

HEALTH COMMITTEE MEETING

DATE: DECEMBER 7, 2015

LOCATION: CB9 OFFICE

Meeting Called to Order at 6:30 pm.

Presentation by Public Member Vaughn Jackson From the Fortune Society about Synthetic drugs that are flooding our community. Specifically, Mr. Jackson spoke about Flakka and K2. He distributed newspaper articles, professional articles and the DEA schedule of drugs that are considered controlled substances.

We also discussed the planning of a TOWN HALL MEETING ABOUT K2. We are reaching out to health care professionals and rehabilitation programs so that we can provide comprehensive presentation to address the questions the community may have about this drug. We will be serving food and providing handouts for the community.

Location: Manhattanville Houses

Date: Sometimes in February.

TAKE CARE NEW YORK 2020

This is a new program being rolled out by the NYC Department of Health. As part of this program, DOH has prepared a comprehensive Health Profile of Community Board 9. I am enclosing the report for your viewing. WE discussed how we can utilize the report to best address the needs of our community.

DOH is also making grants for the community from \$1500-\$10000. We can distribute this information to the community utilizing the social media of WHDC and Columbia to get the word out.

VIOLENCE AS A PUBLIC HEALTH ISSUE

Reached out to Dr. Volel to establish who would be best for a Community Forum on this issue.

Adj. at 7:30 pm

Manhattan Community District 9:

MORNINGSIDE HEIGHTS AND HAMILTON HEIGHTS

(Including Hamilton Heights, Manhattanville,
Morningside Heights and West Harlem)



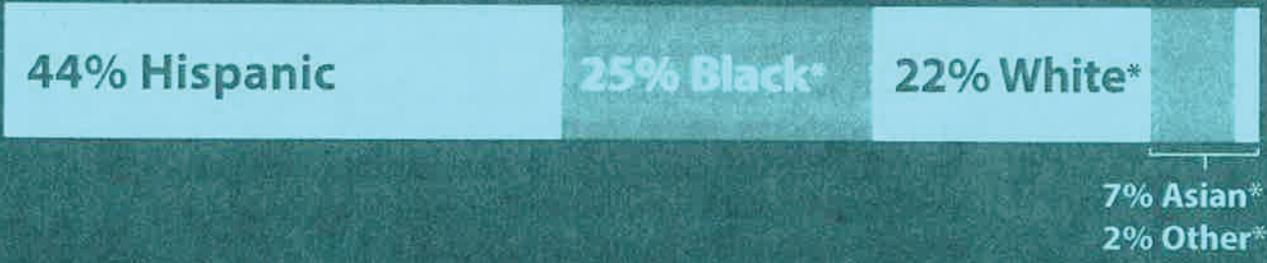
Health is rooted in the circumstances of our daily lives and the environments in which we are born, grow, play, work, love and age. Understanding how **community conditions affect our physical and mental health** is the first step toward building a healthier New York City.



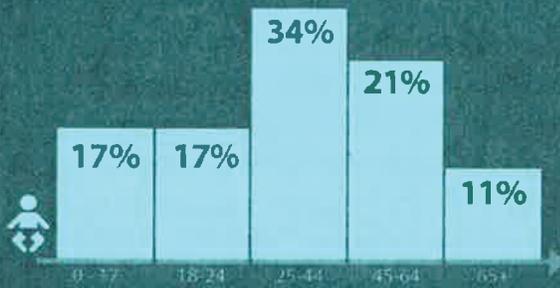
MORNINGSIDE HEIGHTS AND HAMILTON HEIGHTS
TOTAL POPULATION

111,645

POPULATION BY RACE AND ETHNICITY



POPULATION BY AGE



PERCENT WHO REPORTED THEIR OWN HEALTH AS "EXCELLENT," "VERY GOOD" OR "GOOD"



LIFE EXPECTANCY

80.2 YEARS

Source: Census population, total population, by race and ethnicity, by age, by sex, by marital status, by education, by language spoken at home, by foreign born and English proficiency, by 5-year Hispanic, American Community Survey, 2011-2012, from 2010 to 2014. Data from the American Community Survey, 2011-2012. Health status: 2011-2012. Life expectancy: 2011-2012. Data from the Social Security Administration, 2011-2012.



**Note from Dr. Mary Bassett,
Commissioner, New York City Department
of Health and Mental Hygiene**

New York City is a city of neighborhoods. Their diversity, rich history and people are what make this city so special.

But longstanding and rising income inequality, combined with a history of racial residential segregation, has led to startling health inequities between neighborhoods. Poor health outcomes tend to cluster in places that people of color call home and where many residents live in poverty. Life expectancy in Brownsville, for example, is 11 years shorter than in the Financial District. And this is not because residents of Brownsville are dying of unusual diseases, but because they are dying of the same diseases – mostly heart disease and cancer – at younger ages and at higher rates.

This is unfair and avoidable. A person's health should not be determined by his or her ZIP code.

Reducing health inequities requires policymakers, health professionals, researchers and community groups to advocate and work together for systemic change. In *One New York: The Plan for a Strong and Just City (OneNYC)*, Mayor Bill de Blasio has outlined a vision to transform this city, and every neighborhood, guided by the principles of growth, equity, sustainability and resiliency.

Our communities are not simply made up of individual behaviors, but are dynamic places where individuals interact with each other, with their immediate environments and with the policies that shape those environments. The Community Health Profiles include indicators that reflect a broad set of conditions that impact health.

Our hope is that you will use the data and information in these Community Health Profiles to advocate for your neighborhoods.

A handwritten signature in black ink that reads "Mary T. Bassett".

MARY T. BASSETT, MD, MPH

Navigating this document

This profile covers all of Manhattan Community District 9, which includes Hamilton Heights, Manhattanville, Morningside Heights and West Harlem, but the name is shortened to just **Morningside Heights and Hamilton Heights**.

This is one of 59 community districts in New York City (NYC).

Community districts are ranked on each indicator. The highest rank (#1) corresponds to the largest value for a given measure. Sometimes a high rank indicates a positive measure of health (e.g., ranking first in flu vaccination). Other times, it indicates a negative measure of health (e.g., ranking first in the premature death rate).

The following color coding system is used throughout

MORNINGSIDE HEIGHTS
AND HAMILTON HEIGHTS

BEST-PERFORMING
COMMUNITY DISTRICT

MANHATTAN

NEW YORK CITY

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MAP AND CONTACT INFORMATION

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NEIGHBORHOOD CONDITIONS

Where we live determines the quality of the air we breathe, the homes we live in, how safe we feel, what kinds of food we can easily access and more.

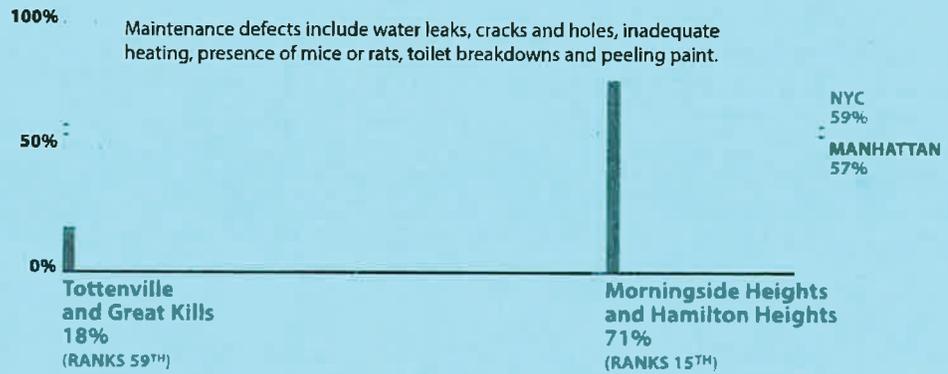
When healthy foods are readily available, it is easier to make healthy choices.

Housing quality

Poorly maintained housing is associated with negative health outcomes, including asthma and other respiratory illnesses, injuries and poor mental health. A higher percentage of homes in **Morningside Heights and Hamilton Heights** have maintenance defects compared with homes citywide.

Maintenance defects

(percent of renter-occupied homes with at least one maintenance defect)



NYC Housing and Vacancy Survey, 2011

Air pollution

Although NYC air quality is improving, air pollution, such as fine particles (PM_{2.5}), can cause health problems, particularly among the very young, seniors and those with preexisting health conditions. In **Morningside Heights and Hamilton Heights**, levels of PM_{2.5}, the most harmful air pollutant, are 9.8 micrograms per cubic meter, compared with 10.7 in Manhattan and 8.6 citywide.

Air pollution (micrograms of fine particulate matter per cubic meter)



NYC DOHMH, Community Air Survey, 2013

Retail environment

Tobacco retailers are as prevalent in **Morningside Heights and Hamilton Heights** as in the city overall. Supermarket access is similar to access citywide, with 164 square feet per 100 people.



Tobacco retailers
(per 10,000 population)



Supermarket square footage
(per 100 population)

9
Morningside Heights and Hamilton Heights
(RANKS 44TH)

6
Bayside and Little Neck
(RANKS 59TH)

164
Morningside Heights and Hamilton Heights
(RANKS 30TH)

450
South Beach and Willowbrook
(RANKS 1ST)

13
Manhattan

11
NYC

207
Manhattan

177
NYC

NYC Department of Consumer Affairs, 2014

New York State Department of Agriculture and Markets, 2014



SOCIAL AND ECONOMIC CONDITIONS

Higher education levels are associated with better health outcomes.

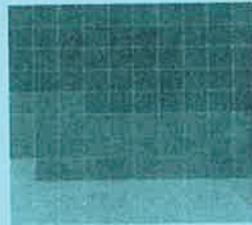
28% of residents of **Morningside Heights and Hamilton Heights** live below the Federal Poverty Level.

Adult educational attainment

In **Morningside Heights and Hamilton Heights**, almost half of all adults have a college degree, but one in five adults has not completed high school.

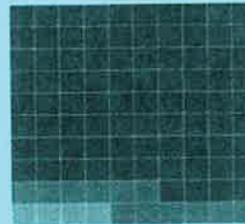
Highest level of education attained (adults 25 years and older)

MORNINGSIDE HEIGHTS AND HAMILTON HEIGHTS



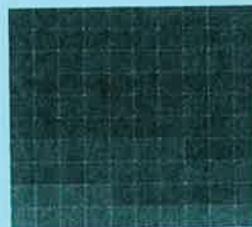
47%
College graduate
32%
High school graduate or some college
21%
Less than high school

FINANCIAL DISTRICT & GREENWICH VILLAGE AND SOHO



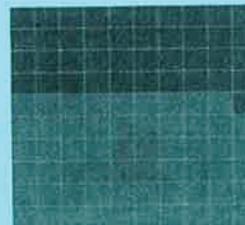
84%
College graduate
12%
High school graduate or some college
4%
Less than high school

MANHATTAN



63%
College graduate
24%
High school graduate or some college
14%
Less than high school

NEW YORK CITY



41%
College graduate
39%
High school graduate or some college
20%
Less than high school

Note: Percentages may not sum to 100% due to rounding

U.S. Census Bureau, American Community Survey, 2011-2013

Income

Living in poverty limits healthy lifestyle choices and makes it difficult to access health care and resources that can promote health and prevent illness. Unemployment and unaffordable housing are also closely associated with poverty and poor health. One-tenth of **Morningside Heights and Hamilton Heights** adults ages 16 and older are unemployed, and nearly half of residents spend more than 30% of their monthly gross income on rent.

One way to consider the effect of income on health is by comparing death rates among neighborhoods. Assuming that the death rates from the five neighborhoods with the highest incomes are achievable in **Morningside Heights and Hamilton Heights**, it is estimated that **24% of deaths could have been averted**.

Economic stress

	Morningside Heights and Hamilton Heights	Best-performing community district	Manhattan	NYC
Poverty	28% (RANKS 19 TH)	6% Tottenville and Great Kills (RANKS 59 TH)	18%	21%
Unemployment	10% (RANKS 30 TH)	5% Greenwich Village and Soho & Financial District (RANKS 58 TH)	8%	11%
Rent burden	49% (RANKS 41 TH)	37% Greenwich Village and Soho & Financial District (RANKS 58 TH)	45%	51%

Poverty, unemployment and rent burden: U.S. Census Bureau, American Community Survey, 2011-2013; Avertable deaths: NYC DOHMH, Bureau of Vital Statistics 2008-2012



SOCIAL AND ECONOMIC CONDITIONS

Child and adolescent health are a signal of a community's current well-being and potential.

People who are incarcerated have higher rates of mental illness, drug and alcohol addiction and other health conditions.

Non-fatal assault hospitalizations capture the consequences of community violence.

Children and adolescents

The littlest New Yorkers all deserve the same opportunities for health. But in **Morningside Heights and Hamilton Heights**, the rate of preterm births, a key driver of infant death, is 57% higher than in Midtown; however, the teen birth rate is lower than the city rate.

Preterm births (percent of all live births)



Teen births (per 1,000 girls ages 15-19)



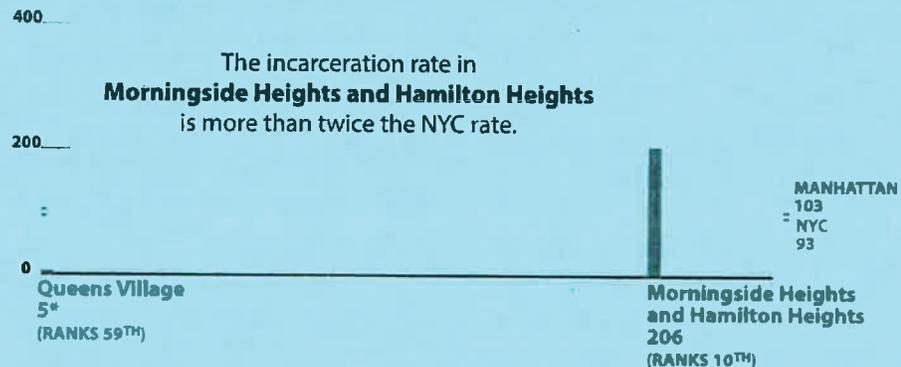
Elementary school absenteeism (percent of students missing 20 or more school days)



* Interpret estimate with caution due to small number of events
Preterm births: NYC DOHMH, Bureau of Vital Statistics, 2013; Teen births: NYC DOHMH, Bureau of Vital Statistics, 2011-2013; Absenteeism: NYC Department of Education, 2013-2014

Incarceration

Jail incarceration (per 100,000 adults ages 16 and older)



* Interpret estimate with caution due to small number of events

NYC Department of Corrections, 2014

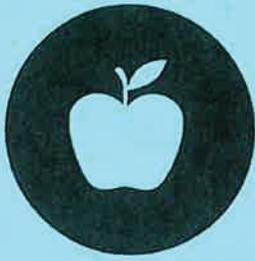
Violence

The injury assault rate in **Morningside Heights and Hamilton Heights** is similar to the citywide rate but higher than the Manhattan rate.

Non-fatal assault hospitalizations (per 100,000 population)



New York State Department of Health, Statewide Planning and Research Cooperative System, 2011-2013



HEALTHY LIVING

Self-reported health

People are good at rating their own health. When asked to rate their overall health on a scale of one to five (excellent, very good, good, fair or poor), 79% of **Morningside Heights and Hamilton Heights** residents rate their health as “excellent,” “very good” or “good.”

Percent who self-reported their own health as “excellent,” “very good” or “good”



NYC DOHMH, Community Health Survey, 2011-2013

Smoking, diet and physical activity

Smoking, poor quality diet and physical inactivity are risk factors for high blood pressure, diabetes and other problems. Adults in **Morningside Heights and Hamilton Heights** smoke, consume sugary drinks, eat fruit and vegetables and exercise at rates similar to residents of the city as a whole. However, adults in **Morningside Heights and Hamilton Heights** are less likely to consume fruits and vegetables than adults in Manhattan overall.

Only 82% of **Morningside Heights and Hamilton Heights** adults eat at least one serving of fruits or vegetables a day, compared with 95% in Bayside and Little Neck.



*Interpret estimate with caution due to small sample size

All: NYC DOHMH, Community Health Survey, 2011-2013



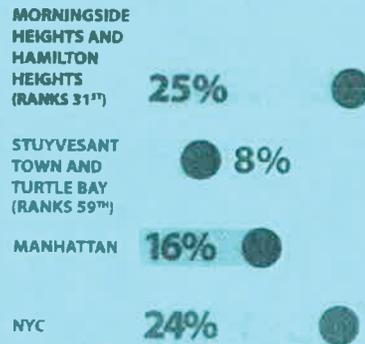
HEALTHY LIVING

Exercise is one way to maintain a healthy weight. Federal guidelines say that children should get 60 minutes of exercise per day, adults should get 150 minutes per week, and older adults should get 150 minutes per week as their physical abilities allow, with a focus on exercises to improve balance.

Obesity and diabetes

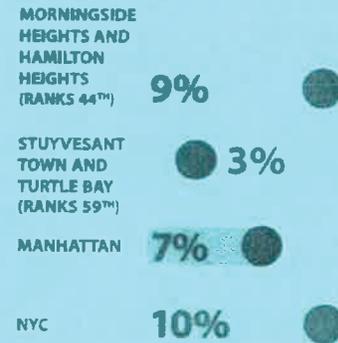
Obesity can lead to serious health problems such as diabetes and heart disease. At 25%, the rate of obesity in **Morningside Heights and Hamilton Heights** is over three times the rate in Stuyvesant Town and Turtle Bay. The diabetes rate in **Morningside Heights and Hamilton Heights** is 9%, compared with only 3% in Stuyvesant Town and Turtle Bay.

Obesity (percent of adults)



NYC DOHMH, Community Health Survey, 2011-2013

Diabetes (percent of adults)

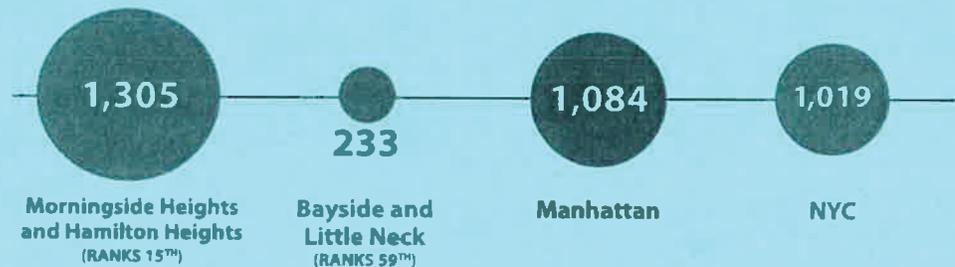


NYC DOHMH, Community Health Survey, 2011-2013

Substance use

Drug- and/or alcohol-related hospitalizations reflect acute and chronic consequences of substance misuse. In **Morningside Heights and Hamilton Heights**, such hospitalization rates are higher than the rates in Manhattan and NYC.

Alcohol-related hospitalizations (per 100,000 adults)



New York State Department of Health, Statewide Planning and Research Cooperative System, 2012

Drug-related hospitalizations (per 100,000 adults)



New York State Department of Health, Statewide Planning and Research Cooperative System, 2012



HEALTH CARE

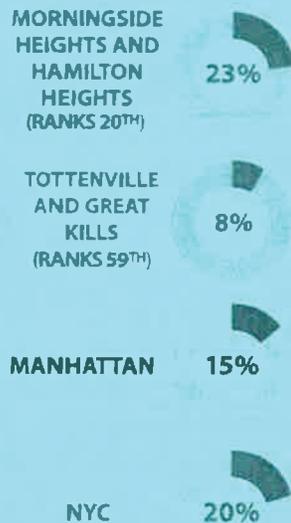
Prior to 2014, 20% of adults in NYC had no health insurance; however, with implementation of the Affordable Care Act, this percentage decreased to 14% citywide in 2014. A similar decrease is expected in **Morningside Heights and Hamilton Heights**.

HPV infection causes cancers that can be prevented by the HPV vaccine. Boys and girls should receive the vaccine at 11 to 12 years of age, prior to HPV exposure and when the vaccine is most effective.

Access to health care

A lack of quality health care can lead to negative health outcomes and more intensive treatment, such as avoidable hospitalizations. Compared with the Manhattan average, more adults in **Morningside Heights and Hamilton Heights** go without needed medical care, including prenatal care.

No health insurance
(percent of adults)



NYC DOHMH, Community Health Survey, 2011-2013

Went without needed medical care
(percent of adults)



NYC DOHMH, Community Health Survey, 2011-2013

Late or no prenatal care
(percent of live births)

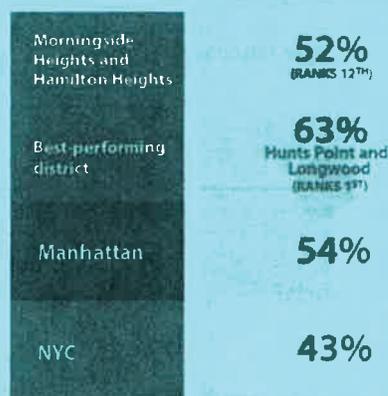


NYC DOHMH, Bureau of Vital Statistics, 2013

Prevention and screening

Compared with teens citywide, teenaged girls from **Morningside Heights and Hamilton Heights** are more likely to receive the full human papillomavirus (HPV) vaccine series. Rates of HIV testing and flu vaccination among adults in **Morningside Heights and Hamilton Heights** are similar to citywide rates.

HPV vaccination
(Percent of girls ages 13-17 years who have received all 3 doses of the HPV vaccine)



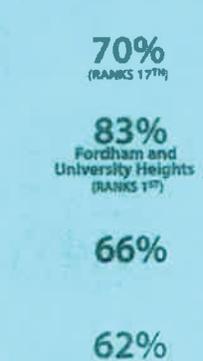
NYC DOHMH, Citywide Immunization Registry, 2014

Flu vaccination
(Percent of adults)



NYC DOHMH, Community Health Survey, 2011-2013

Ever tested for HIV
(Percent of adults)



NYC DOHMH, Community Health Survey, 2011-2013



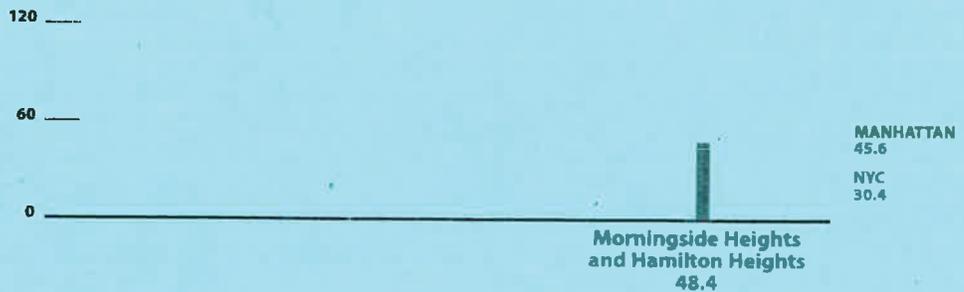
HEALTH OUTCOMES

People diagnosed with HIV who enter care and start antiviral medications live longer, healthier lives and are less likely to transmit HIV.

New HIV diagnoses

Some people with HIV do not know that they are infected. Getting diagnosed is the first step in the treatment and care of HIV. **Morningside Heights and Hamilton Heights** ranks tenth in the rate of new HIV diagnoses.

New HIV diagnoses (per 100,000 population)



NYC DOHMH, HIV/AIDS Surveillance Registry, 2013

Stroke

High blood pressure is the leading risk factor for stroke and the most important to control. The rate of stroke hospitalizations in **Morningside Heights and Hamilton Heights** is higher than both the Manhattan and citywide rates.

Hospitalizations due to stroke (per 100,000 adults)

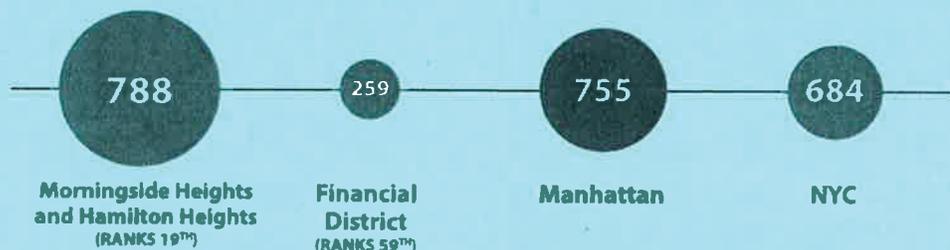


New York State Department of Health, Statewide Planning and Research Cooperative System, 2012

Mental health

Variations in hospitalization rates may reflect differences in rates of illness, access to health care and other social and cultural factors. The rate of adult psychiatric hospitalizations in **Morningside Heights and Hamilton Heights** is higher than the overall NYC rate.

Psychiatric hospitalizations (per 100,000 adults)



New York State Department of Health, Statewide Planning and Research Cooperative System, 2012



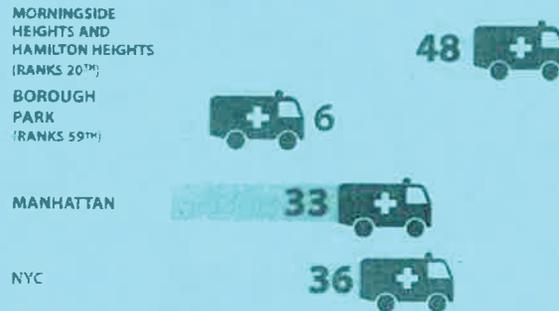
HEALTH OUTCOMES

Certain hospitalizations for asthma and diabetes can be prevented by high-quality outpatient care and are known as “avoidable hospitalizations.”

Child asthma

Many hospitalizations for asthma among children could be prevented by addressing housing-related exposures to asthma triggers, including cockroaches, mice and secondhand smoke. Good medical management can prevent asthma symptoms. In **Morningside Heights and Hamilton Heights**, the rate of asthma hospitalizations among children ages 5 to 14 is higher than both the NYC and Manhattan rates.

Child asthma hospitalizations (per 10,000 children ages 5-14)



New York State Department of Health, Statewide Planning and Research Cooperative System, 2012-2013

Adult hospitalizations for asthma

The rate of avoidable adult asthma hospitalizations in **Morningside Heights and Hamilton Heights** is higher than the Manhattan rate.

Avoidable asthma hospitalizations (per 100,000 adults)

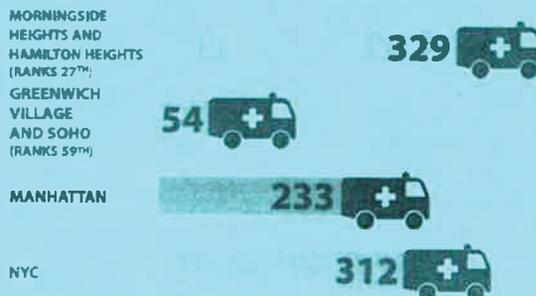


New York State Department of Health, Statewide Planning and Research Cooperative System, 2012

Adult hospitalizations for diabetes

The rate of avoidable adult diabetes hospitalizations in **Morningside Heights and Hamilton Heights** is similar to the citywide rate.

Avoidable diabetes hospitalizations (per 100,000 adults)



New York State Department of Health, Statewide Planning and Research Cooperative System, 2012



HEALTH OUTCOMES

HIV is the eighth most common cause of death in **Morningside Heights and Hamilton Heights**, but only the tenth most common cause citywide.

Leading causes of death

The top causes of death for residents of **Morningside Heights and Hamilton Heights**, as for most New Yorkers, are heart disease and cancer. Death rates due to diabetes, hypertension, stroke, Alzheimer's disease and HIV are higher than the city rates.

Top causes of death and rates (per 100,000 population)

Morningside Heights and Hamilton Heights			New York City	
RANK	CAUSE: NUMBER OF DEATHS	DEATH RATE	RANK	DEATH RATE
1	Heart disease: 925	176.1	1	202.6
2	Cancer: 733	146.6	2	156.7
3	Diabetes mellitus: 130	25.6	4	20.6
4	Flu/pneumonia: 118	22.4	3	27.4
5	Stroke: 113	21.9	6	18.8
6	Lower respiratory diseases: 90	17.4	5	19.8
7	Hypertension: 82	15.7	8	11.4
8	HIV: 78	14.7	10	8.4
9	Alzheimer's disease: 59	10.7	11	7.1
10	Drug-related: 43	8.0	9	8.6

NYC DOHMH, Bureau of Vital Statistics, 2009-2013

Infant mortality and premature death

Despite a decrease in infant mortality across the city, the rate in **Morningside Heights and Hamilton Heights** is still almost five times higher than the rate in the Upper East Side.

Disparities in premature death (death before the age of 65) also persist among neighborhoods. The rate of premature death in **Morningside Heights and Hamilton Heights** is more than twice the rate in the Financial District.

Infant mortality rate
(per 1,000 live births)

4.7
Morningside Heights and Hamilton Heights
(RANKS 26TH)

1.0*
Upper East Side
(RANKS 59TH)

3.4
Manhattan

4.7
NYC

Premature mortality rate
(per 100,000 population)

179.0
Morningside Heights and Hamilton Heights
(RANKS 28TH)

75.6
Financial District
(RANKS 59TH)

152.7
Manhattan

198.4
NYC

NYC DOHMH, Bureau of Vital Statistics, 2011-2013

*Interpret estimate with caution due to small number of events

NYC DOHMH, Bureau of Vital Statistics, 2009-2013



NOTES

A complete dataset including numbers, rates, rankings and confidence intervals, as well as definitions and complete citations, can be found online by going to nyc.gov and searching "Community Health Profiles".

Technical notes

Neighborhood Definitions and Rankings

The 59 Community Districts (CDs) were established citywide by local law in 1975. For a complete listing of all CDs and their boundaries, go to nyc.gov/html/dcp/html/neighbor_info/nhmap.shtml. The CDs correspond to New York City (NYC) Community Boards, which are local representative bodies. The names of neighborhoods within CDs are not officially designated. The names used in this document are not an exhaustive list of all known neighborhood names within this area.

CDs were ranked on every indicator. If two CDs had the same value, they were considered to be tied and were given the same rank.

For American Community Survey (ACS) and NYC Department of Health and Mental Hygiene (DOHMH) Community Health Survey (CHS) indicators, data were available by Public Use Microdata Areas (PUMAs), which are aggregated Census tracts designed to approximate CDs. For Housing and Vacancy Survey (HVS), data were available by sub-borough areas. The U.S. Census Bureau combined four pairs of CDs in creating these PUMA or sub-borough areas to improve sampling and protect the confidentiality of respondents. These pairs are Mott Haven/Melrose (BX 01) and Hunts Point/Longwood (BX 02) in the Bronx, Morrisania/Crotona (BX 03) and Belmont/East Tremont (BX 06) in the Bronx, the Financial District (MN 01) and Greenwich Village/Soho (MN 02) in Manhattan and Clinton/Chelsea (MN 04) and Midtown (MN 05) in Manhattan. For these four areas, the same estimate was applied to both CDs that comprised the PUMA or sub-borough area for data from ACS, CHS and HVS.

Analyses

For most data, 95% confidence limits were calculated for neighborhood, borough and NYC estimates. If these ranges did not overlap, a significant difference was inferred. This is a conservative measure of statistical difference. Only robust findings found to be statistically significant are discussed in the text. In addition, most estimates were evaluated for statistical stability using the relative standard error (RSE). Those estimates with an RSE greater than 30% are flagged as follows: "Interpret estimate with caution due to small number of events or small sample size."

Where noted, estimates in this report were age standardized to the Year 2000 Standard Population.

Data Sources

U.S. Census/American Community Survey (ACS): The U.S. Census calculates intercensal population estimates which were used for overall population, age, race and ethnicity indicators. The ACS is an ongoing national survey conducted by the U.S. Census Bureau. Indicators include limited English proficiency, foreign born percentage, adult educational attainment, poverty, unemployment and rent burden. Three-year estimates (2011-2013) are used to improve reliability of the data.

NYC DOHMH Community Health Survey (CHS): The CHS is an annual random-digit-dial telephone survey of approximately 9,000 adults in NYC. Indicators include self-reported health, smoking, average daily sugary drink consumption, fruit and vegetable consumption, physical activity, obesity, diabetes, insurance coverage, went without needed care, flu vaccination and HIV testing. A combined-year dataset (2011-2013) was used to increase statistical power, allowing for more stable analyses at the Community District level. Community District level estimates were imputed based on participant's ZIP code, age, race and ethnicity, sex and borough of residence. All indicators are age-adjusted; however crude estimates and rankings are available online in the complete dataset.

NYC DOHMH Vital Statistics: The Bureau of Vital Statistics analyzes data that it collects from hundreds of thousands of birth and death certificates issued in NYC each year by the Bureau of Vital Records. Indicators include preterm births, teen births, prenatal care, leading causes of death, infant mortality, premature mortality, avertable deaths and life expectancy. For some indicators, data sources were combined across three, five or ten years to increase statistical stability and average annual rates are presented. For this reason, these statistics may differ from the presentation in the "Summary of Vital Statistics" reports from the Bureau of Vital Statistics, NYC DOHMH. All rates are shown as crude rates, except leading causes of death and premature mortality rates, which are age-adjusted.

New York State (NYS) Department of Health Statewide Planning and Research Cooperative System (SPARCS): SPARCS is a statewide comprehensive all payer data reporting system established in 1979 currently collecting patient level detail on patient characteristics, diagnoses and treatments, services and charges for each hospital inpatient stay and outpatient visit (ambulatory surgery, emergency department and outpatient services); and each ambulatory



NOTES

surgery and outpatient services visit to a hospital extension clinic and diagnostic and treatment center licensed to provide ambulatory surgery services. Indicators include non-fatal assault hospitalizations, alcohol-related hospitalizations, drug-related hospitalizations, child asthma hospitalizations, avoidable adult asthma hospitalizations, avoidable adult diabetes hospitalizations, psychiatric hospitalizations and stroke hospitalizations. Hospitalization data are defined according to International Classification of Disease Clinical Modification, Version 9 (ICD-9-CM) codes. Most of these hospitalization indicators show 2012 data, updated in December 2014. For child asthma hospitalizations and non-fatal assault hospitalizations, data sources were combined across two and three years respectively to increase statistical stability and average annual rates are presented.

All indicators are age-adjusted, except child asthma hospitalizations, which is age-specific.

NYC Housing and Vacancy Survey (HVS): HVS data from 2011 were used to estimate the percent of renter-occupied homes with at least one maintenance issue (defect). Data were obtained from the NYC Housing Preservation and Development Report: Housing New York City 2011.

NYC Community Air Survey (NYCCAS): 2013 annual averages of micrograms of fine particulate matter per cubic meter were calculated from air samples collected at specific NYCCAS monitoring sites and were incorporated into a statistical model that predicted pollutant concentrations.

NYC Department of Consumer Affairs: 2014 tobacco retail density data were analyzed by the NYC DOHMH Bureau of Chronic Disease Prevention and Tobacco Control.

NYS Department of Agriculture and Markets: Based on data from 2014, the supermarket square footage rate was analyzed by the NYC Department of City Planning and the NYC DOHMH Bureau of Epidemiology Services.

NYC Department of Education: Elementary school absenteeism data for the 2013-14 school year were analyzed from FITNESSGRAM data by the NYC DOHMH Bureau of Epidemiology Services.

NYC Department of Corrections: The average daily population of incarcerated persons in NYC jails ages 16 and older by CD of last known residence. Based on NYC Department of Corrections (DOC) bi-weekly in-custody files from July 1 to Oct 9, 2014.

NYC DOHMH Citywide Immunization Registry: 2014 HPV vaccination data were analyzed by the NYC DOHMH Bureau of Immunization.

NYC DOHMH HIV/AIDS Surveillance Registry: New HIV diagnosis data for 2013 were analyzed by the NYC DOHMH Bureau of HIV/AIDS Prevention and Control.

Acknowledgements

Thank you to all the individuals who contributed to these reports: Sonia Angell, George Askew, Katherine Bartley, Gary Belkin, Angelica Bocour, Sarah Braunstein, Shadi Chamany, Nancy Clark, Sarah Conderino, Karen Crowe, Gretchen Culp, Antonio D'Angelo, Sophia Day, Paloma de la Cruz, Karen Eggleston, Jeffrey Escoffier, Shannon Farley, Ana Garcia, Victoria Grimshaw, Fangtao He, Mary Huynh, Steven Immerwahr, John Jasek, Jillian Jessup, Kimberly Johnson, Sarah Johnson, Hetali Jokhakar, Dan Kass, Kevin Konty, Ram Koppaka, Hillary Kunins, Amber Levanon Seligson, Veronica Lewin, Wenhui Li, Nneka Lundy De La Cruz, Thomas Matte, Karen Aletha Maybank, Wendy McKelvey, Katharine McVeigh, Aaron Mettey, Chris Miller, Christa Myers, Deborah Nagin, Cathy Nonas, Christina Norman, Jennifer Norton, Carolyn Olson, Emiko Otsubo, Michelle Paladino, Denise Paone, Vassiliki Papadouka, Hilary Parton, Grant Pezeshki, Michael Porter, Susan Resnick, Rebekkah Robbins, John Rojas, Slavenka Sedlar, Tejinder Singh, Laura Smith, Travis Smith, Ariel Spira-Cohen, Catherine Stayton, Monica Sull, Ying Sun, Arpi Terzian, Elizabeth Thomas, Ellenie Tuazon, Gretchen Van Wye, Jay Varma, Verliene Wade, Sarah Walters, Catherine Wang, Kennedy Willis, Ewa Wojas, Ricky Wong, Joy Xu, Brian Yim and Jane Zucker.

In collaboration with:

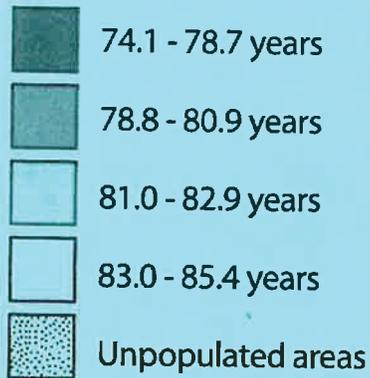


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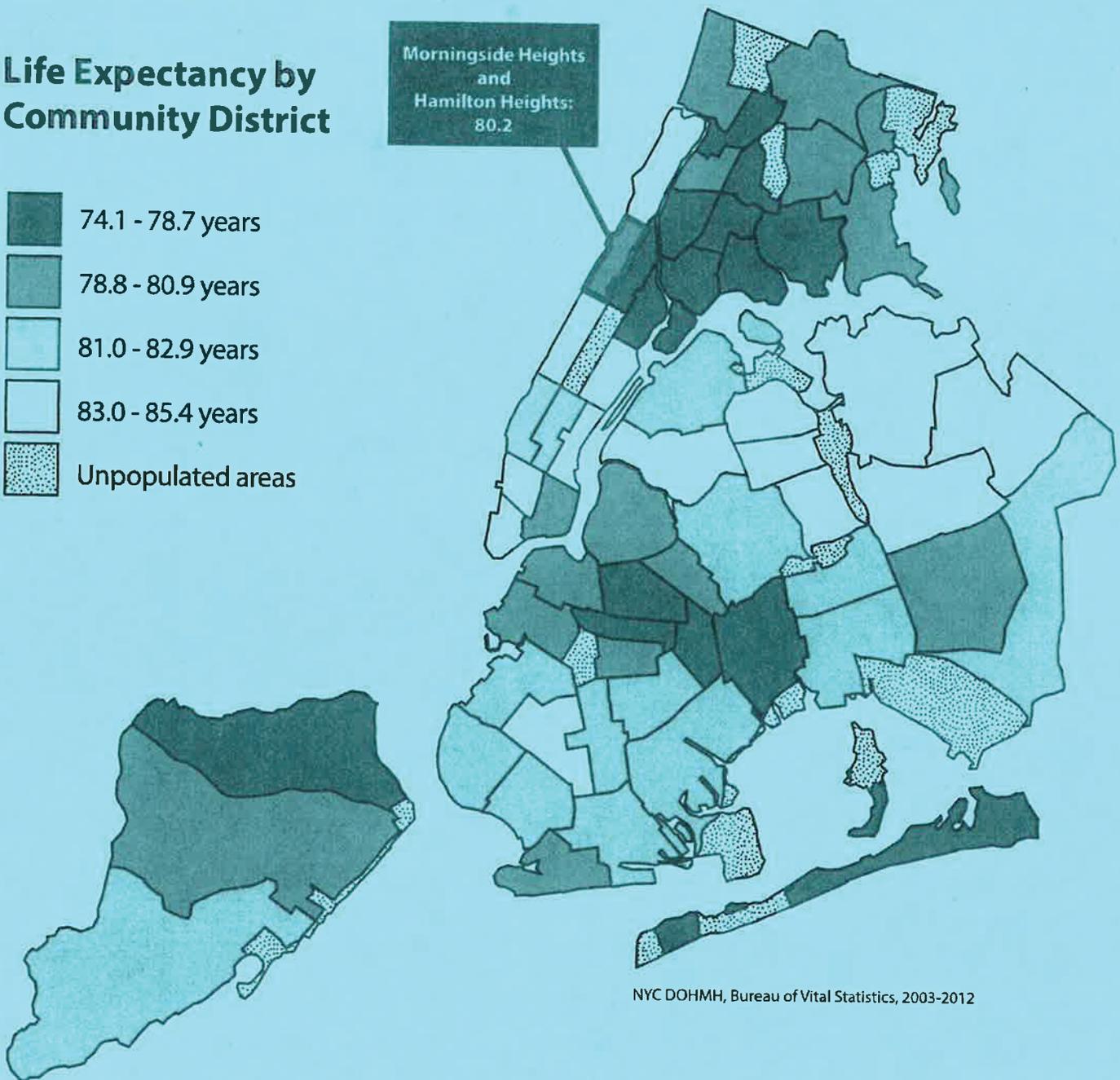
HUMANIFIC
SENSEMAKING FOR CHANGEMAKING

SARAH TAY CREATIVE

Life Expectancy by Community District



Morningside Heights
and
Hamilton Heights:
80.2



NYC DOHMH, Bureau of Vital Statistics, 2003-2012

Contact Information:

For reports on the other 58 Community Districts, please visit nyc.gov and search "Community Health Profiles" or email: profiles@health.nyc.gov

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Suggested citation:

King L, Hinterland K, Dragan KL, Driver CR, Harris TG, Gwynn RC, Linos N, Barbot O, Bassett MT.

Community Health Profiles 2015, Manhattan Community District 9: Morningside Heights and Hamilton Heights; 2015; 9(59):1-16.