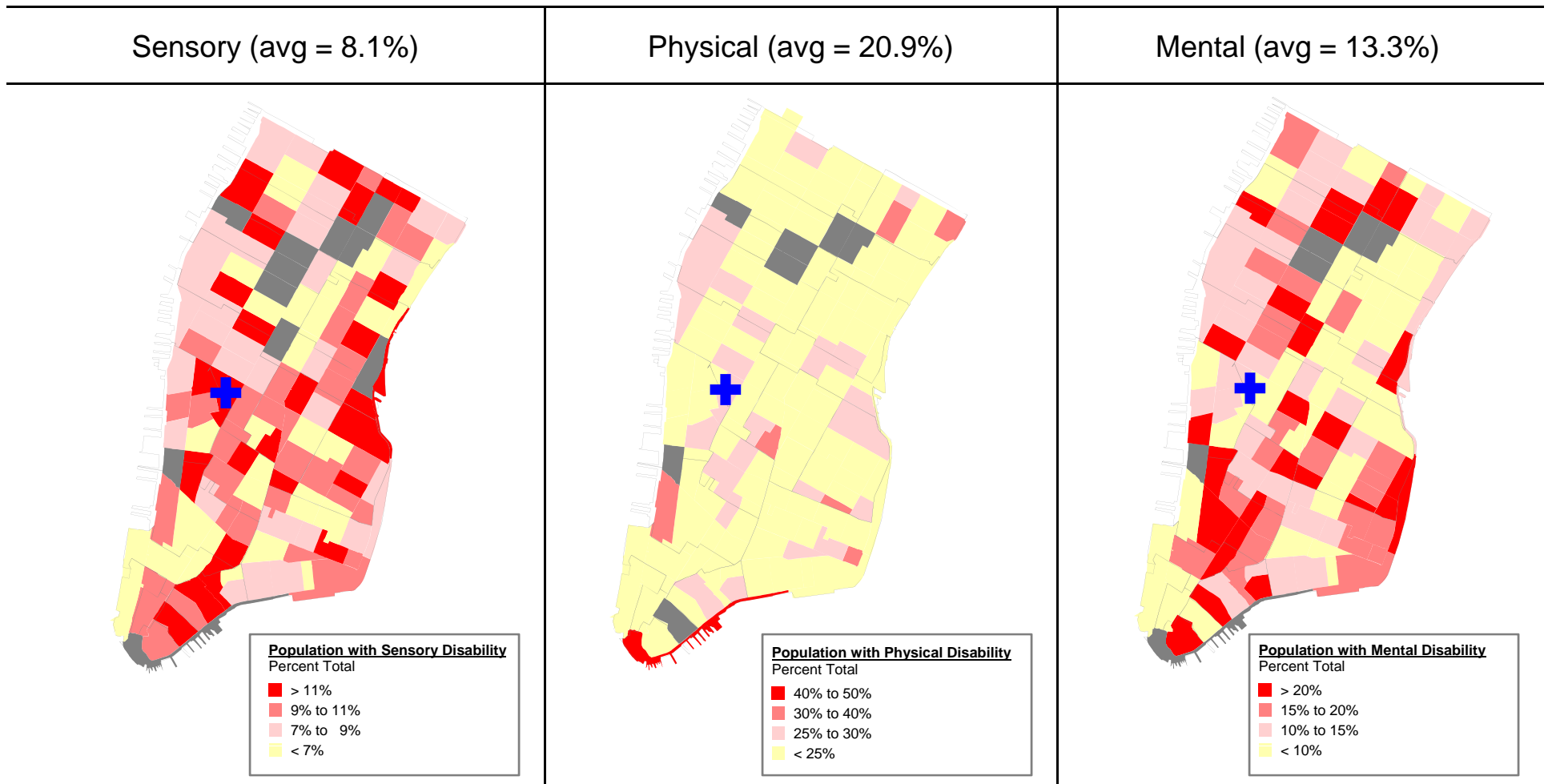
Educational attainment varies within the Service Area. The PSA contains the highest proportion of residents with some college, a Bachelor's degree or higher.



Source: 2000 Decennial Census, Summary File-3 (SF3), Table QTP20 (Education Attainment by Sex); accessed November 23, 2010

Table 16 - Types of Disability (by Census Tract), 2000

Service Area residents may experience one or more disabilities which may have implications on both the type of health care services required and access to those services.



Source: 2000 Decennial Census, Summary File-3 (SF3), Table P41 (Types of Disability for the Civilian Noninstitutionalized Population 5 Years and Over); accessed November 8, 2010

- Sensory disability – blindness, deafness or a severe vision or hearing impairment
- Physical disability – a condition that substantially limits one or more basic physical activities, such as walking, climbing stairs, reaching, lifting or carrying
- Mental disability – learning, remembering, or concentrating

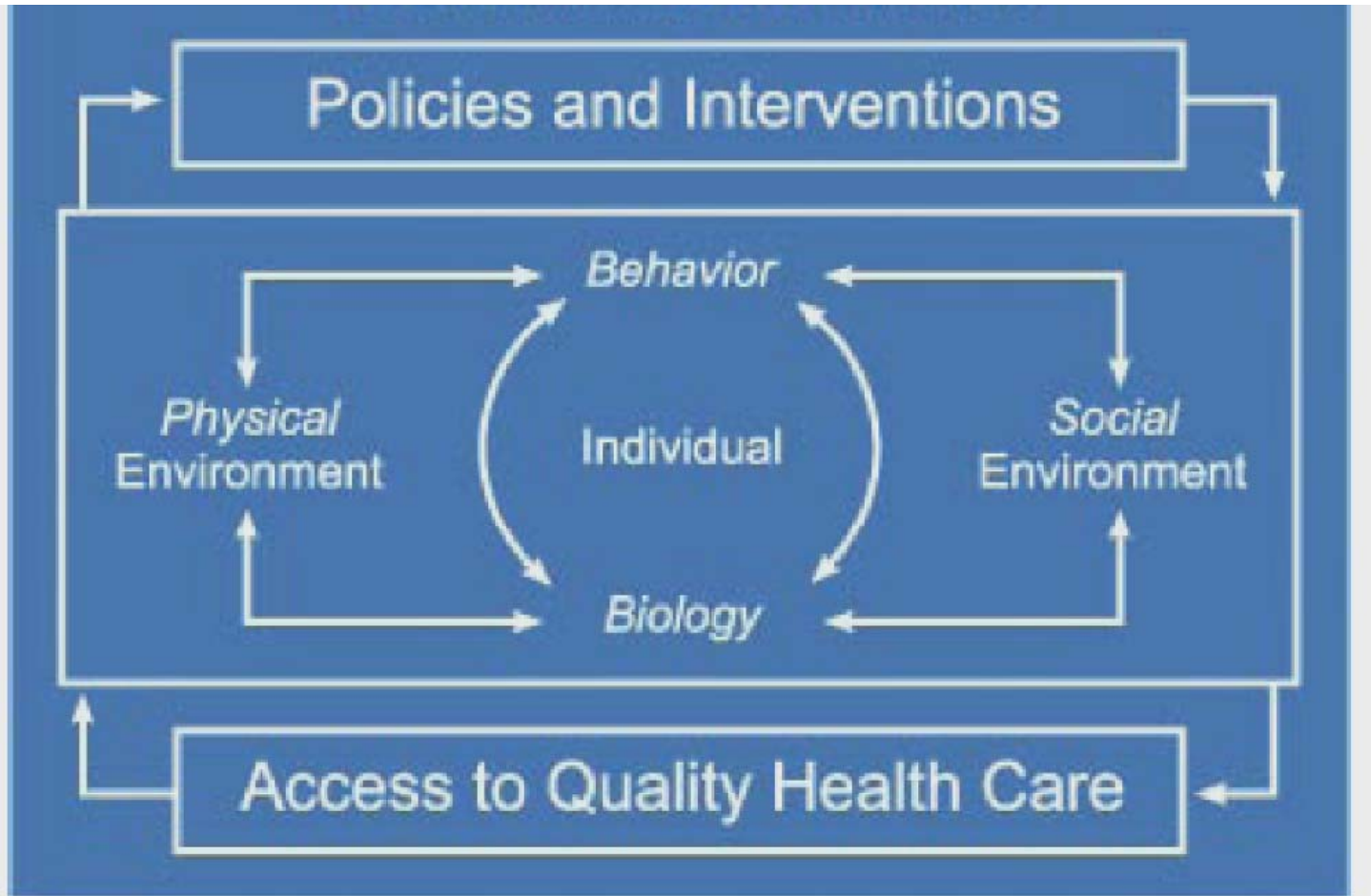
HEALTH

a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

HEALTH CARE

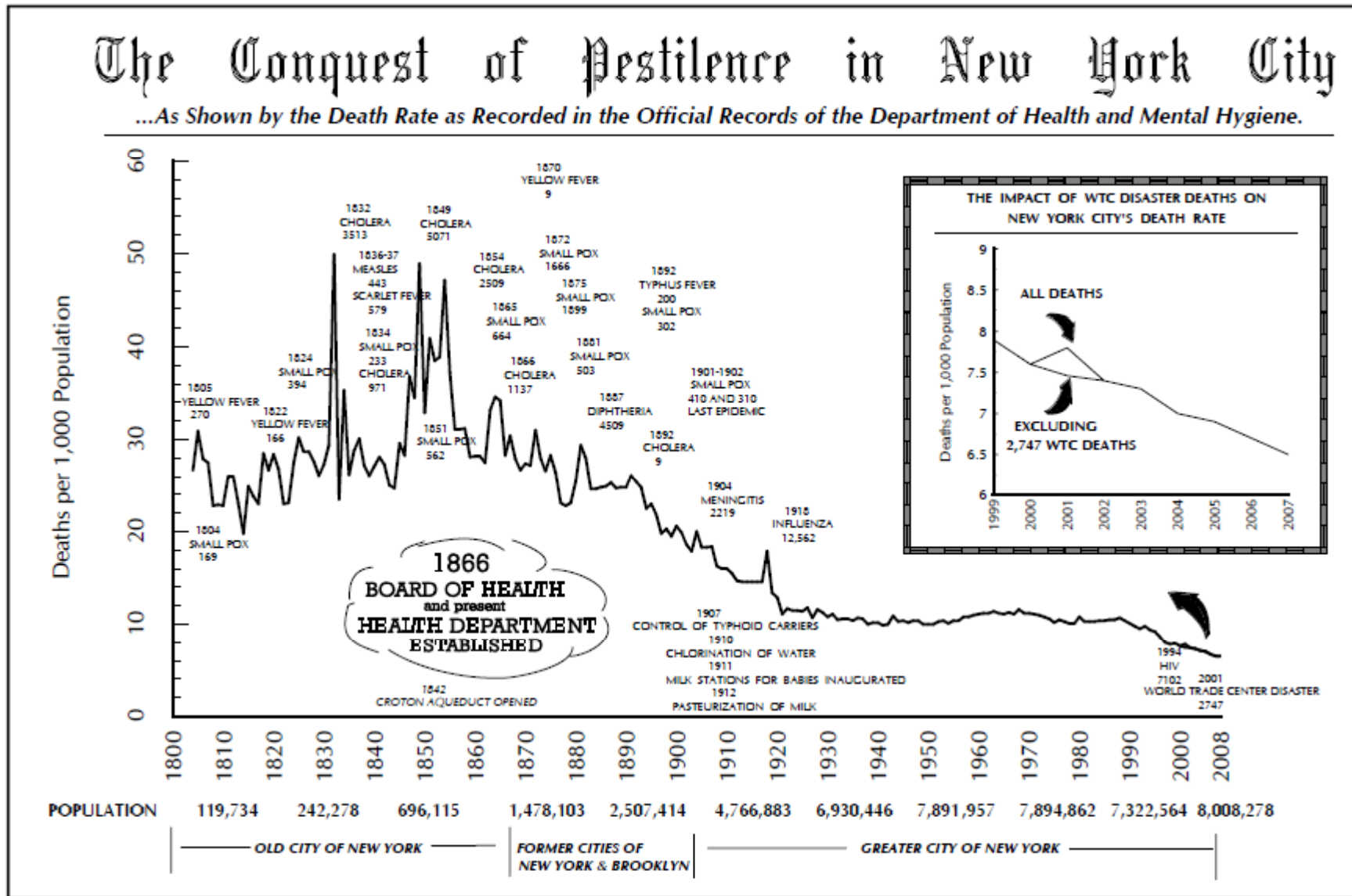
the prevention, treatment, and management of illness and the preservation of mental and physical well-being through the services offered by the medical and allied health professions

Determinants of Health Status



SOURCE: Centers for Disease Control and Prevention

Death Rate Trend for the City of New York 1800-2008



Leading Causes of Death in NYC, 2007

- **Heart disease**
- **Cancer**
- **Influenza and Pneumonia**
- **Stroke**
- **Diabetes**
- **Chronic lower respiratory disease**
- **HIV**
- **Accidents**
- **Accidental Drug Poisoning /Substance Abuse**

- Source: New York City Department of Health and Mental Hygiene Epidemiology Services – EpiQuery NYC Interactive Data
- Vital Statistics Death/Mortality Data (2000-2007) (<https://a816-healthpsi.nyc.gov/epiquery/EpiQuery/VS/index.html>) accessed 11/24/2010

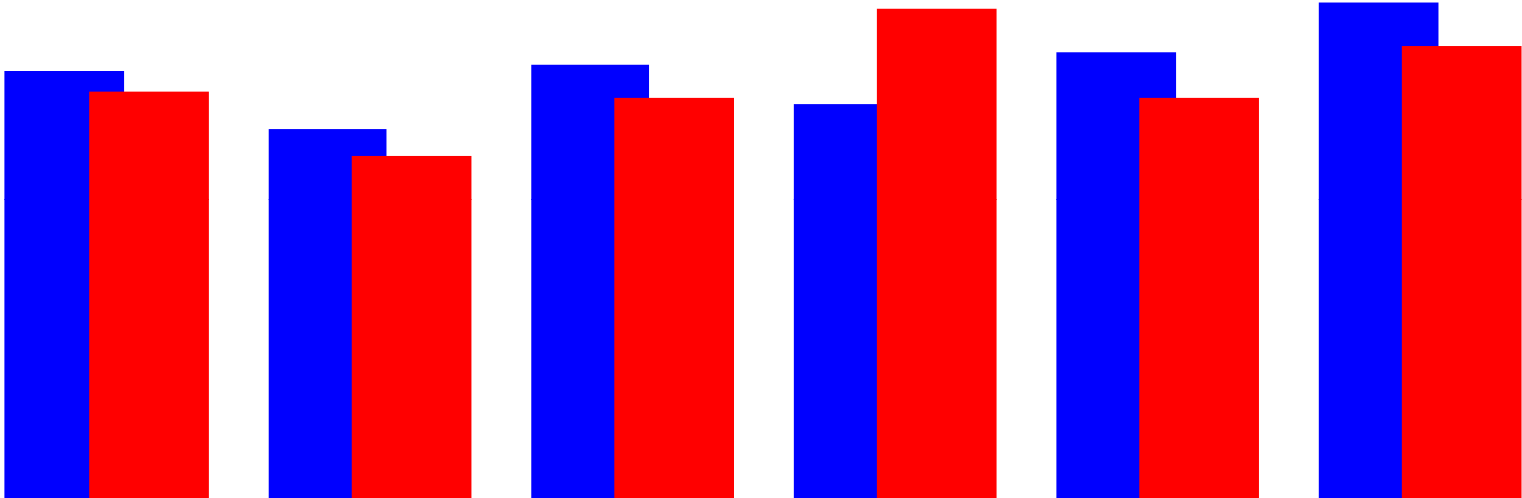
Actual Causes of Death

- **Tobacco**
- **Obesity**
- **Alcohol Consumption**
- **Microbial Agents (bacteria, virus)**
- **Toxic Agents (pollutants)**
- **Secondhand Smoke**
- **Motor Vehicle Crashes**
- **Firearms**
- **Sexual Behavior**
- **Illegal Drug Use**

Source: Centers for Disease Control and Prevention

Table 16 Service Area Mortality Rate, 2007

Age adjusted per 100,000 Population



	Chelsea/Clinton	Greenwich Village/SoHo	Lower East Side	Lower Manhattan	Manhattan	NYC
■ 2002	670.0	580.0	680.0	620.0	700.0	780.0
■ 2007	640.0	540.0	630.0	770.0	630.0	710.0

Source: New York City Department of Health and Mental Hygiene Epidemiology Services – EpiQuery NYC Interactive Data
 Vital Statistics Death/Mortality Data (2000-2007) (<https://a816-healthpsi.nyc.gov/epiquery/EpiQuery/VS/index.html>)

Table 17 -Top 10 Leading Cause of Mortality, 2007

Age adjusted per 100,000 Population

Heart Disease and Cancer continue to be the leading causes of death in the Service Area.

Top 10 Leading Causes of Mortality	Chelsea Clinton	Greenwich Village/SoHo	Lower East Side	Lower Manhattan	Manhattan	NYC
Diseases of Heart	203.6	165.7	183.2	200.1	201.7	282.7
Malignant Neoplasms	177.8	162.9	173.3	236.5	172.7	175.4
Influenza (Flu) and Pneumonia	29.2	26.3	31.8	*	30.9	29.6
Cerebrovascular Disease	23.9	19.8	20.9	*	21.1	20.7
Diabetes Mellitus	13.8	*	13.0	*	20.0	20.7
Chronic Lower Respiratory Diseases	20.4	*	17.5	*	17.4	18.9
Human Immunodeficiency Virus Disease	23.6	*	23.3	*	16.2	14.4
Accidents Except Drug Posioning	15.4	15.2	12.2	*	10.5	13.2
Mental and Behavioral Disorders due to Accidental Poisoning and Other Psychoactive Substance Use	14.2	*	12.8	*	8.8	10.7
Essential Hypertension and Renal Diseases	12.8	*	13.3	*	12.9	10.5
All Other/Censored Causes	105.8	93.9	133.7	126.5	117.2	114.3

Notes:

*Age-adjusted rates based on small numbers are unreliable and therefore suppressed.

"All Censored Causes" include deaths recorded to protect confidentiality.

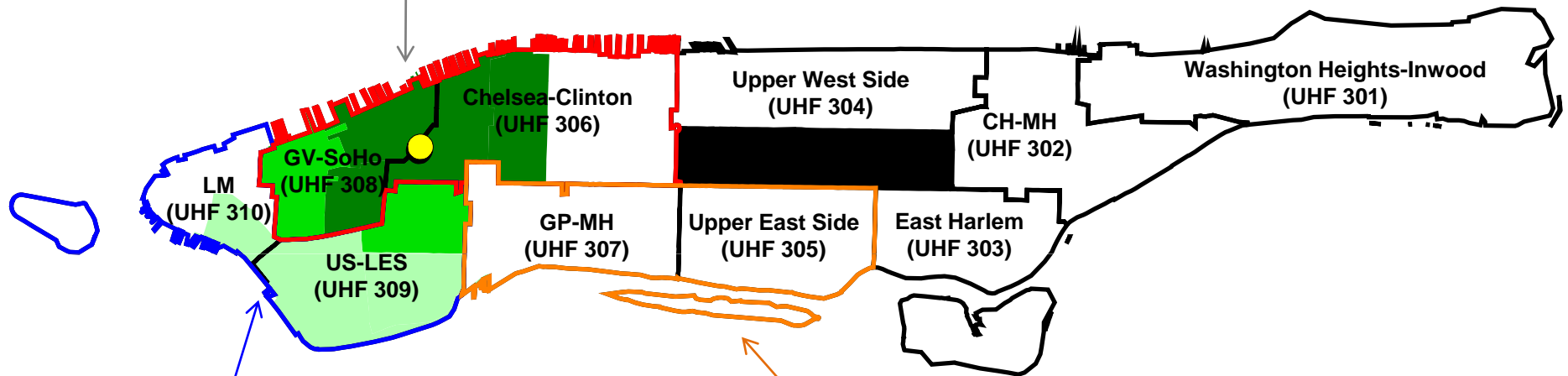
RED denotes higher than Manhattan

Source: New York City Department of Health and Mental Hygiene Epidemiology Services – EpiQuery NYC Interactive Data Vital Statistics Death/Mortality Data (2000-2007) (<https://a816-healthpsi.nyc.gov/epiquery/EpiQuery/VS/index.html>)

Redefining the Service Area for Health Status Survey Responses (United Hospital Fund Neighborhoods)

Chelsea/Greenwich Village (UHF 306 & 308)

- 10001
- 10011
- 10012
- 10013
- 10014
- 10018
- 10019
- 10020
- 10036



Union Square/Lower Manhattan (UHF 309 & 210)

- 10002
- 10003
- 10004
- 10005
- 10006
- 10007
- 10009
- 10038
- 10048
- 10280
- 10282

Upper East Side/Gramercy (UHF 305 & 307)

- | | |
|---------|---------|
| • 10010 | • 10065 |
| • 10016 | • 10075 |
| • 10017 | • 10128 |
| • 10021 | • 10162 |
| • 10022 | • 10165 |
| • 10028 | • 10170 |
| • 10044 | • 10171 |

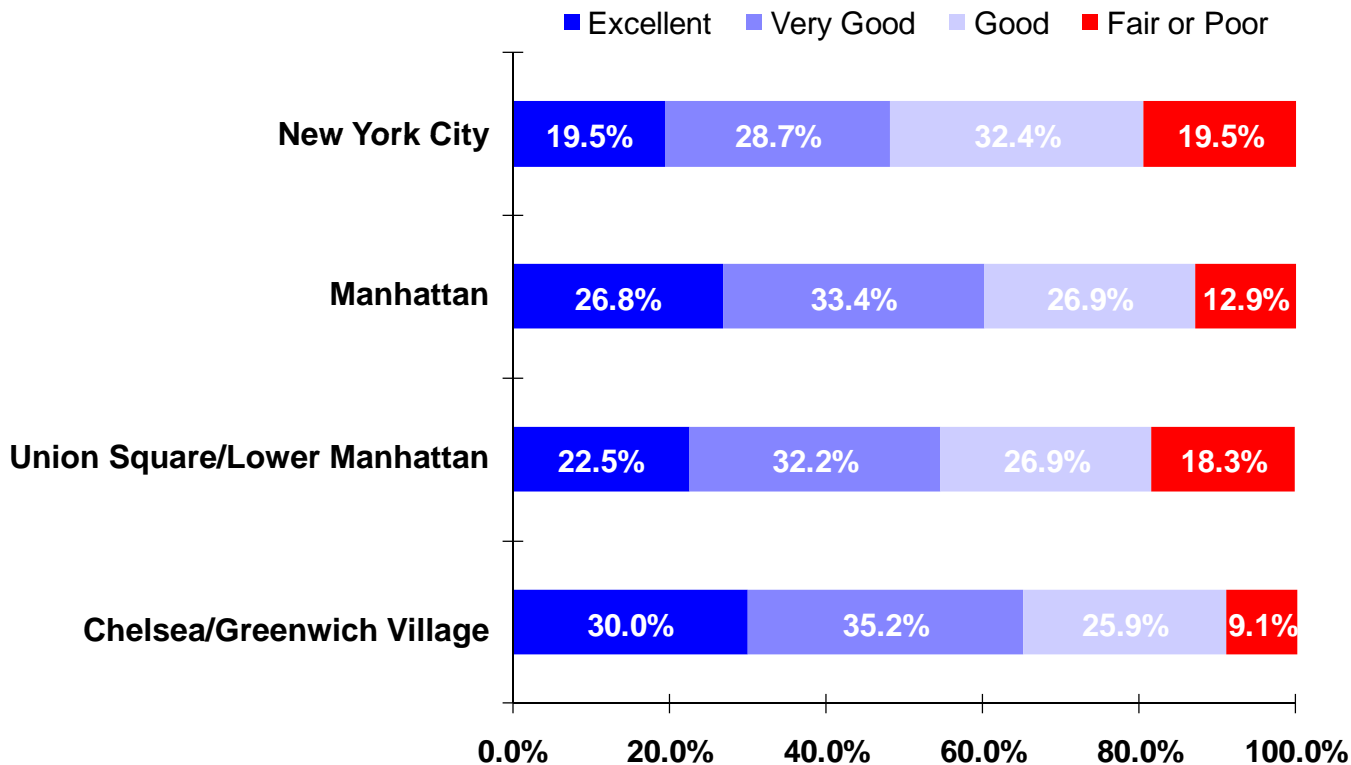
Legend

- ABC 10 Neighborhoods (UHF10)
- ABC 7 Neighborhoods (UHF7)
- Primary Service Area
- Secondary Service Area - I
- Secondary Service Area - II

GENERAL PHYSICAL AND MENTAL HEALTH

Self-reported health status

Q: Would you say that in general your health is Excellent, Very Good, Good, Fair or Poor?



Notes:

Total estimated populations may not equal the sum of subgroup estimated populations due to rounding or missing data.

Population estimates are NOT age adjusted, but all percents are age adjusted.

Confidence Intervals (CIs) are a measure of estimate precision: the wider the CI, the more imprecise the estimate.

*Estimate should be interpreted with caution. Estimate's Relative Standard Error (a measure of estimate precision) is greater than 30% or the sample size is less than 50, making the estimate potentially unreliable.

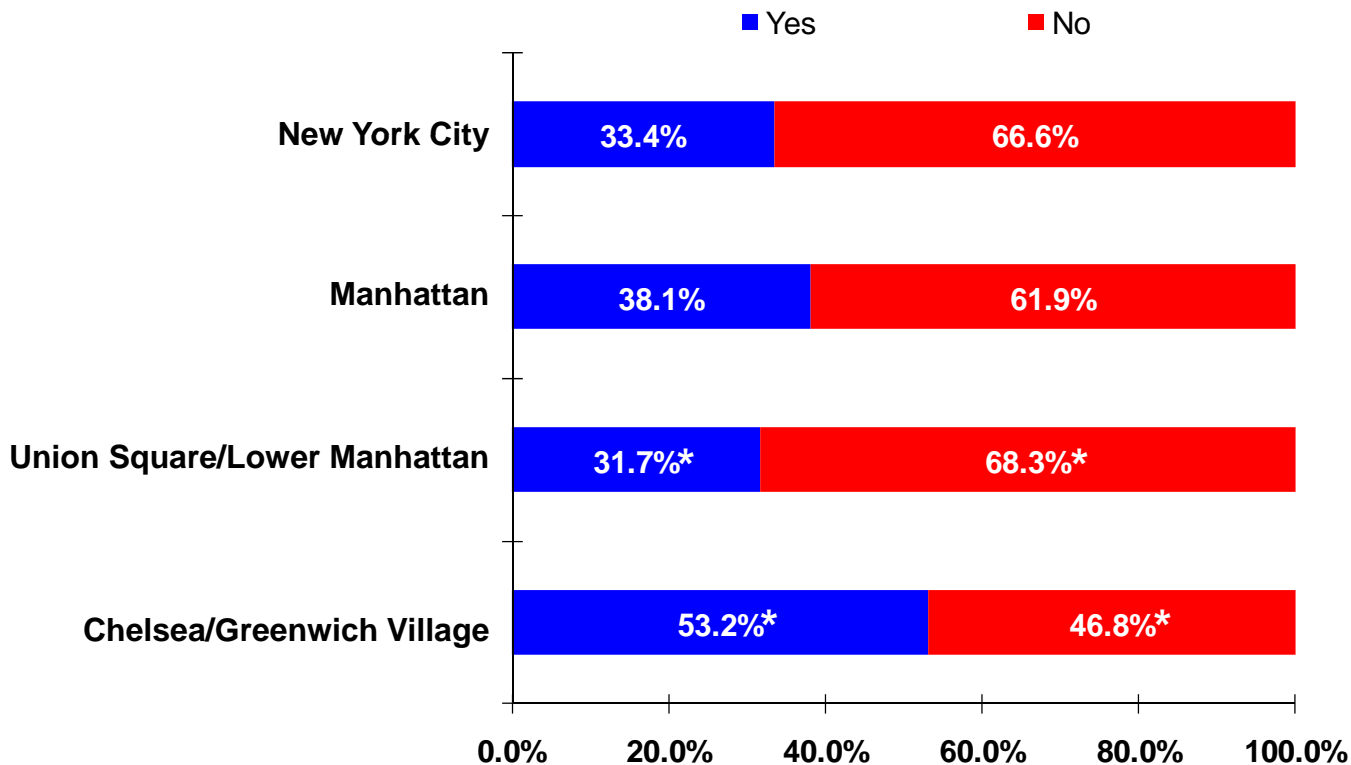
#Data are suppressed due to imprecise and unreliable estimates.

Source: New York City Department of Health and Mental Hygiene Epidemiology Services – EpiQuery NYC Interactive Data, 2009 Community Health Survey (<https://a816-healthpsi.nyc.gov/epiquery/EpiQuery/CHS/index2009.html>)

GENERAL PHYSICAL AND MENTAL HEALTH

Mental health counseling or treatment

Q: In the last 12 months, have you received any counseling or taken a prescription medication for a mental health problem?
Results restricted to adults with non-specific psychological distress.



Notes:

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Population estimates are NOT age adjusted, but all percents are age adjusted.

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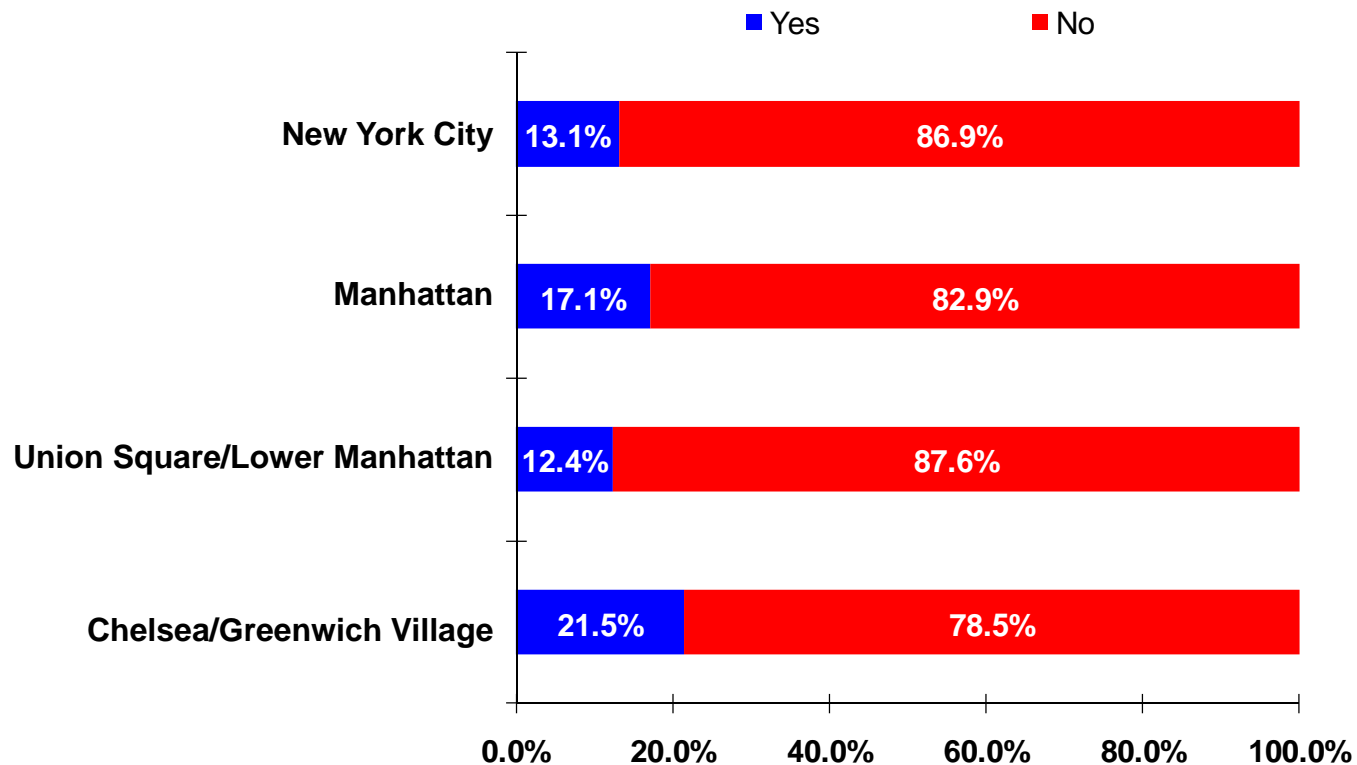
#Data are suppressed due to imprecise and unreliable estimates.

Source: New York City Department of Health and Mental Hygiene Epidemiology Services – EpiQuery NYC Interactive Data, 2009 Community Health Survey (<https://a816-healthpsi.nyc.gov/epiquery/EpiQuery/CHS/index2009.html>)

DEPRESSION

History of depression

Q: Have you ever been told by a doctor, nurse or other health professional that you have depression



Notes:

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Population estimates are NOT age adjusted, but all percents are age adjusted.

Confidence Intervals (CIs) are a measure of estimate precision: the wider the CI, the more imprecise the estimate.

*Estimate should be interpreted with caution. Estimate's Relative Standard Error (a measure of estimate precision) is greater than 30% or the sample size is less than 50, making the estimate potentially unreliable.

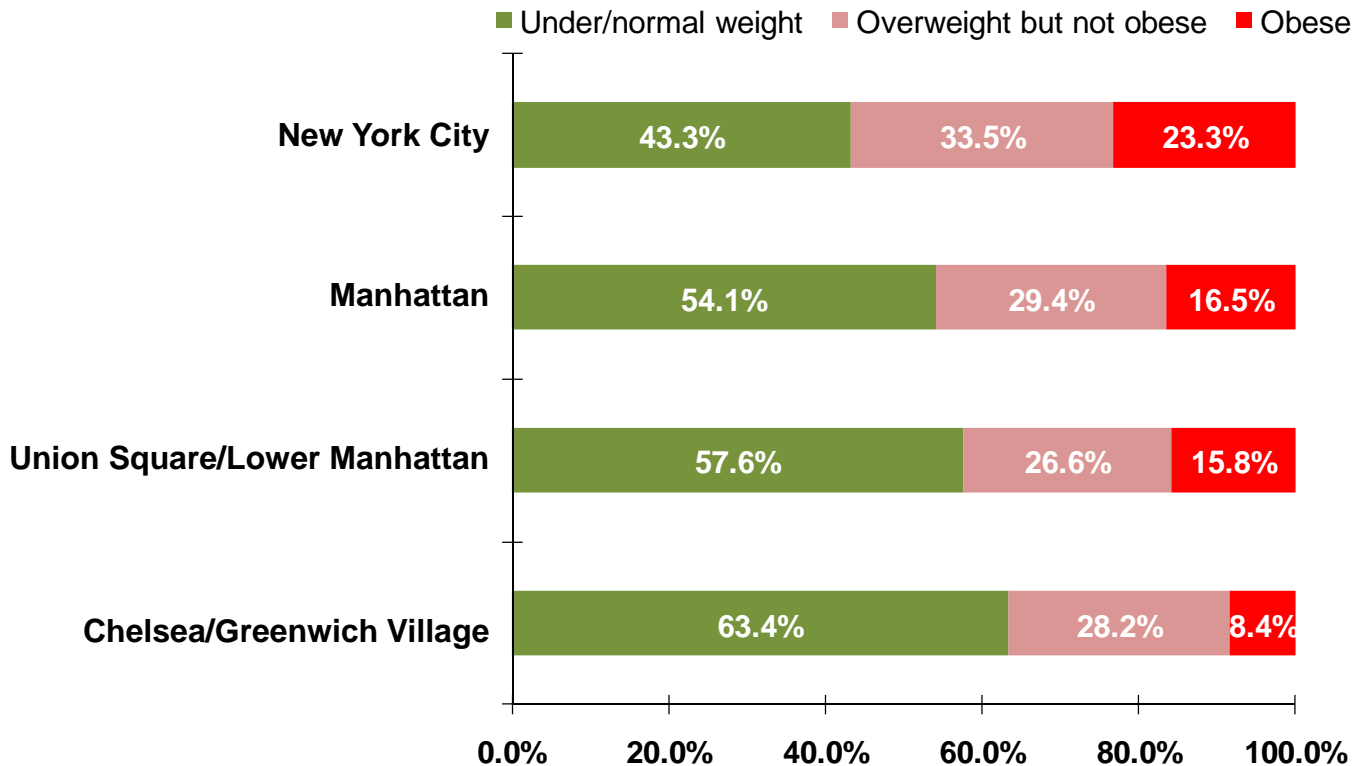
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Source: New York City Department of Health and Mental Hygiene Epidemiology Services – EpiQuery NYC Interactive Data, 2009 Community Health Survey (<https://a816-healthpsi.nyc.gov/epiquery/EpiQuery/CHS/index2009.html>)

WEIGHT, EXERCISE, NUTRITION

Overweight and Obesity

Body Mass Index (BMI) is calculated based on respondents' self-reported weight and height. A BMI between 25.0 and 29.9 is classified as overweight, and a BMI of 30 or greater is classified as obese.



Notes:

Total estimated populations may not equal the sum of subgroup estimated populations due to rounding or missing data.

Population estimates are NOT age adjusted, but all percents are age adjusted.

Confidence Intervals (CIs) are a measure of estimate precision: the wider the CI, the more imprecise the estimate.

*Estimate should be interpreted with caution. Estimate's Relative Standard Error (a measure of estimate precision) is greater than 30% or the sample size is less than 50, making the estimate potentially unreliable.

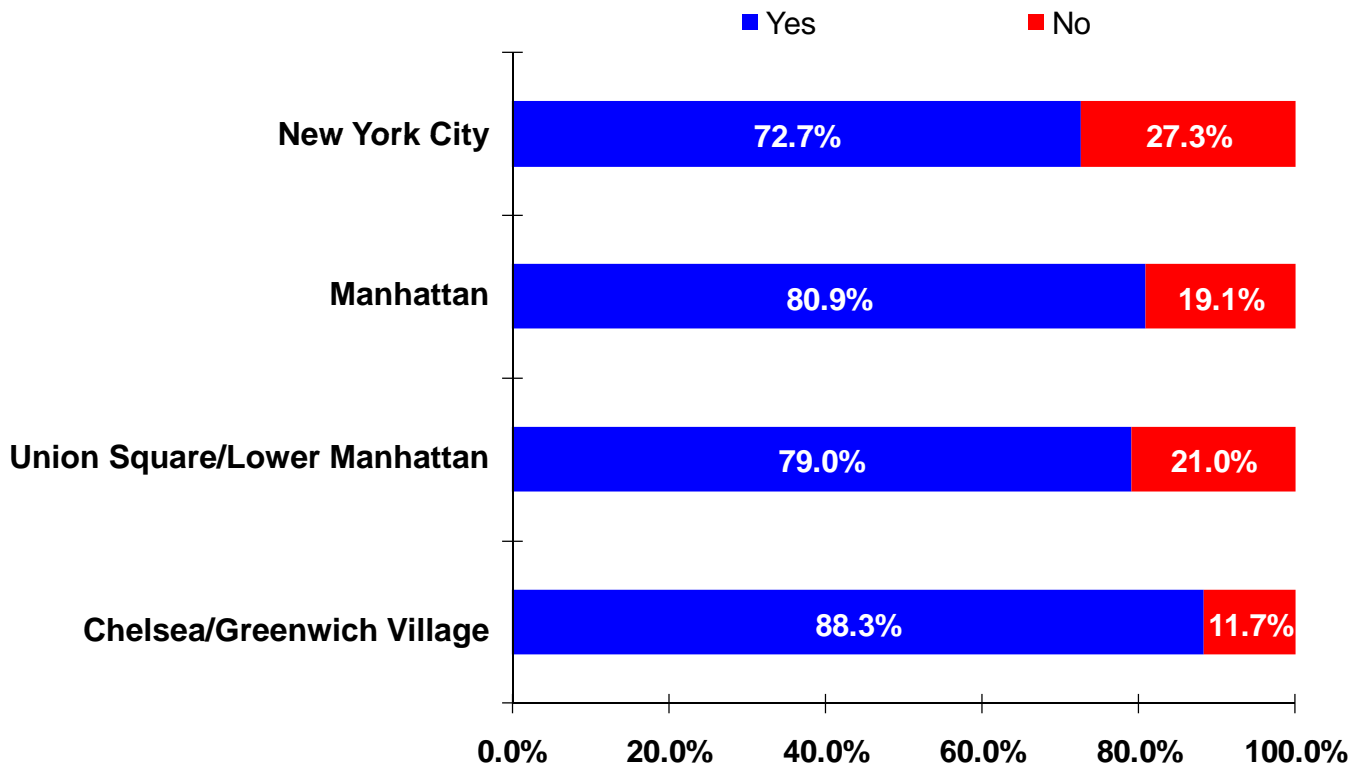
#Data are suppressed due to imprecise and unreliable estimates.

Source: New York City Department of Health and Mental Hygiene Epidemiology Services – EpiQuery NYC Interactive Data, 2009 Community Health Survey (<https://a816-healthpsi.nyc.gov/epiquery/EpiQuery/CHS/index2009.html>)

WEIGHT, EXERCISE, NUTRITION

Physical activity

Q: During the past 30 days, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?



Notes:

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Confidence Intervals (CIs) are a measure of estimate precision: the wider the CI, the more imprecise the estimate.

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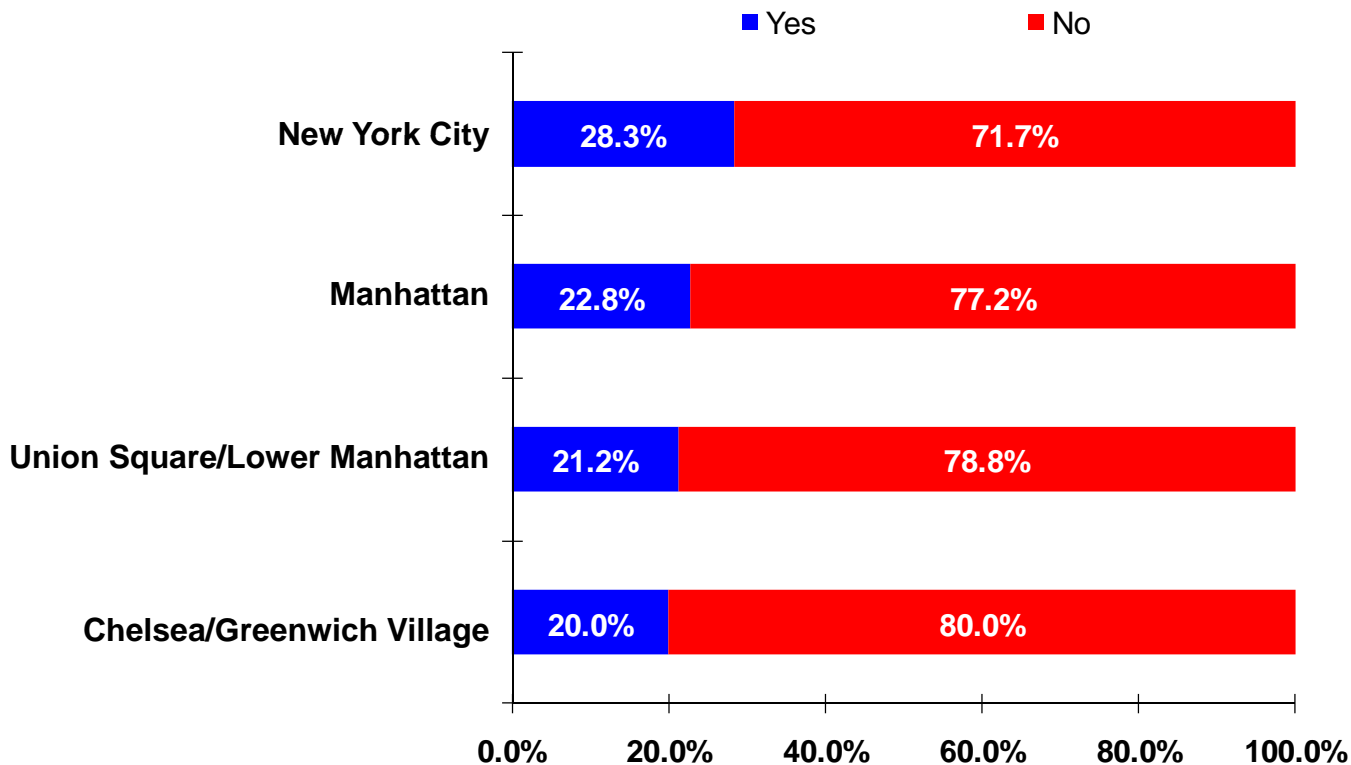
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Source: New York City Department of Health and Mental Hygiene Epidemiology Services – EpiQuery NYC Interactive Data, 2009 Community Health Survey (<https://a816-healthpsi.nyc.gov/epiquery/EpiQuery/CHS/index2009.html>)

CHRONIC CONDITIONS

High blood pressure ever

Q: Have you ever been told by a doctor, nurse or other health professional that you have hypertension, also called high blood pressure?



Notes:

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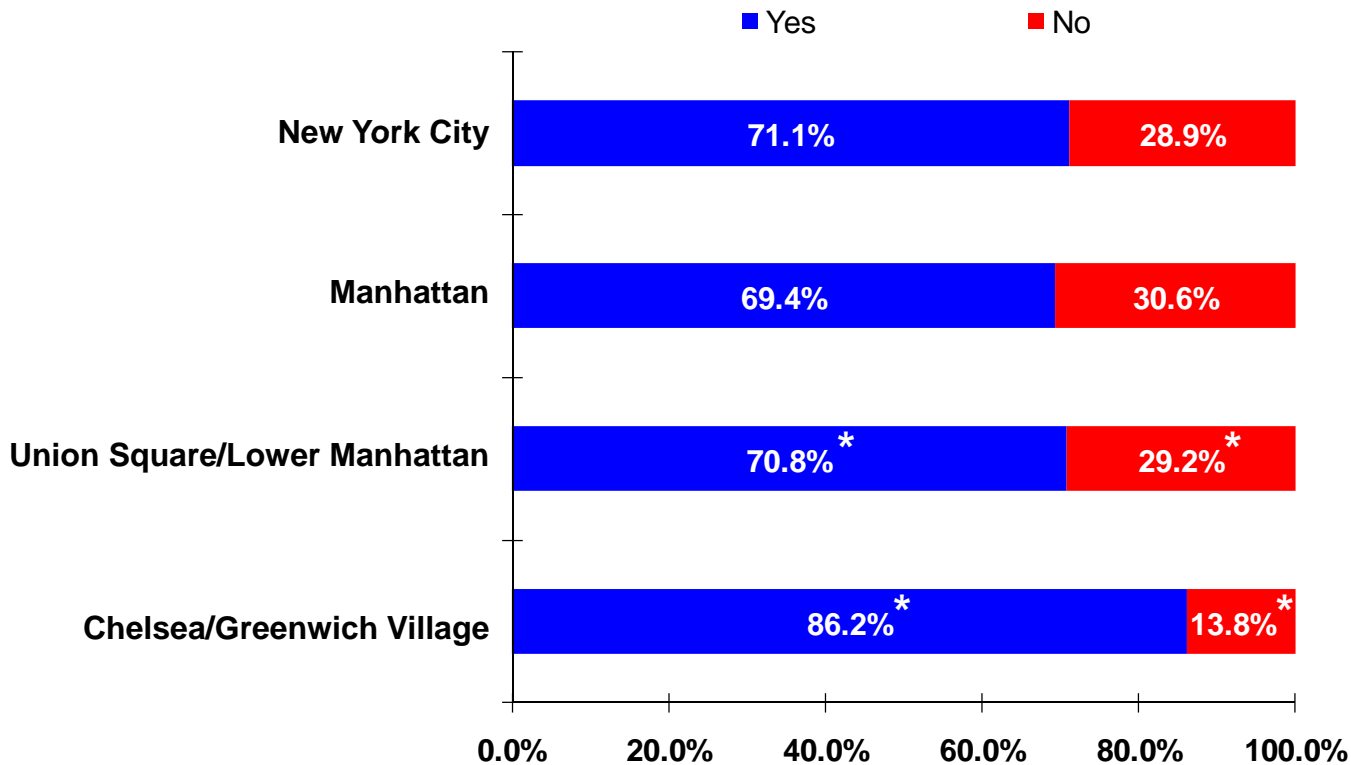
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Source: New York City Department of Health and Mental Hygiene Epidemiology Services – EpiQuery NYC Interactive Data, 2009 Community Health Survey (<https://a816-healthpsi.nyc.gov/epiquery/EpiQuery/CHS/index2009.html>)

CHRONIC CONDITIONS

Blood pressure medication ever

Q: Have you ever been told by a doctor, nurse or other health professional that you need to take medication for your high blood pressure?



Notes:

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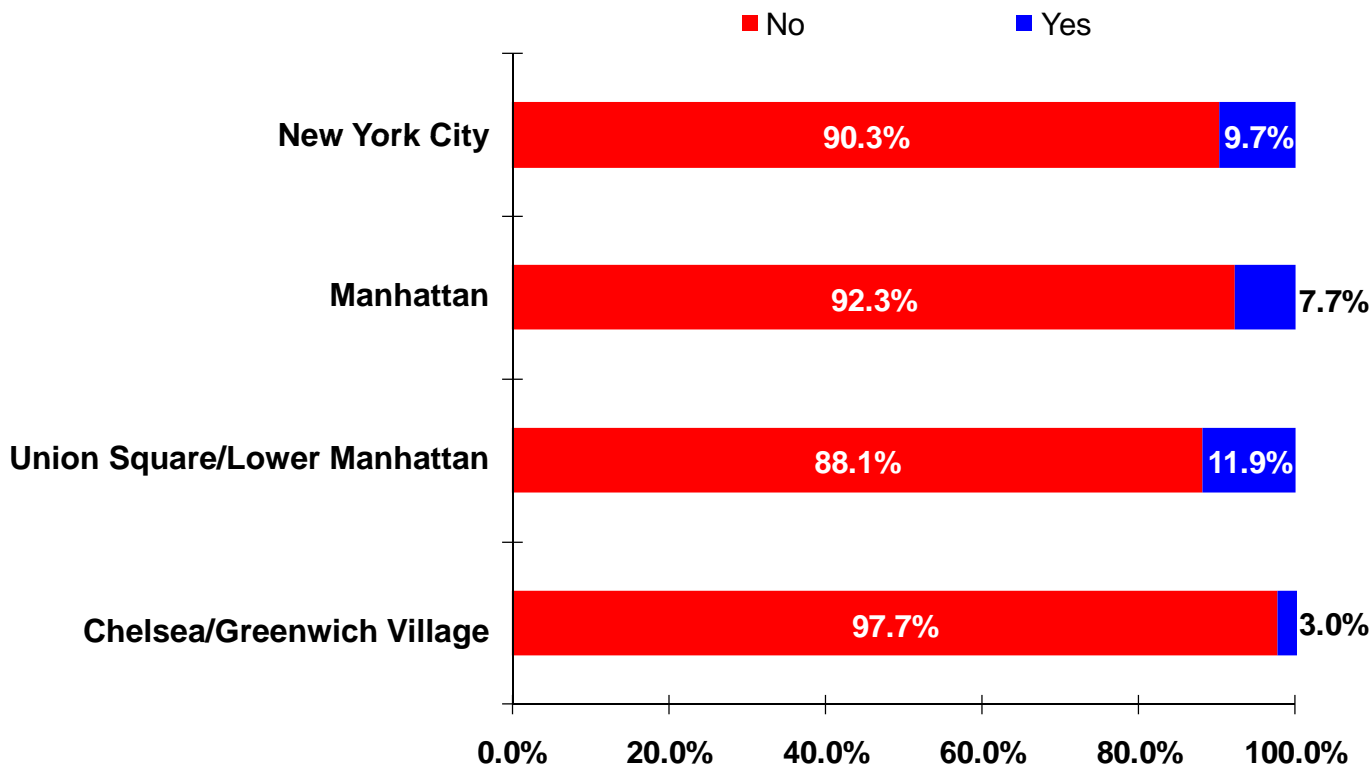
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Source: New York City Department of Health and Mental Hygiene Epidemiology Services – EpiQuery NYC Interactive Data, 2009 Community Health Survey (<https://a816-healthpsi.nyc.gov/epiquery/EpiQuery/CHS/index2009.html>)

CHRONIC CONDITIONS

Diabetes ever

Q: Have you ever been told by a doctor, nurse or other health professional that you have diabetes?



Notes:

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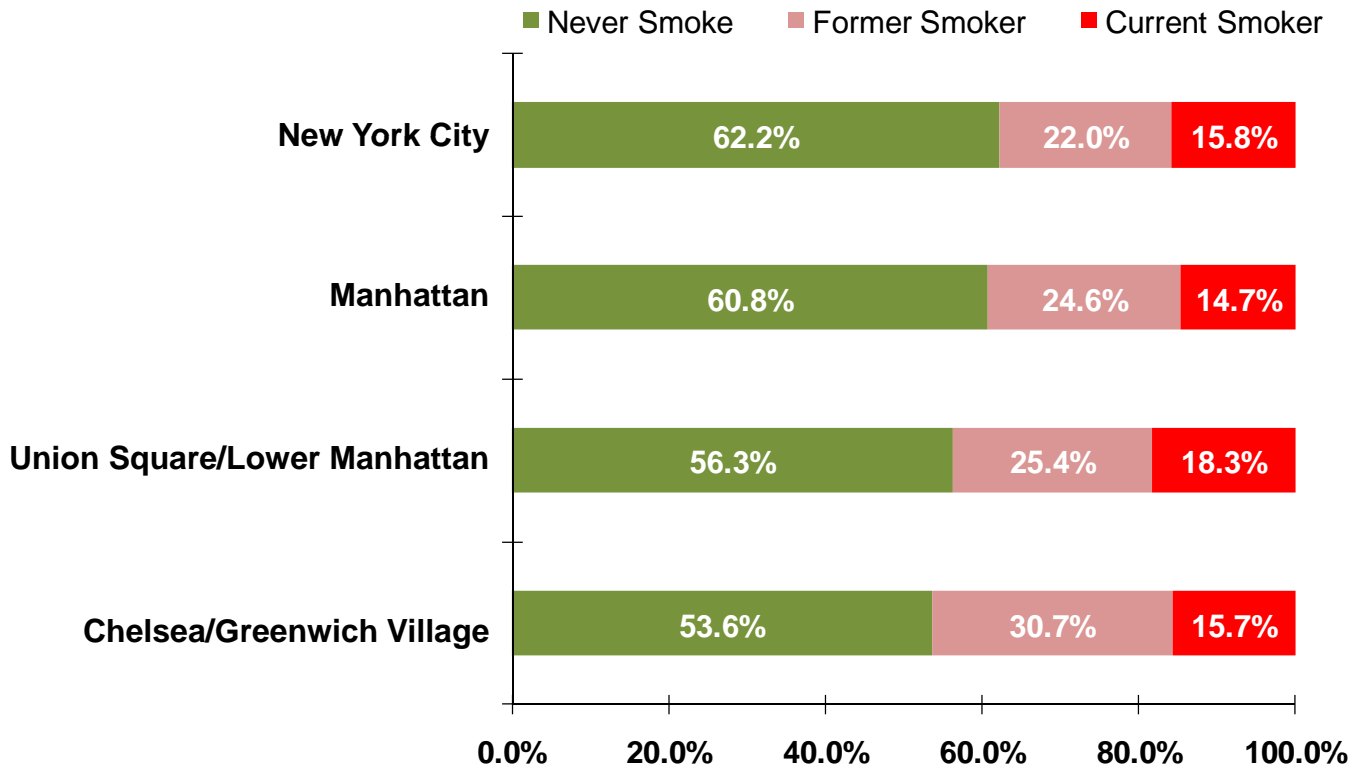
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Source: New York City Department of Health and Mental Hygiene Epidemiology Services – EpiQuery NYC Interactive Data, 2009 Community Health Survey (<https://a816-healthpsi.nyc.gov/epiquery/EpiQuery/CHS/index2009.html>)

CIGARETTE SMOKING AND ALCOHOL

Smoking status

Smoking status is defined as being a current or former smoker or having smoked less than 100 cigarettes ever (never smoker).



Notes:

Total estimated populations may not equal the sum of subgroup estimated populations due to rounding or missing data.

Population estimates are NOT age adjusted, but all percents are age adjusted.

Confidence Intervals (CIs) are a measure of estimate precision: the wider the CI, the more imprecise the estimate.

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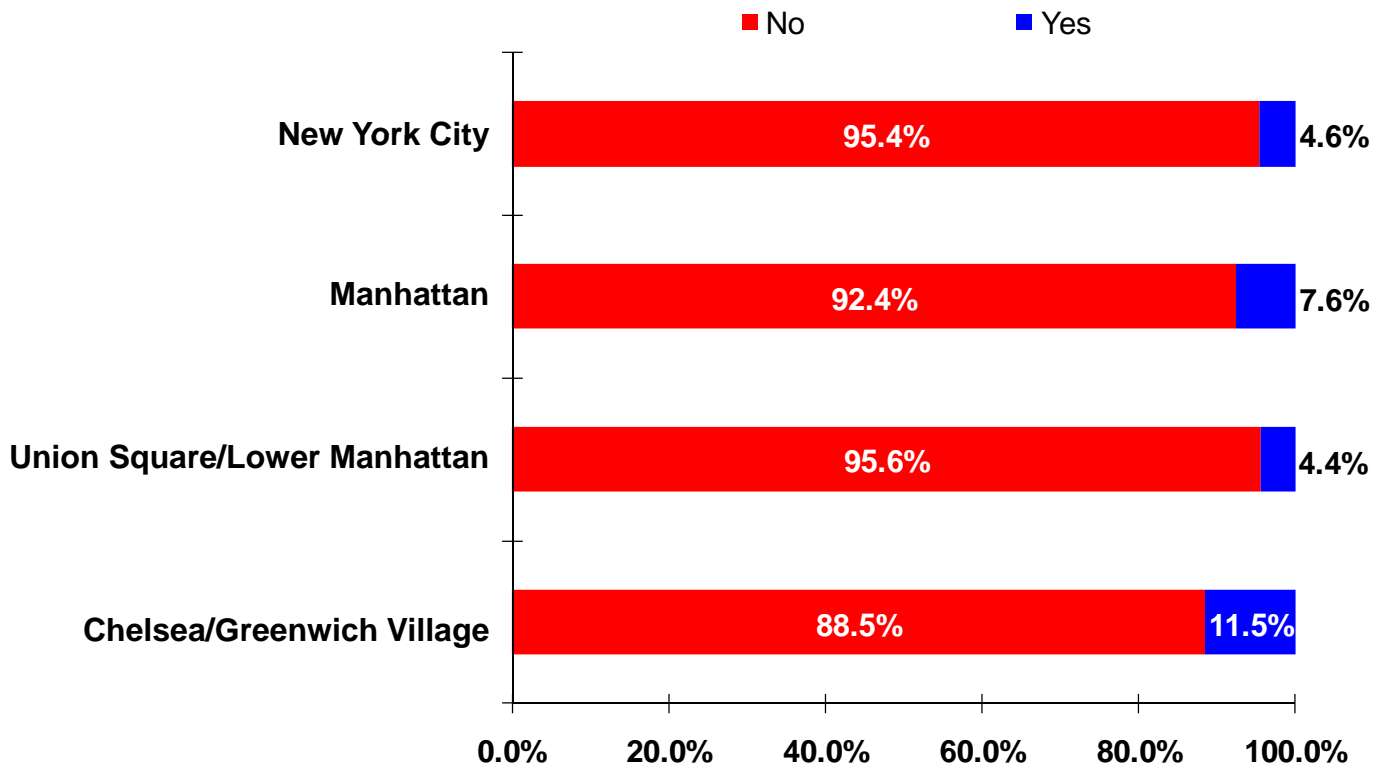
#Data are suppressed due to imprecise and unreliable estimates.

Source: New York City Department of Health and Mental Hygiene Epidemiology Services – EpiQuery NYC Interactive Data, 2009 Community Health Survey (<https://a816-healthpsi.nyc.gov/epiquery/EpiQuery/CHS/index2009.html>)

CIGARETTE SMOKING AND ALCOHOL

Heavy drinking

Heavy drinking is defined as an average of more than 2 drinks per day for men and more than 1 drink per day for women.



Notes:

Total estimated populations may not equal the sum of subgroup estimated populations due to rounding or missing data.

Population estimates are NOT age adjusted, but all percents are age adjusted.

Confidence Intervals (CIs) are a measure of estimate precision: the wider the CI, the more imprecise the estimate.

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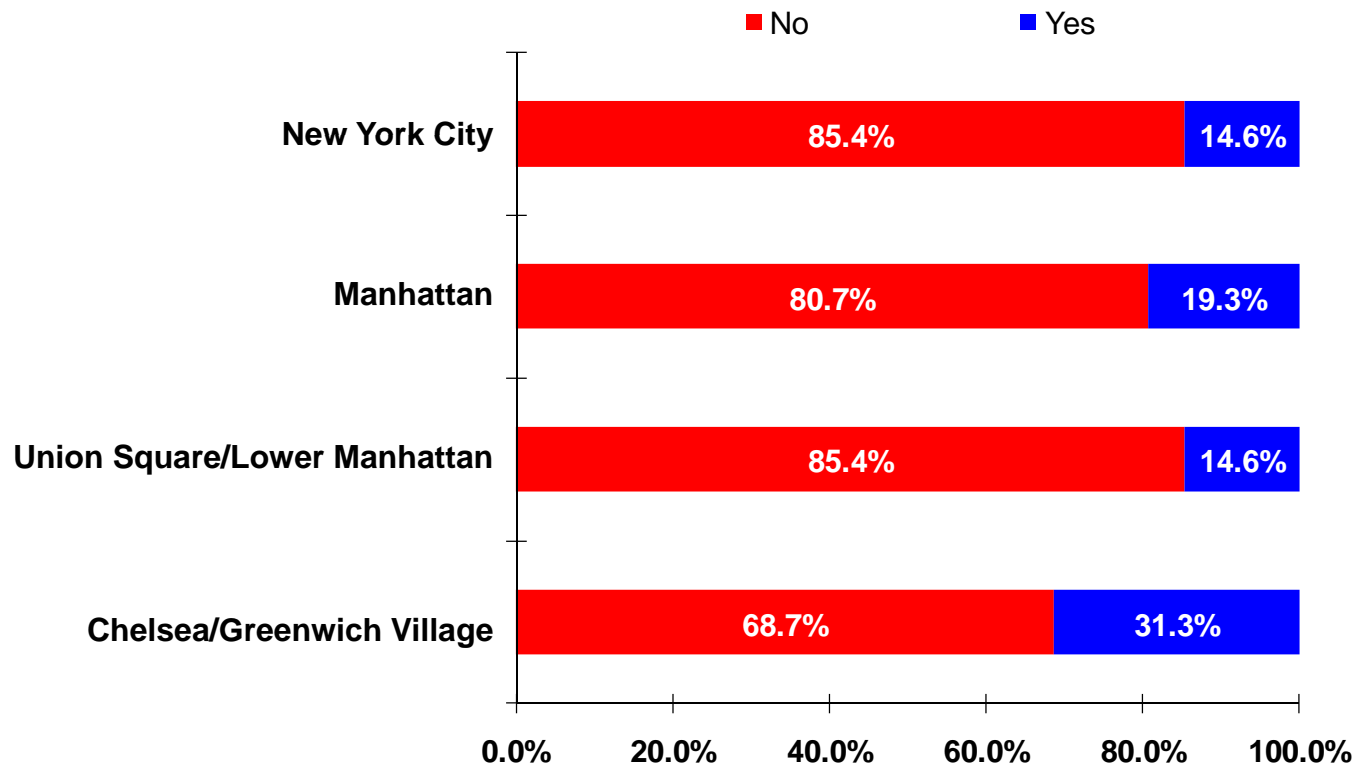
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Source: New York City Department of Health and Mental Hygiene Epidemiology Services – EpiQuery NYC Interactive Data, 2009 Community Health Survey (<https://a816-healthpsi.nyc.gov/epiquery/EpiQuery/CHS/index2009.html>)

CIGARETTE SMOKING AND ALCOHOL

Binge drinking

Binge drinking is defined as five or more drinks on one occasion in the past 30 days.



Notes:

Total estimated populations may not equal the sum of subgroup estimated populations due to rounding or missing data.

Population estimates are NOT age adjusted, but all percents are age adjusted.

Confidence Intervals (CIs) are a measure of estimate precision: the wider the CI, the more imprecise the estimate.

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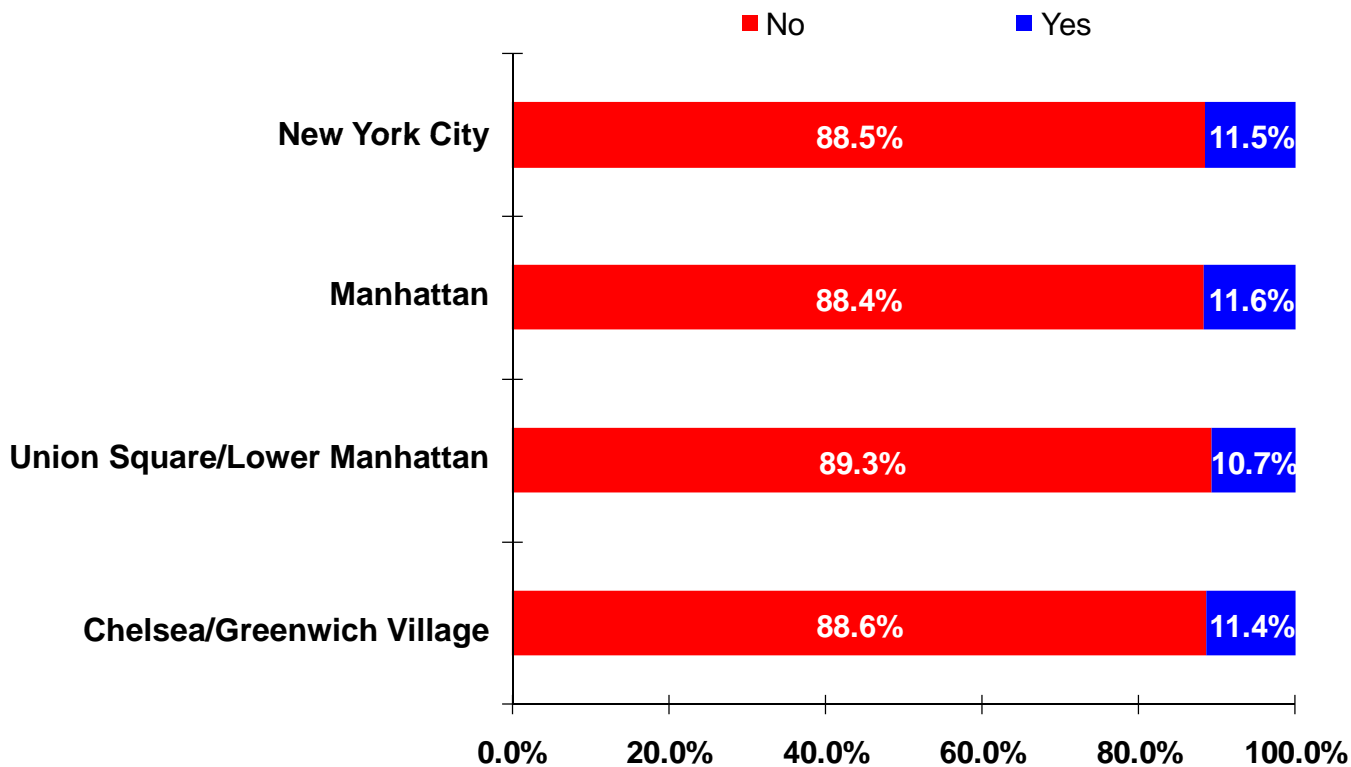
#Data are suppressed due to imprecise and unreliable estimates.

Source: New York City Department of Health and Mental Hygiene Epidemiology Services – EpiQuery NYC Interactive Data, 2009 Community Health Survey (<https://a816-healthpsi.nyc.gov/epiquery/EpiQuery/CHS/index2009.html>)

ASTHMA

Asthma ever

Q: Have you ever been told by a doctor, nurse or other health professional that you had asthma?



Notes:

Total estimated populations may not equal the sum of subgroup estimated populations due to rounding or missing data.

Population estimates are NOT age adjusted, but all percents are age adjusted.

Confidence Intervals (CIs) are a measure of estimate precision: the wider the CI, the more imprecise the estimate.

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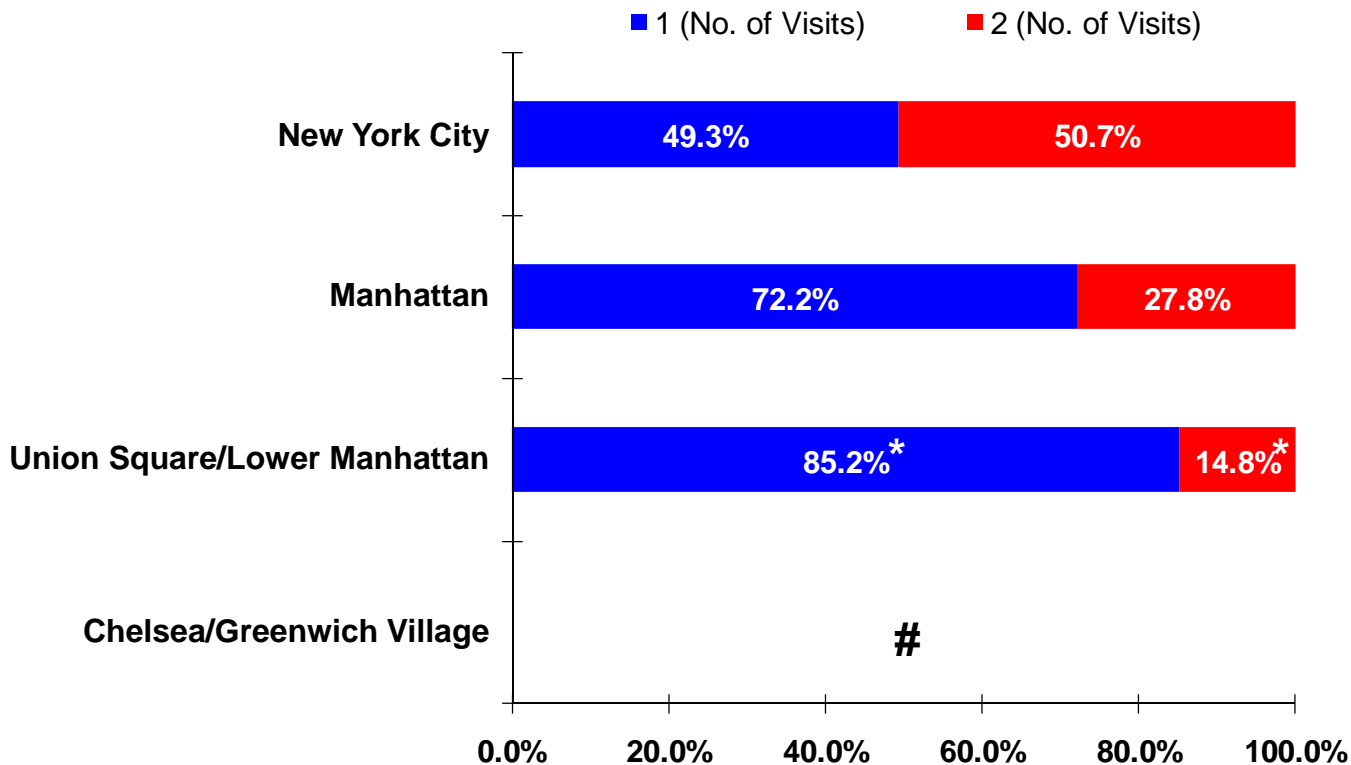
Source: New York City Department of Health and Mental Hygiene Epidemiology Services – EpiQuery NYC Interactive Data, 2009 Community Health Survey (<https://a816-healthpsi.nyc.gov/epiquery/EpiQuery/CHS/index2009.html>)

ASTHMA

ED visits due to asthma

Q: During the past 12 months, how many times did you visit an emergency room or urgent care center because of asthma?

Results restricted to adults who reported having an asthma attack during the past 12 months.



Notes:

Total estimated populations may not equal the sum of subgroup estimated populations due to rounding or missing data.

Population estimates are NOT age adjusted, but all percents are age adjusted.

Confidence Intervals (CIs) are a measure of estimate precision: the wider the CI, the more imprecise the estimate.

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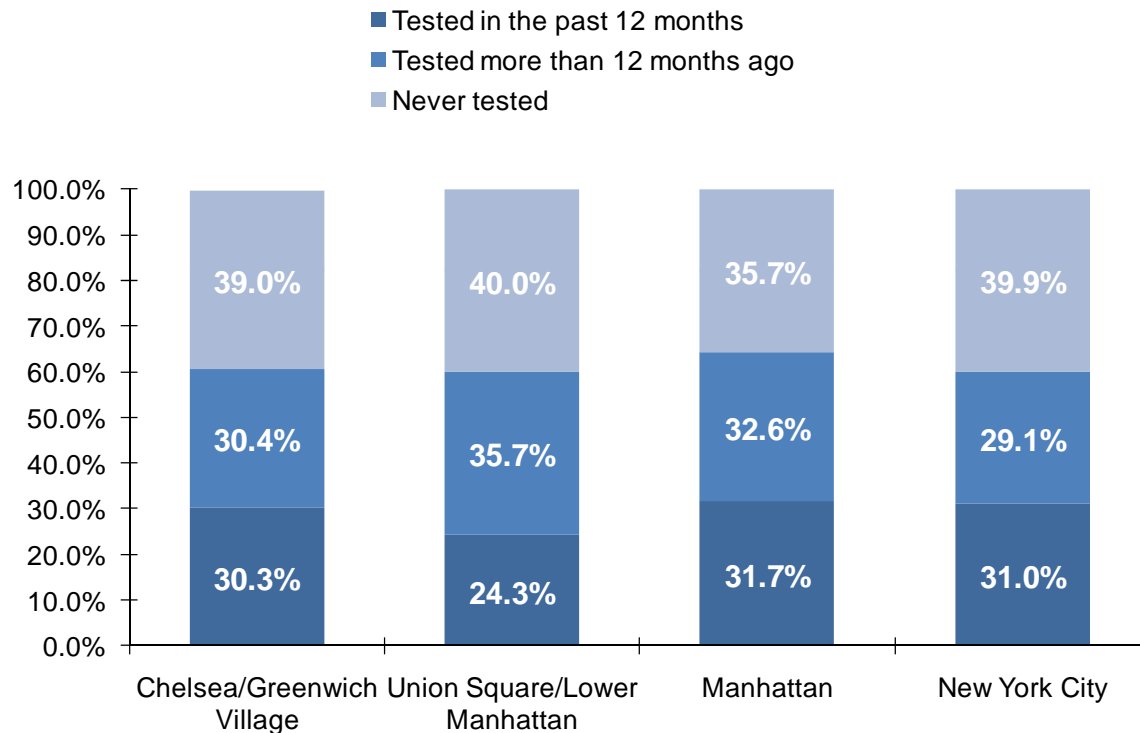
#Data are suppressed due to imprecise and unreliable estimates.

Source: New York City Department of Health and Mental Hygiene Epidemiology Services – EpiQuery NYC Interactive Data, 2009 Community Health Survey (<https://a816-healthpsi.nyc.gov/epiquery/EpiQuery/CHS/index2009.html>)

HIV TESTING, SEXUAL ORIENTATION AND BEHAVIOR

HIV Testing

Respondents were asked if they had an HIV test in the past 12 months, or ever.



Notes:

Total estimated populations may not equal the sum of subgroup estimated populations due to rounding or missing data.

Population estimates are NOT age adjusted, but all percents are age adjusted.

Confidence Intervals (CIs) are a measure of estimate precision: the wider the CI, the more imprecise the estimate.

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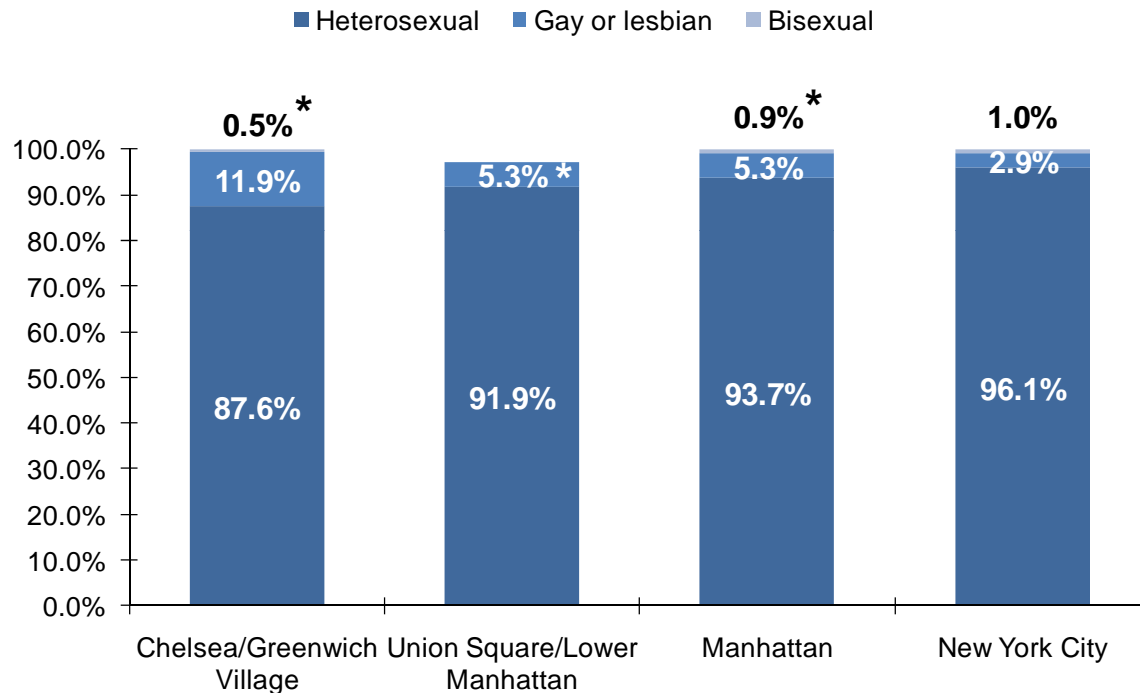
#Data are suppressed due to imprecise and unreliable estimates.

Source: New York City Department of Health and Mental Hygiene Epidemiology Services – EpiQuery NYC Interactive Data, 2009 Community Health Survey (<https://a816-healthpsi.nyc.gov/epiquery/EpiQuery/CHS/index2009.html>)

HIV TESTING, SEXUAL ORIENTATION AND BEHAVIOR

Sexual Identity (unadjusted for age)

Now I'll read a list of terms people sometimes use to describe themselves -- heterosexual or straight; homosexual, gay or lesbian; and bisexual. As I read the list again, please stop me when I get to the term that best describes how you think of yourself.



Notes:

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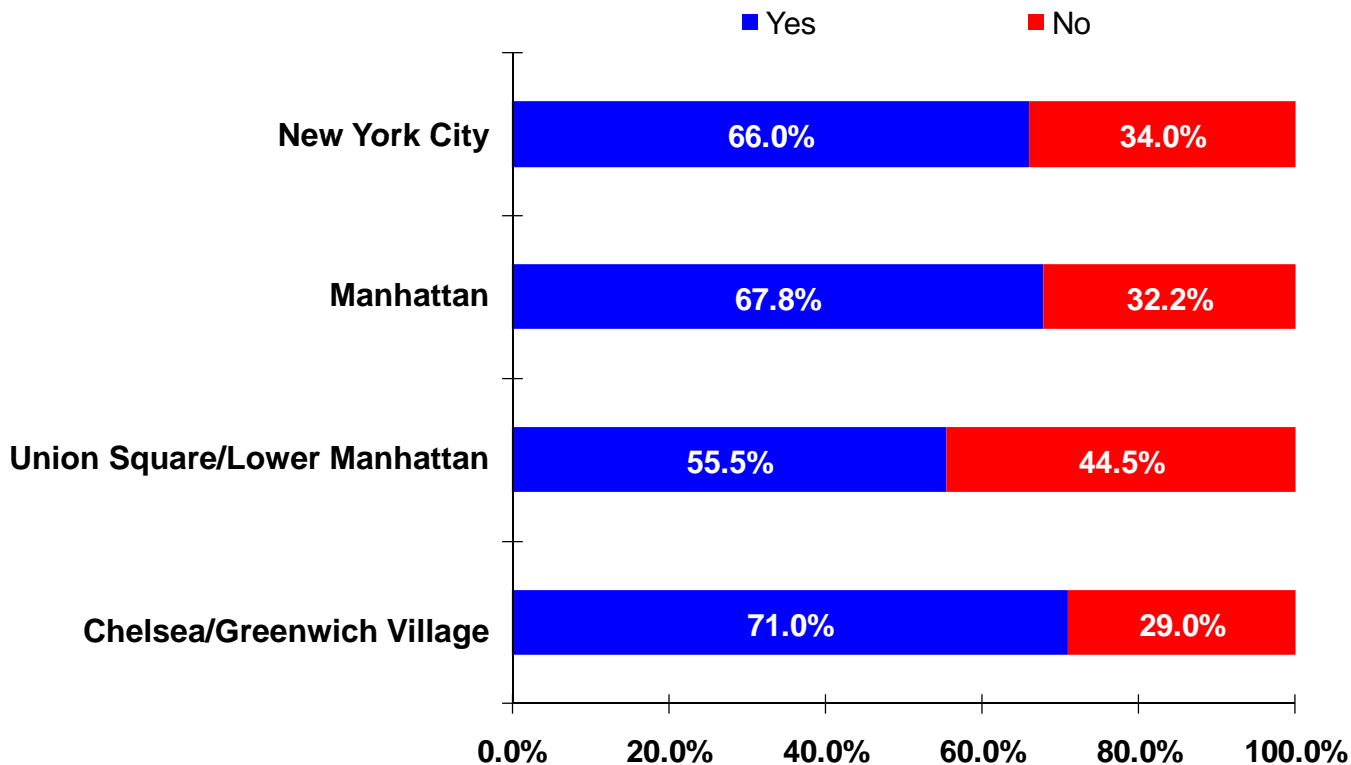
Source: New York City Department of Health and Mental Hygiene Epidemiology Services – EpiQuery NYC Interactive Data, 2009 Community Health Survey (<https://a816-healthpsi.nyc.gov/epiquery/EpiQuery/CHS/index2009.html>)

CANCER SCREENING

Colon cancer (timely colonoscopy)

Timely colon cancer screening is defined as having had a colonoscopy in the past 10 years.

Results restricted to adults aged 50 and older.



Notes:

Total estimated populations may not equal the sum of subgroup estimated populations due to rounding or missing data.

Population estimates are NOT age adjusted, but all percents are age adjusted.

Confidence Intervals (CIs) are a measure of estimate precision: the wider the CI, the more imprecise the estimate.

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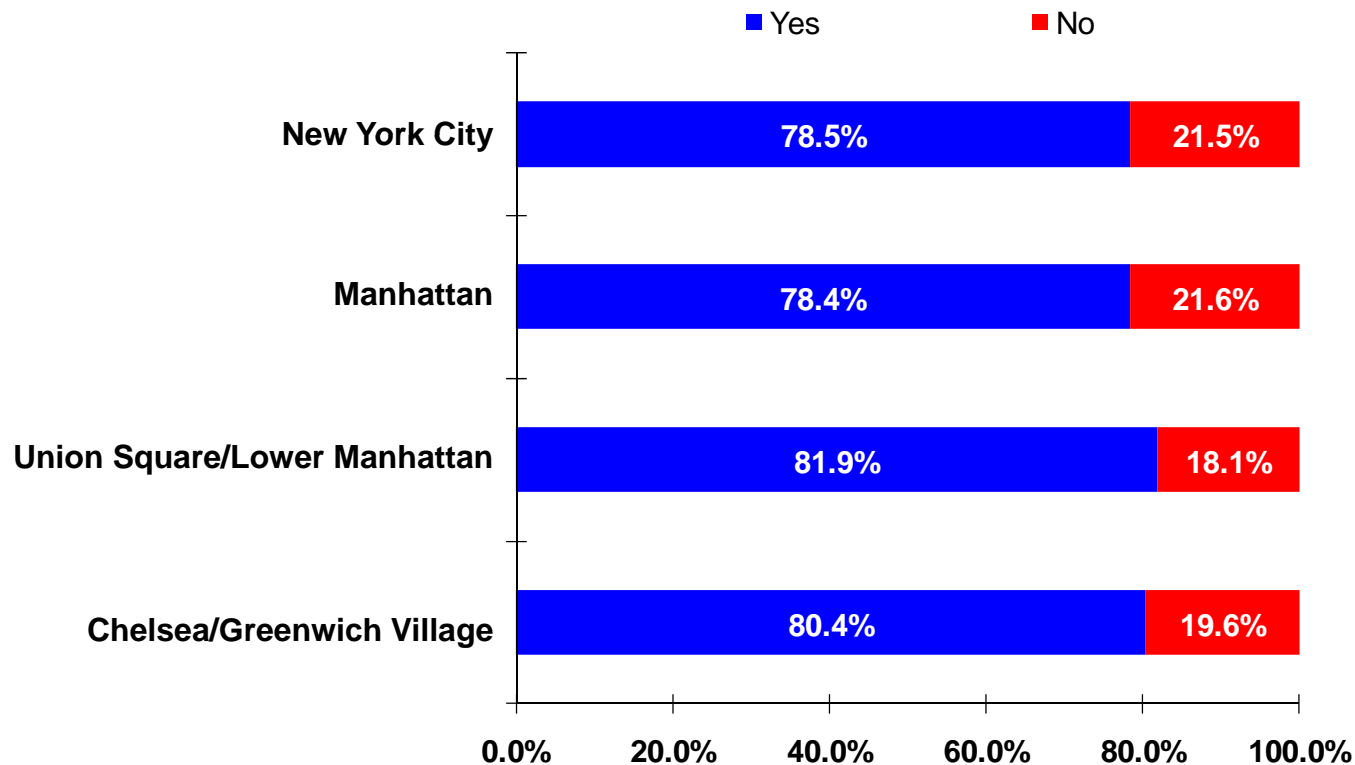
Source: New York City Department of Health and Mental Hygiene Epidemiology Services – EpiQuery NYC Interactive Data, 2009 Community Health Survey (<https://a816-healthpsi.nyc.gov/epiquery/EpiQuery/CHS/index2009.html>)

CANCER SCREENING

Breast cancer (timely mammography)

Timely breast cancer screening is defined as having had a mammography in the past 2 years.

Results restricted to women aged 40 and older.



Notes:

Total estimated populations may not equal the sum of subgroup estimated populations due to rounding or missing data.

Population estimates are NOT age adjusted, but all percents are age adjusted.

Confidence Intervals (CIs) are a measure of estimate precision: the wider the CI, the more imprecise the estimate.

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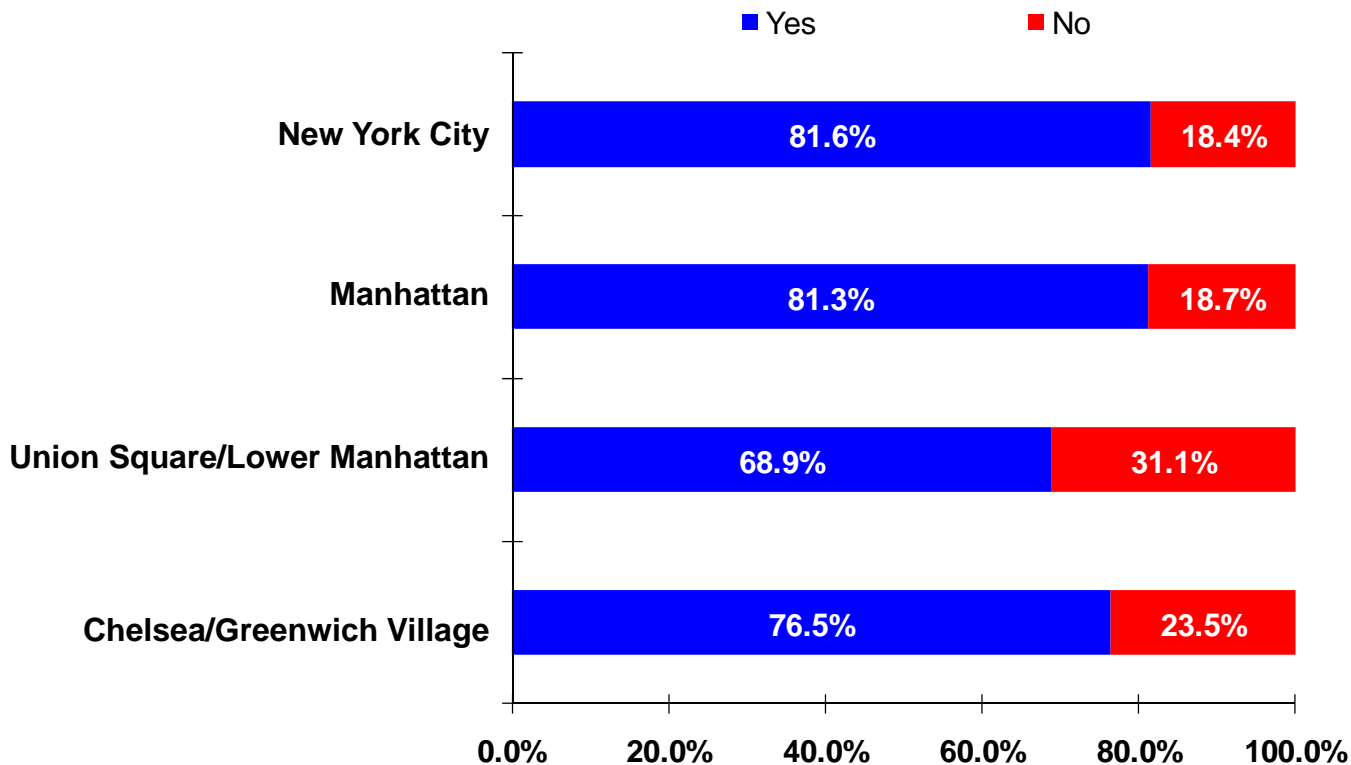
Source: New York City Department of Health and Mental Hygiene Epidemiology Services – EpiQuery NYC Interactive Data, 2009 Community Health Survey (<https://a816-healthpsi.nyc.gov/epiquery/EpiQuery/CHS/index2009.html>)

CANCER SCREENING

Cervical cancer (timely Pap test)

Timely cervical cancer screening is defined as having had a pap test in the past 3 years.

Results restricted to women.



Notes:

Total estimated populations may not equal the sum of subgroup estimated populations due to rounding or missing data.

Population estimates are NOT age adjusted, but all percents are age adjusted.

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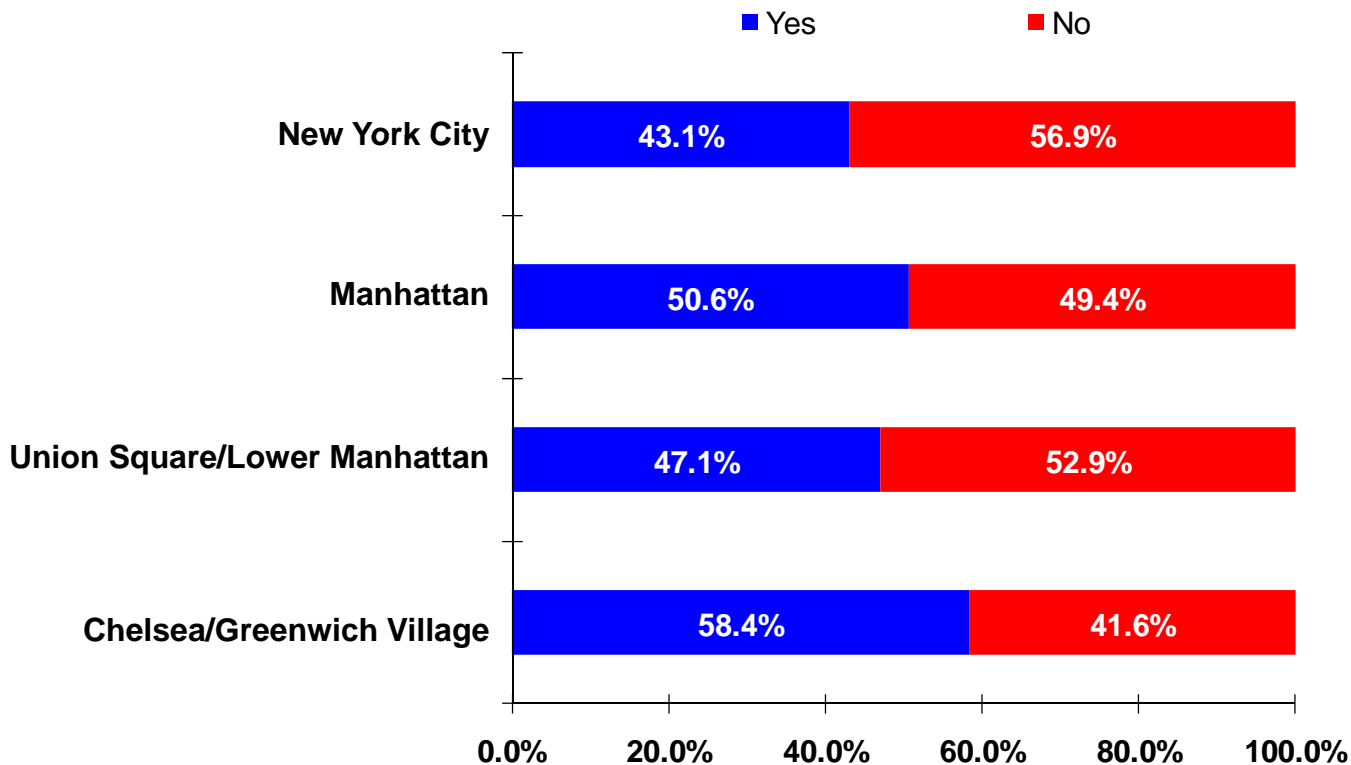
Source: New York City Department of Health and Mental Hygiene Epidemiology Services – EpiQuery NYC Interactive Data, 2009 Community Health Survey (<https://a816-healthpsi.nyc.gov/epiquery/EpiQuery/CHS/index2009.html>)

VACCINATION

Flu vaccination

Q: During the past 12 months, have you had a flu shot in your arm or a flu vaccine that was sprayed in your nose?

Results restricted to adults aged 50 and older.



Notes:

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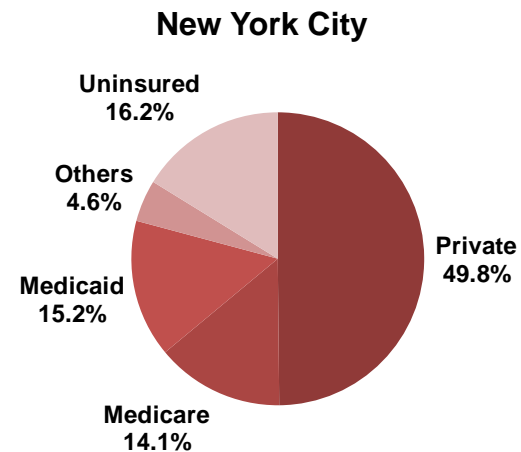
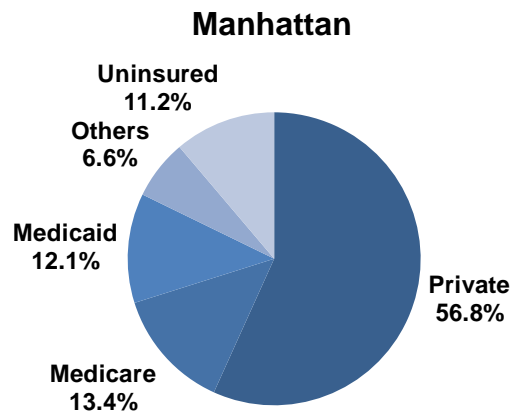
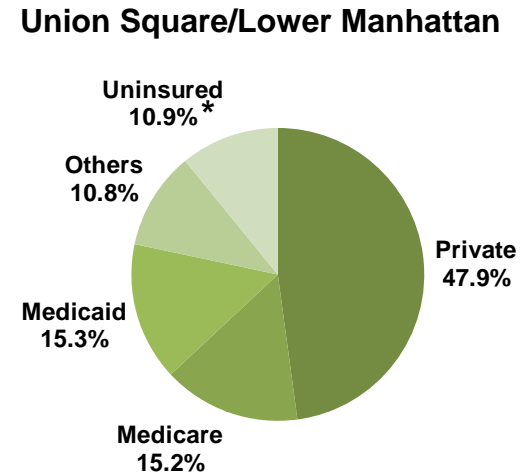
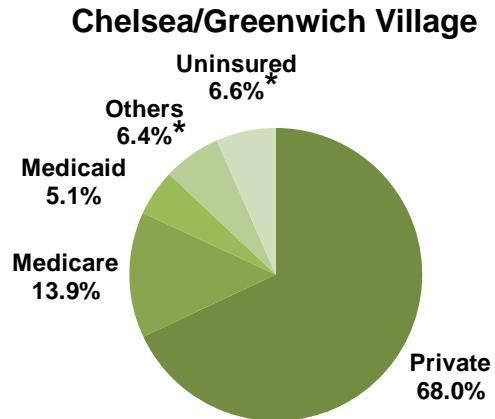
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ACCESS TO HEALTH CARE

Health insurance

Respondents were asked if they were personally covered by a number of different types of health insurance, or if they had no health insurance at all.



Notes:

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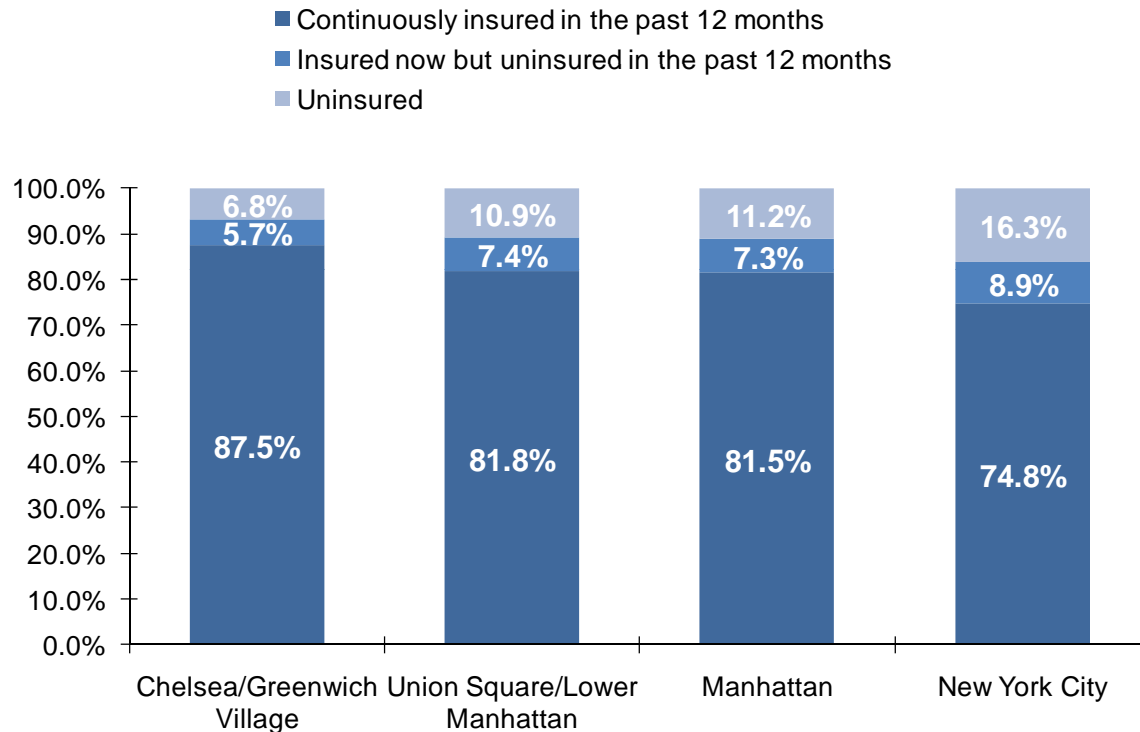
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ACCESS TO HEALTH CARE

Insured all year

Respondents were asked about their current insurance status and, if currently insured, whether they had been without insurance during the past year.



Notes:

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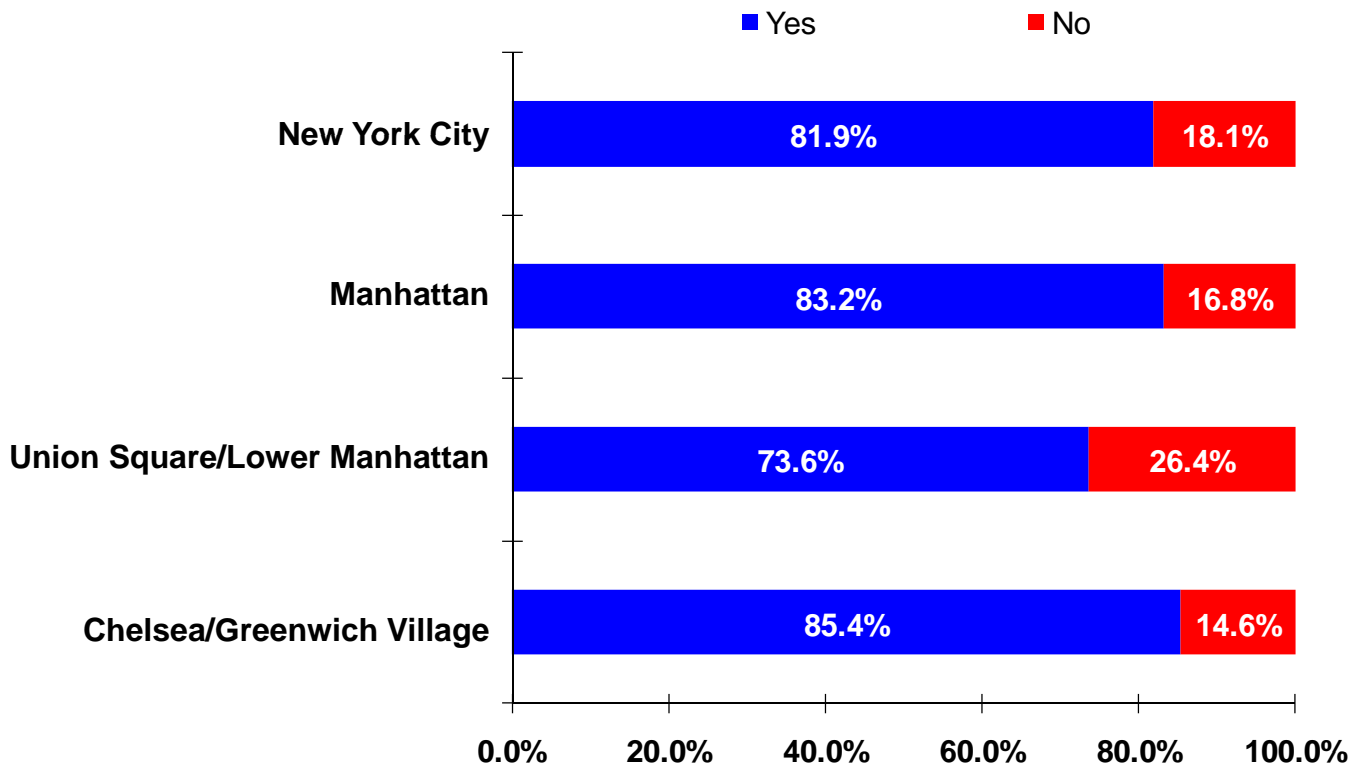
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ACCESS TO HEALTH CARE

Personal doctor

Do you have one person (or more than one person) you think as your personal doctor health care provider?



Notes:

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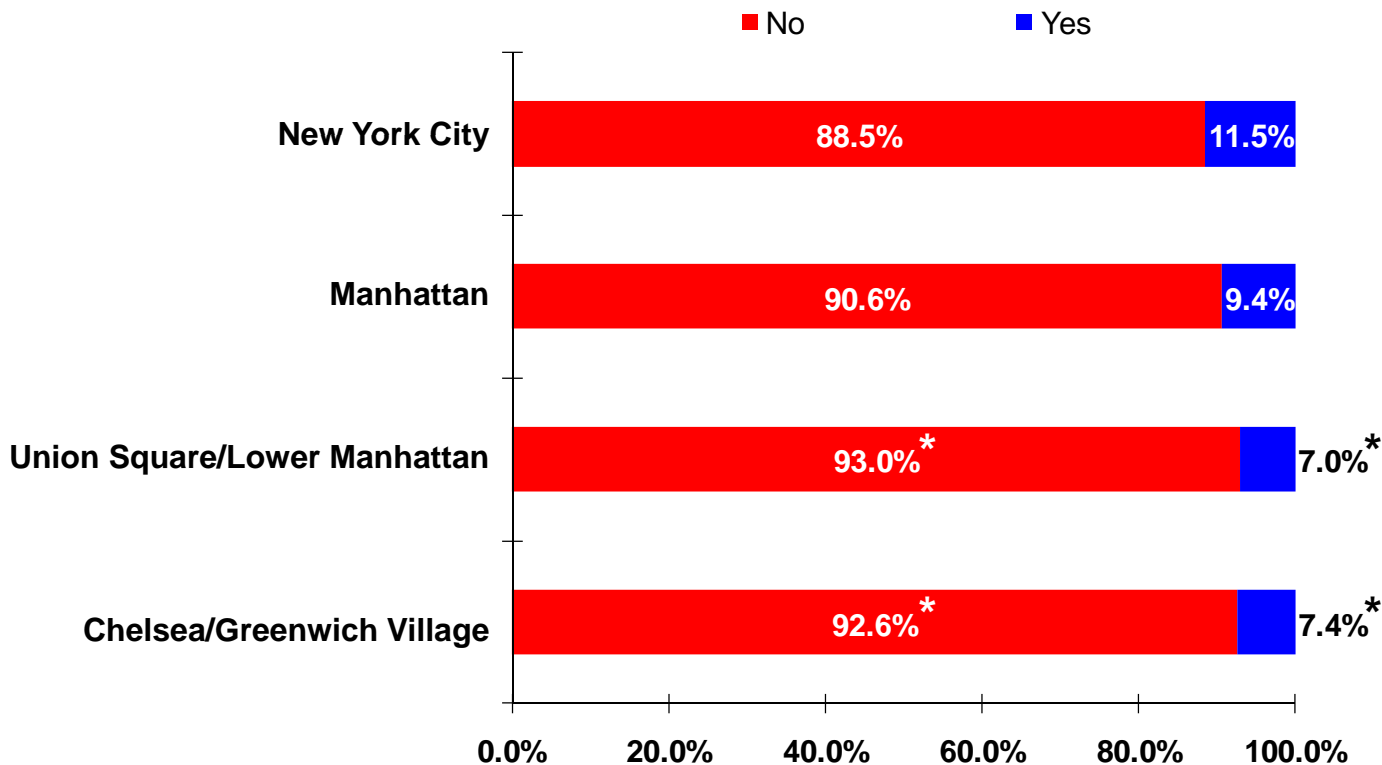
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ACCESS TO HEALTH CARE

Did not get needed medical care

Was there a time in the past 12 months when you needed medical care but did NOT get it? Medical care includes doctor visits, tests, procedures, prescription medication and hospitalizations.



Notes:

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Adjusted Rate Ambulatory Case-Sensitive Condition Admissions, 2006

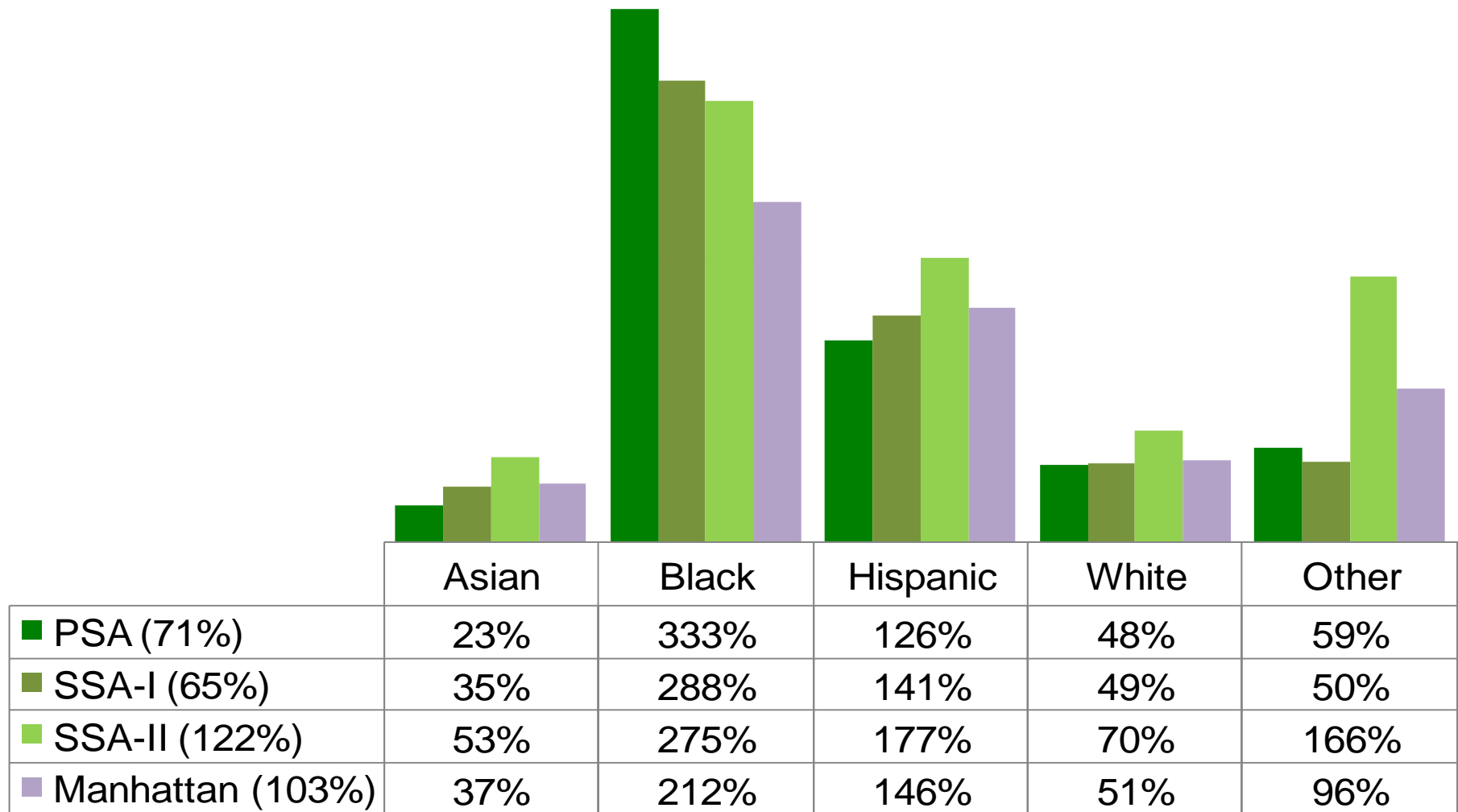
Conditions for which early intervention and the availability of primary care can prevent hospital admissions, complications or more severe disease

	Conditions	PSA	SSA-I	SSA-II	SSA	Service Area	Rest of Manhattan
Acute	Dehydration	126.0	103.0	128.0	121.0	122.0	121.0
	Pneumonia	345.0	326.0	503.0	452.0	418.0	391.0
	UTI	129.0	116.0	238.0	202.0	179.0	174.0
Circulatory	HTN	37.0	39.0	75.0	65.0	55.0	70.0
	CHF	250.0	240.0	442.0	386.0	343.0	442.0
	Angina	30.0	13.0	41.0	32.0	32.0	34.0
Diabetes	DM Short-Term	25.0	26.0	58.0	47.0	40.0	60.0
	DM Long-Term	98.0	96.0	233.0	191.0	159.0	201.0
	Uncontrolled DM	17.0	25.0	51.0	42.0	34.0	48.0
	LE Amputation	27.0	12.0	53.0	40.0	36.0	44.0
Resp	COPD	106.0	102.0	159.0	143.0	131.0	125.0
	Asthma	119.0	110.0	290.0	232.0	193.0	232.0

Source: NYS DOH (https://apps.nyhealth.gov/statistics/prevention/quality_indicators/start.map); accessed November 5, 2010

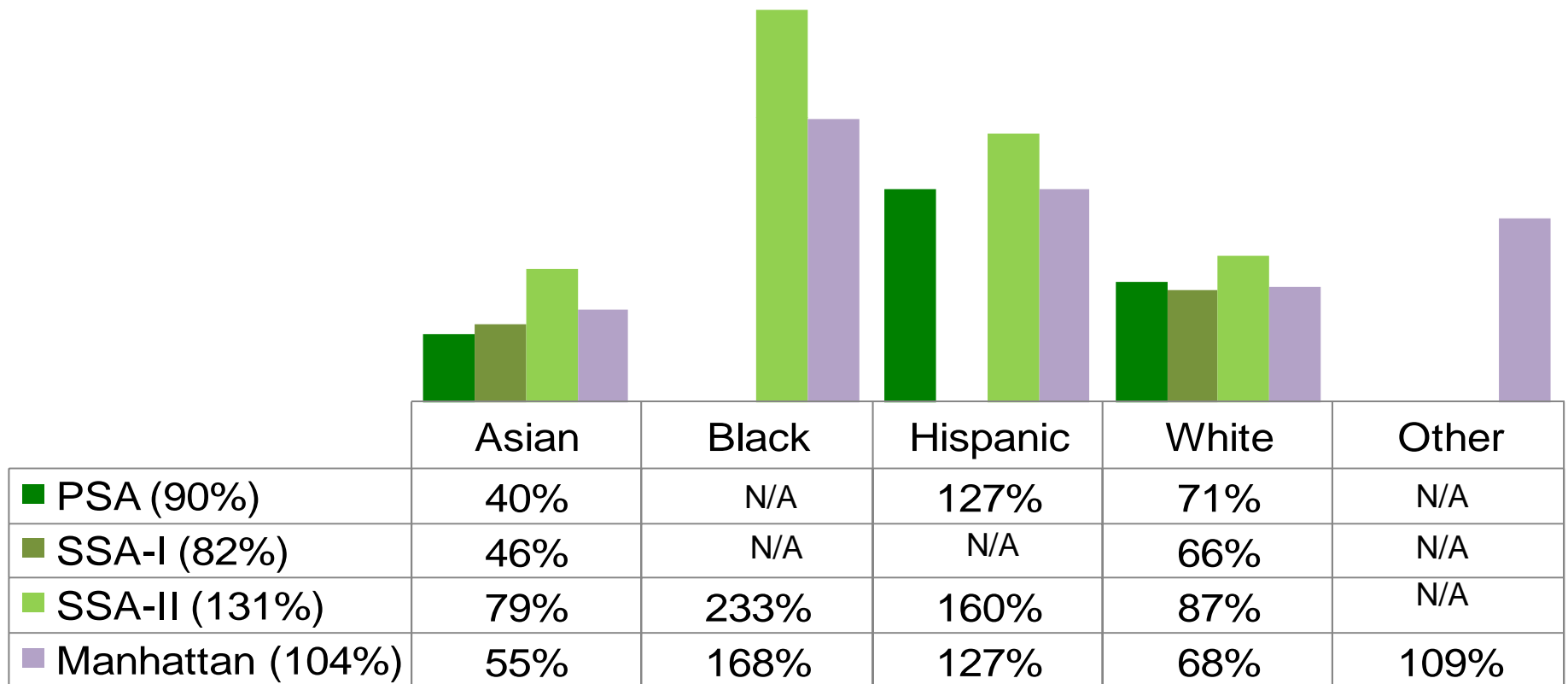
RED denotes higher than Rest of Manhattan

Overall Ambulatory Case-Sensitive Condition Admissions as % Expected by Race & Ethnicity



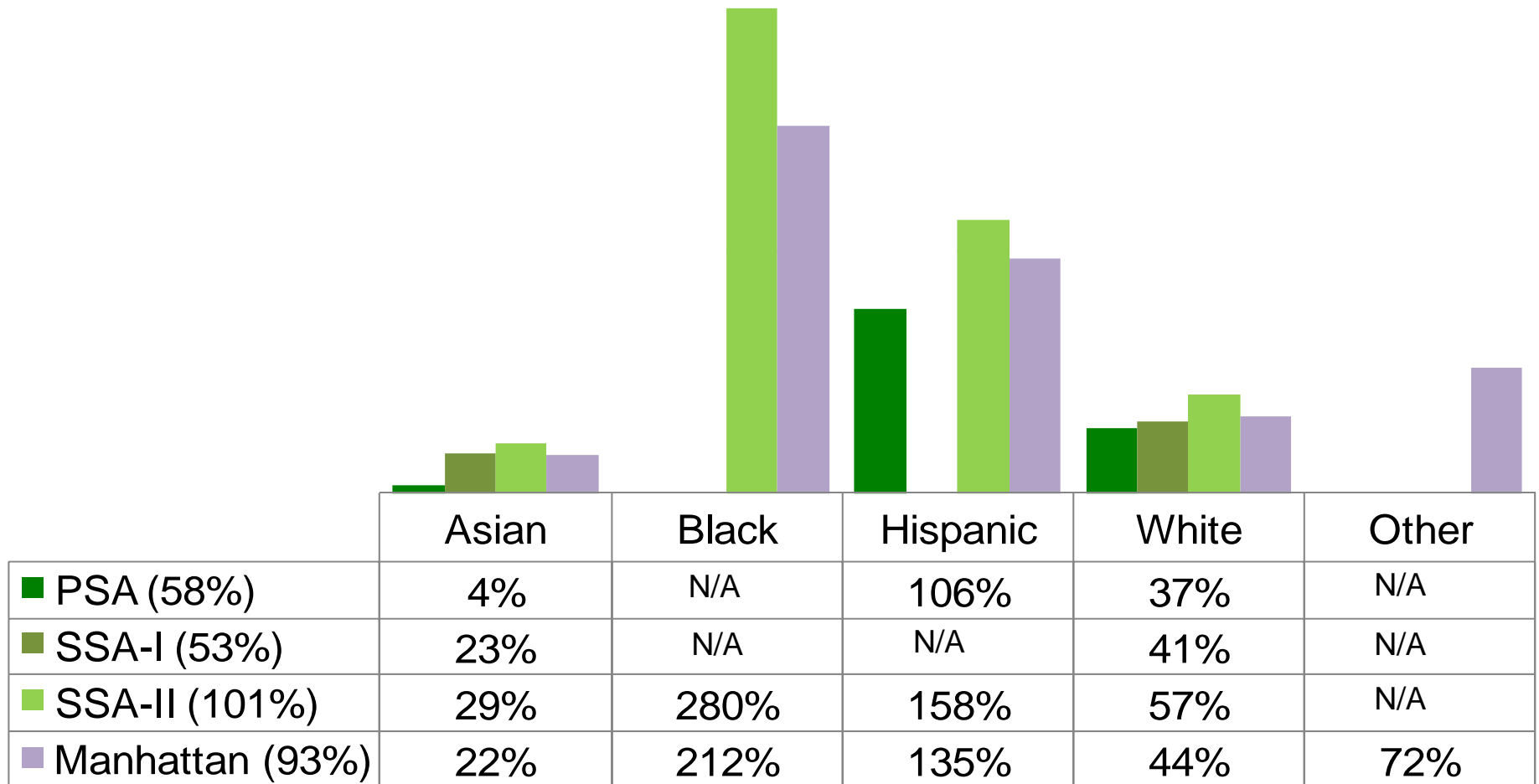
Source: NYS DOH (https://apps.nyhealth.gov/statistics/prevention/quality_indicators/start.map); accessed November 5, 2010

Acute Ambulatory Case-Sensitive Condition Admissions as % Expected by Race & Ethnicity

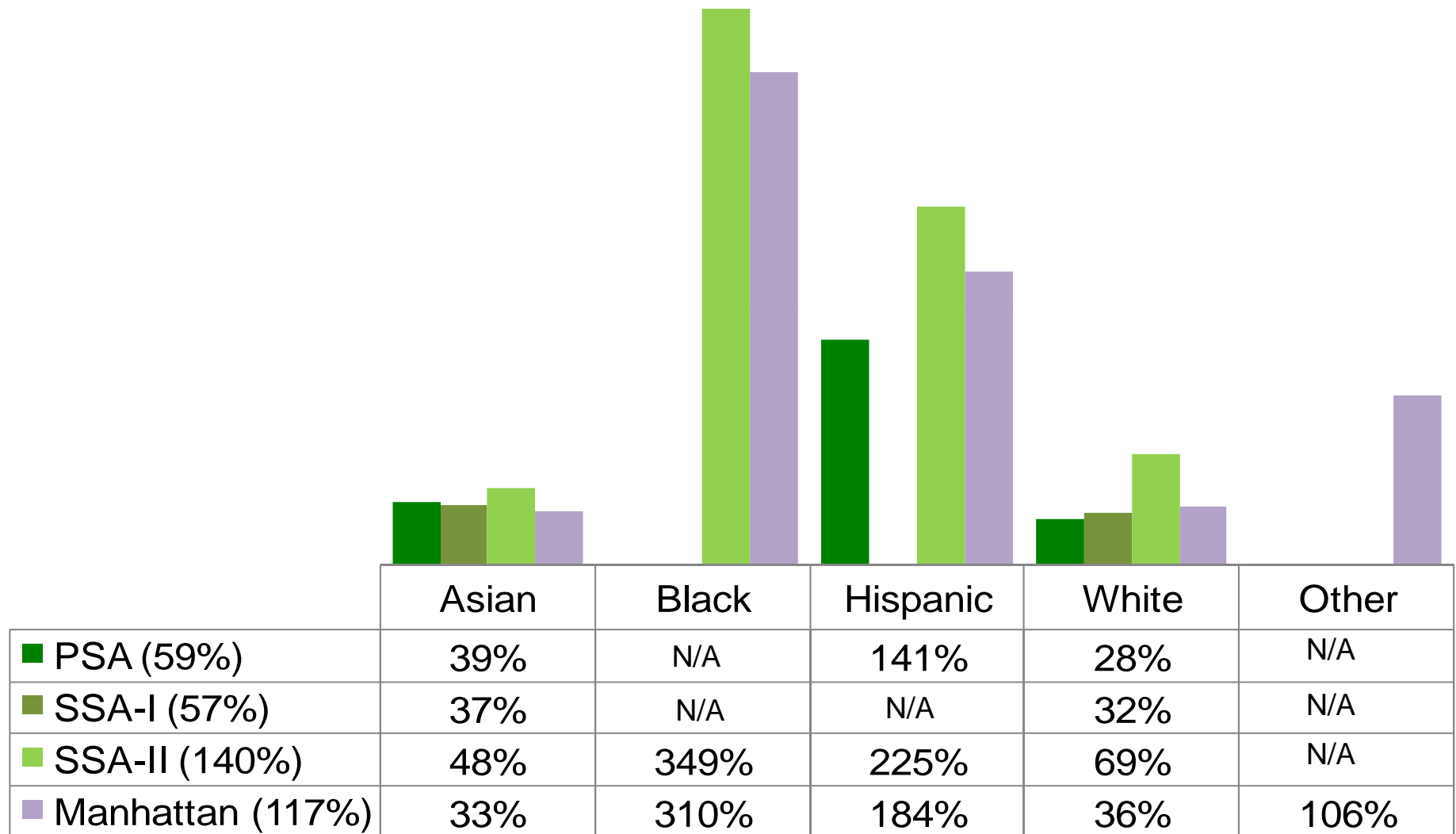


Source: NYS DOH (https://apps.nyhealth.gov/statistics/prevention/quality_indicators/start.map); accessed November 5, 2010

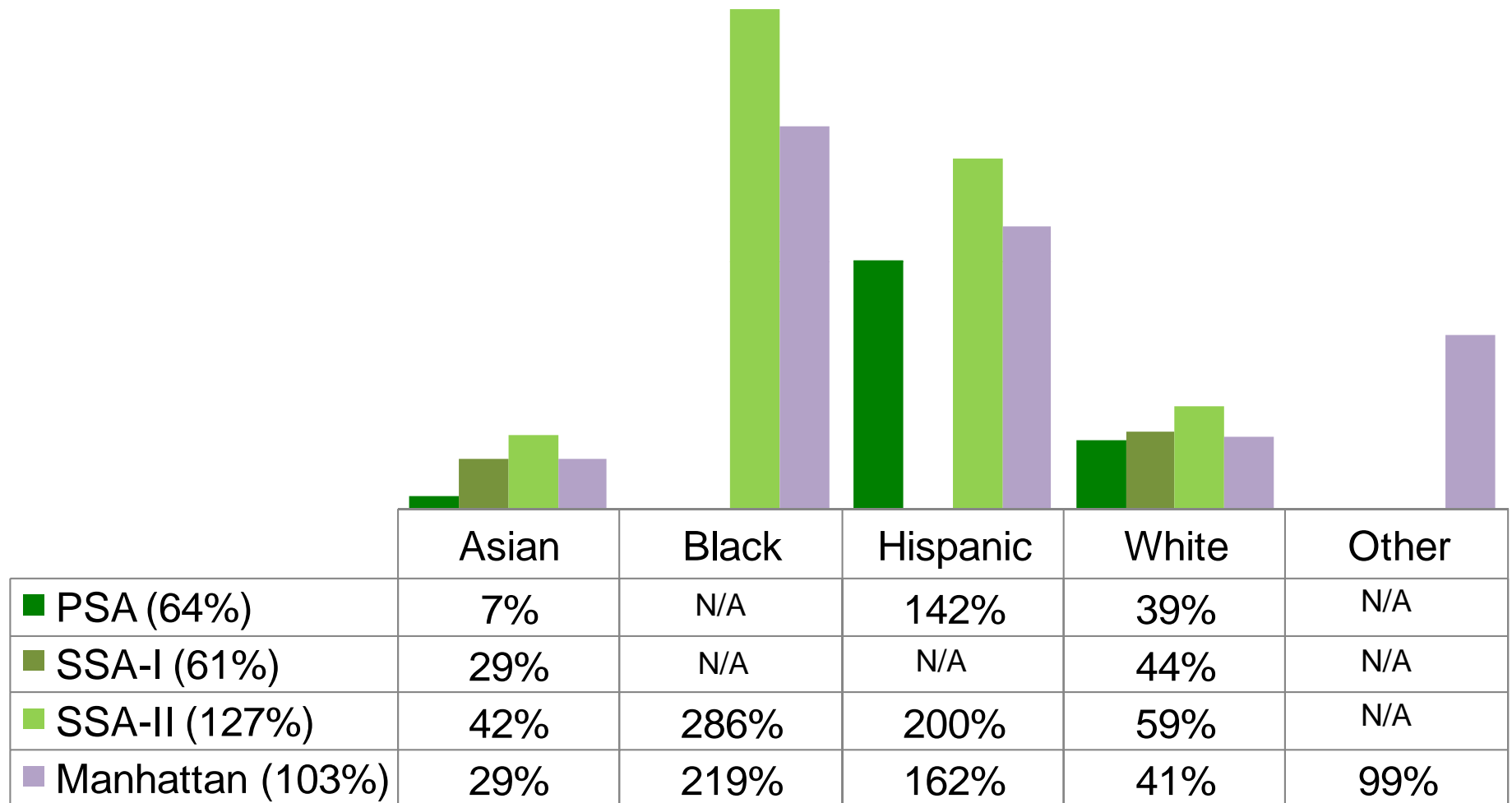
Circulatory Ambulatory Case-Sensitive Condition Admissions as % Expected by Race & Ethnicity



Diabetes Ambulatory Case-Sensitive Condition Admissions as % Expected by Race & Ethnicity



Respiratory Ambulatory Case-Sensitive Condition Admissions as % Expected by Race & Ethnicity

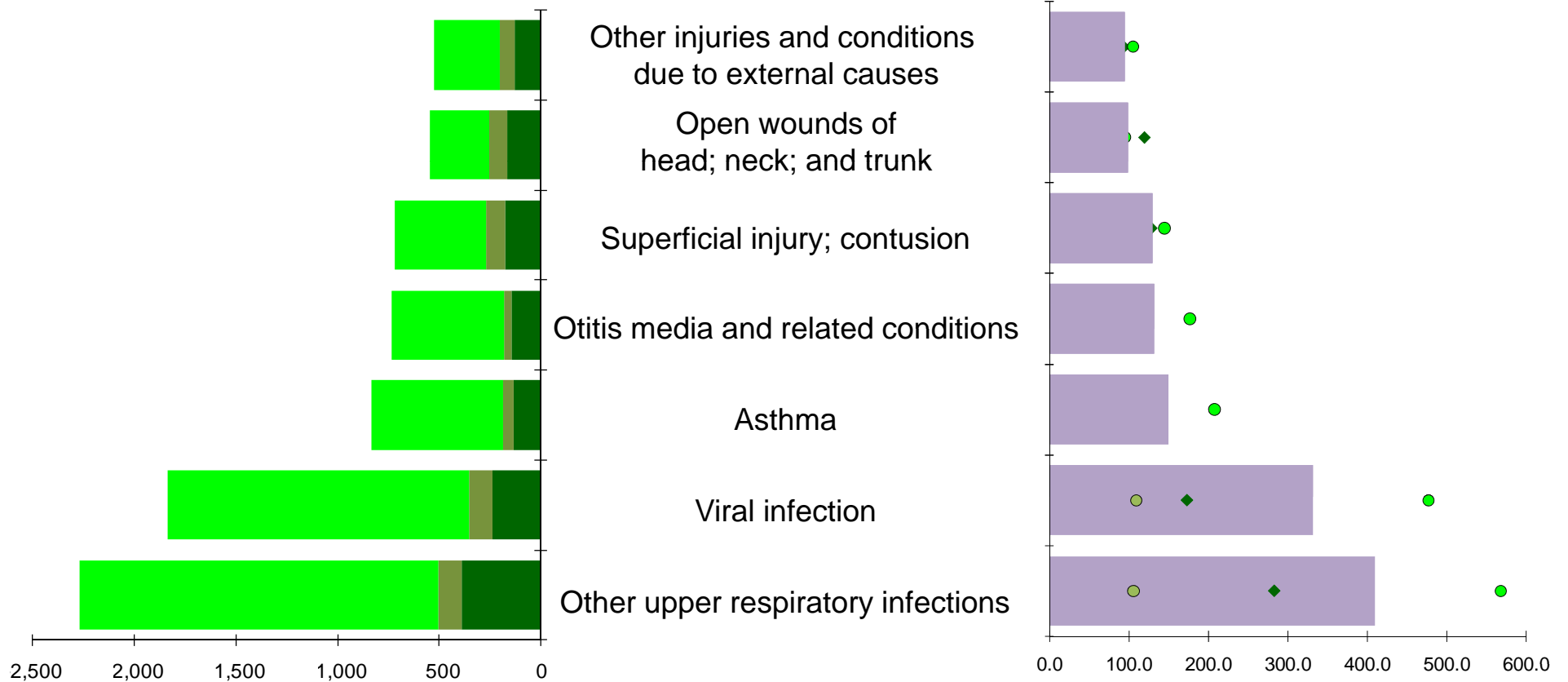
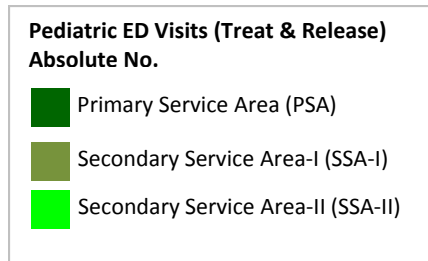


Top Reasons for ED Visits (Treat & Release), 2009

Age Category	ED Utilization (Rank)				
	1	2	3	4	5
0-17	Other Upper Respiratory Infection	Viral Infection	Asthma	Otitis Media	Superficial Injury Contusion
18-34	Other Upper Respiratory Infection	Superficial Injury Contusion	Alcohol Related	Abdominal Pain	Viral Infection
35-64	Alcohol Related	Spondylosis	Superficial Injury Contusion	Connective tissue disease	Other Upper Respiratory Infection
65+	Superficial Injury Contusion	Spondylosis	Other connective tissue disease	Other injuries and conditions	Abdominal Pain

Top 25 Reasons for Pediatric ED Visits (Treat & Release), 2009

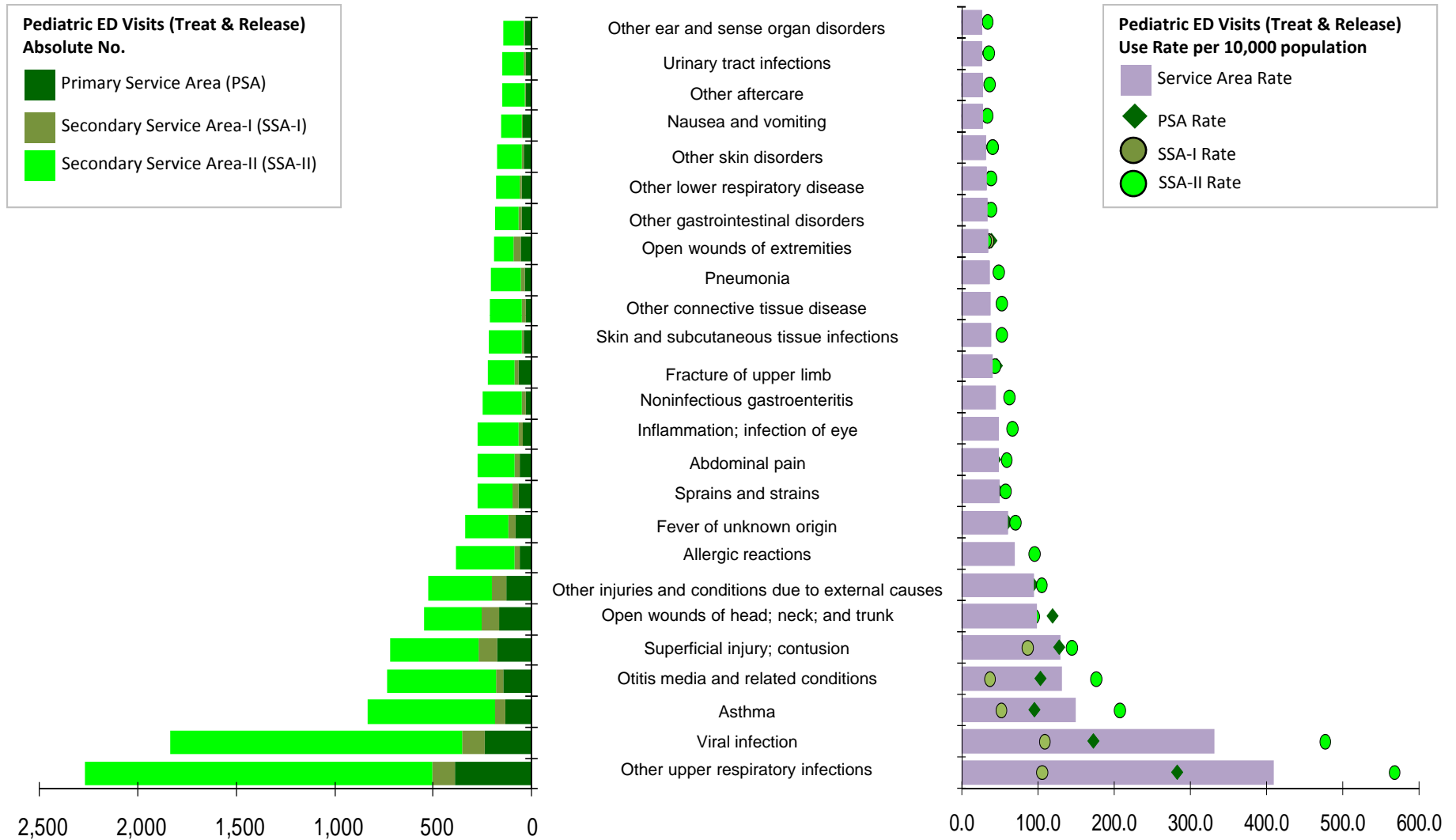
Use Rate per 10,000 population



Source: NYS DOH SPARCS (Statewide Planning and Research Cooperative System)

Top 25 Reasons for Pediatric ED Visits (Treat & Release), 2009

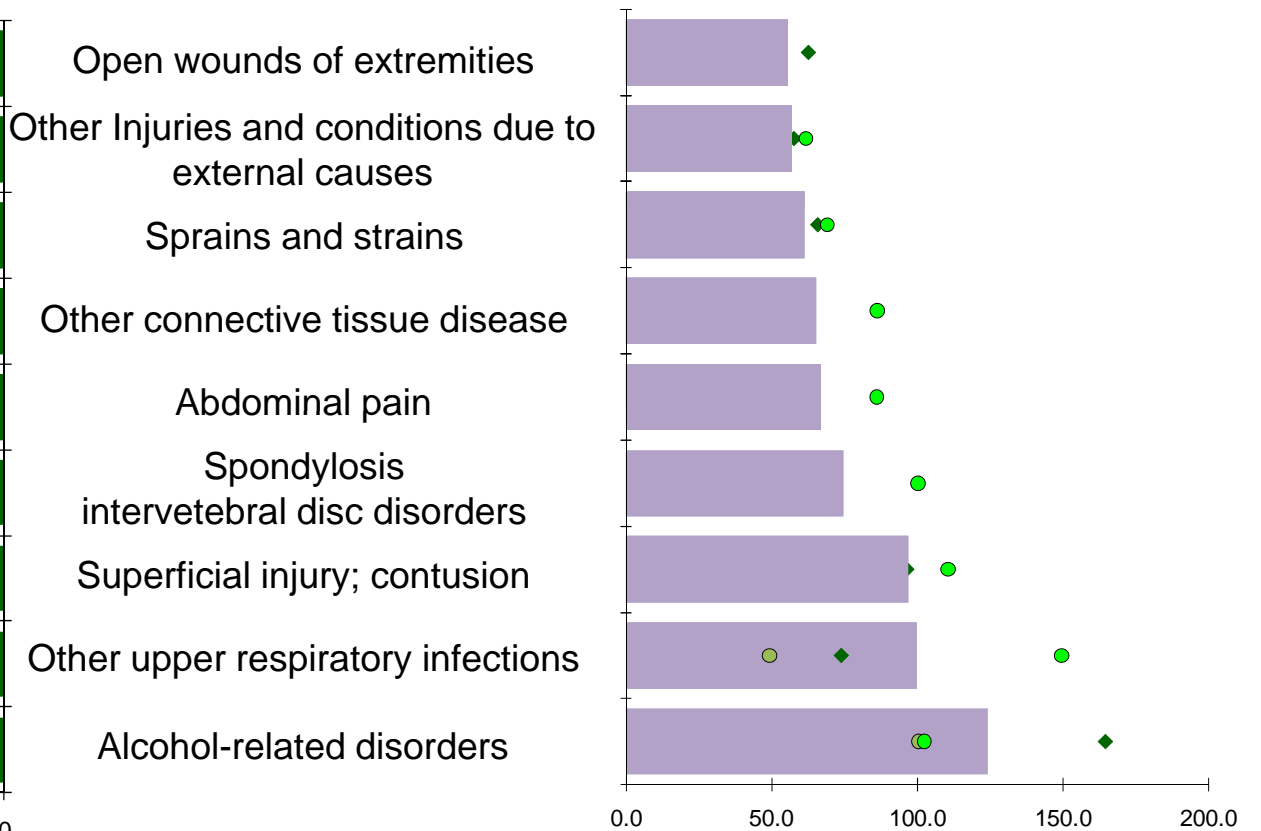
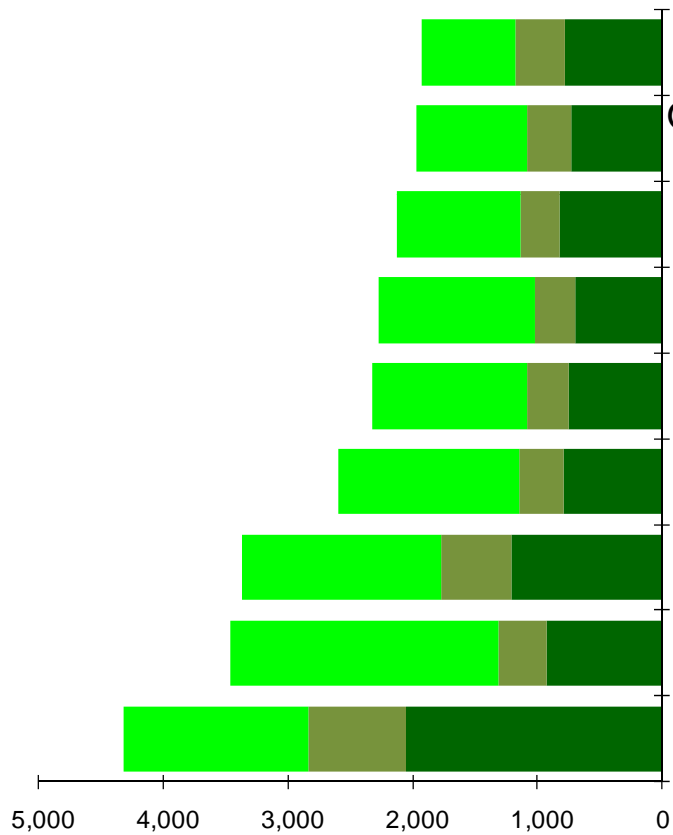
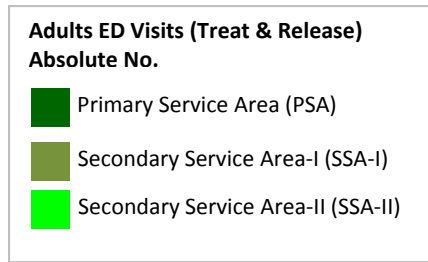
Use Rate per 10,000 population



Source: NYS DOH SPARCS (Statewide Planning and Research Cooperative System)

Top 25 Reasons for Adults ED Visits (Treat & Release), 2009

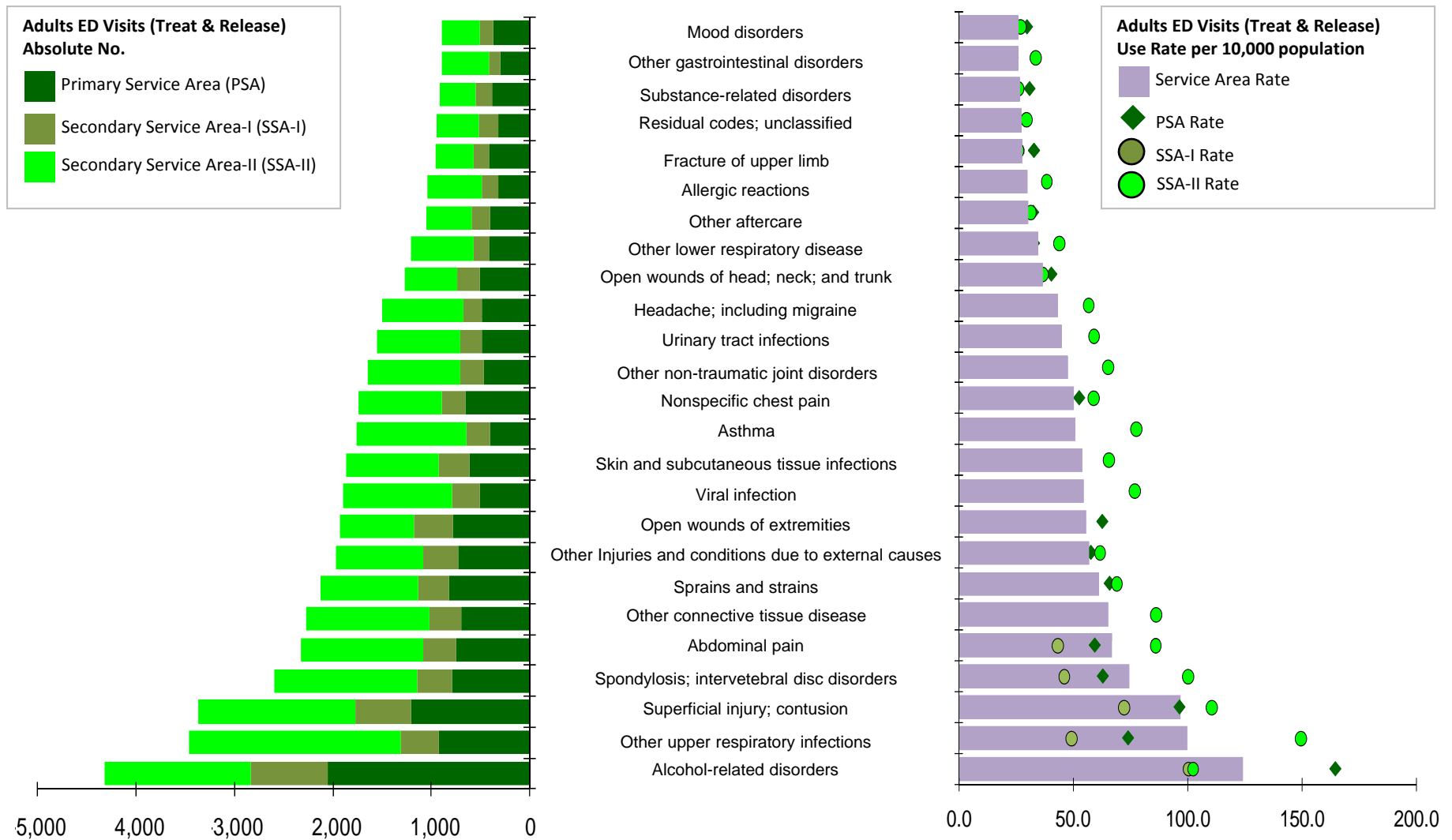
Use Rate per 10,000 population



Source: NYS DOH SPARCS (Statewide Planning and Research Cooperative System)

Top 25 Reasons for Adults ED Visits (Treat & Release), 2009

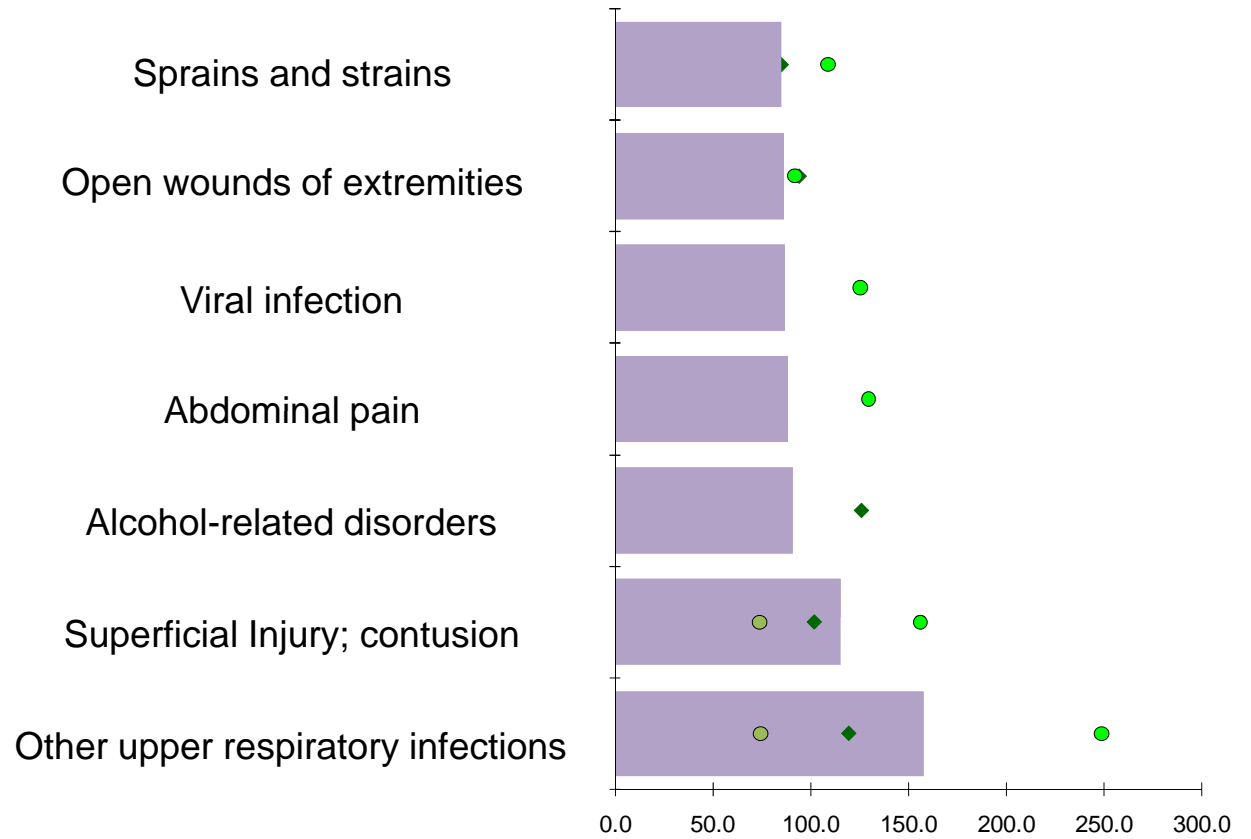
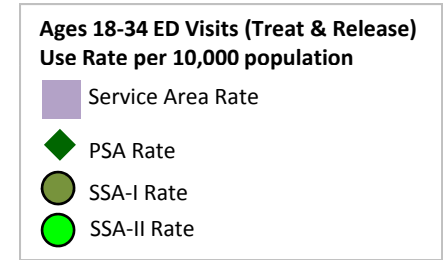
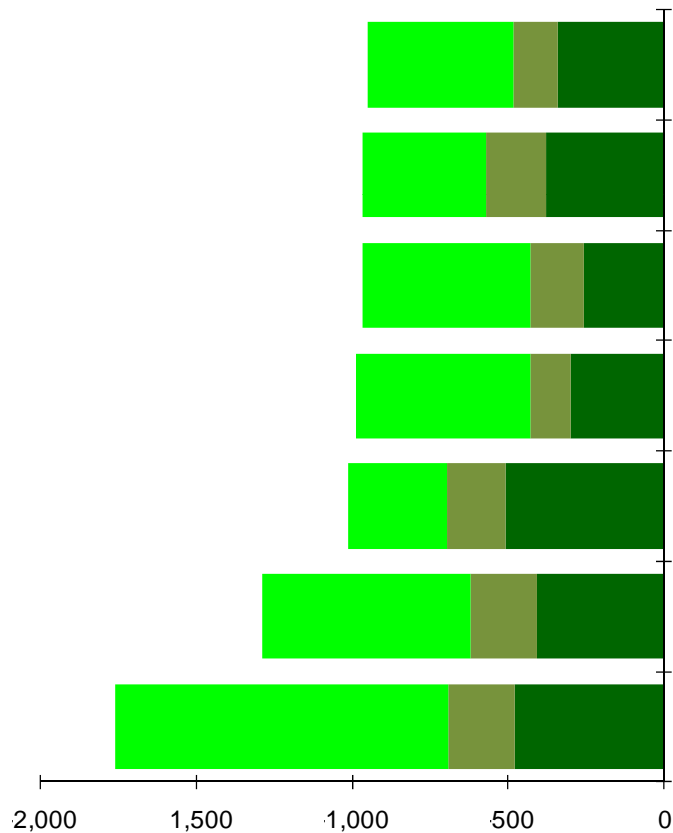
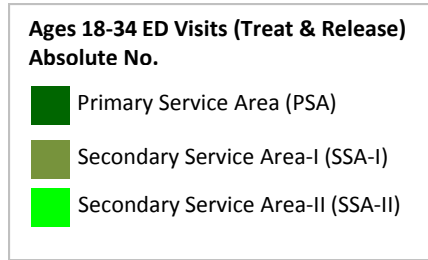
Use Rate per 10,000 population



Source: NYS DOH SPARCS (Statewide Planning and Research Cooperative System)

Top 25 Reasons for Ages 18-34 ED Visits (Treat & Release), 2009

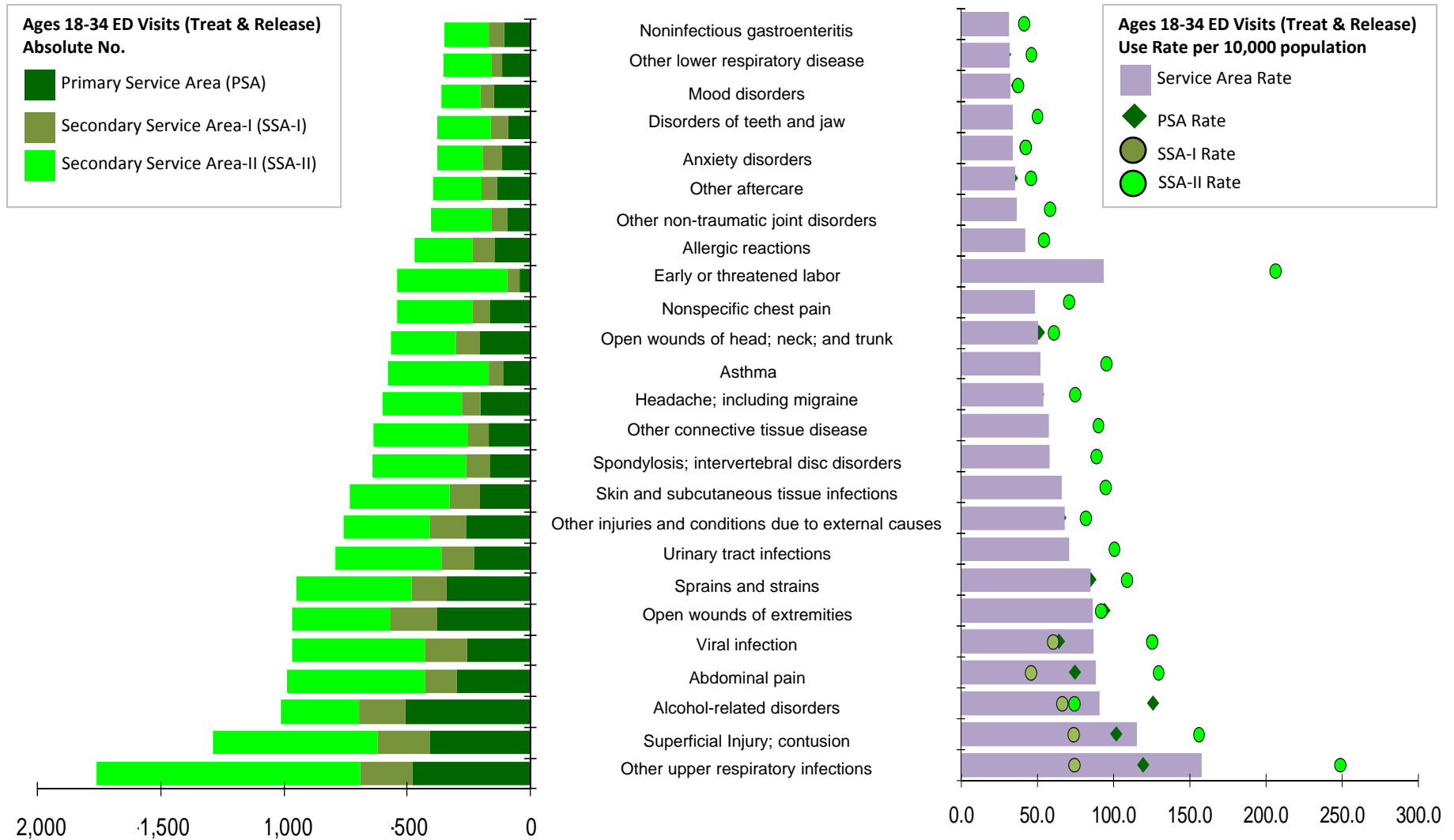
Use Rate per 10,000 population



Source: NYS DOH SPARCS (Statewide Planning and Research Cooperative System)

Top 25 Reasons for Ages 18-34 ED Visits (Treat & Release), 2009

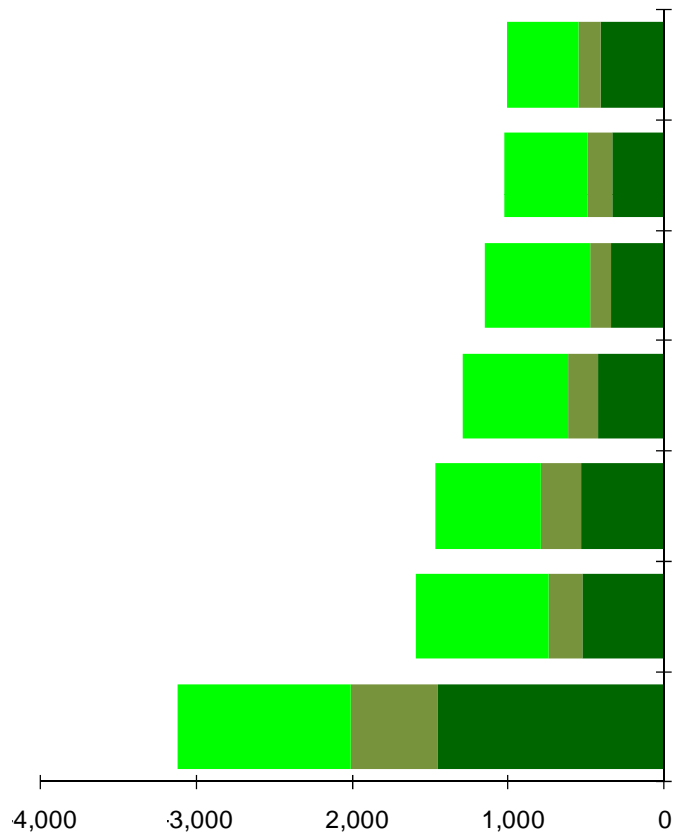
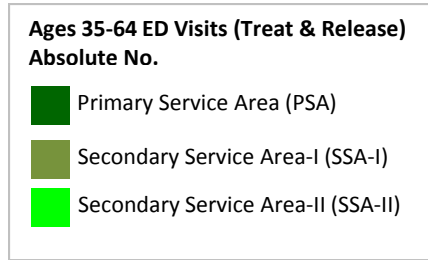
Use Rate per 10,000 population



Source: NYS DOH SPARCS (Statewide Planning and Research Cooperative System)

Top 25 Reasons for Ages 35-64 ED Visits (Treat & Release), 2009

Use Rate per 10,000 population



Sprains and strains

Abdominal pain

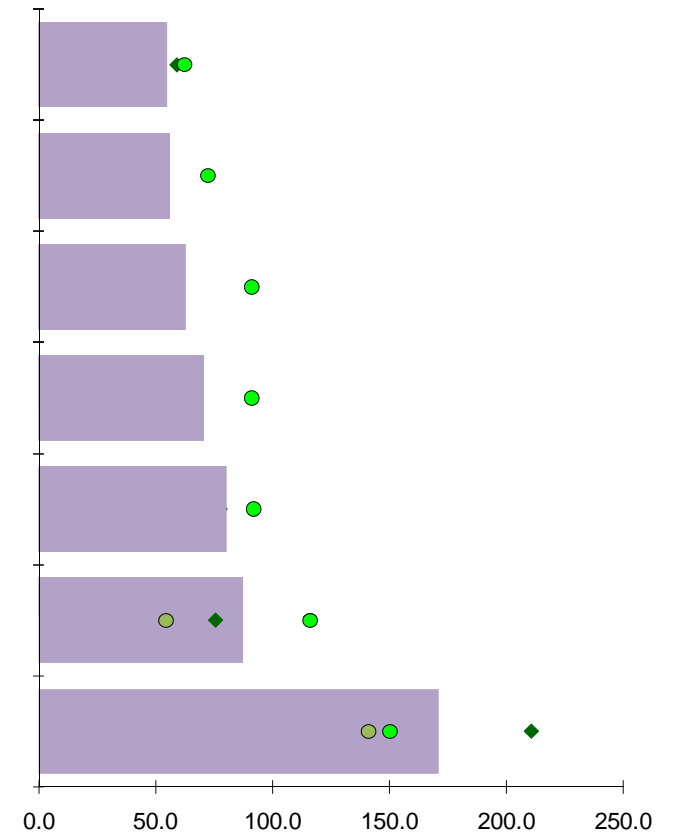
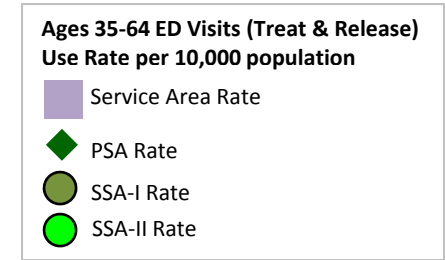
Other upper respiratory infections

Other connective tissue disease

Superficial injury; contusion

Spondylosis intervetebral disc disorders

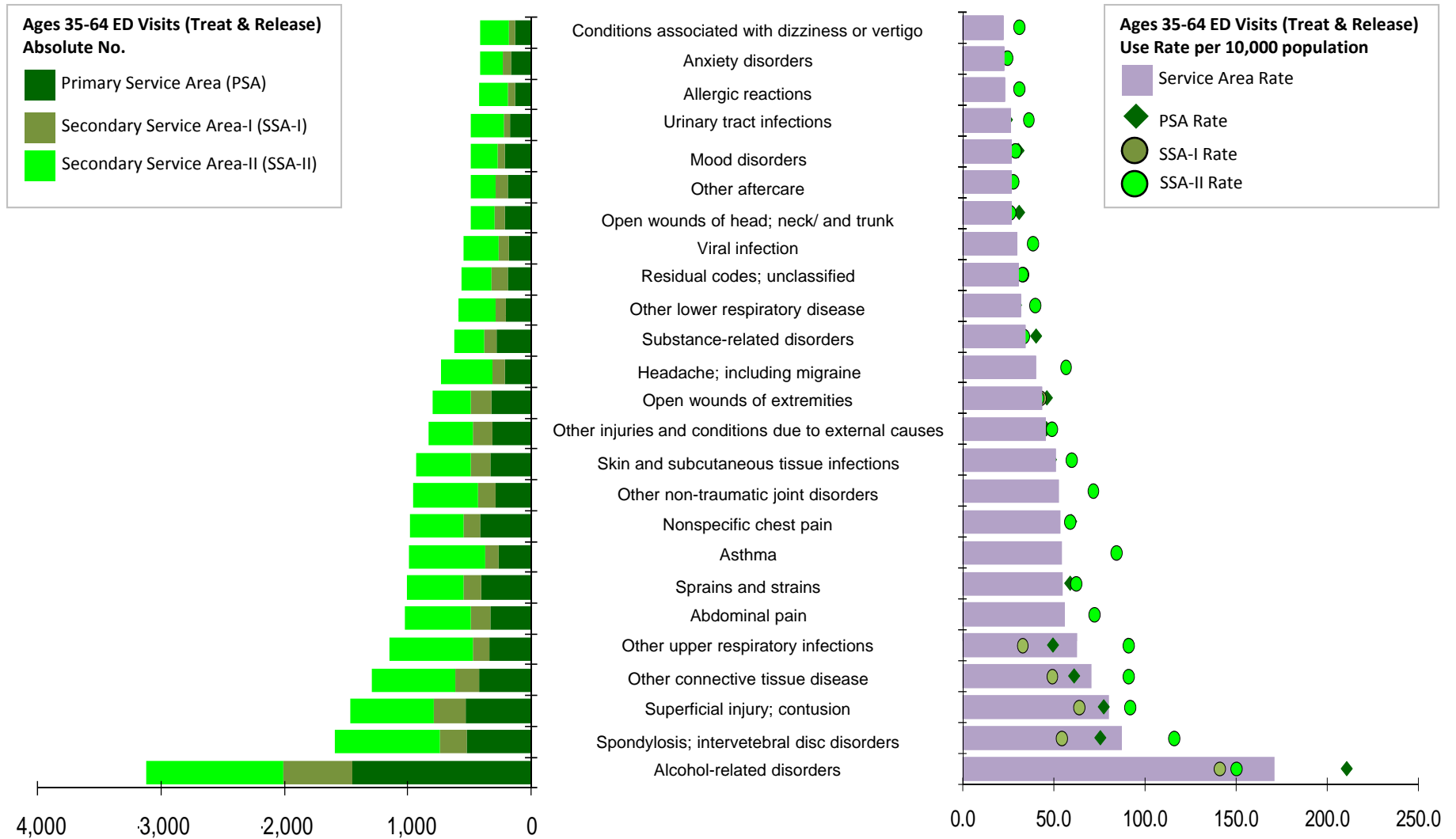
Alcohol-related disorders



Source: NYS DOH SPARCS (Statewide Planning and Research Cooperative System)

Top 25 Reasons for Ages 35-64 ED Visits (Treat & Release), 2009

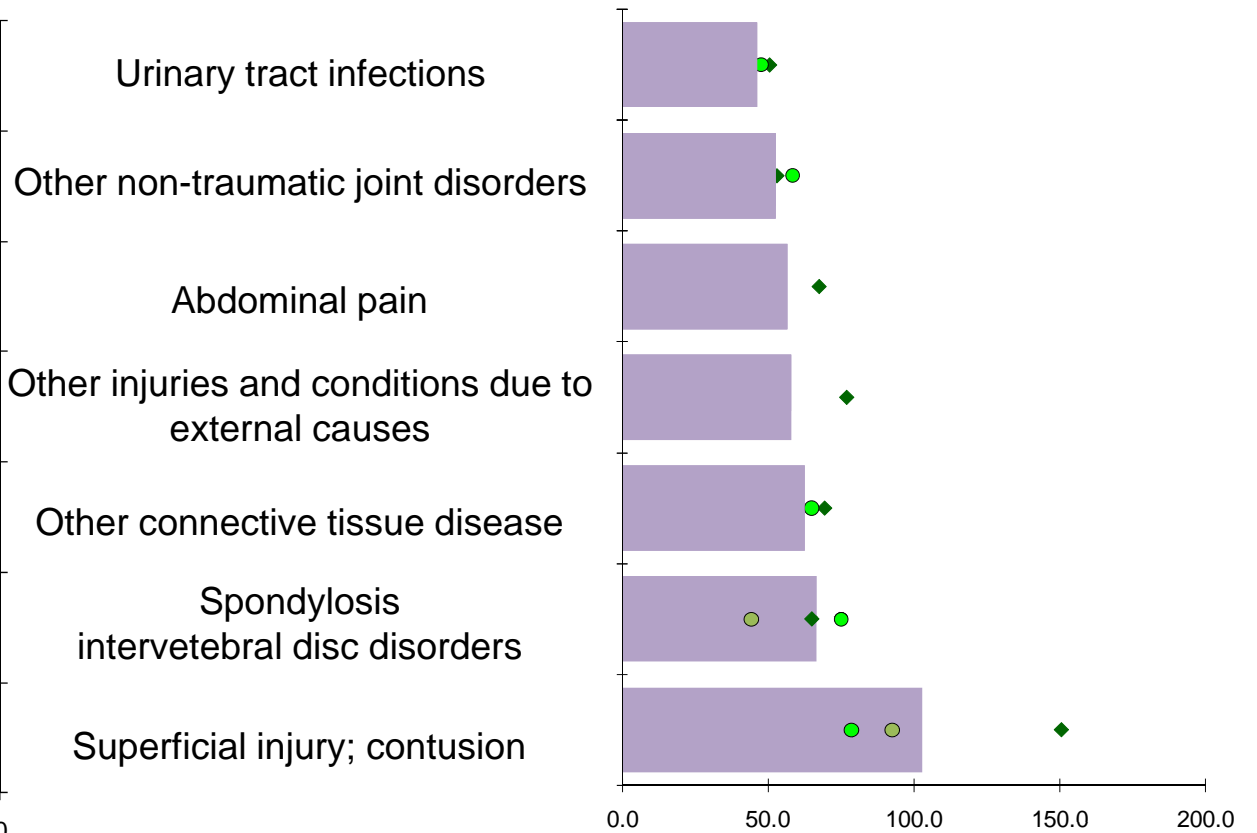
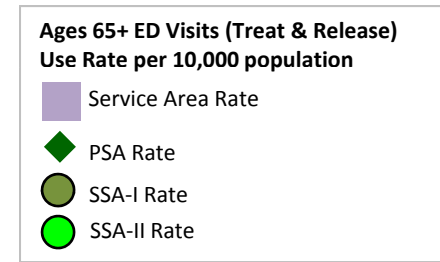
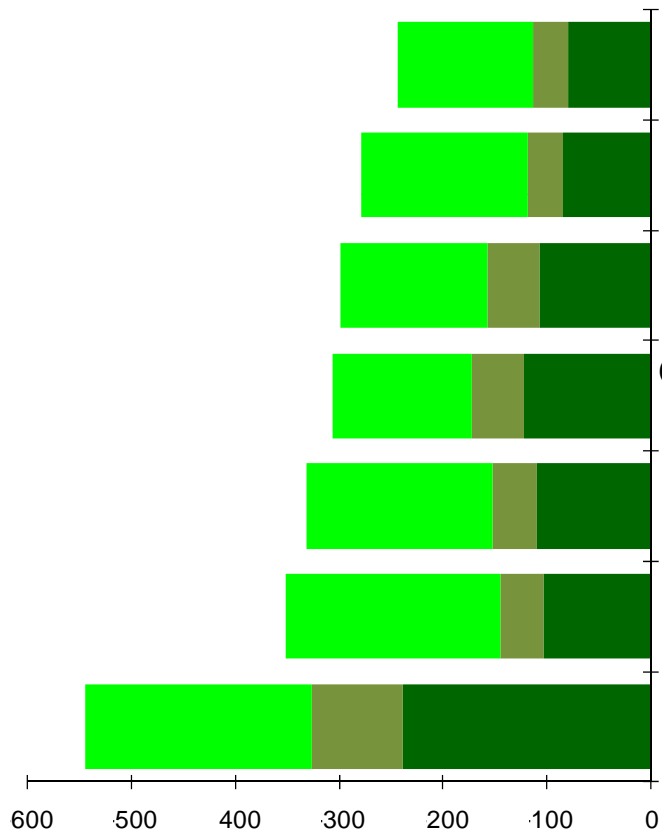
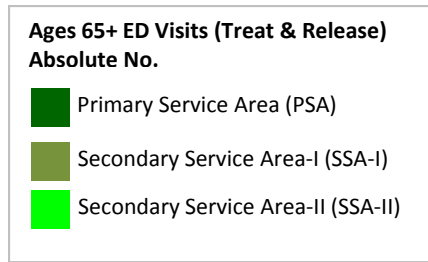
Use Rate per 10,000 population



Source: NYS DOH SPARCS (Statewide Planning and Research Cooperative System)

Top 25 Reasons for Ages 65 and Over ED Visits (Treat & Release), 2009

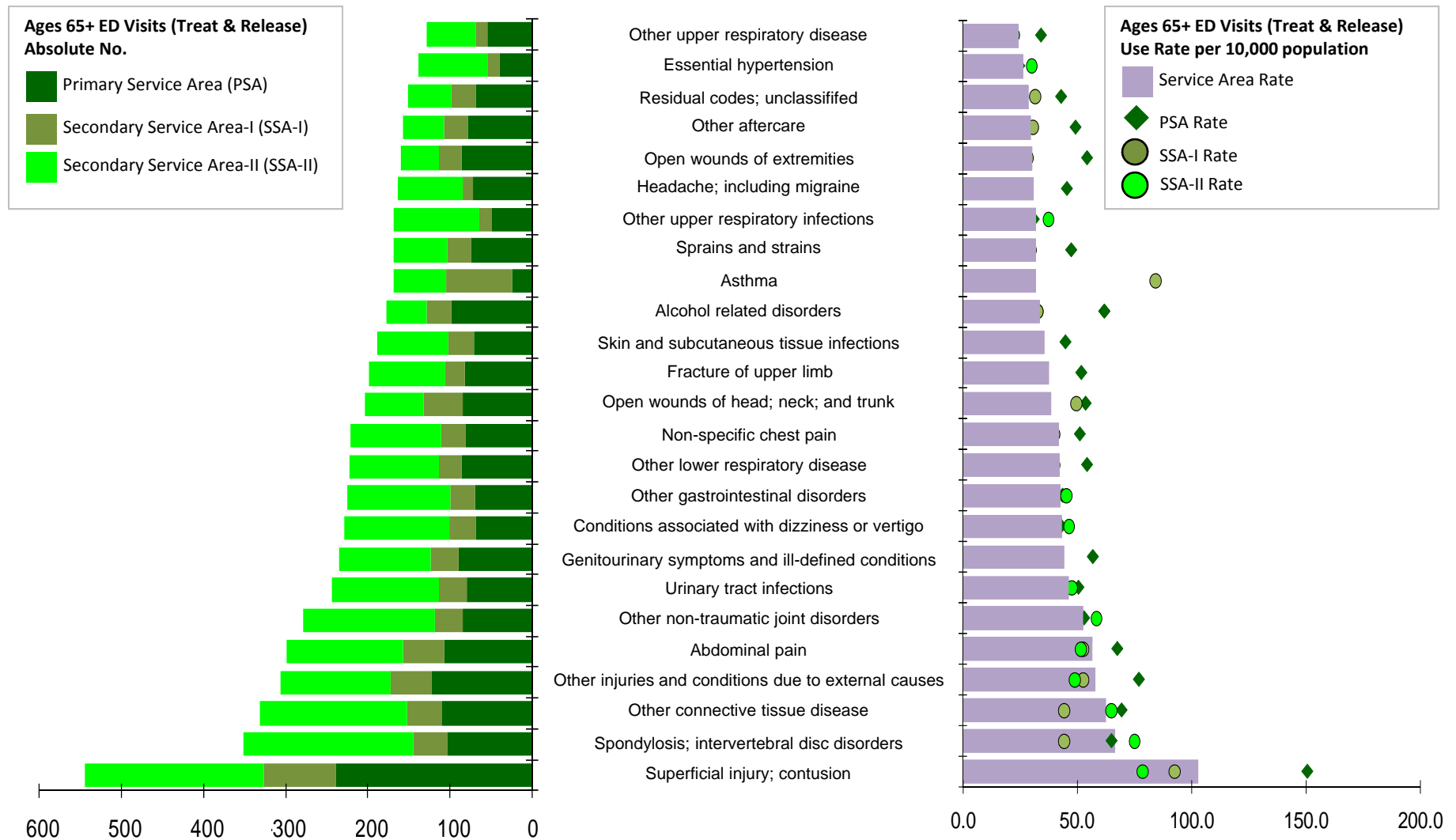
Use Rate per 10,000 population



Source: NYS DOH SPARCS (Statewide Planning and Research Cooperative System)

Top 25 Reasons for Ages 65 and Over ED Visits (Treat & Release), 2009

Use Rate per 10,000 population



Source: NYS DOH SPARCS (Statewide Planning and Research Cooperative System)

Appendix Summary

GENERAL PHYSICAL AND MENTAL HEALTH SUMMARY

Measure	Response	Chelsea Greenwich Village	Union Square Lower Manhattan	Manhattan	New York City
Self-reported health status	Fair or Poor	9.1%	18.3%	12.9%	19.5%
Non-specific psychological distress	No	#	#	95.8%	95.0%
Mental health counseling or treatment	Yes	53.2%*	31.7%*	38.1%	33.4%

ACCESS TO HEALTH CARE SUMMARY

Measure	Response	Chelsea Greenwich Village	Union Square Lower Manhattan	Manhattan	New York City
Health insurance	Medicaid	5.1%	15.3%	12.1%	15.2%
	Uninsured	6.6%*	10.9%*	11.2%	16.2%
Personal doctor	No	14.6%	26.4%	16.8%	18.1%
Insured all year	Insured but not past 12 month	5.7%*	7.4%	7.3%	8.9%
	Uninsured	6.8%*	10.9%*	11.2%	16.3%
Did not get needed medical care	Yes	7.4%*	7.0%*	9.4%	11.5%

Notes:

Total estimated populations may not equal the sum of subgroup estimated populations due to rounding or missing data.

Population estimates are NOT age adjusted, but all percents are age adjusted.

Confidence Intervals (CIs) are a measure of estimate precision: the wider the CI, the more imprecise the estimate.

*Estimate should be interpreted with caution. Estimate's Relative Standard Error (a measure of estimate precision) is greater than 30% or the sample size is less than 50, making the estimate potentially unreliable.

#Data are suppressed due to imprecise and unreliable estimates.

Source: New York City Department of Health and Mental Hygiene Epidemiology Services – EpiQuery NYC Interactive Data, 2009 Community Health Survey (<https://a816-healthpsi.nyc.gov/epiquery/EpiQuery/CHS/index2009.html>)

WEIGHT, EXERCISE, NUTRITION

SUMMARY

Measure	Response	Chelsea Greenwich Village	Union Square Lower Manhattan	Manhattan	New York City
Overweight and Obesity	Overweight but not obese	28.2%	26.6%	29.4%	33.5%
	Obese	8.4%	15.8%	16.5%	23.3%
Physical activity	No	11.7%	21.0%	19.1%	27.3%

CHRONIC CONDITIONS

SUMMARY

Measure	Response	Chelsea Greenwich Village	Union Square Lower Manhattan	Manhattan	New York City
High blood pressure ever	No	80.0%	78.8%	77.2%	71.7%
Blood pressure medication ever	No	13.8%*	29.2%*	30.6%	28.9%
Diabetes ever	Yes	3.0%	11.9%	7.7%	9.7%

Notes:

Total estimated populations may not equal the sum of subgroup estimated populations due to rounding or missing data.

Population estimates are NOT age adjusted, but all percents are age adjusted.

Confidence Intervals (CIs) are a measure of estimate precision: the wider the CI, the more imprecise the estimate.

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#Data are suppressed due to imprecise and unreliable estimates.

Source: New York City Department of Health and Mental Hygiene Epidemiology Services – EpiQuery NYC Interactive Data, 2009 Community Health Survey (<https://a816-healthpsi.nyc.gov/epiquery/EpiQuery/CHS/index2009.html>)

CIGARETTE SMOKING AND ALCOHOL

SUMMARY

Measure	Response	Chelsea Greenwich Village	Union Square Lower Manhattan	Manhattan	New York City
Smoking status	Former Smoker	30.7%	25.4%	24.6%	22.0%
	Current Smoker	15.7%	18.3%	14.7%	15.8%
Heavy drinking	Yes	11.5%	4.4%	7.6%	4.6%
Binge drinking	Yes	31.3%	14.6%	19.3%	14.6%

ASTHMA

SUMMARY

Measure	Response	Chelsea Greenwich Village	Union Square Lower Manhattan	Manhattan	New York City
Asthma ever	Yes	11.4%	10.7%	11.6%	11.5%
ED visits due to asthma	1 visit	#	85.2%*	72.2%	49.3%
	2 visits	#	14.8%*	27.8%	50.7%

Notes:

Total estimated populations may not equal the sum of subgroup estimated populations due to rounding or missing data.

Population estimates are NOT age adjusted, but all percents are age adjusted.

Confidence Intervals (CIs) are a measure of estimate precision: the wider the CI, the more imprecise the estimate.

*Estimate should be interpreted with caution. Estimate's Relative Standard Error (a measure of estimate precision) is greater than 30% or the sample size is less than 50, making the estimate potentially unreliable.

#Data are suppressed due to imprecise and unreliable estimates.

Source: New York City Department of Health and Mental Hygiene Epidemiology Services – EpiQuery NYC Interactive Data, 2009 Community Health Survey (<https://a816-healthpsi.nyc.gov/epiquery/EpiQuery/CHS/index2009.html>)

CANCER SCREENING SUMMARY

Measure	Response	Chelsea Greenwich Village	Union Square Lower Manhattan	Manhattan	New York City
Colon cancer	No	29.0%	44.5%	32.2%	34.0%
Breast cancer	No	19.6%	18.1%	21.6%	21.5%
Cervical cancer	No	23.5%	31.1%	18.7%	18.4%

Notes:

Total estimated populations may not equal the sum of subgroup estimated populations due to rounding or missing data.

Population estimates are NOT age adjusted, but all percents are age adjusted.

Confidence Intervals (CIs) are a measure of estimate precision: the wider the CI, the more imprecise the estimate.

*Estimate should be interpreted with caution. Estimate's Relative Standard Error (a measure of estimate precision) is greater than 30% or the sample size is less than 50, making the estimate potentially unreliable.

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Source: New York City Department of Health and Mental Hygiene Epidemiology Services – EpiQuery NYC Interactive Data, 2009 Community Health Survey (<https://a816-healthpsi.nyc.gov/epiquery/EpiQuery/CHS/index2009.html>)