

# Community Health Profiles

New York City Department of Health and Mental Hygiene

SECOND EDITION — 2006



TAKE CARE

## Jamaica

*Queens*

# Community Health Profile, Second Edition: Jamaica

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](http://nyc.gov/health)) by providing more recent and time-trend data, and a greater variety of health statistics. Key health issues in **Jamaica** include:

- Less than half of older adults in Jamaica get their annual flu shot — well below both the NYC overall percent and the TCNY target (page 12).
- In Jamaica, mothers are less likely to get timely prenatal care and babies are more likely to be born with low birthweight than in NYC overall (page 13-14).
- The death rate due to diabetes is higher in Jamaica than in New York City overall, and the community also has higher rates of avoidable hospitalizations for diabetes-related conditions (page 14).

**Methods:** While this report provides important information, it is not intended to be an exhaustive examination of the health of Jamaica 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).

## Jamaica at a Glance

### Population

Total number of people living in Jamaica in 2000:

**285,600**

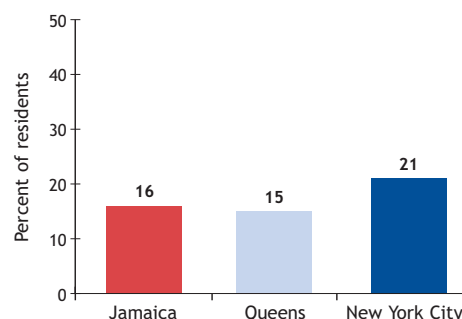
### Age

People in Jamaica are slightly younger than in Queens and New York City overall

	Jamaica	Queens	NYC
0-17 years	26%	23%	24%
18-24 years	10%	9%	10%
25-44 years	31%	33%	33%
45-64 years	21%	22%	21%
65+ years	12%	13%	12%

### Poverty

In Jamaica, the percent of residents living below the poverty level is lower than in NYC overall



### Education

In Jamaica, nearly half (46%) of residents aged 25 and older have completed some college — similar to in Queens and NYC overall

	Jamaica	Queens	NYC
Up to 8th grade	9%	11%	12%
Some high school, no diploma	18%	15%	16%
High school diploma	27%	28%	25%
Some college, no degree	26%	22%	20%
College graduate	20%	24%	27%

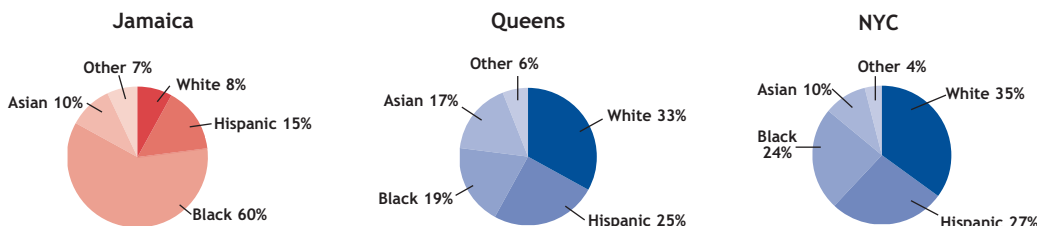
### Foreign-born

The percent of Jamaica residents born outside the U.S. is lower than in Queens overall

Location	Percent
Jamaica	38%
Queens	46%
NYC	36%

### Race / Ethnicity

Jamaica has a higher proportion of black residents than Queens and NYC overall



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

# Take Care Jamaica



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 Jamaica 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 Jamaica ranks 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

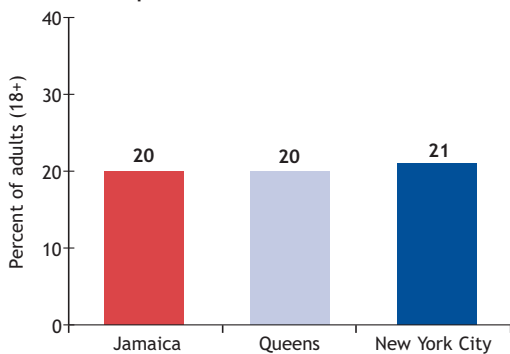
Jamaica ranks as average on most indicators when compared to the 41 other NYC neighborhoods

	Below Average (bottom 10)	Average (middle 22)	Above Average (top 10)
<b>Take Care New York Goals</b>			
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 fifth of adults in Jamaica consider themselves to be in fair or poor health



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

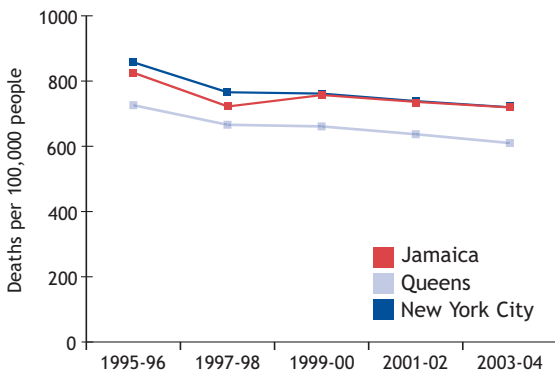
People are good at rating their own health. In general, when asked to rate their general health as excellent, very good, good, fair, or poor, those who say “fair” or “poor” are more likely to have health problems than those who report better health.

In Jamaica, 1 in 5 residents reports being in fair or poor health (20%).

# Overall Death Rates in Jamaica

## Death rates

In Jamaica and NYC overall, death rates have dropped 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

The death rate in Jamaica has decreased by more than 10% in the past decade, mirroring the rate drop in New York City overall.

In 2003-2004, the average annual death rate in Jamaica was more than 15% higher than in Queens but same as the rate in New York City overall (719/100,000 vs. 610/100,000 in Queens). 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.

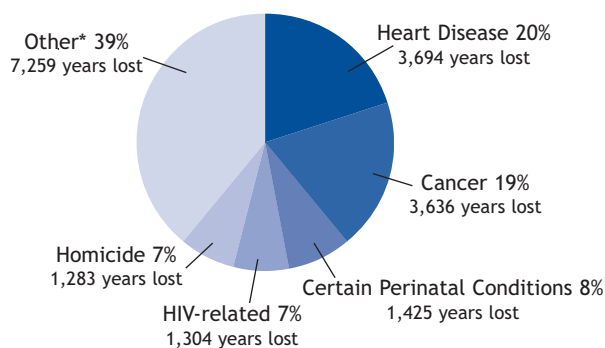
## Premature death

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 Jamaica is heart disease, while in both Queens and New York City overall, the primary cause is cancer.

### Top 5 causes of years of potential life lost

Heart disease causes the most years of potential life lost in Jamaica

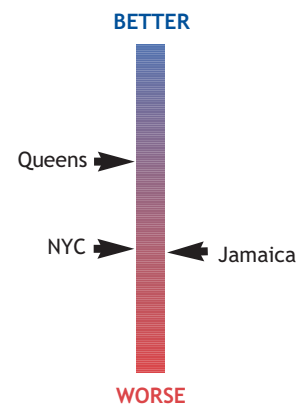


\*Other includes Accidents (5%), Drug-related (4%), Diabetes (4%), Suicide (2%), Pneumonia and Influenza (2%), and Other (22%).

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 Jamaica ranks 27th 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

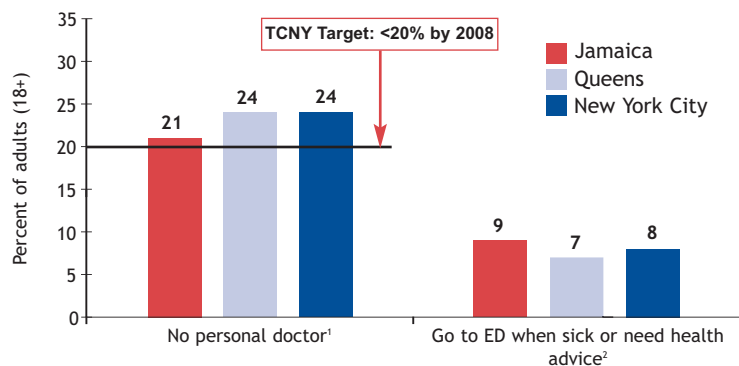
## GOAL 1 Have a Regular Doctor or Other Health Care Provider

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 Jamaica, 21% of residents do not have a regular doctor — approaching but still higher than the TCNY target of less than 20%. In addition, nearly 1 in 10 Jamaica residents goes to the ED when they are sick or need health advice (9%).

### Access to care

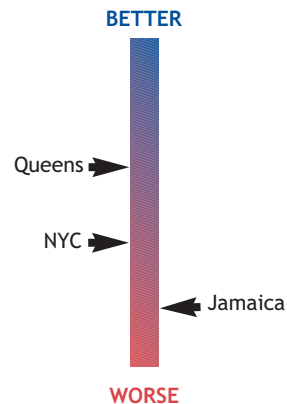
Without a primary provider, people may seek routine health care in the emergency department (ED)



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

### Avoidable hospitalizations

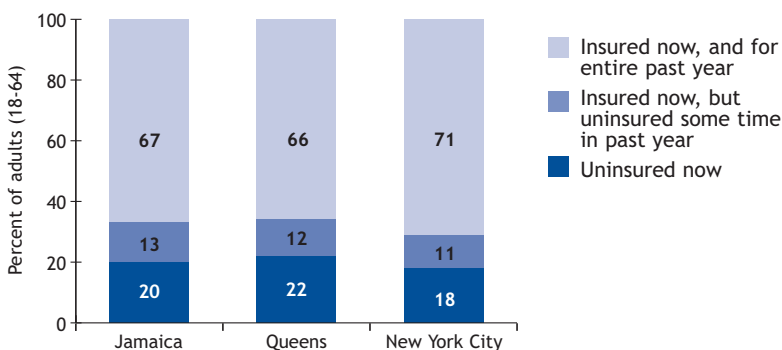
The 2004 avoidable hospitalization rate in Jamaica ranks 32nd among 42 NYC neighborhoods



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 Jamaica is uninsured or went without health insurance during the past year



Insurance rates are calculated for adults aged 18-64 and age-adjusted.  
Data Source: NYC Community Health Survey 2002-03-04

Health insurance is important for access to health care. A similar proportion of residents in Jamaica (20%), Queens (22%) and New York City overall (18%) are currently uninsured. In addition, another 13% of residents in this community went without health insurance at some time during the past year.

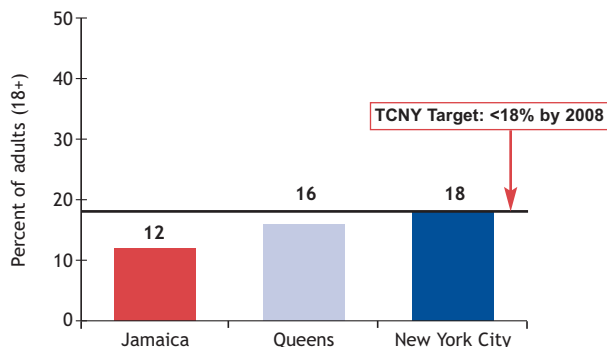


## GOAL 2 Be Tobacco-Free

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. Jamaica residents are less likely to be current smokers than adults in NYC overall (12% vs. 18%). Many methods to quit smoking are available, and nearly 9 in 10 smokers in Jamaica (88%) are trying to kick the habit — a higher proportion than in both Queens and NYC overall.

### Residents who smoke

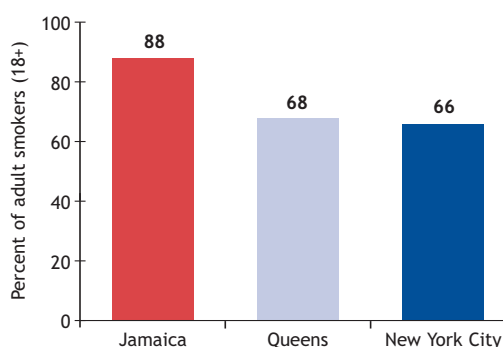
Adults in Jamaica are less likely to smoke than those in NYC overall. . .



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

### Attempts to quit smoking in the past year

. . . and nearly all smokers in Jamaica are trying to quit



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

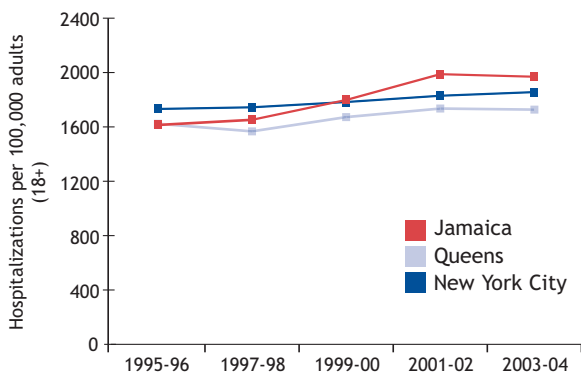


## GOAL 3 Keep Your Heart Healthy

Heart disease can cause severe illness and death. The heart disease hospitalization rate in Jamaica has increased by more than 15% in the past decade. The 2003-2004 average annual heart disease hospitalization rate in this community was higher than both the Queens and NYC overall rates (1,969/100,000 vs. 1,727/100,000 in Queens and 1,856/100,000 in NYC). In contrast to hospitalizations, the heart disease death rate in Jamaica dropped in the past 10 years. In 2003-2004, the rate (303/100,000) was similar to the rates in Queens (288/100,000) and NYC overall (297/100,000).

### Heart disease hospitalizations

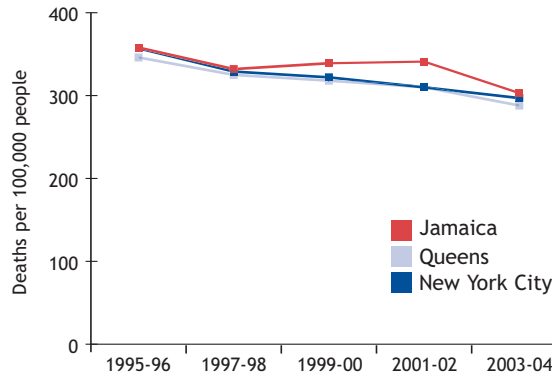
Heart disease hospitalizations are more common in Jamaica



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 has dropped in Jamaica



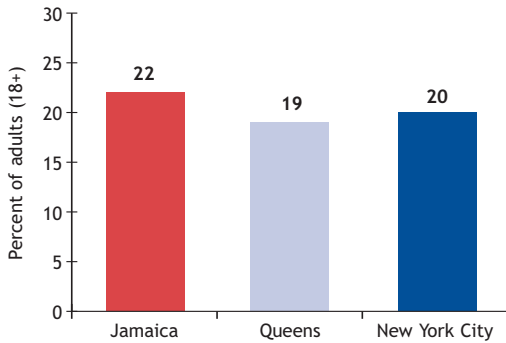
Rates are age-adjusted.  
Data Sources: Bureau of Vital Statistics, NYC DOHMH, 1995-2004; U.S. Census 1990 and 2000/NYC Department of City Planning

**High blood pressure and high cholesterol.** Both of these conditions contribute to heart disease. In Jamaica, 34% of adults were told by a health care professional that they have high blood pressure (higher than 26% in Queens and NYC overall), and one quarter (25%) were told that they have high cholesterol (similar to 26% in Queens and NYC overall).

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

## Obesity

More than 1 in 5 adults in Jamaica are obese



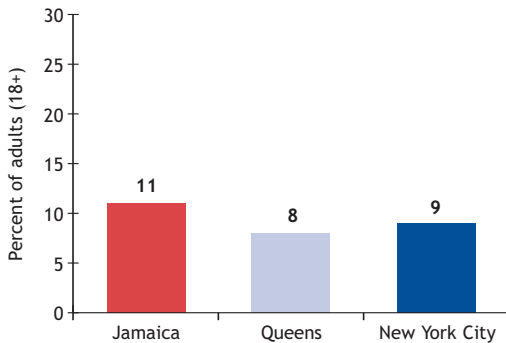
Obesity is defined as a body-mass-index (BMI) of 30 or greater. Percents are age-adjusted.  
Data Source: NYC Community Health Survey 2002-03-04

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 Jamaica, more than one fifth of adults are obese (22%).

## Diabetes

More than 1 in 10 adults in Jamaica have diabetes



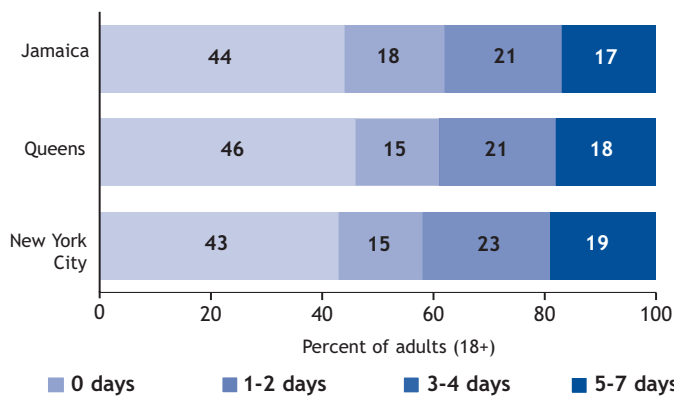
Percents are age-adjusted.  
Data Source: NYC Community Health Survey 2002-03-04

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 Jamaica, 11% of adults have diabetes.

## Days per week of recreational exercise

More than 4 in 10 adults in Jamaica do no physical activity



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. More than 4 in 10 Jamaica residents report doing no physical activity at all (44%). Only just over one third of residents in this community (38%) 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.



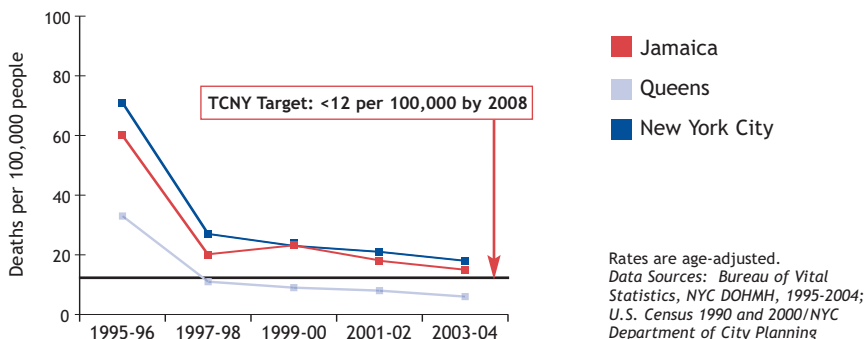
## GOAL 4 Know Your HIV Status

Wide disparities exist in HIV across New York City communities. In Jamaica, the rate of HIV diagnoses is higher than the Queens rate and similar to the rate in NYC overall rate. The rate of people living with HIV/AIDS in the community is also higher than the Queens rate but lower than in NYC overall.

The death rate due to HIV disease has dropped by 75% during the past decade in this community. However, in 2003-2004, the average annual HIV-related death rate in Jamaica was still more than twice the Queens rate and similar to the rate in NYC overall (15/100,000 vs. 6/100,000 in Queens and 18/100,000 in NYC).

### Death rate due to HIV

HIV-related death rates in Jamaica have dropped dramatically in the past decade but remain higher than in Queens overall



### HIV/AIDS in 2004

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

Jamaica	52
Queens	30
New York City	55

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

Jamaica	36%
Queens	35%
New York City	29%

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

Jamaica	1,038
Queens	680
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

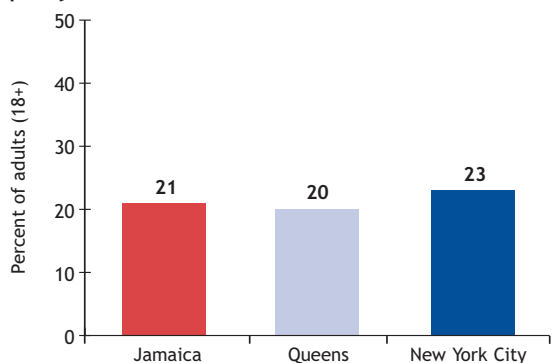
## HIV/AIDS testing and prevention

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 one fifth of Jamaica residents have been tested for HIV in the past year (21%). In addition, more than one third of positive HIV test results (36%) 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. Less than one third (30%) of Jamaica adults who had more than 1 sex partner in the past year reported using a condom at their last sexual encounter.

### HIV testing

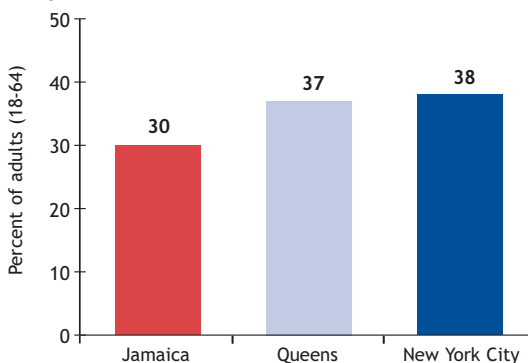
Only 1 in 5 Jamaica adults has had an HIV test in the past year



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

### Condom use at last sexual encounter

Fewer than 1 in 3 Jamaica 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

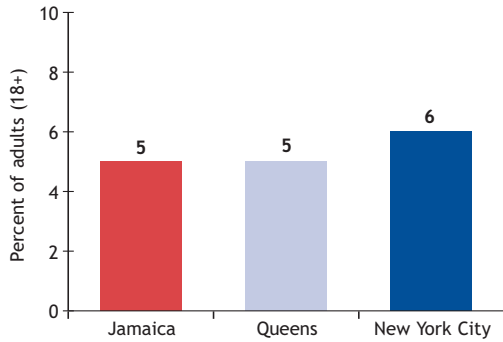




# GOAL 5 Get Help for Depression

## Psychological distress

One in 20 adults in Jamaica suffers from serious psychological distress



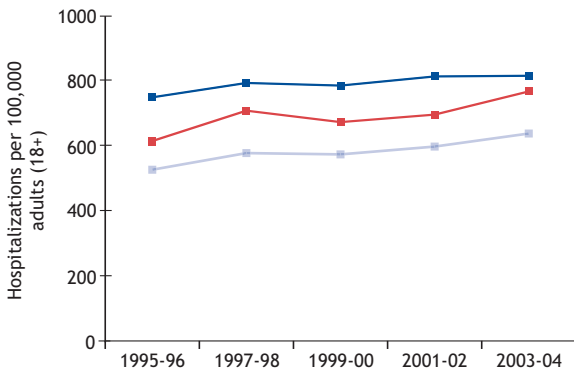
Serious psychological distress can be identified in individuals using Kessler's K6 scale, a validated measure consisting of 6 simple questions about mood. Percents are age-adjusted.  
Data Source: NYC Community Health Survey 2002-03

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

In Jamaica, 5% of residents experience serious psychological distress.

## Mental illness

Hospitalizations for mental illness are more common in Jamaica than in Queens overall



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 in Jamaica has increased slightly during the past decade, falling between the Queens and NYC overall rates.

In 2003-2004, the community's average annual rate of mental illness hospitalizations (765/100,000) was higher than the Queens rate (636/100,000) but slightly lower than the rate in New York City overall (813/100,000).

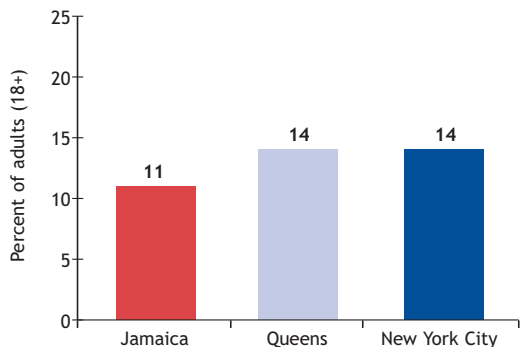
**Understanding hospitalizations and access to health care.** Hospitalization data are useful in understanding the burden that certain conditions place on the health care system, but not necessarily in measuring the exact extent of illness in a community. Variations in hospitalization rates may reflect 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

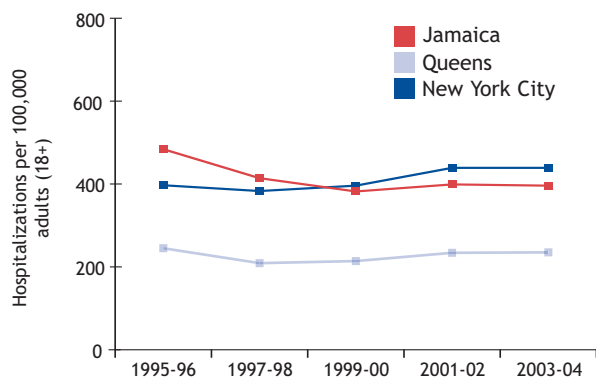
More than 1 in 10 adults in Jamaica engaged in binge drinking in the past month



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

## Alcohol-related hospitalizations

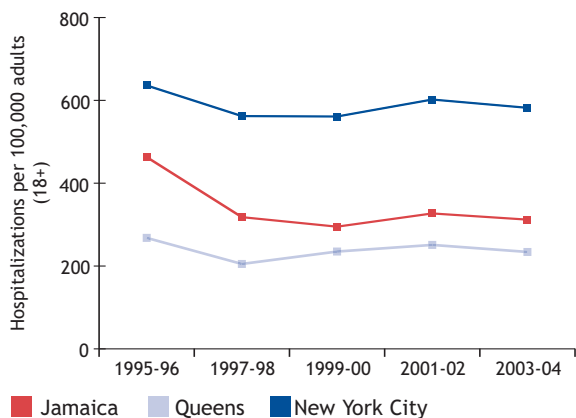
The alcohol-related hospitalization rate in Jamaica has decreased in the past decade



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

## Drug-related hospitalizations

The drug-related hospitalization rate in Jamaica 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 Jamaica, 11% of adults report engaging in at least one episode of binge drinking (defined as consuming 5 or more drinks on one occasion) in the past month.

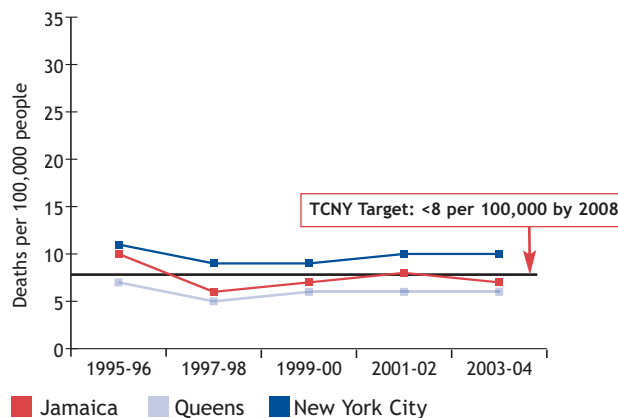
Alcohol-related hospitalizations reflect both acute and chronic (e.g., liver disease) consequences of alcohol abuse. The alcohol-related hospitalization rate in Jamaica has decreased by more than 15% in the past decade. In 2003-2004, the average annual alcohol-related hospitalization rate in this community was higher than in Queens but slightly lower than in New York City overall (396/100,000 vs. 235/100,000 in Queens and 439/100,000 in NYC).

Similar to alcohol-related hospitalizations, the drug-related hospitalization rate has dropped in the past 10 years in Jamaica. In 2003-2004, the rate (312/100,000) was also higher than in Queens (234/100,000) and lower than in New York City overall (595/100,000).

The 2003-2004 death rate due to drugs in Jamaica was similar to the Queens and NYC overall rates (7/100,000 vs. 6/100,000 in Queens and 10/100,000 in NYC).

## Drug-related deaths

The drug-related death rates in Jamaica, Queens and NYC overall are similar



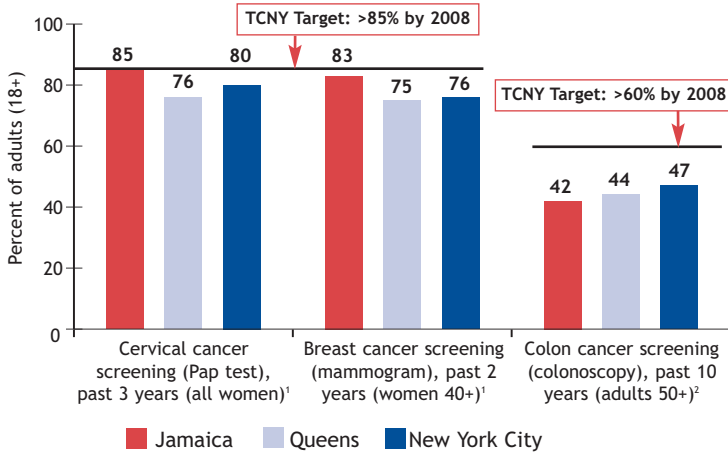
Rates are age-adjusted. Data Sources: Bureau of Vital Statistics, NYC DOHMH, 1995-2004; U.S. Census 1990 and 2000/NYC Department of City Planning



# GOAL 7 Get Checked for Cancer

## Cancer screenings

Cancer screening is an important part of regular preventive health care



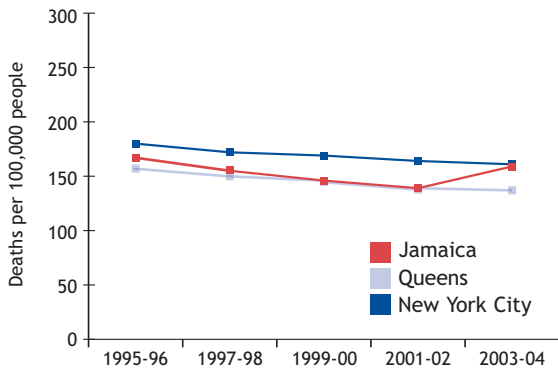
Percents are age-adjusted.  
 Data Sources: <sup>1</sup>NYC Community Health Survey 2002 & 2004, <sup>2</sup>NYC Community Health Survey 2003-04

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 Jamaica are nearly meeting the TCNY target of more than 85% for getting Pap tests for cervical cancer — a higher percent than in Queens overall, as well. The percent of mammograms for breast cancer in Jamaica is also very close to the TCNY target. However, less than half of adults aged 50 and older in Jamaica have had a colonoscopy in the past 10 years.

## Cancer deaths

The death rate due to cancer is lower in Jamaica 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

The death rate due to cancer has remained fairly steady in Jamaica during the past decade. The 2003-2004 average annual cancer death rate was 15% higher than Queens rate but similar to the NYC overall rate (159/100,000 vs. 137/100,000 in Queens 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 Jamaica are due to lung, prostate, and colon cancers. Among women, breast, lung, and colon cancers are the top 3 causes of cancer-related death.

Highest cancer death rates in Jamaica (2003-2004)					
MEN			WOMEN		
Type of Cancer	DEATHS / 100,000 PEOPLE		Type of Cancer	DEATHS / 100,000 PEOPLE	
	Jamaica	NYC		Jamaica	NYC
Lung, trachea, bronchus	48	51	Breast	30	26
Prostate	34	25	Lung, trachea, bronchus	26	28
Colorectal	24	23	Colorectal	16	17
Blood-related	17	18	Blood-related	12	12
Pancreas	10	12	Pancreas	8	9

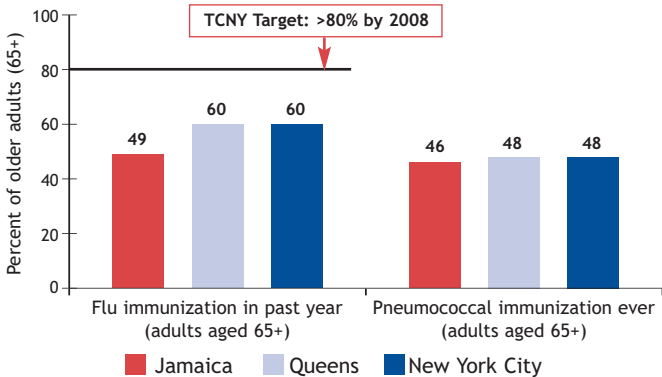
Rates are age-adjusted. Data Sources: Bureau of Vital Statistics, NYC DOHMH, 2003-2004; U.S. Census 2000/NYC Department of City Planning



## 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. Older adults in Jamaica are less likely to get the flu shot than those in NYC overall (49% vs. 60%), a percent well below the TCNY target of 80%.

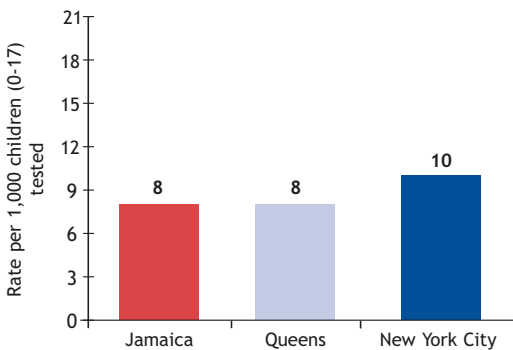
Immunization rates for pneumonia are lower than those for flu across NYC. Less than half of older adults in Jamaica have ever received the pneumococcal vaccine, which protects against one common cause of pneumonia.



## 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  $\geq 10$   $\mu\text{g}/\text{dL}$ .

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

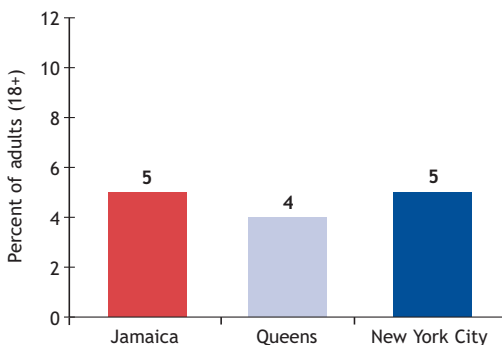
Childhood lead poisoning is a health problem that may be associated with decreased intelligence, learning and behavioral problems, and delayed growth and development. While the number of lead-poisoned children (0-17 years old) in New York City has declined dramatically over the past decade, the Health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

In 2004, 125 children in Jamaica (8/1,000) were newly identified with lead poisoning (defined as a 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 Jamaica suffers from 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.

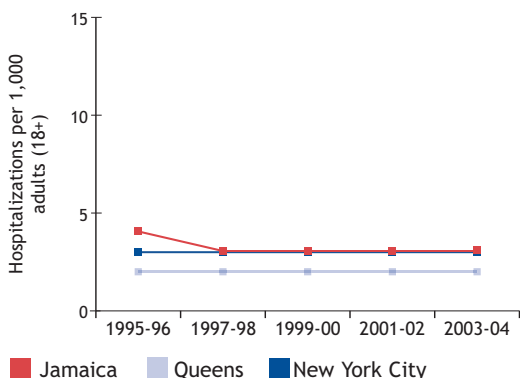
The percent of adults in Jamaica who report having asthma is the same as the percent in New York City overall (5%).

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 adults in Jamaica have decreased in the past decade and are higher than in Queens overall. Similarly, the rate among children (0-17 years old) has declined 20% in the past decade, but remains higher than both Queens and NYC overall rates.

### Adult asthma hospitalizations

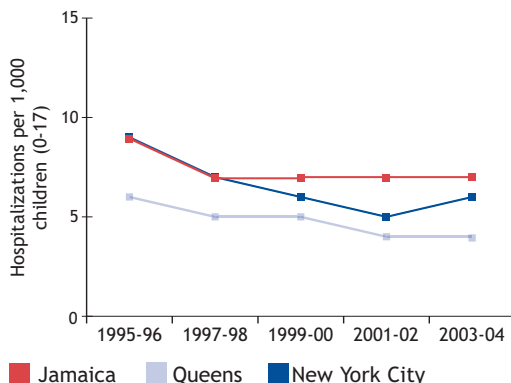
Rates of asthma hospitalization in Jamaica have dropped in the past decade



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

### Child asthma hospitalizations

The child asthma hospitalization rate has decreased but remains higher in Jamaica



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

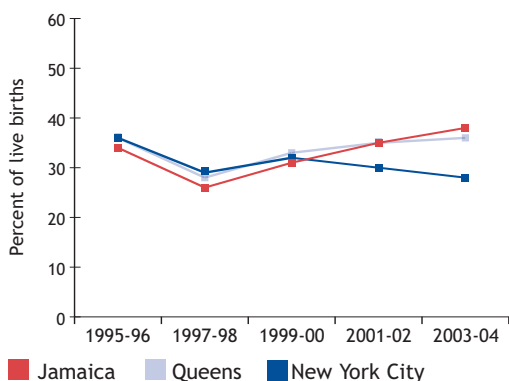
## TAKE CARE NEW YORK Goal 10 Have a Healthy Baby

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 2003-2004 average annual percent of women who received late or no prenatal care in Jamaica (38%) was higher than the rates in both Queens (36%) and NYC overall (28%).

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 more than 30% in Jamaica. However, the average birth rate to teen moms in 2003-2004 in this community (82/1,000) was still more than 35% higher than in Queens overall (60/1,000).

### Prenatal care

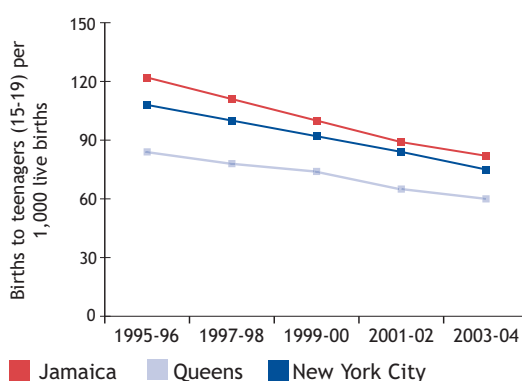
Mothers in Jamaica are more likely to receive late or no prenatal care



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

### Teenage mothers

The birth rate to teenage mothers (15-19 years) is higher in Jamaica than in Queens overall



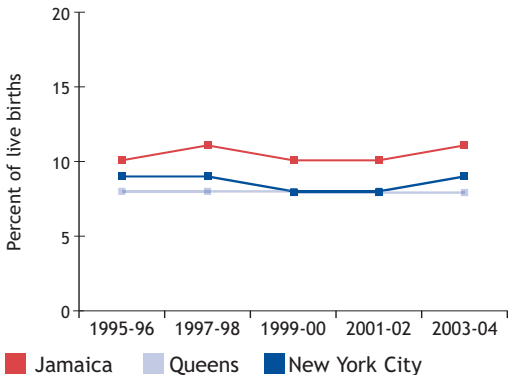
Data Source: Bureau of Vital Statistics, NYC DOHMH, 1995-2004

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 Jamaica was 11% — higher than in Queens (8%) and NYC overall (9%).

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 Jamaica (7/1,000) was higher than in Queens, similar to the rate in NYC overall, and still higher than the TCNY target.

### Low birthweight

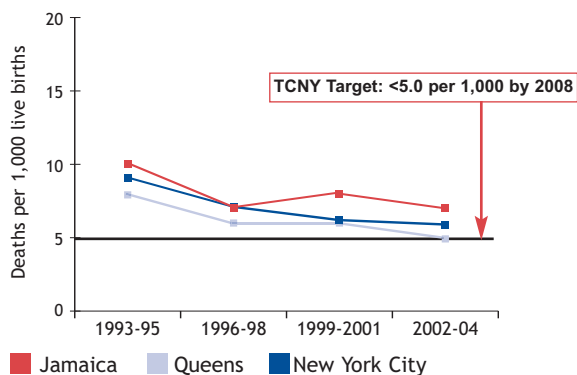
More than 1 in 10 babies in Jamaica are born with low birthweight



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)

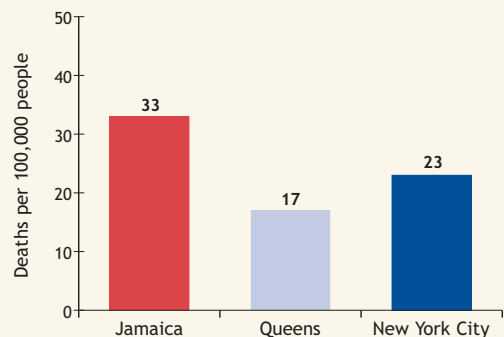
The IMR in Jamaica is still higher than the TCNY target



Data Source: Bureau of Vital Statistics, NYC DOHMH, 1993-2004

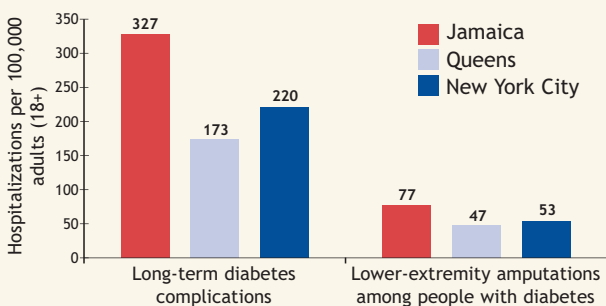
## Neighborhood Health Highlight: Diabetes

The death rate due to diabetes is higher in Jamaica than in Queens and NYC overall



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

Hospitalizations for long-term diabetes complications and lower extremity amputations are more common in Jamaica



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

Every New York City neighborhood has different health concerns. Here we highlight diabetes in Jamaica.

The epidemic of diabetes in New York City parallels the epidemic in the U.S. Diabetes greatly increases an individual's risk of heart disease, kidney disease and amputations. Jamaica has a higher death rate due to diabetes than both Queens and New York City overall.

With the help of a health care provider, individuals with diabetes can manage their condition to decrease or eliminate the need for hospitalization. For this reason, hospitalizations for some types of diabetes-related illness can indicate poor access to health care. In Jamaica, the hospitalization rates for both long-term diabetes complications and lower-extremity amputation among people with diabetes are higher than the rates in NYC overall, suggesting inadequate access to health care among people with diabetes in this community.

### TAKING ACTION

Although diabetes is a serious and costly illness, it is largely preventable. Excess weight (obesity) is the major modifiable risk factor for diabetes, and **regular physical activity and modest weight loss** can help prevent it and/or limit its negative effects.

**Individuals with diabetes can benefit from numerous resources to help them manage the condition.**

For more information on diabetes, 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](http://nyc.gov/health). The zip codes included in analyses of Jamaica are 11412, 11423, 11424, 11425, 11430, 11431, 11432, 11433, 11434, 11435, and 11436. 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: Parsons Boulevard and Hillside Avenue, Queens. Photo by Chitra Ramaswamy. 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 Jamaica

This report is an updated, expanded second edition of the 2002 Community Health Profile for Jamaica.

### 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](http://nyc.gov/health)  
Click on "My Community's Health"

Email: [profiles@health.nyc.gov](mailto: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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