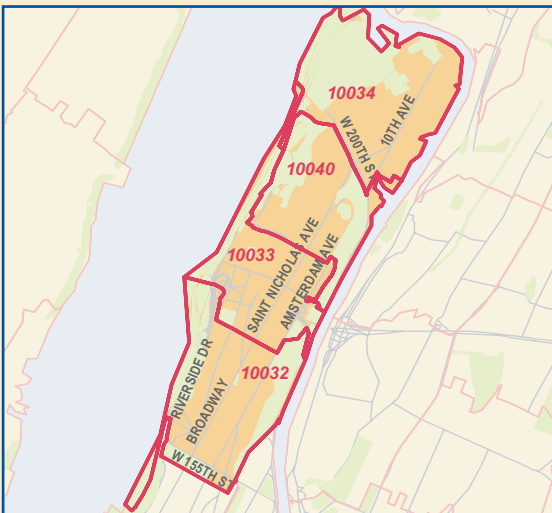


Community Health Profiles

New York City Department of Health and Mental Hygiene

SECOND EDITION — 2006



TAKE CARE Inwood and Washington Heights

Manhattan

Community Health Profile, Second Edition: Inwood and Washington Heights

New York City is the most diverse city in the U.S. — a fact reflected in the distinct character of each neighborhood. The second edition of the Community Health Profiles uses **Take Care New York** (TCNY), the city’s health policy, to examine preventable causes of illness and death in all of NYC’s 42 neighborhoods. This report updates the 2002 profile (available at nyc.gov/health) by providing more recent and time-trend data, and a greater variety of health statistics. Key health issues in [Inwood and Washington Heights](#) include:

- Inwood and Washington Heights residents are less likely to have a regular health care provider than those in NYC overall, and foreign-born adults and men are least likely to have a regular doctor (pages 5, 14).
- One in 5 Inwood and Washington Heights adults is obese, and one half of adults do no physical activity (page 7).
- The birth rate to teenage mothers is higher in Inwood and Washington Heights than in Manhattan and NYC overall (page 13).

Methods: While this report provides important information, it is not intended to be an exhaustive examination of the health of Inwood and Washington Heights residents, as not all health problems and their causes could be covered. Only statistically significant findings are discussed in the text. For complete information on methods, see Technical Notes (page 15).

Inwood and Washington Heights at a Glance

Population

Total number of people living in Inwood and Washington Heights in 2000:

270,700

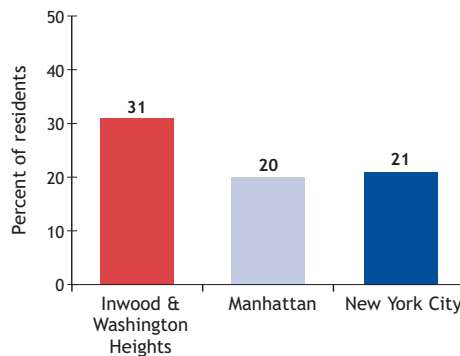
Age

People in Inwood and Washington Heights are similar in age to those in New York City overall

	Inwood & Washington Heights	Manhattan	NYC
0-17 years	26%	17%	24%
18-24 years	12%	10%	10%
25-44 years	32%	38%	33%
45-64 years	20%	23%	21%
65+ years	10%	12%	12%

Poverty

In Inwood and Washington Heights, the percent of residents living below the poverty level is higher than in Manhattan and NYC overall



Education

Inwood and Washington Heights residents aged 25 and older have completed fewer years of education than those in NYC overall

	Inwood & Washington Heights	Manhattan	NYC
Up to 8th grade	24%	10%	12%
Some high school, no diploma	21%	11%	16%
High school diploma	19%	14%	25%
Some college, no degree	18%	16%	20%
College graduate	18%	49%	27%

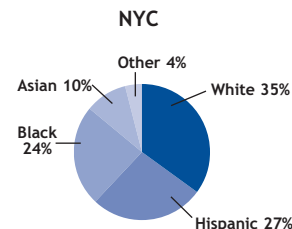
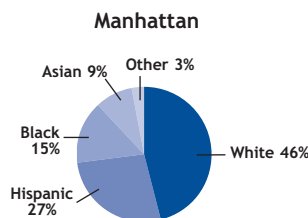
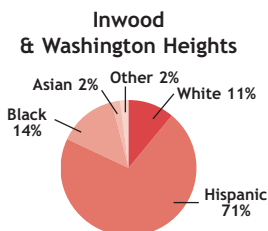
Foreign-born

More than half of Inwood and Washington Heights residents were born outside the U.S.

	Inwood & Washington Heights	Manhattan	NYC
Foreign-born	51%	29%	36%

Race / Ethnicity

Inwood and Washington Heights have a much higher proportion of Hispanic residents than Manhattan and NYC overall



Data Source: U.S. Census 2000/NYC Department of City Planning

Take Care Inwood and Washington Heights



In 2004, the Health Department created a citywide health policy called **Take Care New York** (TCNY) to help improve the health of New Yorkers. TCNY identifies 10 key areas that cause significant illness and death but can be improved through intervention by individuals, health care providers, government agencies, and other organizations.

This report examines how well Inwood and Washington Heights residents are doing on health indicators for each of the 10 TCNY goals. It examines areas in which the community is a health leader, as well as areas that need improvement. The TCNY report card below shows where Inwood and Washington Heights rank among all 42 New York City neighborhoods. (See Technical Notes for information about how neighborhoods were defined and ranked.)

Take Care New York report card

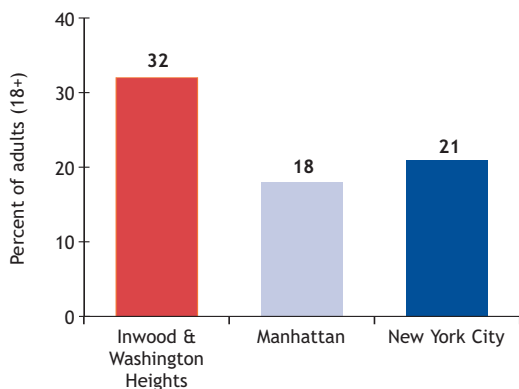
Inwood and Washington Heights rank as average on most of the indicators when compared to the 41 other NYC neighborhoods

	Below Average (bottom 10)	Average (middle 22)	Above Average (top 10)
Take Care New York Goals			
1 Have a regular doctor		✓	
2 Be tobacco-free		✓	
3 Keep your heart healthy		✓	
4 Know your HIV status			✓
5 Get help for depression	✓		
6 Live free of alcohol and drugs		✓	
7 Get checked for cancer			✓
8 Get the immunizations you need		✓	
9 Make your home safe and healthy		✓	
10 Have a healthy baby		✓	

How Residents Rate Their Own Health

Overall health

One third of adults in Inwood and Washington Heights consider themselves to be in fair or poor health



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

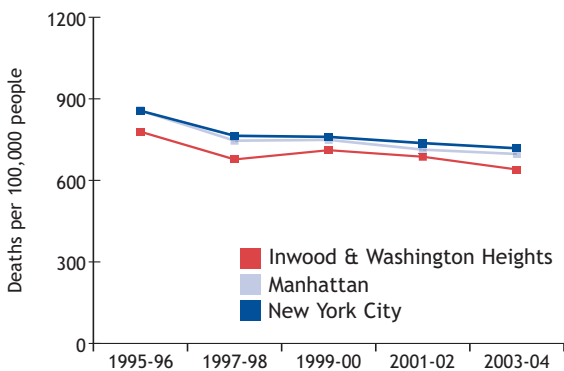
People are good at rating their own health. In general, when asked to rate their general health as excellent, very good, good, fair, or poor, those who say “fair” or “poor” are more likely to have health problems than those who report better health.

In Inwood and Washington Heights, residents are more likely to report being in fair or poor health (32%) than those in Manhattan (18%) and in New York City overall (21%).

Overall Death Rates in Inwood and Washington Heights

Death rates

In Inwood and Washington Heights, death rates are lower than in Manhattan and NYC overall



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

The death rate in Inwood and Washington Heights has decreased by almost 20% in the past decade, mirroring the rate drop in New York City overall.

In 2003-2004, the average annual death rate in Inwood and Washington Heights was 8% lower than in Manhattan and more than 10% lower than in New York City overall (640/100,000 vs. 697/100,000 in Manhattan and 718/100,000 in NYC). Throughout this profile, cause-specific death rates are provided for TCNY goals.

Line graphs. All time-trend data are presented as annual averages with 2 or 3 years of data combined. For example, in this graph, the first point on each line represents the average annual death rate for 1995 and 1996 combined.

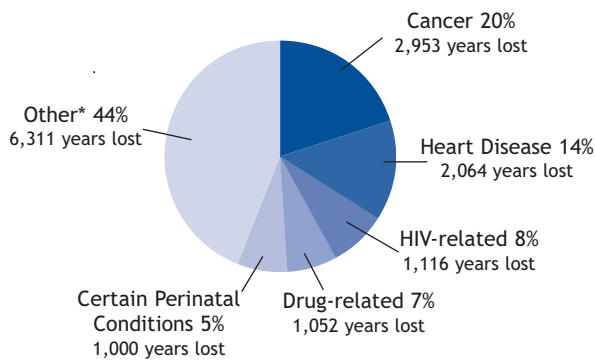
Premature death

People who die before age 75 can be thought of as dying early, or prematurely. If a person dies early, their years of potential life lost (YPLLs) can be calculated by subtracting their age at death from 75 years to get a measure of premature death.

The causes of premature death differ across communities. The primary cause of premature death in Inwood and Washington Heights is cancer, as well as in both Manhattan and New York City overall.

Top 5 causes of years of potential life lost

Cancer causes the most years of potential life lost in Inwood and Washington Heights

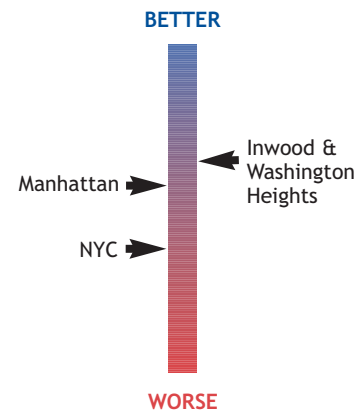


*Other includes Homicide (5%), Accidents (4%), Suicide (4%), Diabetes (3%), Congenital Conditions (2%), and Other (25%).

Data Source: Bureau of Vital Statistics, NYC DOHMH, 2002-04

Death before age 75

The 2003-2004 average annual death rate for people younger than 75 years in Inwood and Washington Heights ranks 16th among 42 NYC neighborhoods



Data Sources: Bureau of Vital Statistics, NYC DOHMH, 2003-04; U.S. Census 2000/NYC Department of City Planning



Take Care New York Goals

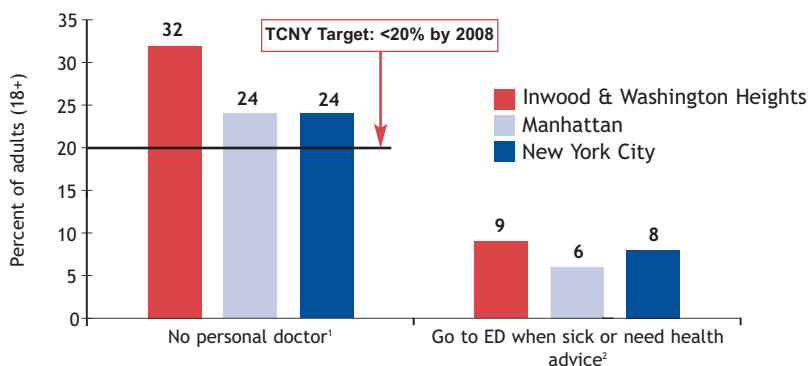
GOAL 1 Have a Regular Doctor or Other Health Care Provider

Access to good medical care helps people prevent illnesses, identify health conditions early, and treat health problems. Some conditions can and should be managed regularly outside the hospital. Higher rates of these avoidable hospitalizations can indicate reduced access to health care in a community.

Having a “medical home”— a personal doctor or other health care provider and a regular place of care other than the emergency department (ED) — is a critical component of good health care access. In Inwood and Washington Heights, residents are nearly one-third more likely to be without a regular doctor than those in NYC overall (32% vs. 24%). Also, nearly 1 in 10 Inwood and Washington Heights residents (9%) goes to the ED when they are sick or need health advice.

Access to care

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



Percents are age-adjusted.
Data Sources: ¹NYC Community Health Survey 2002-03-04, ²NYC Community Health Survey 2003-04

Avoidable hospitalizations

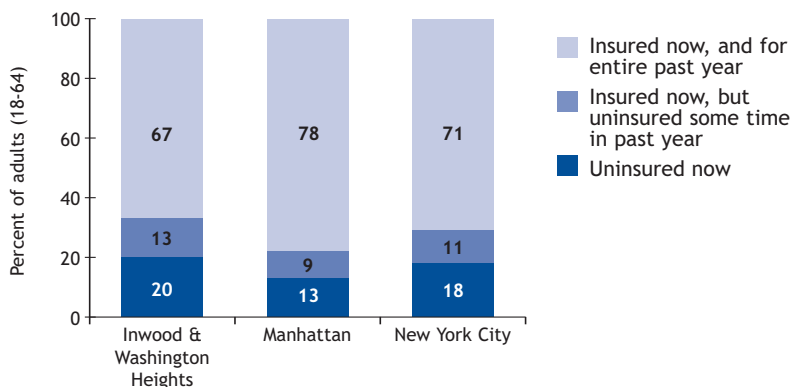
The 2004 avoidable hospitalization rate in Inwood and Washington Heights ranks as average (25th) among 42 NYC neighborhoods



Data Sources: New York State Department of Health Statewide Planning and Research Cooperative System, 2004; U.S. Census 2000/ NYC Department of City Planning

Health insurance

One in 3 adults in Inwood and Washington Heights is uninsured or went without health insurance during the past year



Percents are calculated for adults aged 18-64 and age-adjusted.
Data Source: NYC Community Health Survey 2003-04

Health insurance is important for access to health care. Residents in Inwood and Washington Heights are more likely to be uninsured than those in Manhattan overall (20% vs. 13%). In addition to those currently uninsured, another 13% of residents in this community went without health insurance at some time during the past year.

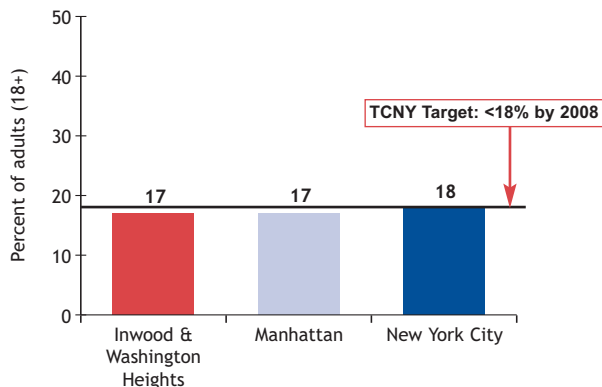


GOAL 2 Be Tobacco-Free

Smoking is the leading cause of preventable death in New York City and the cause of many illnesses, including heart disease, stroke, emphysema, and lung cancer. Less than one fifth (17%) of Inwood and Washington Heights residents currently smoke. Many methods to quit smoking are available, and nearly 8 in 10 smokers in Inwood and Washington Heights (77%) are trying to kick the habit.

Residents who smoke

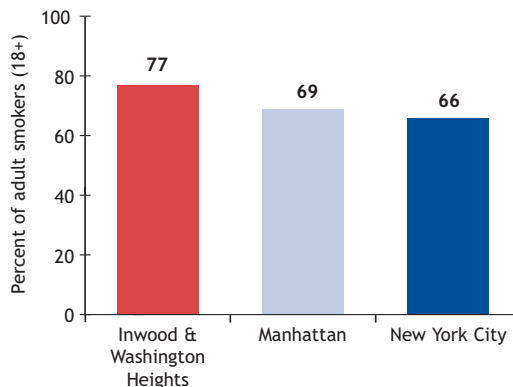
One in 6 adults in Inwood and Washington Heights smokes . . .



Percents are age-adjusted.
Data Source: NYC Community Health Survey 2004

Attempts to quit smoking in the past year

. . . but most smokers are trying to quit



Percents are age-adjusted.
Data Source: NYC Community Health Survey 2004

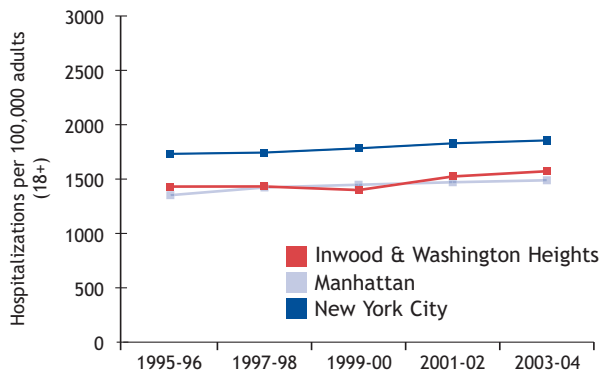


GOAL 3 Keep Your Heart Healthy

The heart disease hospitalization rate in Inwood and Washington Heights has increased by 10% in the past decade. In 2003-2004, the average annual heart disease hospitalization rate residents in this community was slightly higher than in Manhattan but lower than in NYC overall (1,572/100,000 vs. 1,489/100,000 in Manhattan and 1,856/100,000 in NYC). In contrast, the heart disease death rate in Inwood and Washington Heights has dropped by 20%. The 2003-2004 rate (222/100,000) was similar to the rate in Manhattan (234/100,000) and lower than the NYC overall rate (297/100,000).

Heart disease hospitalizations

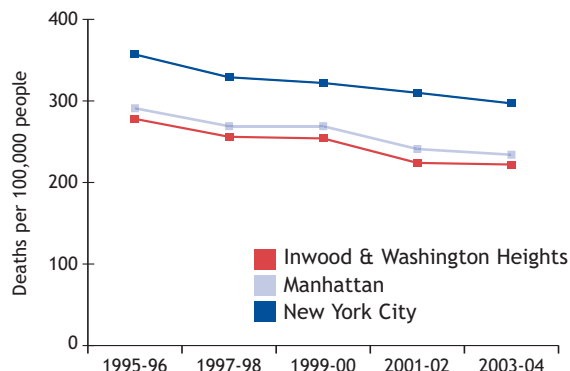
The heart disease hospitalization rate in Inwood and Washington Heights has increased in the past decade



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

Deaths due to heart disease

The heart disease death rate is lower in Inwood and Washington Heights than in NYC overall



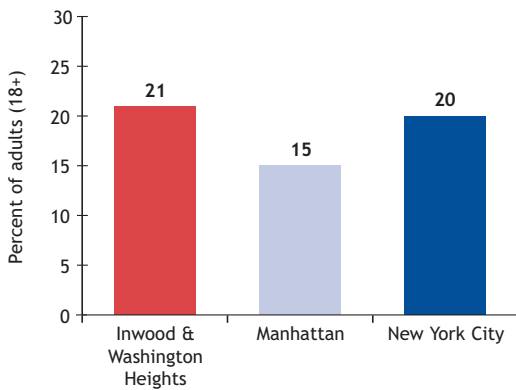
Rates are age-adjusted.
Data Sources: Bureau of Vital Statistics, NYC DOHMH, 1995-2004; U.S. Census 1990 and 2000/NYC Department of City Planning

High blood pressure and high cholesterol. Both of these conditions contribute to heart disease. In Inwood and Washington Heights, 27% of adults were told by a health care professional that they have high blood pressure (similar to 22% in Manhattan and 26% in NYC overall), and more than one quarter (27%) were told that they have high cholesterol (the same as in Manhattan and similar to 26% in NYC overall).

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

Obesity

More than 1 in 5 of adults in Inwood and Washington Heights are obese



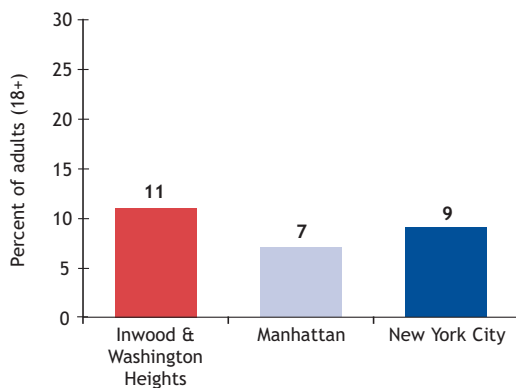
Obesity is defined as a body-mass-index (BMI) of 30 or greater. Percents are age-adjusted.
Data Source: NYC Community Health Survey 2002-03-04

In addition to smoking, high blood cholesterol and high blood pressure, other factors that put people at risk for heart disease — lack of physical activity and obesity — can be prevented or controlled.

Obesity can lead to a variety of health problems, including heart disease and diabetes. Rates of obesity are increasing rapidly in New York City and across the U.S., making it a major public health concern. In Inwood and Washington Heights, more than one fifth of adults (21%) are obese, which is one-third higher than in Manhattan (15%).

Diabetes

Adults in Inwood and Washington Heights are more likely to have diabetes than Manhattan adults



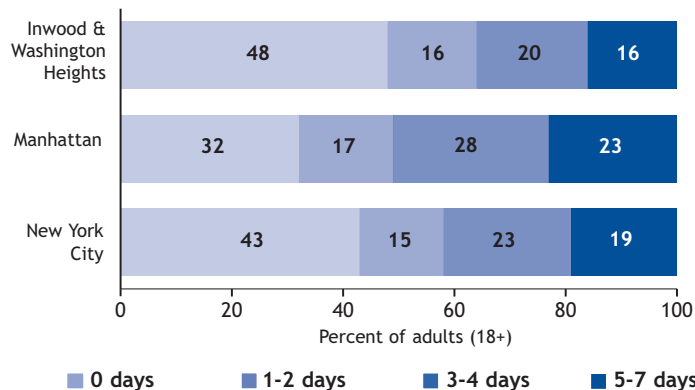
Percents are age-adjusted.
Data Source: NYC Community Health Survey 2002-03-04

The increasing prevalence of obesity in the U.S. has contributed to an epidemic of diabetes. About 95% of diabetes cases are type 2 diabetes, which is strongly associated with obesity. Uncontrolled diabetes can worsen the harmful effects of high blood pressure, high cholesterol, and other risk factors for heart disease.

In Inwood and Washington Heights, 11% of adults have diabetes, compared to 7% in Manhattan.

Days per week of recreational exercise

Exercise habits in Inwood and Washington Heights are less healthy compared to Manhattan



Survey Question: On average, how many days per week do you exercise for at least 30 minutes? Percents are age-adjusted.
Data Source: NYC Community Health Survey 2003

Physical activity helps people maintain a healthy weight and strengthens the cardiovascular system. About half of Inwood and Washington Heights residents (48%) report not exercising at all, compared to 32% of Manhattan residents. Only one third of residents in this community (36%) report exercising at least 3 days a week.

Centers for Disease Control and Prevention Recommendations

Adults should do either 20 minutes of vigorous exercise 3 times per week or 30 minutes of moderate exercise 5 times per week.



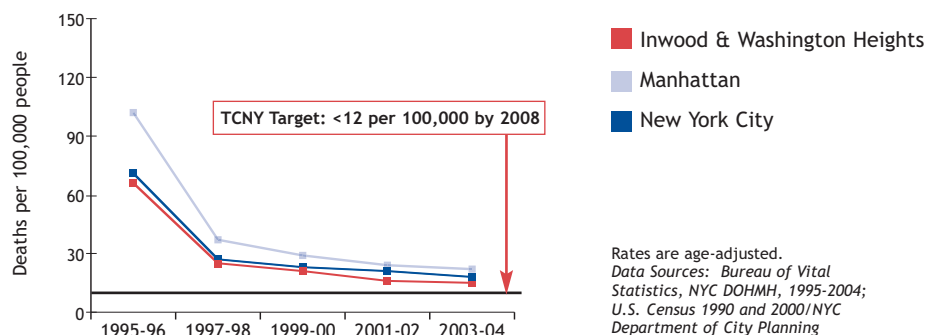
GOAL 4 Know Your HIV Status

Wide disparities exist in HIV across New York City communities. In Inwood and Washington Heights, the rate of HIV diagnoses is similar to the NYC overall rate, as is the rate of people living with HIV/AIDS.

The death rate due to HIV disease has dropped by 75% during the past decade in this community. In 2003-2004, the average annual HIV-related death rate in Inwood and Washington Heights was lower than the Manhattan rate and similar to the rate in NYC overall (15/100,000 vs. 22/100,000 in Manhattan and 18/100,000 in NYC).

Death rate due to HIV

HIV-related death rates in Inwood and Washington Heights dropped dramatically in the past decade



HIV/AIDS in 2004

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

Inwood & Washington Heights	60
Manhattan	69
New York City	55

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

Inwood & Washington Heights	24%
Manhattan	23%
New York City	29%

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

Inwood & Washington Heights	1,493
Manhattan	2,102
New York City	1,419

*Rates are age-adjusted.
**Within 31 days of HIV diagnosis – crude percents
Data Source and Analysis: HIV Epidemiology Program, NYC DOHMH, 2004

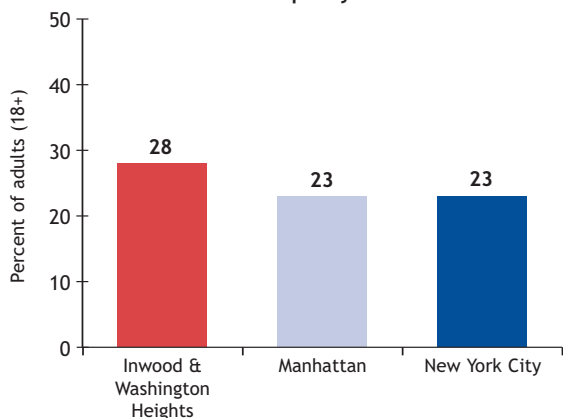
HIV/AIDS testing and prevention

Everyone should know their HIV status. However, an estimated one quarter of New Yorkers living with HIV do not know they are infected, delaying treatment and increasing the risk that they will transmit the disease to others. Only slightly more than one quarter of residents in Inwood and Washington Heights have been tested for HIV in the past year. Also, one quarter of positive HIV test results (24%) are “late” diagnoses (HIV has already progressed to AIDS) in this community.

The most common way people get HIV is through sexual contact, and having multiple sex partners increases the risk of HIV. Condoms offer protection from HIV when engaging in sexual activities. Fewer than 4 in 10 Inwood and Washington Heights adults who had more than 1 sex partner in the past year reported using a condom at their last sexual encounter.

HIV testing

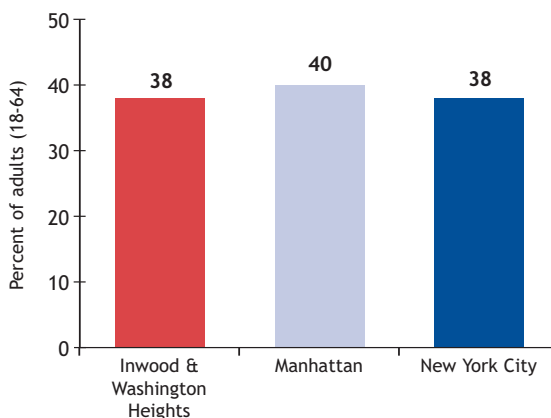
Less than one third of Inwood and Washington Heights adults have had an HIV test in the past year



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

Condom use at last sexual encounter

Fewer than 4 in 10 adults with multiple sex partners used a condom



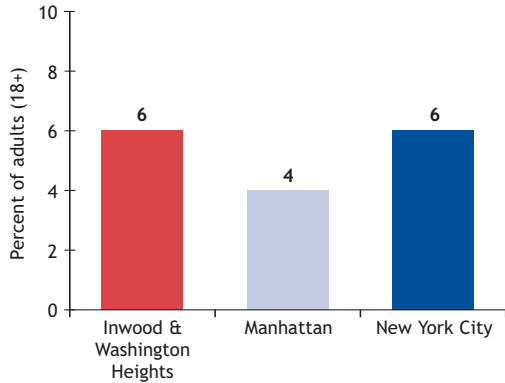
Analysis limited to adults aged 18-64 who reported having >1 sex partner in the past year, excluding women who reported having sex only with women. Percents are age-adjusted.
Data Source: NYC Community Health Survey 2002-03-04



GOAL 5 Get Help for Depression

Psychological distress

More than 1 in 20 adults in Inwood and Washington Heights suffer from serious psychological distress



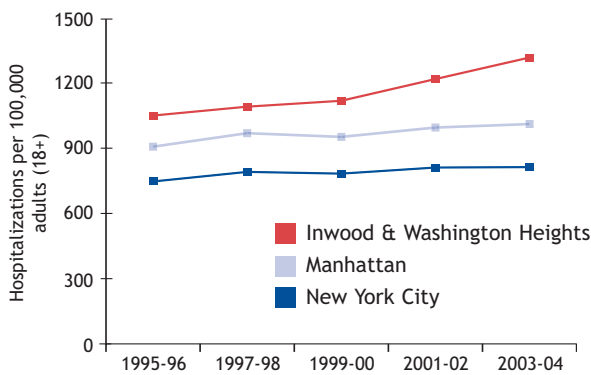
Serious psychological distress can be identified in individuals using Kessler's K6 scale, a validated measure consisting of 6 simple questions about mood. Percents are age-adjusted.
Data Source: NYC Community Health Survey 2002-03

Depression is a serious but treatable health condition that frequently goes undiagnosed. Serious psychological distress is associated with depression and other mental illnesses.

In Inwood and Washington Heights, 6% of residents experience serious psychological distress.

Mental illness

Hospitalizations for mental illness are more common in Inwood and Washington Heights



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

Hospitalization rates are one way to look at serious mental illness in a neighborhood. The mental illness hospitalization rate has increased by 25% during the past decade in Inwood and Washington Heights. Residents have had a higher rate of mental illness hospitalizations over the past 10 years (excluding alcohol- or drug-related illness) than those in Manhattan and in New York City overall.

In 2003-2004, the community's average annual rate of mental illness hospitalizations (1,317/100,000) was higher than both the Manhattan rate (1,011/100,000) and the rate in New York City overall (813/100,000).

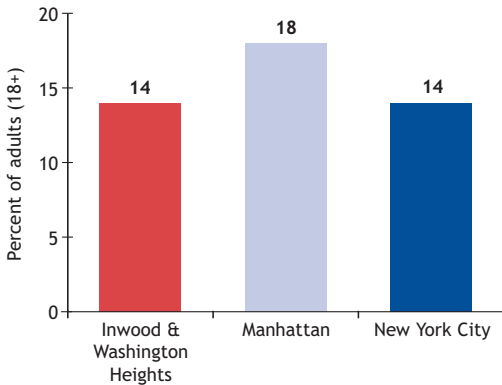
Understanding hospitalizations and access to health care. Hospitalization data are useful in understanding the burden that certain conditions place on the health care system, but not necessarily in measuring the exact extent of illness in a community. Variations in hospitalization rates may reflect not only differences in rates of illness, but also differences in access to health care. For example, the kinds of health institutions available to residents differ by community, as might the ability of residents to pay for those resources. If a community has a specialized residential institution for a certain type of disease, such as mental illness or stroke, people from outside that neighborhood may come to reside at this institution for care, resulting in an increase in reported hospitalizations for that disease in the community.



GOAL 6 Live Free of Dependence on Alcohol and Drugs

Binge drinking

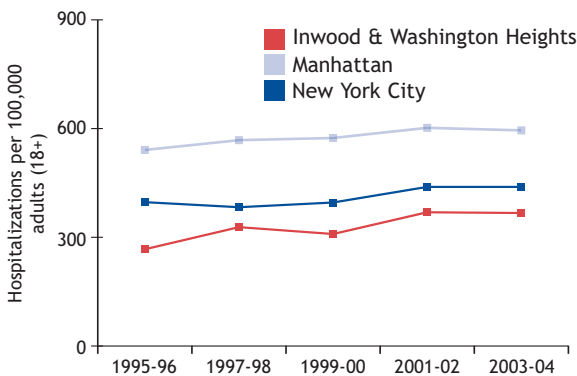
One in 7 adults in Inwood and Washington Heights engaged in binge drinking in the past month



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

Alcohol-related hospitalizations

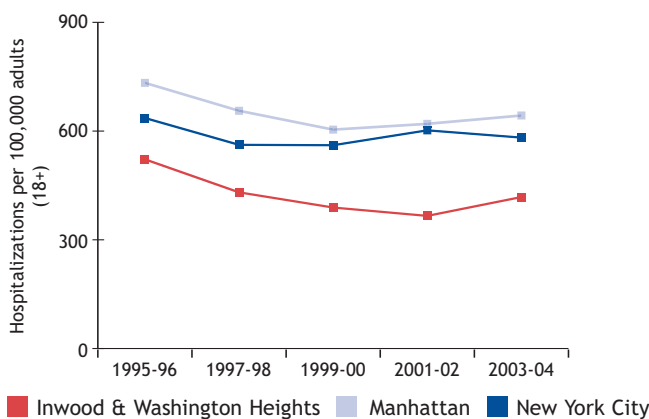
The alcohol-related hospitalization rate in Inwood and Washington Heights has increased in the past 10 years



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

Drug-related hospitalizations

The drug-related hospitalization rate in Inwood and Washington Heights has decreased in the past decade



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

The abuse of alcohol and drugs can lead to many preventable injuries, illnesses, and deaths, including injury in motor-vehicle crashes, liver disease, and violence.

Estimates of binge drinking represent the risk of immediate alcohol-related problems, such as alcohol-poisoning, injury and violence. In Inwood and Washington Heights, 14% of adults report engaging in at least one episode of binge drinking (defined as consuming 5 or more drinks on one occasion) in past month.

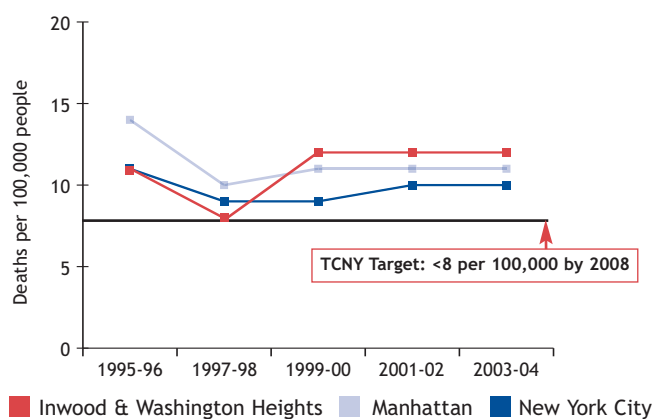
Alcohol-related hospitalizations reflect both acute and chronic (e.g., liver disease) consequences of alcohol abuse. The alcohol-related hospitalization rate in Inwood and Washington Heights has increased by more than 35% in the past decade. However, in 2003-2004, the average annual alcohol-related hospitalization rate in this community was lower than in Manhattan and in New York City overall (367/100,000 vs. 595/100,000 in Manhattan and 439/100,000 in NYC).

The drug-related hospitalization rate in 2003-2004 was also lower (418/100,000) than in Manhattan (643/100,000) and New York City overall (595/100,000). In addition, it has decreased by 20% in the past decade.

The 2003-2004 death rate due to drugs in Inwood and Washington Heights was similar to the rates in Manhattan and NYC overall (12/100,000 vs. 11/100,000 in Manhattan and 10/100,000 in NYC).

Drug-related deaths

The drug-related death rate in Inwood and Washington Heights is similar to the NYC overall rate



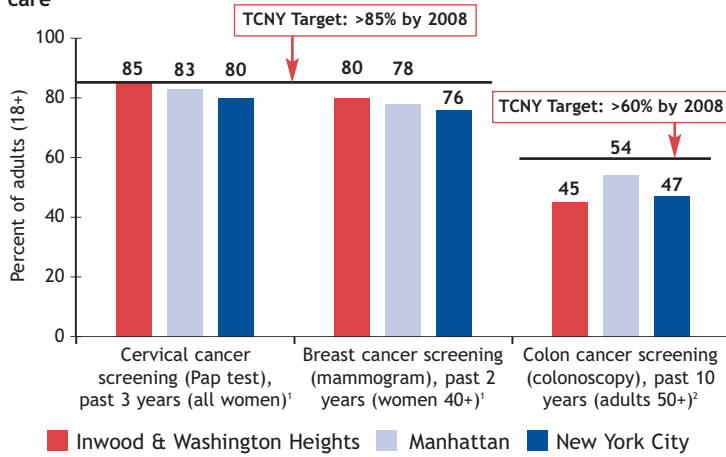
Rates are age-adjusted. Data Sources: Bureau of Vital Statistics, NYC DOHMH, 1995-2004; U.S. Census 1990 and 2000/NYC Department of City Planning



GOAL 7 Get Checked for Cancer

Cancer screenings

Cancer screening is an important part of regular preventive health care



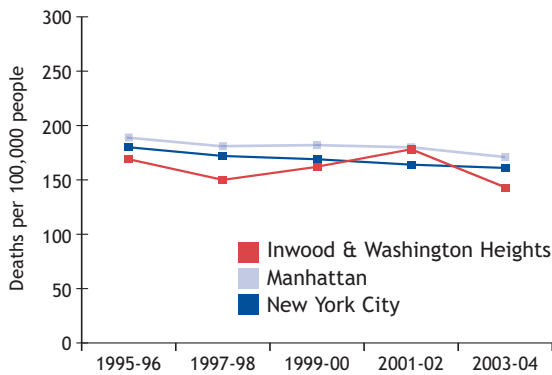
Percents are age-adjusted.
Data Sources: ¹NYC Community Health Survey 2002 & 2004, ²NYC Community Health Survey 2003-04

Cancer screening can save lives by preventing disease, catching cancer in its early stages and providing opportunities for treatment. TCNY has set specific screening targets for cervical, breast, and colon cancers.

Women in Inwood and Washington Heights are getting Pap tests for cervical cancer and mammograms for breast cancer at rates very close to or meeting the TCNY target of more than 85%. However, less than half of adults aged 50 and older in Inwood and Washington Heights have had a colonoscopy in the past 10 years.

Cancer deaths

The death rate due to cancer in Inwood and Washington Heights has decreased in the past 10 years



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

Despite a slight increase in 2001-2002, the death rate due to cancer has decreased in Inwood and Washington Heights during the past decade. In addition, the 2003-2004 average annual cancer death rate was lower than both the Manhattan and NYC overall rates (143/100,000 vs. 171/100,000 in Manhattan and 161/100,000 in NYC).

Preventing cancer and related deaths. Individuals can reduce their risk of the most common cancers. Never smoking or quitting the habit greatly reduces the risk of lung and other cancers. High colon and breast cancer death rates highlight the importance of getting recommended screenings so treatment can begin early.

The highest cancer-related death rates among men in Inwood and Washington Heights are due to lung, prostate, and colon cancers. Among women, lung, breast, and colon cancers are the top 3 causes of cancer-related death.

Highest cancer death rates in Inwood and Washington Heights (2003-2004)						
MEN	DEATHS / 100,000 PEOPLE		WOMEN	DEATHS / 100,000 PEOPLE		
	Inwood & Washington Heights	NYC		Type of Cancer	Inwood & Washington Heights	NYC
	Lung, trachea, bronchus	49	51	Lung, trachea, bronchus	24	28
	Prostate	28	25	Breast	18	26
	Colorectal	14	23	Colorectal	15	17
	Blood-related	13	18	Blood-related	11	12
	Liver	13	10	Pancreas	11	9

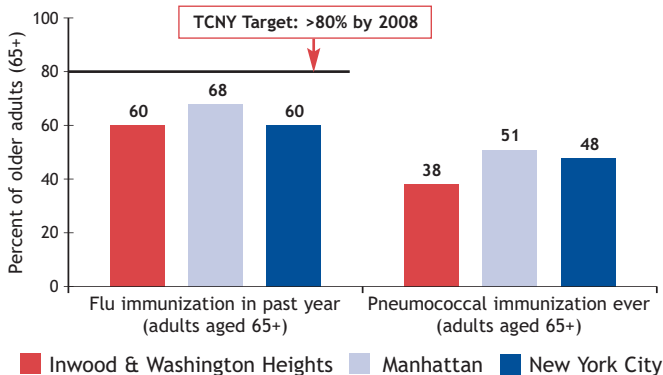
Rates are age-adjusted. Data Sources: Bureau of Vital Statistics, NYC DOHMH, 2003-2004; U.S. Census 2000/NYC Department of City Planning



GOAL 8 Get the Immunizations You Need

Immunizations

Flu shot rates among older adults fall below the TCNY target and pneumococcal (pneumonia) immunizations are even lower



Data Source: NYC Community Health Survey 2002-03-04

Immunizations are not just for kids. Of all the deaths that could have been prevented by vaccination, 99% occur in adults. **Take Care New York** has set a target that more than 80% of adults aged 65 and older will get an annual flu (influenza) shot by 2008. The Inwood and Washington Heights flu immunization rate among older adults falls short of the TCNY target by 25%.

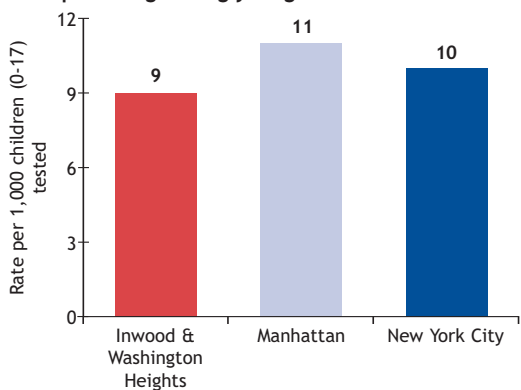
Immunization rates for pneumonia are lower than those for flu across NYC. Inwood and Washington Heights older adults are less likely than those in Manhattan overall to have ever received the pneumococcal vaccine, which protects against one common cause of pneumonia.



GOAL 9 Make Your Home Safe and Healthy

Childhood lead poisoning

Lead poisoning among young children continues to be a problem



Lead poisoning is defined as a blood lead level ≥ 10 $\mu\text{g}/\text{dL}$.

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

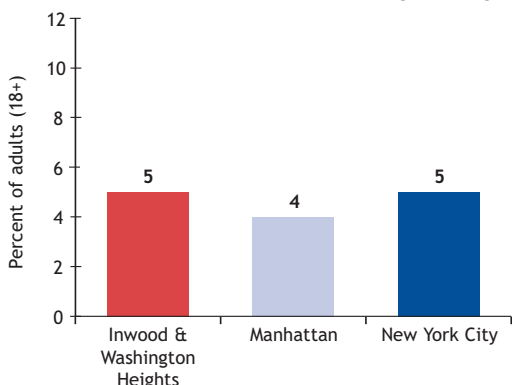
Childhood lead poisoning is a health problem that may be associated with decreased intelligence, learning and behavioral problems, and delayed growth and development. While the number of lead-poisoned children (0-17 years old) in New York City has declined dramatically over the past decade, the Health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

In 2004, 129 children in Inwood and Washington Heights (9/1,000) were newly identified with lead poisoning (blood lead level greater than or equal to 10 $\mu\text{g}/\text{dL}$).

Asthma in Adults and Children

Asthma

One in 20 adults in Inwood and Washington Heights has asthma



Percents are age-adjusted.

Data Source: NYC Community Health Survey 2002-03-04

Conditions, or "triggers," in the home environment, such as the presence of second-hand smoke or dust, can cause asthma attacks. Some housing conditions associated with asthma triggers, such as rodent or roach infestation, are more common in some neighborhoods than others.

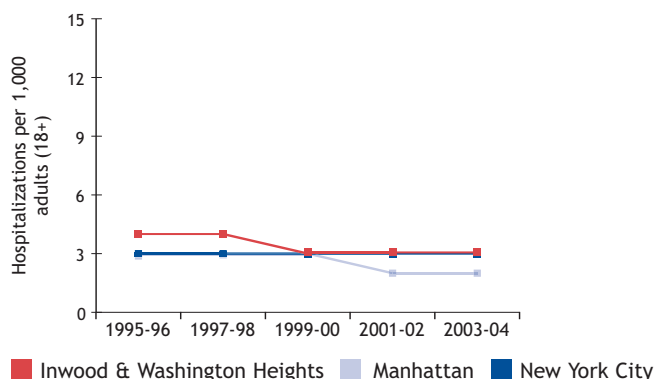
In Inwood and Washington Heights, 5% of adults report having asthma.

Neighborhood asthma hospitalization rates depend in part on the percent of residents who have asthma. However, good medical management of asthma can prevent many asthma-related hospitalizations, and patients can work with health care providers to better control their asthma. Thus, the asthma hospitalization rate can also indicate poor access to health care.

Asthma hospitalization rates for both adults and children (0-17 years old) in Inwood and Washington Heights declined in the past decade. The average annual hospitalization rate due to adult asthma in 2003-2004 was higher in Inwood and Washington Heights than in Manhattan, while the rate among children was lower than in NYC overall.

Adult asthma hospitalizations

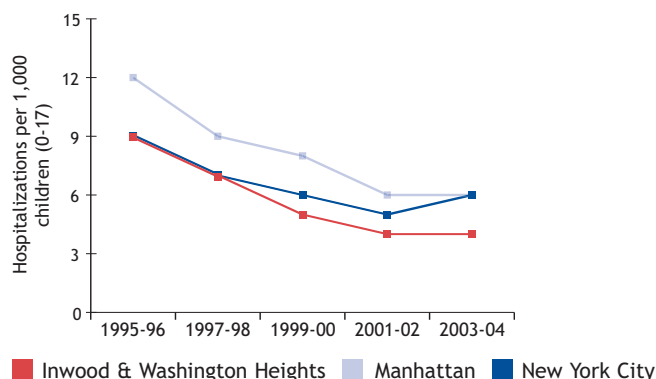
Rates of asthma hospitalization are higher in Inwood and Washington Heights than in Manhattan



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

Child asthma hospitalizations

The child asthma hospitalization rate has decreased in Inwood and Washington Heights



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

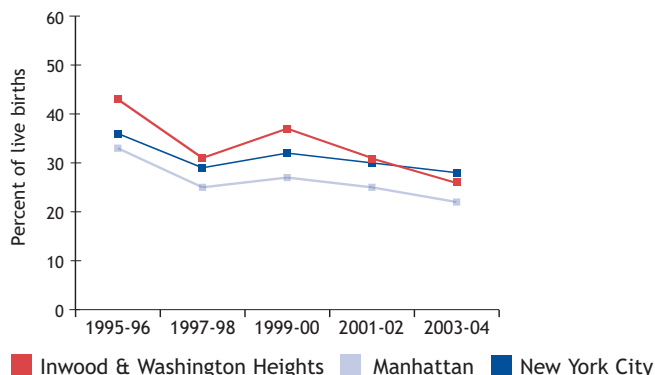
Goal 10 Have a Healthy Baby

The health of babies depends on the health of mothers. Good health care for pregnant women includes high quality prenatal care beginning in the first trimester of pregnancy. The average annual percent of women who received late or no prenatal care has declined in Inwood and Washington Heights from 43% in 1995-1996 to 26% in 2003-2004, which is lower than the NYC overall rate (28%) but higher than the rate in Manhattan (22%).

Teenage mothers and their babies face a number of risks. Pregnant teens are more likely to be poor and not complete high school than other teens, and they are more likely to have babies born with low birthweight than older women. The birth rate to teenage mothers has decreased over the past 10 years by 20% in Inwood and Washington Heights. However, the average birth rate to teen moms in 2003-2004 in this community (106/1,000) was still 40% higher than in NYC overall (75/1,000).

Prenatal care

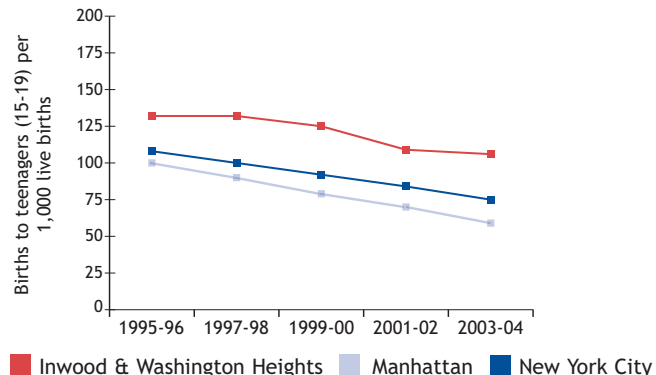
About one quarter of mothers in Inwood and Washington Heights received late or no prenatal care



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

Teenage mothers

The birth rate to teenage mothers (15-19 years) is higher in Inwood and Washington Heights

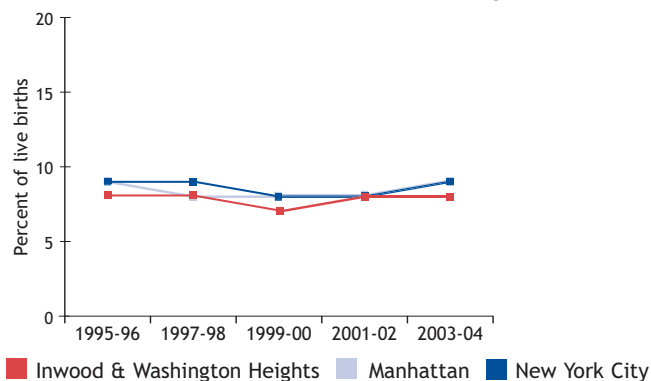


Data Source: Bureau of Vital Statistics, NYC DOHMH, 1995-2004

Babies born with low birthweight tend to have more health problems than others. In 2003-2004, the average percent of babies born with low birthweight in Inwood and Washington Heights was 8% — similar to the Manhattan and NYC overall rates. Infant mortality (the death of babies in the first year of life) has declined over the past 10 years in NYC. The 2002-2004 rate in Inwood and Washington Heights (6/1,000) was the same as the NYC overall rate but still higher than the TCNY target.

Low birthweight

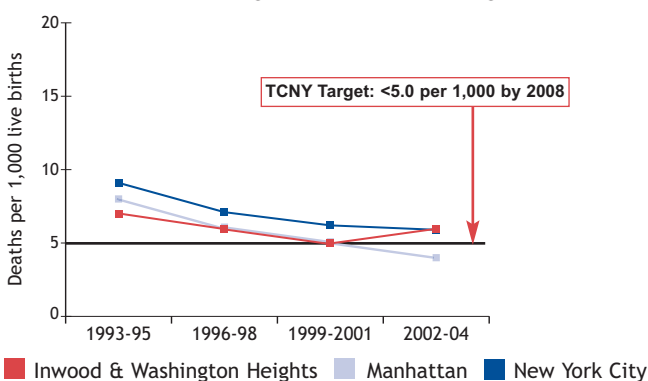
About 10% of babies are born with low birthweight



Low birthweight is defined as <2,500 grams (5.5 pounds).
Data Source: Bureau of Vital Statistics, NYC DOHMH, 1995-2004

Infant mortality rate (IMR)

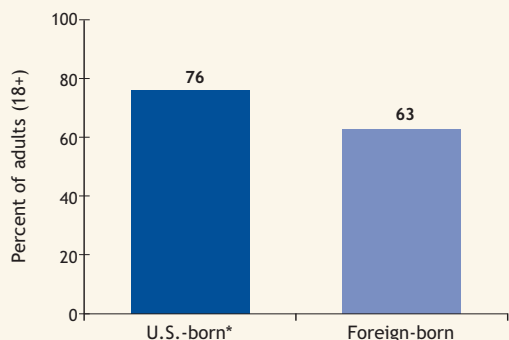
The IMR in NYC is still higher than the TCNY target



TCNY Target: <5.0 per 1,000 by 2008
Data Source: Bureau of Vital Statistics, NYC DOHMH, 1993-2004

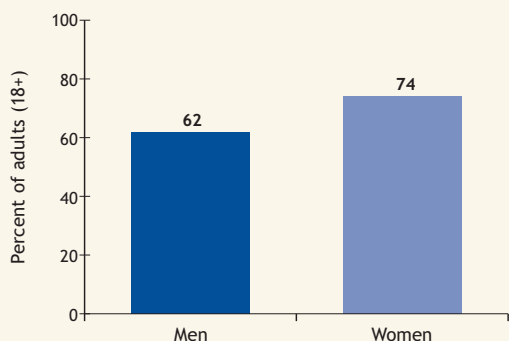
Neighborhood Health Highlight: No Regular Doctor

Foreign-born residents in Inwood and Washington Heights are less likely to have a regular doctor



* Includes those born in Puerto Rico and other U.S. territories. Percents are age-adjusted.
Data Source: NYC Community Health Survey 2002-03-04

In Inwood and Washington Heights, men are less likely than women to have a regular doctor



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

Every New York City neighborhood has different health concerns. Here we highlight health care access in Inwood and Washington Heights.

Limited access to health care can threaten good health. As discussed on page 5, one measure of individuals' access to care is whether or not they have a personal doctor or other health care provider. In Inwood and Washington Heights, about one third of adults do not have a regular health care provider.

Certain groups of residents are more likely to have worse access to health care. In Inwood and Washington Heights, residents who were born outside the U.S. are less likely to have a regular health care provider than those born in the U.S. In addition, men are less likely to utilize health care. In Washington Heights, men are 16% less likely to have a regular doctor than women.

TAKING ACTION

Since men are less likely to utilize available health care, women in their lives (partners, mothers, etc.) can help by encouraging them to **go for a check-up** and to **find a regular doctor** who they trust.

Residents who have immigrated to the U.S. are frequently without health insurance and may experience language barriers when trying to get care. For information on finding a regular health care provider, call 311.

Technical notes

Analyses

All analyses were conducted by the Bureau of Epidemiology Services, NYC DOHMH, unless otherwise indicated. All estimates in this report were age standardized to the Year 2000 Standard Population, except for age-specific data and mother-child health indicators. All CHS analyses were done in SUDAAN to account for complex survey design and were weighted to the New York City population according to the U.S. Census 2000.

Data sources

NYS DOH Hospitalization data: Includes hospitalizations of NYC residents that occurred anywhere in New York State. Patient zip code was used to classify hospitalizations into 42 neighborhoods. Data from 1995-2003 updated in April 2005; 2004 data updated in July 2005.

Vital Statistics data: Includes births and deaths of NYC residents that occurred within New York City. Data were combined across years to increase statistical stability and average annual rates are presented. In addition, infant mortality rates (IMR) were calculated as 3-year annual averages, and this statistic and others may differ from the presentation in "Summary of Vital Statistics" reports from the Bureau of Vital Statistics, NYC DOHMH.

Community Health Survey data: The NYC Community Health Survey (CHS) is an annual random-digit-dial telephone survey of approximately 10,000 adults in New York City. This profile uses the following datasets from this survey: NYC CHS 2002, NYC CHS 2003, NYC CHS 2004, NYC CHS 2002-03-04, NYC CHS 2002-03, NYC CHS 2002 & 2004, and NYC CHS 2003-04. The combined-year datasets increase statistical power, allowing for more stable analyses at the neighborhood level.

Neighborhood Definitions

The 42 NYC neighborhoods are based on the United Hospital Fund definitions of neighborhood, which are specified by zip code. For a complete listing of all 42 neighborhoods and their zip codes, go to nyc.gov/health. The zip codes included in analyses of Inwood and Washington Heights are 10031, 10032, 10033, 10034, and 10040. Please note that some neighborhoods were combined for statistical purposes in the CHS 2002, CHS 2003 and CHS 2004 datasets to make a total of 33 (2002) or 34 (2003, 2004) neighborhoods.

Avoidable Hospitalizations

Data based on Ambulatory Care Sensitive Conditions (called "avoidable hospitalizations" in this report) were calculated using the Agency for Healthcare Research and Quality (AHRQ) classification of inpatient hospitalization data. Conditions in the overall measure include: Diabetes Short-term Complications Admission Rate, Diabetes Long-term Complications Admission Rate, Pediatric Asthma Admission Rate, Chronic Obstructive Pulmonary Disease Admission Rate, Pediatric Gastroenteritis Admission Rate, Hypertension Admission Rate, Congestive Heart Failure Admission Rate, Dehydration Admission Rate, Bacterial Pneumonia Admission Rate, Urinary Tract Infection Admission Rate, Angina without Procedure Admission Rate, Uncontrolled Diabetes Admission Rate, Adult Asthma Admission Rate, and Rate of Lower-extremity Amputation among Patients with Diabetes.

Significance Testing

For all data, 95% confidence limits were calculated for neighborhood, borough, and NYC estimates. If these ranges did not overlap, a significant difference was inferred. This is a conservative measure of statistical difference. This methodology also was used to examine differences between years in neighborhood trend data. *Only robust findings found to be statistically significant are discussed in the text.* In addition, all NYC CHS estimates were evaluated for statistical stability using the relative standard error (RSE). Those estimates with an RSE > .30 are flagged in graphs, "Estimate is unstable due to small sample size and should be interpreted with caution."

TCNY report card

The neighborhood was classified according to where it ranked in comparison to the other 41 NYC neighborhoods with Above Average = rankings 1-10, Average = rankings 11-32, and Below Average = rankings 33-42 where 1 = the best neighborhood score. Rankings were computed by combining (or in some cases, using only one indicator) standardized measures (z-scores) of the following health indicators for each TCNY goal: TCNY#1 - primary care provider, insurance, ED visits; TCNY#2 - current smokers; TCNY#3 - diabetes, obesity, exercise, heart disease hospitalizations, heart disease mortality; TCNY#4 - HIV testing, AIDS mortality; TCNY#5 - serious psychological distress, mental illness hospitalizations; TCNY#6 - binge drinking, alcohol-related hospitalizations, drug-related hospitalizations, drug-related mortality; TCNY#7 - cervical cancer screening, breast cancer screening, colon cancer screening, cancer mortality; TCNY#8 - flu immunization; TCNY#9 - child lead poisoning, adult asthma rates; TCNY#10 - prenatal care, teenage mothers, low birthweight, infant mortality.

Cover Photograph: Little Red Lighthouse under the George Washington Bridge, Manhattan. Photo by John Jasek. Maps by Susan Resnick.

Thank you to all the individuals who contributed to these reports: Sonia Angell, Fatima Ashraf, Birgit Bogler, Shadi Chamany, Louise Cohen, Lorna Davis, Erica Desai, Tamara Dumanovsky, Donna Eisenhower, Jennifer Ellis, Tim Frasca, Stephen Friedman, Renu Garg, Chris Goranson, Leena Gupta, Charon Gwynn, David Hanna, Kelly Henning, Mary Huynh, John Jasek, Qun Jiang, Deborah Kaplan, Adam Karpati, Elizabeth Kilgore, Marty Kim, Vani Kurup, Brooke Levinson, Cortnie Lowe, Jingsong Lu, Xiaowu Lu, Jenna Mandel-Ricci, Thomas Matte, Tina McVeigh, Rachel Miller, Trang Nguyen, Leze Nica, Preeti Pathela, Robyn Philburn, Jane Plapinger, Chitra Ramaswamy, Judy Sackoff, Julia Schillinger, Tejinder Singh, Sally Slavinski, Catherine Stayton, Parisa Tehranifar, William Vaughn, Joshua Volle, Joyce Weinstein, Kellee White, Candace Young, and Regina Zimmerman.

Community Health Profile for Inwood & Washington Heights

This report is an updated, expanded second edition of the 2002 Community Health Profile for Inwood and Washington Heights.

NEW IN THE SECOND EDITION:

- Take Care New York report card
- Time-trend data on births, hospitalizations, and deaths
- More neighborhood-specific health statistics
- Robust estimates from data through 2004

First and second edition reports on all 42 New York City neighborhoods are available from the New York City Department of Health and Mental Hygiene online or by mail.

Web: nyc.gov/health
Click on "My Community's Health"

Email: profiles@health.nyc.gov

Mail:

Community Health Profiles
New York City Department of Health and Mental Hygiene
Division of Epidemiology
125 Worth Street, Room 315, CN-6
New York, NY 10013

**For more information about health issues
in this report,
please call 311.**

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