

**CITY WIDE COMMUNITY HEALTH PROFILE:
AGE GROUP PERSPECTIVE, 1987-1997**

**New York City Department of Health
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Office of Surveillance and Epidemiology
Data Management and Analysis Program
Community Health Assessment Unit**

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AGE GROUP PERSPECTIVE, 1987-1997**

Introduction

Purposes of the city wide community health profile

The purposes of this profile are: (1) to serve as an information source about health status of New York City residents by age group using selected available indicator data; and (2) to provide an epidemiological and public health database for community health assessment.

An overriding goal for this health profile is to try to answer the question: Is the city getting healthier? A health status profile emphasizes information on preventable diseases that are especially important in public health, where the focus is on prevention and maintaining health. Information on the underlying reasons for negative health events, such as poverty, lack of education, and cultural or social isolation are important in a health profile. Emerging health issues and health issues that pose a serious problem to the public, such as childhood asthma and AIDS, are highlighted in this report.

This health profile provides information addressing multiple diseases/conditions as well as mortality and hospitalization data, although a number of programs in the NYCDOH provide reports on other data for specific conditions.

NYCDOH's effort to conduct a community health assessment

In the past three years, New York City Department of Health has made community health assessment a priority. A department wide community health assessment workgroup has developed guidelines for creating community health profiles. In addition, through the NYC Turning Point Initiative, community forums have been held in all five boroughs. These forums provided opportunities for community representatives to identify health priorities for community health planning. Community Health Profile data books were provided at these forums to assist participants in making informed choices for health priorities for their particular communities.

Organization of the profile

This document contains 1987, 1992, and 1997 health status information by age group, including children (under 1, 1 to 4, and 5 to 9), adolescents (10 to 17), young adults (18 to 24), adults (25 to 44 and 45 to 64), and the elderly (65 and older), with an emphasis on 1997 data (the most recent complete data available). The report provides gender specific rates for selected diseases/conditions, but does not include race/ethnic specific rates due to inconsistencies in the reporting and collection of

Introduction

race/ethnicity data. The New York City Department of Health is working to standardize definitions of race/ethnicity so these can be included in future reports.

The first section of this report provides a demographic picture of New York City, focusing on those demographic features which usually correspond to variations in overall health status of populations, e.g. age, gender, race/ethnicity, education, and unemployment, etc. The second section includes disease rates and other health indicators pertinent to specific age groups. Public health significance of these indicators is highlighted.

Future documents

This is the first of a series of community health assessment documents to be developed and disseminated. The next city-wide community health profile will provide information on health status at the neighborhood level in New York City. The focus will be on how the health status of each neighborhood compares to the city as whole. This approach is explained in a feature article in City Health Information, December 1999, entitled "Community Health Profiles-A Preview."

Methodology

This report uses available 1987, 1992, and 1997 health data, with the exception of cancer incidence data, for which 1996 data were used. Rates are computed for New York City as a whole and for each of the five boroughs.

Data sources

Health, demographic, and socioeconomic data. The data used in this report were obtained from NYCDOH programs and other sources. The programs that provided health data included the Tuberculosis Control Program, HIV/AIDS Surveillance Program, Sexually Transmitted Disease Control Program, Communicable Disease Program, Vaccine Preventable Diseases Program, Lead Poisoning Prevention Program, and the Office of Vital Statistics. Hospital discharge data and cancer incidence for New York City were originally provided by New York State Department of Health Statewide Planning and Resource Cooperative Systems (SPARCS) and the New York State Department of Health Cancer Registry, respectively. These data sets were analyzed by the Environmental and Occupational Disease Epidemiology Program. Adolescent behavioral risk measures were obtained from the New York City portion of the Youth Risk Behavioral Survey. Adult behavioral risk measures were based on the 1997 New York State Behavioral Risk Factor Survey (see further description about these surveys in Appendix A). All demographic and socioeconomic data except

Methodology

unemployment data were obtained from INFOSHARE¹. We used 1997 population estimates by counties from the Census Bureau for presenting age pyramids and population distributions by race and ethnicity. Population estimates were from the 1990 U.S. Census and 1994 and 1997 Claritas estimates. Unemployment data were from U.S. Department of Labor, Bureau of Labor Statistics. Immigration data were from U.S. Immigration and Naturalization Service and were not available for exactly the same years as other data.

Notes on data

Vital statistics.

Mortality data. Number of deaths by selected causes for 1987, 1992, and 1997 were obtained from the Office of Vital Statistics. The files contained information about cause of death, gender, coded five year age groups, and zip code. The cause of death groupings and code numbers were based on the *International Diseases, 9th Revision (ICD-9)* (see Appendix A. Sources and Definitions).

Birth information. Teen pregnancy data were reported as number of live births among adolescents 15 to 19, as a rate per 1000 teens and as percent of total live births. Adult pregnancy data are reported similarly, as a rate per 1000 adults 20 to 44 and as percent of total live births. The total number of records is the number of total live births by mothers who live within the five boroughs.

AIDS case incidences. In this document, an AIDS case is defined as an individual diagnosed with AIDS during a specific period of time. For example, 1997 AIDS cases were the total number of people diagnosed with AIDS in 1997, not the number of cases reported or investigated in 1997. Effective January 1, 1993, the Centers for Disease Control and Prevention expanded the AIDS surveillance case definition to include all HIV-infected persons who have <200 CD4+ T-lymphocytes/FL, or a CD4+ T-lymphocyte percentage of total lymphocytes of <14. The effect of this expansion should be remembered when comparing cases diagnosed before and after 1993.

Communicable diseases. Communicable disease data for 1987 are not available.

Tuberculosis. Confirmed tuberculosis cases, including both culture positive or negative, are reported for 1992 and 1997. Comparable data were not available for 1987.

Sexually transmitted diseases (STDs). Chlamydia data were not reportable in New York City prior to January 1, 1994. Although the STD Control Program of the NYCDOH collected chlamydia data

¹INFOSHARE is a software program that enables users access to data on population, health, economics, land use, and other information on local communities. This program is available from Community Studies of New York.

Methodology

prior to January 1, 1994, these data were based on “volunteered” case reports. Chlamydia data for 1987 and 1992 are not included in this document. About 10% of all STD cases have unknown ZIP codes and these cases are excluded from our tabulations.

Hospitalizations. We obtained inpatient hospitalization data for New York City through SPARCS (Statewide Planning and Research Cooperative System). Only patients who were admitted to a non-federally regulated hospital were included; Veteran’s Affairs and mental institutions as well as emergency departments were not included in SPARCS. These data consist of discharge information contained in the linkage of two forms - the Discharge Data Abstract and Uniform Billing Form. The diagnostic groupings and code numbers are defined from a principal diagnosis based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD-9-CM) (see Appendix A. Sources and Definitions). The principal diagnosis is the first listed diagnosis in the hospital discharge data file and is the primary reason for admission as determined at the time of discharge. Figures taken from the SPARCS database are number of hospitalization discharge cases. An individual may be included more than once if she/he was hospitalized more than once during the data year.

Vaccine preventable diseases. Vaccine preventable disease data for 1987 and 1992 were not available.

Population data. We used 1997 Claritas² projected population data as the denominator for computing rates for 1997 health data and 1990 census data as the denominator for 1987 and 1992 health data.

We had to estimate the denominator for teenage pregnancy rates for 18- to 19-year-olds and 20-year-olds. The denominators for these two age groups were estimated by dividing the population of the 18 to 20 age group by 3 and using this population-per-year value to calculate the populations for 18- to 19-year-olds and 20-year-olds. This resulted in the total 1997 population being slightly over-estimated by 0.06%.

The population of New York City and its boroughs’ residents used in this report is based on United Hospital Fund (UHF) neighborhood definitions as of October 1998 (See Appendix B for a list of UHF neighborhoods and their associated ZIP codes)³. All population totals are based on ZIP codes

²Claritas Inc. is a private corporation of marketing information resources. It provides current-year and five-year population projections that track demographic changes in the U.S. and its cities, towns, counties, and neighborhoods. Data from 1990 Census are used as a population base for their projections.

³United Hospital Fund neighborhood definitions are the most widely used zip code based administrative units for presenting health data.

Methodology

included in these neighborhoods. The total population of boroughs is aggregated from the ZIP code population and the city is aggregated from the boroughs.

At the time this report was being developed, we used the most recently available information for socioeconomic indicators (1990 census), immigration trends (1988 to 1996), and unemployment rates (up to 1997). Although 2000 census data has become available during the drafting and revision of this document, census information required for addressing age distribution was not available for inclusion in this document.

Cancer data. 1996 data were the most recent year available for a complete cancer incidence data at the time this report was prepared.

Analysis approach

Life span perspective. Four sections of this report are devoted to age groups that include children (younger than 1, 1 to 4, and 5 to 9), adolescents and young adults (10 to 17 and 18 to 24), adults (25 to 44 and 45 to 64), and the elderly (65 and older). Each section is organized along the following subject areas when applicable: 1997 behavioral risks, leading causes of death, leading reasons for hospitalization, reportable diseases, and other measures. Generally, number of cases and rates are presented for New York City as a whole. In some instances, borough specific data are presented.

We chose comparisons between years, age groups, or boroughs for inclusion in narrative accompanying rate tables based on a statistically significant general Pearson CHI square comparison ($p < 0.0001$).

Data tables for 1987 and 1992 are available in separate appendices at the end of the document.

Note on rate calculations

Most of the health data are presented as rates. A rate is the number of health events in a population or subgroup divided by the number of people in that population or subgroup within a given time period. Because rates based on a small number of deaths or hospitalizations may vary considerably from year to year, we did not report rates with fewer than 6 cases. However, we did not apply this rule to all conditions or diseases because in some cases a single disease event, for example, a case of vaccine preventable disease, has public health importance.

In regard to health risk estimates based on a sample of NYC residents from the Behavioral Risk Factor Survey (BRFS), the reader should exercise caution in generalizing from estimates based on a relatively small denominator for a given age group. Although it is useful to compare estimates of health risk for

Methodology

NYC residents to NYS and US samples, the much smaller denominator for NYC limits confidence in interpreting these results.

Demographics

Demographic and Descriptive Information

This section presents demographic and socioeconomic characteristics of persons living in New York City. An understanding of the underlying features of a community can provide insight into reasons for health and disease differences.

It should be noted that data for different categories of demographic characteristics were not available for all years. For instance, we used 1997 population data for age and gender distribution, and socioeconomic indicators were based on 1990 census.

Population by age and gender

The following tables and charts depict population data for 1990 and 1997 for New York City and its boroughs. In 1990, total New York City population was 7,315,863 and in 1997 the estimated total New York City population was 7,374,298 (Tables 1.1 and 1.2).

Table

1.1

**New York City Population
by Age Group and Borough, 1990**

| | Population | Under 1 | 1 to 4 | 5 to 9 | 10 to 17 | 18 to 24 | 25 to 44 | 45 to 64 | 65+ |
|---------------|-------------------|----------------|---------------|---------------|-----------------|-----------------|-----------------|-----------------|---------------|
| <i>NYC</i> | <i>7315863</i> | <i>100343</i> | <i>401373</i> | <i>456196</i> | <i>724509</i> | <i>754113</i> | <i>2480120</i> | <i>1447764</i> | <i>951445</i> |
| Bronx | 1209296 | 20416 | 81666 | 91555 | 139409 | 138133 | 379259 | 218934 | 139924 |
| Brooklyn | 2300514 | 35210 | 140840 | 165219 | 261838 | 239580 | 741216 | 429700 | 286911 |
| Manhattan | 1479844 | 15521 | 62085 | 66166 | 100680 | 144766 | 580555 | 312621 | 197450 |
| Queens | 1947232 | 23606 | 94425 | 107556 | 181651 | 192809 | 651307 | 410617 | 285260 |
| Staten Island | 378977 | 5589 | 22355 | 25700 | 40931 | 38825 | 127783 | 75892 | 41900 |

Source: 1990 U.S. Census.

Table

1.2

**New York City Population (Estimated)
by Age Group and Borough, 1997**

| | Population | Under 1 | 1 to 4 | 5 to 9 | 10 to 17 | 18 to 24 | 25 to 44 | 45 to 64 | 65+ |
|---------------|-------------------|----------------|---------------|---------------|-----------------|-----------------|-----------------|-----------------|----------------|
| <i>NYC</i> | <i>7374298</i> | <i>101591</i> | <i>406364</i> | <i>516773</i> | <i>701832</i> | <i>610711</i> | <i>2461566</i> | <i>1574768</i> | <i>1000693</i> |
| Bronx | 1199322 | 20346 | 81383 | 100759 | 135903 | 113861 | 376631 | 226666 | 143774 |
| Brooklyn | 2273897 | 35485 | 141939 | 177939 | 249029 | 205654 | 719183 | 453430 | 291238 |
| Manhattan | 1531250 | 15698 | 62794 | 83236 | 106022 | 107290 | 582318 | 360561 | 213331 |
| Queens | 1969887 | 24322 | 97289 | 126501 | 169080 | 147575 | 656804 | 445645 | 302671 |
| Staten Island | 399942 | 5740 | 22960 | 28338 | 41798 | 36331 | 126630 | 88466 | 49679 |

Source: Claritas, 1997 Population Projection.

Demographics

Table 1.3 shows that in 1997 the Bronx and Brooklyn had the highest proportion of persons younger than 25. On the other hand, Manhattan had a higher proportion of 25- to 44-year-olds. In 1997, there were an estimated 423,000 more females than males in New York City. The preponderance of women over men is most notable in persons 65 and older.

Table 1.3

**Percent of Population by Age Group
New York City and Boroughs, 1997**

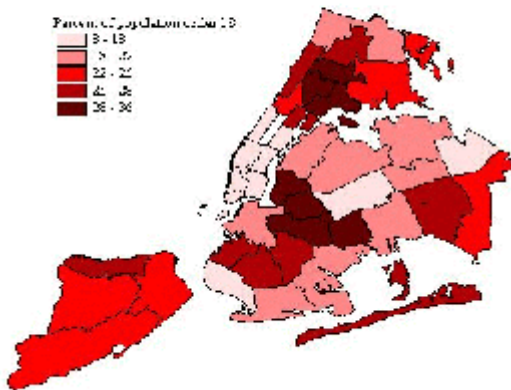
| | Population | Under 1 | 1 to 4 | 5 to 9 | 10 to 17 | 18 to 24 | 25 to 44 | 45 to 64 | 65+ |
|---------------|------------|---------|--------|--------|----------|----------|----------|----------|-------|
| NYC | 7374298 | 1.4% | 5.5% | 7.0% | 9.5% | 8.3% | 33.4% | 21.4% | 13.6% |
| Bronx | 1199322 | 1.7% | 6.8% | 8.4% | 11.3% | 9.5% | 31.4% | 18.9% | 12.0% |
| Brooklyn | 2273897 | 1.6% | 6.2% | 7.8% | 11.0% | 9.0% | 31.6% | 19.9% | 12.8% |
| Manhattan | 1531250 | 1.0% | 4.1% | 5.4% | 6.9% | 7.0% | 38.0% | 23.5% | 13.9% |
| Queens | 1969887 | 1.2% | 4.9% | 6.4% | 8.6% | 7.5% | 33.3% | 22.6% | 15.4% |
| Staten Island | 399942 | 1.4% | 5.7% | 7.1% | 10.5% | 9.1% | 31.7% | 22.1% | 12.4% |

Source: Claritas, 1997 Population Projection.

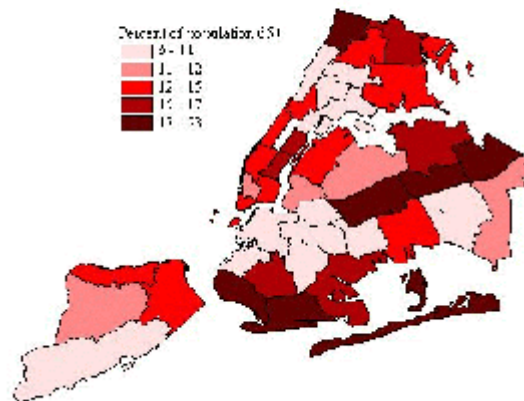
Maps A and B show the percent of children younger than 18 years and percent of elderly 65 and older by UHF neighborhood, in 1997. Note that UHF neighborhoods in northern Manhattan and southern Bronx, northern Brooklyn and southern Queens had 30% of their population younger than 18 years of age. Areas in western Bronx, Queens and southern Brooklyn had 20 % or more of their population

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Map A Percentage of Population Under 18 Years by UHF Neighborhood, New York City, 1997



Map B Percentage of Population Aged 65 and Older by UHF Neighborhood, New York City, 1997



Demographics

The age pyramids for boroughs reflect contrasting age distributions. For instance, Manhattan has a lower proportion of less than 20 year-olds than all the other boroughs

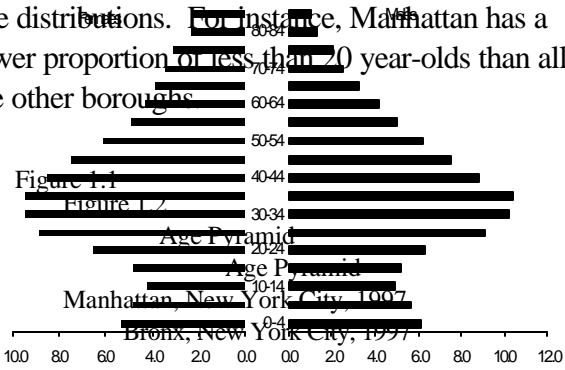


Figure 1.1

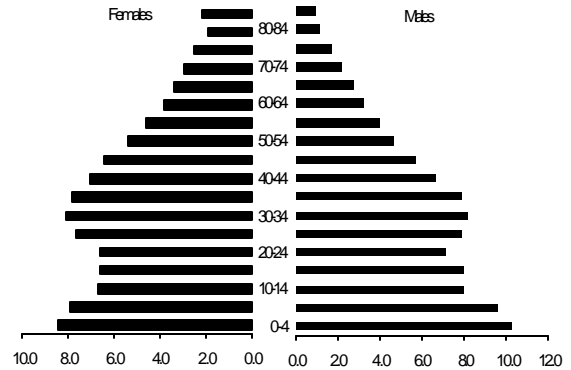
Figure 1.2

Age Pyramid

Age Pyramid

Manhattan, New York City, 1997

Bronx, New York City, 1997



Percent

Figure 1.3

Age Pyramid

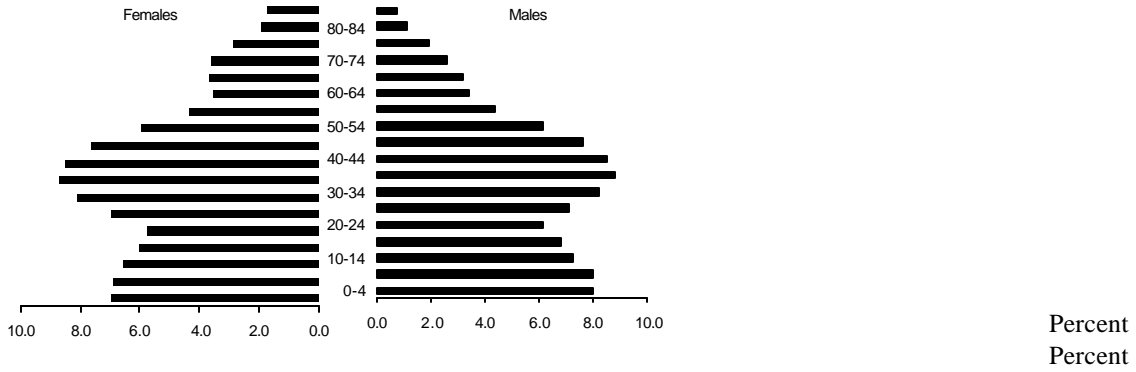
Brooklyn, New York City, 1997

Figure 1.4

Age Pyramid

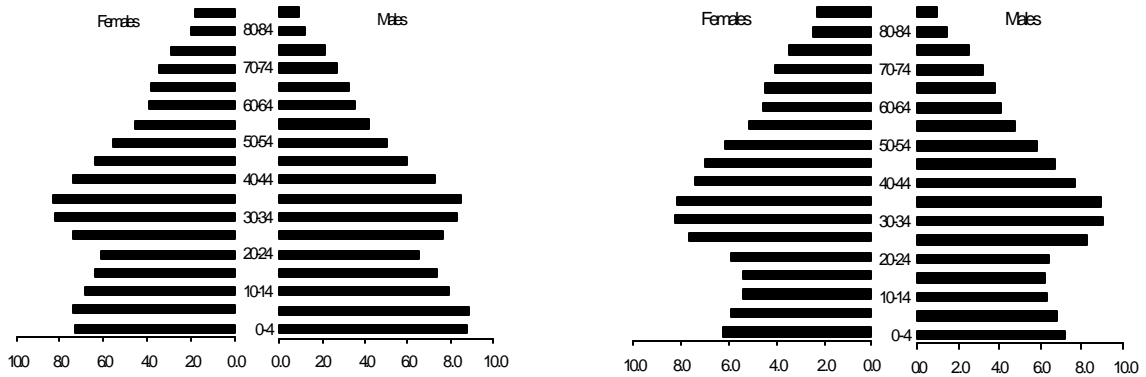
Queens, New York City, 1997

Demographics



Source: Estimates of the population of counties by age, sex, and race/Hispanic origin: 1997, U.S. Census Bureau.

Figure 1.5
Age Pyramid
Staten Island, New York City, 1997



Percent
Source: Estimates of the population of counties by age, sex, and race/Hispanic origin: 1997, U.S. Census Bureau.

Population by race/ethnicity

Demographics

There was substantial variation of race/ethnicity by borough. Over 84% of the residents of Staten Island were white, in contrast to Manhattan (63%), Queens (60%), Bronx (53%), and Brooklyn (52%) (Table 1.4). Queens had the highest proportion of Asian residents (16%), and Bronx the highest proportion of black residents (43%).

Percentage of Hispanics by Gender
New York City and Boroughs, 1997

| Table | | Total population | Percent Non-Hispanic | |
|---------------|--------|------------------|----------------------|----------------------|
| | | | Percent Hispanic | Percent Non-Hispanic |
| NYC | female | 3912464 | 27.4 | 72.6 |
| | male | 3470437 | 27.7 | 72.3 |
| | total | 7382901 | 27.5 | 72.5 |
| Bronx | female | 640793 | 47.2 | 52.8 |
| | male | 550046 | 48.6 | 51.4 |
| | total | 1190839 | 47.8 | 52.2 |
| Brooklyn | female | 1209473 | 23.0 | 77.0 |
| | male | 1056748 | 23.3 | 76.7 |
| | total | 2266221 | 23.2 | 76.8 |
| Manhattan | female | 814198 | 29.9 | 70.1 |
| | male | 727210 | 29.9 | 70.1 |
| | total | 1541408 | 29.9 | 70.1 |
| Queens | female | 1040496 | 21.7 | 78.3 |
| | male | 942085 | 22.5 | 77.5 |
| | total | 1982581 | 22.1 | 77.9 |
| Staten Island | female | 207504 | 9.8 | 90.2 |
| | male | 194348 | 9.8 | 90.2 |
| | total | 401852 | 9.8 | 90.2 |

1.4

Source: Estimates of the Population of Counties by Age, Sex, and Race/Hispanic Origin: 1997, U.S. Census Bureau

In 1997, an New York Hispanic (a group category and country of had the lowest (10%) in with the Hispanic 1.5).

1.5

Percent of Population by Race and Gender
New York City and Boroughs, 1997

| | | Total Population | Percent | | | |
|---------------|--------|------------------|---------|-------|-------|-----------------|
| | | | White | Black | Asian | Native American |
| NYC | female | 3912464 | 57.8 | 32.6 | 9.1 | 0.4 |
| | male | 3470437 | 59.0 | 30.6 | 9.8 | 0.5 |
| | total | 7382901 | 58.4 | 31.7 | 9.4 | 0.5 |
| Bronx | female | 640793 | 52.7 | 42.9 | 3.8 | 0.6 |
| | male | 550046 | 53.0 | 42.1 | 4.2 | 0.6 |
| | total | 1190839 | 52.9 | 42.5 | 4.0 | 0.6 |
| Brooklyn | female | 1209473 | 51.0 | 42.5 | 6.1 | 0.4 |
| | male | 1056748 | 53.1 | 39.4 | 7.0 | 0.5 |
| | total | 2266221 | 52.0 | 41.1 | 6.5 | 0.4 |
| Manhattan | female | 814198 | 62.4 | 27.1 | 10.0 | 0.5 |
| | male | 727210 | 63.5 | 26.0 | 10.0 | 0.5 |
| | total | 1541408 | 62.9 | 26.6 | 10.0 | 0.5 |
| Queens | female | 1040496 | 60.2 | 23.8 | 15.6 | 0.4 |
| | male | 942085 | 60.4 | 22.3 | 16.9 | 0.4 |
| | total | 1982581 | 60.3 | 23.1 | 16.2 | 0.4 |
| Staten Island | female | 207504 | 84.0 | 9.2 | 6.5 | 0.2 |
| | male | 194348 | 84.6 | 8.8 | 6.4 | 0.2 |
| | total | 401852 | 84.3 | 9.0 | 6.5 | 0.2 |

Source: Estimates of the Population of Counties by Age, Sex, and Race/Hispanic Origin: 1997, U.S. Census Bureau

estimated 28% of City residents were very broad ethnic defined by language origin). Staten Island percent of Hispanics contrast to the Bronx highest percent of residents (48%) (Table

Table

Demographics

Immigration Trends, 1988 to 1996

Table 1.6 and Figure 1.6 show the number of documented immigrants admitted into New York City and its boroughs from 1988 to 1996.

Table 1.6

**Number and Rate Per Thousand of Legal Immigrants Admitted by Year, All Ages
New York City and Boroughs, 1988-1996**

| | | NYC | Bronx | Brooklyn | Manhattan | Queens | Staten Island |
|-------------|--------------|------------|--------------|-----------------|------------------|---------------|----------------------|
| 1988 | Number | 87620 | 12442 | 28941 | 19090 | 25717 | 1430 |
| | Per Thousand | 12.0 | 10.5 | 12.7 | 12.8 | 13.1 | 3.6 |
| 1989 | Number | 90296 | 13003 | 30763 | 17655 | 27482 | 1393 |
| | Per Thousand | 12.3 | 11.0 | 13.5 | 11.9 | 14.0 | 3.5 |
| 1990 | Number | 102314 | 14264 | 35945 | 20077 | 30427 | 1601 |
| | Per Thousand | 14.0 | 12.0 | 15.8 | 13.5 | 15.5 | 4.0 |
| 1991 | Number | 108419 | 13236 | 43681 | 18456 | 31457 | 1589 |
| | Per Thousand | 14.8 | 11.2 | 19.2 | 12.4 | 16.0 | 4.0 |
| 1992 | Number | 115500 | 16753 | 36060 | 25983 | 35074 | 1630 |
| | Per Thousand | 15.8 | 14.1 | 15.8 | 17.5 | 17.8 | 4.1 |
| 1993 | Number | 118604 | 16587 | 40379 | 23567 | 36480 | 1591 |
| | Per Thousand | 16.2 | 14.0 | 17.7 | 15.9 | 18.6 | 4.0 |
| 1994 | Number | 116319 | 15757 | 42222 | 22827 | 33859 | 1654 |
| | Per Thousand | 15.9 | 13.3 | 18.5 | 15.4 | 17.2 | 4.1 |
| 1995 | Number | 104923 | 14400 | 37576 | 19787 | 31664 | 1496 |
| | Per Thousand | 14.3 | 12.2 | 16.5 | 13.3 | 16.1 | 3.7 |
| 1996 | Number | 124123 | 16603 | 45734 | 20672 | 39185 | 1929 |
| | Per Thousand | 17.0 | 14.0 | 20.1 | 13.9 | 19.9 | 4.8 |

Source: U.S. Immigration and Naturalization Service

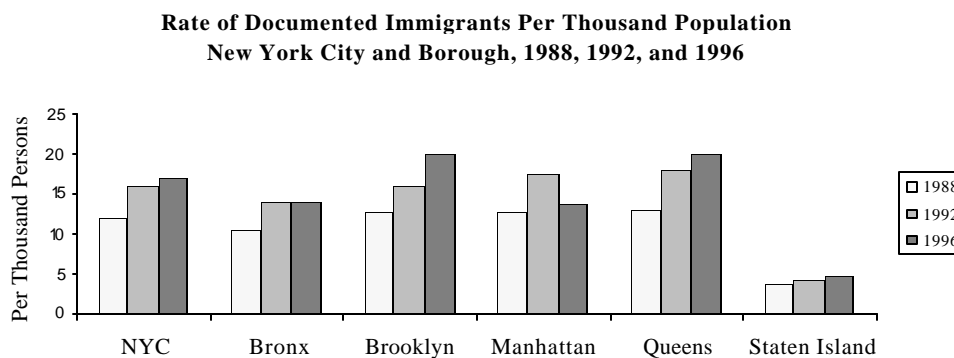
There has been an overall increase in the proportion of documented immigrants admitted into New York City from 1988 to 1996 (Figure 1.6).

There has been an overall increase in the proportion of documented immigrants admitted into New York City from 1988 to 1996 (Figure 1.6). Brooklyn and

Demographics

Queens have had the most consistent increase in immigrants over this period. The public health importance of levels of immigration include potential communicable diseases which may be diagnosed in immigrants and the potential for larger groups of people who may not have access to health services.

Figure 1.6



Source: U.S.

Immigration and Naturalization Services; data were not available for 1987 and 1997.

Socioeconomic Indicators

Table 1.7 provides information on five socioeconomic indicators: percent of households whose members have limited facility with English; adults older than 25 without a high school diploma; children younger than 18 living in poverty; elderly 65 or older living in poverty; and unemployed persons 16 and older. Overall, in 1990 a higher percent of population in the Bronx were disadvantaged compared to other boroughs. Staten Island was better off in terms of these five socioeconomic indicators than the other four boroughs.

Table

1.7

**Selected Socioeconomic Indicators
New York City and Boroughs, 1990**

| | Linguistically Isolated | | Adults without High School diploma | | Children less than 18 Living in Poverty | | Elders 65 and older Living in Poverty | | Persons 16 and older Unemployed | |
|----------------------|-------------------------|--------------|------------------------------------|--------------|---|--------------|---------------------------------------|--------------|---------------------------------|-------------|
| | Households | % isolated | Total 25+ | percent | Total <18 | Percent | Total 65+ | Percent | Total 16+ | Percent |
| | Households | % isolated | Total 25+ | percent | Total <18 | Percent | Total 65+ | Percent | Total 16+ | Percent |
| NYC | 2813798 | 12.3% | 4879406 | 31.7% | 1682421 | 29.5% | 951445 | 15.8% | 5811347 | 5.5% |
| Bronx | 425202 | 15.3% | 738117 | 41.5% | 333046 | 41.6% | 139924 | 19.1% | 909897 | 6.6% |
| Brooklyn | 827630 | 12.4% | 1457827 | 36.3% | 603107 | 33.1% | 286911 | 18.1% | 1760801 | 6.1% |
| Manhattan | 713936 | 11.0% | 1090626 | 24.7% | 259346 | 33.4% | 197450 | 18.7% | 1260605 | 5.3% |
| Queens | 716765 | 13.5% | 1347184 | 28.9% | 430850 | 14.1% | 285260 | 11.0% | 1584858 | 4.8% |
| Staten Island | 130216 | 3.5% | 245575 | 21.4% | 94577 | 11.7% | 41900 | 8.6% | 295186 | 4.0% |

Source: 1990 U.S. Census

The highest rate of unemployment in the period 1990 to 1997 occurred in New York City and its boroughs in 1992 (Table 1.8). Among the boroughs, the Bronx had the highest rate of unemployment and Manhattan the lowest throughout 1990 to 1997.

Demographics

Table 1.8

**Percent of Unemployment, Civilian Labor Force 16 Years or Older
Seasonally Adjusted Annual Average, New York City and Boroughs, 1990 to 1997**

| | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 |
|---------------|------------|------------|-------------|-------------|------------|------------|------------|------------|
| <i>NYC</i> | 6.9 | 8.7 | 11.0 | 10.4 | 8.7 | 8.2 | 8.8 | 9.4 |
| Bronx | 8.5 | 10.4 | 13.1 | 12.2 | 10.1 | 9.6 | 10.6 | 11.6 |
| Brooklyn | 7.9 | 9.6 | 12.1 | 11.5 | 9.8 | 9.2 | 10.0 | 10.8 |
| Manhattan | 6.0 | 7.6 | 9.4 | 9.0 | 7.5 | 6.9 | 7.4 | 7.8 |
| Queens | 6.1 | 8.0 | 10.5 | 9.7 | 8.2 | 7.6 | 8.1 | 8.5 |
| Staten Island | 6.2 | 8.0 | 9.9 | 9.4 | 7.7 | 7.5 | 7.8 | 8.3 |

Source: Bureau of Labor Statistics

Health Indicators by Age Group

Children Aged 0-9

This section of the report presents health indicator information by age group. The number and rates of selected causes of death, leading causes of hospitalizations, and reportable diseases relevant for an age group are shown.

Infants & Children Aged 0 to 9

The estimated number of children in NYC in 1997 was 101,591 for under 1 year in age, 406,364 for 1- to 4-year-olds, and 516,773 for 5- to 9-year-olds.

Leading Causes of Death

Table 2.1

| Leading Causes of Death Infants Under 1 Year, New York City, 1997 | | |
|--|---------------|---------------|
| Cause of death* | # of deaths** | rate/1,000*** |
| Total deaths | 881 | 7.1 |
| Congenital anomalies | 221 | 1.8 |
| Perinatal conditions | 116 | 0.9 |
| Respiratory distress syndrome | 85 | 0.7 |
| Short gestation/low birth weight | 74 | 0.6 |
| Respiratory conditions of newborn | 72 | 0.6 |
| Sudden infant death syndrome | 51 | 0.4 |
| All other causes | 262 | 2.1 |

Source: NYCDOH Office of Vital Statistics.

* See Appendix A "Sources and Definitions" for ICD-9 codes.

**Numbers included non-New York City residents.

***Rate per 1,000 live births.

In 1997, there were 881 infant deaths and an infant mortality rate of 7.1 per 1,000 live births (Table 2.1). The overall infant mortality rate declined dramatically from a 1987 rate of 13.1 per 1,000 and a 1992 rate of 10.2 per 1,000. In 1997, the most common cause of death was congenital anomaly with a rate of 1.8 per 1,000. Sudden Infant Death Syndrome (SIDS) accounted for 51 deaths or 0.4 per 1,000 in 1997, which represented a 50 % drop from 0.8 per 1,000 in 1992.

Table 2.2

| Low Birth Weight by Borough New York City Residents, 1997 | |
|--|--------------------|
| Borough | % low birth weight |
| NYC | 8.9% |
| Bronx | 10.0% |
| Brooklyn | 9.1% |
| Manhattan | 8.4% |
| Queens | 8.0% |
| Staten Island | 8.4% |

Source: NYCDOH Office of Vital Statistics

In 1997, 8.9% of New York City newborns were low birth weight (under 2,500 grams). The Bronx had the highest percentage of low birth weight infants and Queens had the lowest (Table 2.2).

Children Aged 0-9

Table 2.3

| Leading Causes of Death Children Aged 5-9, New York City Residents, 1997 | | |
|---|-------------|--------------|
| Cause of death* | # of deaths | rate/100,000 |
| Total deaths | 77 | 16.9 |
| HIV infection | 13 | 2.9 |
| Accidents | 12 | 2.6 |
| Malignant neoplasm** | 10 | 2.2 |
| Homicide | 6 | 1.3 |
| All other causes | 36 | 7.0 |

Source: NYCDOH Office of Vital Statistics

* See Appendix A "Sources and Definitions" for ICD-9 codes.

**Excluding colorectal, female breast, prostate, and lung cancers.

In 1997, the death rate among children aged 1 to 4 was 31.0 per 100,000 (Table 2.3). The leading causes of death in this age group were accidents (4.9 deaths per 100,000), homicide (2.2 deaths per 100,000), and HIV infection (2.0 deaths per 100,000). Other causes of death including infectious diseases, such as pneumonia and influenza, were rare.

Table 2.4

In 1997, the death rate for children aged 5 to 9 years was approximately half of that for the 1- to 4-year-olds or 16.9 per 100,000. HIV infection was the most frequent cause of death in this age group (2.9 per 100,000) (Table 2.4). Accidents were also an important cause of death for this age group (2.6 per 100,000) along with malignant neoplasm (2.2 per 100,000).

Leading Causes of Hospitalization

Leading Causes of Death
Children Aged 1-4, New York City Residents, 1997

| Cause of death* | # of deaths | rate/100,000 |
|-------------------------|-------------|--------------|
| Total deaths | 126 | 31.0 |
| Accidents | 20 | 4.9 |
| Homicide | 9 | 2.2 |
| HIV infection | 8 | 2.0 |
| Pneumonia and influenza | 7 | 1.7 |
| All other causes | 82 | 20.2 |

Source: NYCDOH Office of Vital Statistics.

* See Appendix A "Sources and Definitions" for ICD-9 codes.

Children Aged 0-9

Table 2.5

| Cause* | # of cases | rate/100,000 |
|--|------------|--------------|
| Total causes | 155141 | 30542.3 |
| Asthma | 8185 | 1611.4 |
| Pneumonia & influenza | 4622 | 909.9 |
| Bronchitis/bronchiolitis | 4399 | 866.0 |
| Injury & poisoning | 3030 | 596.5 |
| Perinatal conditions | 1951 | 384.1 |
| Non-ischemic heart disease | 179 | 35.2 |
| HIV infection | 163 | 32.1 |
| Malignant neoplasm | 162 | 31.9 |
| Circulatory conditions/atherosclerosis | 110 | 21.7 |
| Diabetes | 64 | 12.6 |
| All other causes | 132276 | 26040.9 |

Source: SPARCS

* See Appendix A "Sources and Definitions" for ICD-9-CM codes.

Leading Causes of Hospitalization
Children Aged 5-9, New York City Residents, 1997

| Cause* | # of cases | rate/100,000 |
|--|------------|--------------|
| Total causes | 16494 | 3191.7 |
| Asthma | 4306 | 833.2 |
| Injury & poisoning | 1978 | 382.8 |
| Pneumonia & influenza | 853 | 165.1 |
| Mental disorder | 708 | 137.0 |
| HIV infection | 180 | 34.8 |
| Diabetes | 131 | 25.3 |
| Malignant neoplasm | 117 | 22.6 |
| Non-ischemic heart disease | 70 | 13.5 |
| Bronchitis/bronchiolitis | 28 | 5.4 |
| Circulatory conditions/atherosclerosis | 28 | 5.4 |
| All other causes | 8095 | 1566.5 |

Source: SPARCS

* See Appendix A "Sources and Definitions" for ICD-9-CM codes.

Leading causes of hospitalization for children aged 0 to 4 for 1997 are shown in Table 2.5. It can be seen that asthma was listed as the leading cause of hospitalization with 1,611.4 discharges per 100,000 in children aged 0 to 4. However, this rate was lower than the 1992 asthma hospitalization rate of 1,713.3 per 100,000. Hospitalizations for other respiratory diseases/conditions, such as pneumonia and influenza and bronchitis/bronchiolitis, were half the rate of asthma but also accounted for a large number of hospitalizations; it is important to note that the rate for bronchitis/bronchiolitis in 1997 was 115% higher than in 1987 and 27 % higher than in 1992.

Table 2.6

Asthma was the leading cause of hospitalization for children aged 5 to 9 with a rate of 833.2 per 100,000 children in 1997 (Table 2.6). For this age group, the 1997 hospitalization rate for asthma was higher than the rate in 1992 (753.6 per 100,000). The rates of hospitalization for most other diseases were lower in this age group compared to children aged 0 to 4, with the exception of mental disorders (137.0 per 100,000) and diabetes (25.3 per 100,000). The hospitalization rate for mental disorders in 1997 was 118% and 122% higher than the rates in 1987 and 1992, respectively. Injury and poisoning became the second leading causes of hospitalization for this age group.

Hospitalizations for Asthma and Injuries

Children Aged 0-9

Table 2.7

Hospitalizations for Asthma by Borough
Children Aged 0-4 and 5-9, New York City Residents, 1997

| Borough | Aged 0-4 Years | | Aged 5-9 Years | |
|----------------------|-----------------------|---------------------|-----------------------|---------------------|
| | # of cases | rate/100,000 | # of cases | rate/100,000 |
| NYC | 8185 | 1611.4 | 4306 | 833.2 |
| Bronx | 2786 | 2738.7 | 1375 | 1364.6 |
| Brooklyn | 2380 | 1341.4 | 1305 | 733.4 |
| Manhattan | 1379 | 1756.9 | 780 | 937.1 |
| Queens | 1435 | 1180.0 | 761 | 601.6 |
| Staten Island | 205 | 714.3 | 85 | 300.0 |

Source: SPARCS

Table 2.7 and Table 2.8 show rates for the two leading causes of hospitalization, asthma and injury and poisoning, by borough for children aged 0 to 4 and 5 to 9 in 1997. The Bronx had the highest rate for asthma hospitalization among children aged 0 to 4 (2,738.7 per 100,000) followed by Manhattan (1,756.9 per 100,000). The Bronx and Manhattan also had the highest asthma hospitalization rate for children aged 5 to 9 (1,364.6 and 937.1 per 100,000, respectively).

Table 2.8

Hospitalizations for Injury & Poisoning by Borough
Children Aged 0-4 and 5-9, New York City Residents, 1997

| Borough | Aged 0-4 Years | | Aged 5-9 Years | |
|----------------------|-----------------------|---------------------|-----------------------|---------------------|
| | # of cases | rate/100,000 | # of cases | rate/100,000 |
| NYC | 3030 | 596.5 | 1978 | 382.8 |
| Bronx | 631 | 620.3 | 421 | 417.8 |
| Brooklyn | 1140 | 642.5 | 764 | 429.4 |
| Manhattan | 414 | 527.4 | 284 | 341.2 |
| Queens | 684 | 562.4 | 428 | 338.3 |
| Staten Island | 161 | 561.0 | 81 | 285.8 |

Source: SPARCS

The hospitalization rates for injury and poisoning among the boroughs did not vary as much as asthma hospitalization rates. Brooklyn had the highest hospitalization rates for injuries and poisonings for children aged 0 to 4 (642.5 per 100,000) and children aged 5 to 9 (429.4 per 100,000).

Selected Reportable Diseases

Table 2.9

Lead Poisoning by Borough
Children Aged Under 1 and 1-4, New York City Residents, 1997

| Borough | Aged <1 Year | | Aged 1-4 Years | |
|----------------------|------------------------|---------------------|-----------------------|---------------------|
| | # of cases | rate/100,000 | # of cases | rate/100,000 |
| NYC | 53 | 52.2 | 920 | 226.4 |
| Bronx | 4 | 19.7 | 169 | 207.7 |
| Brooklyn | 25 | 70.5 | 410 | 288.9 |
| Manhattan | 5 | 31.9 | 81 | 129.0 |
| Queens | 18 | 74.0 | 230 | 236.4 |
| Staten Island | 1 | 17.4 | 30 | 130.7 |

Source: NYCDOH Lead Poisoning Prevention Program

The rates of lead poisoning by borough among children under 1 and 1 to 4 in 1997 are shown on Table 2.9. Queens had the highest rate for children under 1, followed closely by Brooklyn. Brooklyn had the highest rate for children aged 1 to 4.

Children Aged 0-9

Table 2.10

AIDS Cases by Borough
Children Aged 0-4 and 5-9, New York City Residents, 1997

| Borough | Aged 0-4 Years | | Aged 5-9 Years | |
|----------------|----------------|--------------|----------------|--------------|
| | # of cases | rate/100,000 | # of cases | rate/100,000 |
| NYC | 25 | 4.9 | 10 | 1.9 |
| Bronx | 6 | 5.9 | 0 | 0.0 |
| Brooklyn | 12 | 6.8 | 5 | 2.8 |
| Manhattan | 3 | 3.8 | 1 | 1.2 |
| Queens | 4 | 3.3 | 4 | 3.2 |
| Staten Island | 0 | 0.0 | 0 | 0.0 |
| Other/Unknown* | 5 | n/a | 1 | n/a |

Source: NYCDOH HIV/AIDS Surveillance Program

* Persons that were diagnosed in New York City, but resided outside of New York City.

Very few cases of AIDS were diagnosed in New York City children aged 0 to 9 in 1997, so rates by borough cannot be meaningfully compared. Staten Island had no diagnosed cases in 1997 for either age group and the Bronx had no diagnosed cases for 5- to 9-year-olds in 1997 (Table 2.10).

Selected Reportable Diseases
Children Aged 0-4 and 5-9, New York City Residents, 1997

| Disease | Aged 0-4 Years | | Aged 5-9 Years | |
|-------------|----------------|--------------|----------------|--------------|
| | # of cases | rate/100,000 | # of cases | rate/100,000 |
| Hepatitis A | 25 | 4.9 | 59 | 11.4 |
| Hepatitis B | 3 | 0.6 | 3 | 0.6 |
| Malaria | 14 | 2.8 | 26 | 5.0 |
| Salmonella | 713 | 140.4 | 169 | 32.7 |
| Shigella | 293 | 57.7 | 235 | 45.5 |

Source: NYCDOH Communicable Disease Program

Table 2.1

In 1997, salmonella in children aged 0 to 4 occurred at a rate of 140.4 per 100,000 (Table 2.11). Shigella was the most frequently reported in children aged 5 to 9. All malaria cases occurred among children who had traveled to malaria endemic areas.

Selected Confirmed Vaccine Preventable Diseases
Children Aged 0-4 and 5-9, New York City Residents, 1997

| Disease | Aged 0-4 Years | | Aged 5-9 Years | |
|-----------|----------------|--------------|----------------|--------------|
| | # of cases | rate/100,000 | # of cases | rate/100,000 |
| Pertussis | 22 | 4.1 | 1 | 0.2 |
| Mumps | 0 | 0.0 | 0 | 0.0 |
| Measles | 7 | 1.3 | 1 | 0.2 |
| Rubella | 0 | 0.0 | 0 | 0.0 |

Source: NYCDOH Vaccine Preventable Disease Program

Table 2.1

In regard to vaccine preventable childhood diseases, the rate for pertussis in 1997 (4.1 per 100,000) was higher among children younger than four than it was in 1992 (2.6 per 100,000) (see Table 2.12 for 1997 rates). The rate for measles and pertussis were lower in 1997 among children aged 5 to 9 than it was in 1992.

Tuberculosis Cases by Borough
Children Aged 0-4 and 5-9, New York City Residents, 1997

| Borough | Aged 0-4 Years | | Aged 5-9 Years | |
|---------------|----------------|--------------|----------------|--------------|
| | # of cases | rate/100,000 | # of cases | rate/100,000 |
| NYC | 48 | 9.5 | 18 | 3.5 |
| Bronx | 7 | 6.9 | 1 | 1.0 |
| Brooklyn | 25 | 14.1 | 8 | 4.5 |
| Manhattan | 6 | 7.6 | 4 | 4.8 |
| Queens | 9 | 7.4 | 3 | 2.4 |
| Staten Island | 1 | 3.5 | 2 | 7.0 |

Source: NYCDOH Tuberculosis Control Program

Table 2.13

Tuberculosis rates declined among children younger than five from 1992 to 1997 (13.8 to 9.5 per 100,000) (Table 2.13). In 1997, the tuberculosis rate was highest in Brooklyn (14.1 per 100,000) and lowest in Staten Island (3.5 per 100,000).

The tuberculosis rate for children aged 5 to 9 years old in 1997 (3.5 per 100,000) was lower than the rate for 1992 (5.7 per 100,000) (Table 2.13). In 1997, Staten Island had the highest rate (7.0 per 100,000) among children 5 to 9 years old (however based on only two reported cases), while the Bronx had the lowest rate (1.0 per 100,000).

Summary of health indicators for infant & children

- The overall mortality rate in children declined dramatically in all age groups from 1987 to 1997.
- The leading cause of death in 1997 for children aged 1 to 4 and the second leading cause of death for children aged 5 to 9 was accidents. HIV infection was the leading cause of death for children aged 5 to 9 in 1997 with a mortality rate of 3 per 100,000.
- The biggest decline in mortality rate occurred among infants which declined from 13.1 per 1,000 live births in 1987 to 7.1 per 1,000 live births in 1997.
- The leading cause of hospitalization among children aged 0 to 9 in 1997 was asthma. Pneumonia and influenza were second leading causes of hospitalization for children 0 to 4 and injury and poisoning for children aged 5 to 9.
- The Bronx had the highest asthma hospitalization rates in 1997, where the rate was 2,738.7 per 100,000 for children aged 0 to 4 and 1,364.6 per 100,000 for children aged 5 to 9.

Adolescents and Young Adults Aged 10 to 24

This section examines the health of children and adolescents aged 10 to 17 and young adults aged 18 to 24. In 1997, an estimated 701,832 children and adolescents aged 10 to 17, and 610,711 young adults aged 18 to 24, were living in New York City.

Selected Health Risk Factors

Behavioral risk factors for adverse health outcomes can be estimated for adolescents based on a survey of students in grades 8 through 12 (Youth Behavioral Risk Survey done in 1997). New York City data are compared to New York State, and two other large cities, Chicago and Miami in Table 3.1.

Adolescents surveyed in New York City reported lower rates of risk taking behaviors than adolescents in New York State or the other two comparison cities. Risk factors that were less likely to be reported by New York City youth included cigarette smoking, binge drinking, and lifetime marijuana use. Also, a higher proportion of adolescents surveyed in New York City reported “using a condom the last time they had intercourse” compared with those in the rest of New York State, Chicago, and Miami. Data from the 1997 Behavioral Risk Factor Surveillance System (BRFSS) indicated that fewer 18- to 24-year-olds surveyed in New York City reported smoking and alcoholic beverage consumption than their counterparts in New York State (Table 3.2).

Table 3.1

Selected Behavioral Risks for High School Students Grade 8 to 12
1997 Youth Risk Behavior Survey (Weighted Percent)

| Risk Factor | New York City | New York State | Chicago | Miami | T a b1 e 3. 2 |
|--|---------------|----------------|---------|-------|------------------------------|
| % who carried a weapon on one or more days | 18.2 | 18.4 | 23.5 | 17.7 | |
| % who considered attempting suicide (12 m) | 16.8 | 19.8 | 17.7 | 19.7 | |
| % who ever tried cigarette smoking | 59.9 | 68.1 | 70.5 | 63.1 | |
| % who had 5 or more drinks of alcohol in a row on 1 or more of the past 30 days | 18.4 | 28.9 | 19.9 | 21.7 | |
| % who used marijuana 1 or more times during their life | 31.2 | 41.1 | 44.7 | 34.9 | |
| % who had sexual intercourse during the past 3 months | 27.8 | 29.2 | 37.7 | 34.2 | |
| % who used a condom during last sexual intercourse | 72.7 | 68.1 | 67.0 | 61.8 | |
| % who participated in vigorous exercise or sport for at least 20 minutes on 3 or more of the past 7 days | 63.2 | 56.7 | 51.2 | 56.7 | |

Source: National Center for Chronic Disease Prevention and Health Promotion.

Selected Behavioral Risks for Adults Aged 18 to 24
1997 Behavioral Risk Factor Surveillance System (Weighted Percent)

| Risk Factor | New York City (n=146) | New York State (n=304) | U.S. (n=11571) |
|---|-----------------------|------------------------|----------------|
| % current smokers | 21.3 | 25.4 | 28.4 |
| Mean number of drinks last month | 9.7 | 13.6 | 12.9 |
| % currently exercising | 70.0 | 69.3 | 75.2 |
| % who had more than one sex partner in the last 12 months | 28.1 | 27.5 | 28.4 |
| % who used a condom in the last 6 months | 60.2 | 61.8 | 53.3 |

Source: National Center for Chronic Disease Prevention and Health Promotion.

Leading

Causes of Death

Adolescents and Young Adults Aged 10-24

Table 3.3

| Leading Causes of Death Adolescents Aged 10-17, New York City Residents, 1997 | | |
|--|-------------|--------------|
| Cause of death* | # of deaths | rate/100,000 |
| Total deaths | 188 | 26.8 |
| Homicide | 47 | 6.7 |
| Accidents | 35 | 5.0 |
| HIV infection | 16 | 2.3 |
| Malignant neoplasm** | 15 | 2.1 |
| Suicide | 11 | 1.6 |
| Non-ischemic heart disease | 8 | 1.1 |
| All other causes | 56 | 8.0 |

Source: NYCDOH Office of Vital Statistics

* See Appendix A "Sources and Definitions" for ICD-9 codes.

**Excluding colorectal, female breast, prostate, and lung cancers.

Table 3.4

| Leading Causes of Death Young Adults Aged 18-24, New York City Residents, 1997 | | |
|---|-------------|--------------|
| Cause of death* | # of deaths | rate/100,000 |
| Total deaths | 542 | 88.7 |
| Homicide | 188 | 30.8 |
| Accidents | 82 | 13.4 |
| Suicide | 47 | 7.7 |
| Malignant neoplasm** | 41 | 6.7 |
| Drug dependence and overdose | 32 | 5.2 |
| Non-ischemic heart disease | 31 | 5.1 |
| HIV infection | 20 | 3.3 |
| Chronic obstructive pulmonary disease | 8 | 1.3 |
| All other causes | 93 | 15.2 |

Source: NYCDOH Office of Vital Statistics

* See Appendix A "Sources and Definitions" for ICD-9 codes.

**Excluding colorectal, female breast, prostate, and lung cancers.

The death rate for the age group 18 to 24 (Table 3.4) was more than twice the rate for the age group 10 to 17 (Table 3.3). In both age groups, homicide was the leading cause of death with a rate of 6.7 per 100,000 for 10- to 17-year-olds and 30.8 per 100,000 for 18- to 24-year-olds. The homicide rate declined considerably from 1992 (when the rate was 17.3 per 100,000 for 10- to 17-year-olds and 70.4 per 100,000 for 18- to 24-year-olds) to 1997.

Causes of death that have a behavioral component, including accidents, suicides, and HIV infection, show increased rates among 18- to 24-year-olds compared with 10- to 17-year-olds. The 1997 death rates for HIV infection and accidents were lower than 1992. Table 3.4 shows rates for 1997. By comparison, in 1992 death due to accidents occurred at a rate of 5.0 per 100,000 for 10- to 17-year-olds and 15.5 per 100,000 for 18- to 24-year-olds; and death due to HIV infection had a rate of 8.1 per 100,000 for 18- to 24-year-olds.

Births to Teenage Mothers

Table 3.5

Births to Mothers Aged 15-19 as a Percent of All Births by Borough
New York City Residents, 1997

| Borough | total live births* | % teen births |
|---------------|--------------------|---------------|
| NYC | 113778 | 10.2% |
| Bronx | 21482 | 14.5% |
| Brooklyn | 39370 | 10.7% |
| Manhattan | 18957 | 9.3% |
| Queens | 28310 | 7.7% |
| Staten Island | 5659 | 5.8% |

Source: NYCDOH Office of Vital Statistics

A small number of cases were not included due to unknown residence.

The percentage of all births to women aged 15 to 19 did not change between 1992 and 1997 (10.8% vs. 10.2%) (Table 3.5 shows 1997). In 1997, the Bronx had the highest percentage of births to teenagers (14.5%) and Staten Island had the lowest (5.8%). In 1997, 56.0% teenage pregnancies had induced termination of pregnancy, with very little variation among the boroughs (Table 3.6).

Table 3.6

Adolescents and Young Adults Aged 10-24

Teenage Pregnancies and Induced Terminations of Pregnancy by Borough New York City Residents, 1997

| Borough | teen pregnancies | induced terminations in teens | % induced terminations |
|---------------|------------------|-------------------------------|------------------------|
| NYC | 28481 | 15955 | 56.0% |
| Bronx | 7505 | 4138 | 55.1% |
| Brooklyn | 9909 | 5322 | 53.7% |
| Manhattan | 4342 | 2475 | 57.0% |
| Queens | 5882 | 3543 | 60.2% |
| Staten Island | 843 | 477 | 56.6% |

Source: NYCDOH Office of Vital Statistics

Leading Causes of Hospitalization

Leading Causes of Hospitalization Adolescents Aged 10-17, New York City Residents, 1997

| Cause* | # of cases | rate/100,000 |
|-------------------------------|------------|--------------|
| Total causes | 28712 | 4091.0 |
| Pregnancy & its complications | 5357 | 1554.7** |
| Injury & poisoning | 3981 | 567.2 |
| Asthma | 3140 | 447.4 |
| Mental disorder | 2921 | 416.2 |
| Diabetes | 484 | 69.0 |
| Pneumonia & Influenza | 396 | 56.4 |
| Malignant neoplasm | 186 | 26.5 |
| Non-ischemic heart disease | 186 | 26.5 |
| HIV infection | 177 | 25.2 |
| Drug abuse | 107 | 15.2 |
| All other causes | 11777 | 1678.0 |

Source: SPARCS

* See Appendix A "Sources and Definitions" for ICD-9-CM codes.

** Rate per 100,000 women.

Table 3.7 The leading cause of hospitalization for 10- to 17-year-olds was pregnancy and its complications (1,554.7 per 100,000 women) (Table 3.7). The rate of asthma hospitalization (447.4 per 100,000) for 10- to 17-year-olds was lower than younger age groups. For 18- to 24-year-olds the asthma hospitalization was still lower (224.7 per 100,000) and injury and poisoning hospitalization rate was higher (744.1 per 100,000) (Table 3.8) compared to 10- to 17-year-olds (Table 3.7).

3. Leading Causes of Hospitalization Young Adults Aged 18-24, New York City Residents, 1997

| Cause* | # of cases | rate/100,000 |
|-------------------------------|------------|--------------|
| Total causes | 65796 | 10773.7 |
| Pregnancy & its complications | 37685 | 12152.6** |
| Mental disorder | 4935 | 808.1 |
| Injury & poisoning | 4544 | 744.1 |
| Asthma | 1372 | 224.7 |
| Drug abuse | 1363 | 223.2 |
| Diabetes | 444 | 72.7 |
| Pneumonia & Influenza | 420 | 68.8 |
| Alcohol dependence | 311 | 50.9 |
| Non-ischemic heart disease | 278 | 45.5 |
| Malignant neoplasm | 245 | 40.1 |
| HIV infection | 241 | 39.5 |
| All other causes | 13958 | 2285.5 |

Source: SPARCS

* See Appendix A "Sources and Definitions" for ICD-9-CM codes.

** Rate per 100,000 women.

Table 3.8 The rate of hospitalization for mental disorders increased from 416.2 per 100,000 for 10- to 17-year-olds to 808.1 per 100,000 for 18- to 24-year-olds (Tables 3.7 and 3.8). From 1992 to 1997, the rates of hospitalization for mental disorders has increased 60% for 10- to 17-year-olds from 260.0 per 100,000 in 1992 to 416.2 per 100,000 in 1997 and 54% for 18- to 24-year-olds from 524.7 in 1992 to 808.1 per 100,000 in 1997.

Adolescents and Young Adults Aged 10-24

Hospitalizations for Asthma by Borough
Adolescents Aged 10-17 and Young Adults Aged 18-24
New York City Residents, 1997

| Borough | Aged 10-17 Years | | Aged 18-24 Years | |
|---------------|------------------|--------------|------------------|--------------|
| | # of cases | rate/100,000 | # of cases | rate/100,000 |
| NYC | 3140 | 447.4 | 1372 | 224.7 |
| Bronx | 1054 | 775.6 | 373 | 327.6 |
| Brooklyn | 986 | 395.9 | 504 | 245.1 |
| Manhattan | 588 | 554.6 | 249 | 232.1 |
| Queens | 447 | 264.4 | 186 | 126.0 |
| Staten Island | 65 | 155.5 | 60 | 165.1 |

Source: SPARCS

Hospitalizations for Injury & Poisoning by Borough
Adolescents Aged 10-17 and Young Adults Aged 18-24
New York City Residents, 1997

| Borough | Aged 10-17 Years | | Aged 18-24 Years | |
|---------------|------------------|--------------|------------------|--------------|
| | # of cases | rate/100,000 | # of cases | rate/100,000 |
| NYC | 3981 | 567.2 | 4544 | 744.1 |
| Bronx | 796 | 585.7 | 1000 | 878.3 |
| Brooklyn | 1468 | 589.5 | 1517 | 737.6 |
| Manhattan | 618 | 582.9 | 805 | 750.3 |
| Queens | 869 | 514.0 | 975 | 660.7 |
| Staten Island | 230 | 550.3 | 247 | 679.9 |

Source: SPARCS

Hospitalizations for Asthma and Injuries

The hospitalization rates for asthma were the highest in the Bronx for both 10- to 17-year-olds and 18- to 24-year-olds (Table 3.9).

Table 3.9

Table 3.10 In 1997, Brooklyn had a higher rate of hospitalizations for injury and poisoning among 10- to 17-year-olds than the other boroughs (589.5 per 100,000) (Table 3.10). Although there was little difference in rate among boroughs, the difference in hospitalization rates for injury and poisoning among 18- to 24-year-olds was much larger with the Bronx having a rate of 878.3 per 100,000 and Queens, 660.7 per 100,000 (Table 3.10).

**Selected Reported Sexually Transmitted Diseases
Adolescents Aged 10-17 and Young Adults Aged 18-24
New York City Residents, 1997**

| Disease | Aged 10-17 Years | | Aged 18-24 Years | |
|--------------------------------|------------------|--------------|------------------|--------------|
| | # of cases | rate/100,000 | # of cases | rate/100,000 |
| Chlamydia | 4359 | 603.7 | 12258 | 1700.6 |
| Gonorrhea | 1541 | 213.4 | 5495 | 762.3 |
| Syphilis (Primary & Secondary) | 2 | 0.3 | 6 | 0.8 |
| Syphilis (Early Latent) | 9 | 1.2 | 68 | 9.4 |

Source: NYCDOH Sexually Transmitted Disease Control Program

Table 3.11

**Reported Chlamydia Rates by Borough
Adolescents Aged 10-17 and Young Adults Aged 18-24
New York City Residents, 1997**

| Borough | Aged 10-17 Years | | Aged 18-24 Years | |
|---------------|------------------|--------------|------------------|--------------|
| | # of cases* | rate/100,000 | # of cases* | rate/100,000 |
| NYC | 4359 | 603.7 | 12258 | 1700.6 |
| Bronx | 950 | 697.0 | 2642 | 2053.5 |
| Brooklyn | 1510 | 585.9 | 4068 | 1804.5 |
| Manhattan | 964 | 921.0 | 2726 | 1910.3 |
| Queens | 632 | 349.5 | 2000 | 1080.1 |
| Staten Island | 102 | 239.9 | 228 | 587.1 |

Source: NYCDOH Sexually Transmitted Disease Control Program

* Totals do not add up due to unknown residence in NYC.

**Reported Gonorrhea Rates by Borough
Adolescents Aged 10-17 and Young Adults Aged 18-24
New York City Residents, 1997**

| Borough | Aged 10-17 Years | | Aged 18-24 Years | |
|---------------|------------------|--------------|------------------|--------------|
| | # of cases* | rate/100,000 | # of cases* | rate/100,000 |
| NYC | 1541 | 213.4 | 5495 | 762.3 |
| Bronx | 345 | 253.1 | 1064 | 827.0 |
| Brooklyn | 561 | 217.7 | 1893 | 839.7 |
| Manhattan | 270 | 258.0 | 1151 | 806.6 |
| Queens | 263 | 145.4 | 1005 | 542.7 |
| Staten Island | 26 | 61.2 | 87 | 224.0 |

Source: NYCDOH Sexually Transmitted Disease Control Program

* Totals do not add up due to unknown residence in NYC.

Sexually Transmitted Diseases

Sexually transmitted diseases (STDs) are the most frequently reported category of communicable diseases. The rates for chlamydia, gonorrhea, and syphilis were higher in young adults aged 18 to 24 than in 10- to 17-year-olds (Table 3.11). Gonorrhea rates declined between 1992 and 1997 from 259.2 per 100,000 to 213.4 per 100,000 among 10- to 17-year-olds and from 903.2 per 100,000 to 762.3 per 100,000 among 18- to 24-year-olds. Primary and secondary syphilis rates also declined considerably from a 1992 rate of 5.7 per 100,000 to 0.3 per 100,000 for 10- to 17-year-olds and from 53.8 to 0.8 per 100,000 for 18- to 24-year-olds (see Table 3.11 for 1997 rates).

1997 borough specific chlamydia rates for 10- to 17-year-olds were highest in Manhattan; among 18- to 24-year-olds, the Bronx had the highest rates (Table 3.12). Chlamydia rates are primarily based on cases reported for women, because men are currently tested much less frequently.

In 1997, reported gonorrhea rates for 10- to 17-year-olds and for 18- to 24-year-olds were the lowest in Staten Island, followed by Queens for both age groups (Table 3.13).

Adolescents and Young Adults Aged 10-24

AIDS Cases by Borough Adolescents Aged 10-17 and Young Adults Aged 18-24 New York City Residents, 1997

| Borough | Aged 10-17 Years | | Aged 18-24 Years | |
|----------------|------------------|--------------|------------------|--------------|
| | # of cases | rate/100,000 | # of cases | rate/100,000 |
| NYC | 33 | 4.7 | 161 | 26.4 |
| Bronx | 12 | 8.8 | 42 | 36.9 |
| Brooklyn | 9 | 3.6 | 53 | 25.8 |
| Manhattan | 7 | 6.6 | 34 | 31.7 |
| Queens | 5 | 3.0 | 31 | 21.0 |
| Staten Island | 0 | 0.0 | 1 | 2.8 |
| Other/Unknown* | 3 | n/a | 2 | n/a |

Source: NYCDOH HIV/AIDS Surveillance Program

* Persons that were diagnosed in New York City, but resided outside of New York City.

Table 3.14 From 1992 to 1997, the New York City rate of AIDS cases diagnosed for adolescents 10 to 17 years old doubled from 2.6 to 4.7 per 100,000 (Table 3.14 for 1997 data). There were fewer AIDS cases in young adults aged 18 to 24 in 1997 than in 1992, down from 194 cases in 1992 to 161 in 1997. For both age groups, the Bronx and Manhattan had the highest AIDS case rates for both 1992 and 1997.

Selected Reportable Diseases Adolescents Aged 10-17 and Young Adults Aged 18-24 New York City Residents, 1997

| Disease | Aged 10-17 Years | | Aged 18-24 Years | |
|-------------|------------------|--------------|------------------|--------------|
| | # of cases | rate/100,000 | # of cases | rate/100,000 |
| Hepatitis A | 66 | 9.4 | 67 | 11.0 |
| Hepatitis B | 7 | 1.0 | 36 | 5.9 |
| Malaria | 35 | 5.0 | 44 | 7.2 |
| Salmonella | 92 | 13.1 | 75 | 12.3 |
| Shigella | 73 | 10.4 | 35 | 5.7 |

Source: NYCDOH Communicable Disease Program

Table 3.15 For 10- to 17-year-olds, malaria rate was 178% higher, salmonella 44% higher, and shigella 51% higher in 1997 compared to rates in 1992 (Table 3.15 for 1997 rates). For 18- to 24-year-olds, malaria rates were 95% higher in 1997 compared to rates in 1992.

Selected Reportable Diseases

Tuberculosis Cases by Borough Adolescents Aged 10-17 and Young Adults Aged 18-24 New York City Residents, 1997

| Borough | Aged 10-17 Years | | Aged 18-24 Years | |
|---------------|------------------|--------------|------------------|--------------|
| | # of cases | rate/100,000 | # of cases | rate/100,000 |
| NYC | 43 | 6.1 | 122 | 20.0 |
| Bronx | 6 | 4.4 | 12 | 10.5 |
| Brooklyn | 11 | 4.4 | 46 | 22.4 |
| Manhattan | 9 | 8.5 | 19 | 17.7 |
| Queens | 16 | 9.5 | 44 | 29.8 |
| Staten Island | 1 | 2.4 | 1 | 2.8 |

Source: NYCDOH Tuberculosis Control Program

Table 3.16 Tuberculosis rates among adolescents aged 10 to 17 years old were 29% lower in 1997 (6.1 per 100,000) than 1992 (8.6 per 100,000) (Table 3.16 for 1997 rates). Queens and Manhattan boroughs had the highest tuberculosis rates in 1997 for 10- to 17-year-olds.

Tuberculosis rates among adults aged 18 to 24 years old declined by 32% from 1992 to 1997 (29.4 to 20.0 per 100,000). The tuberculosis rate was the highest for young adults residing in Queens

and the lowest in Staten Island in 1997 (Table 3.16).

Summary of health indicators for adolescents and young adults

- Selected risk behaviors were lower in adolescents and young adults in New York City than their counterparts in New York State or other selected urban settings.
- The leading causes of death in 1997 among adolescents and young adults that are preventable through behavioral intervention included homicide, accidents, HIV infection, and suicide.
- Deaths due to homicide, accidents, and HIV infection (with the exception of 10- to 17-year-olds for HIV infection) declined between 1992 and 1997.
- Pregnancy and its complications was the primary reason of hospitalization for both 10- to 17-year-olds and 18- to 24-year-olds. The second and third leading reasons for hospitalization were injury and poisoning and asthma for 10- to 17-year-olds and mental disorders and injuries for 18- to 24-year-olds.
- Tuberculosis incidences declined from 1993 to 1997.

Adults Aged 25 to 64

This section profiles the health of adults 25 to 44 and 45 to 64 years old, who comprised 2,461,566 and 1,574,768 individuals, respectively, in New York City in 1997. Together, 25-to-64-year-olds accounted for 55% of the total population.

Selected Health Risk Factors

Table 4.1 shows that New York City (NYC) 25- to 44-year-old adults were less healthy and experienced more barriers to health care than other residents of New York State (NYS) based on several risk factors selected from 1997 Behavioral Risk Factor Surveillance System. For instance, about 12% of 25- to 44-year-old NYC residents compared to 8% of the rest of NYS residents and 9% of U.S. residents reported that their health was fair or poor. Only 80% of 25- to 44-year-old NYC residents compared to 84% of NYS residents reported having health insurance. Nineteen percent of NYC 25- to 44-year-old residents compared to 15% of NYS residents said they could not see a doctor in the past 12 months because of cost. A smaller proportion of 25- to 44-year-old adults (59%) in NYC participated in regular exercise than adults in the rest of NYS. Yet, about 27% of NYC 25- to 44-year-old adults compared to 29% in NYS were current smokers and NYC residents reported 7 drinks a month compared to 9 for the rest of the state and 10 for the U.S. average.

A higher proportion of NYC 45- to 64-year-old adults (15%) reported poor health as compared to younger adults. However, a smaller proportion of NYC 45- to 64-year-old adults reported being mentally not well for three days in the past month (15% vs. 23%). A larger proportion of older adults said they had health insurance (83% vs. 80%) and a smaller proportion said they had not seen a doctor because of cost in the past year. A smaller proportion of 45- to 64-year-old adults in NYC than in NYS or U.S. reported being obese (34% vs. 41% and 44%, respectively).

Table 4.1

Selected Behavioral Risks for Adults Aged 25 to 44 and 45 to 64
1997 Behavioral Risk Factor Surveillance System

| Risk Factor | 25 to 44 year olds | | | 45 to 64 year olds | | |
|---|--------------------------|-----------------------------|--------------------|--------------------------|---------------------------|--------------------|
| | New York City (n=609) | New York State (n=1,505) | U.S. (n=56,338) | New York City (n=334) | New York State (n=992) | U.S. (n=39,582) |
| % fair or poor health | 11.8 | 8.4 | 8.9 | 15.4 | 13.5 | 16.8 |
| % physically not well for at least 3 days in past month | 20.3 | 19.9 | 17.9 | 21.8 | 19.6 | 21.3 |
| % mentally not well for at least 3 days in past month | 23.9 | 23.6 | 24.2 | 15.4 | 17.9 | 18.9 |
| % who have health insurance | 79.8 | 84.1 | 82.9 | 83.1 | 88.3 | 88.1 |
| % who did not see a doctor because of cost in past year | 18.5 | 14.7 | 13.1 | 12.7 | 10.0 | 10 |
| % current smoker | 27.1 | 28.7 | 26.7 | 21.5 | 21.1 | 23.1 |
| Average number of drinks in past month | 7.4 | 8.7 | 10.0 | 6.4 | 8.2 | 6.4 |
| % who participated in exercise | 59.3 | 65.3 | 68.3 | 57.9 | 64.6 | 64.3 |
| % at risk for obesity | 28.5 | 31.1 | 34.2 | 33.5 | 40.8 | 44.4 |

Source: National Center for Chronic Disease Prevention and Health Promotion.

Leading Causes of Death

**Leading Causes of Death
Adults Aged 25-44, New York City Residents, 1997**

| Cause of death* | # of deaths | rate/100,000 |
|------------------------------|--------------------|---------------------|
| Total deaths | 4970 | 199.9 |
| HIV infection | 1462 | 59.4 |
| Drug dependence and overdose | 486 | 19.7 |
| Malignant neoplasm** | 396 | 16.1 |
| Non-ischemic heart disease | 354 | 14.4 |
| Homicide | 327 | 13.3 |
| Accidents | 235 | 9.5 |
| Suicide | 214 | 8.7 |
| Female breast cancer | 103 | 8.1*** |
| Ischemic heart disease | 117 | 4.8 |
| Chronic liver disease | 98 | 4.0 |
| All other causes | 1128 | 45.8 |

Source: NYCDOH Office of Vital Statistics

* See Appendix A "Sources and Definitions" for ICD-9 codes.

**Excluding colorectal, female breast, prostate, and lung cancers.

***Rate per 100,000 women.

Table 4.2

The 1997 mortality rate for 25- to 44-year-old adults was 40% lower than the rate for 1987 and 44% lower than the rate for 1992. The leading cause of death for 25- to 44-year-old adults in New York City in 1997 was HIV infection with a rate of 59.4 deaths per 100,000 (Table 4.2). However, this rate was 61% lower than the death rate due to HIV infection in 1992 (153.9 per 100,000). The mortality rate due to drug dependence and overdose was the next most prominent cause of death in this age group with a rate of 19.7 deaths per 100,000 in 1997, which was only slightly lower than the rate of 22.3 per 100,000 for 1992. Other age related leading causes of death in this age group included drug dependence and overdose (19.7 deaths per 100,000 in 1997) and non-ischemic heart disease (14.4 deaths per 100,000). Homicide dropped from the second leading cause of death in 1992 (36.7 per 100,000) to the fifth in 1997 (13.3 per 100,000).

Table 4.3

**Leading Causes of Death
Adults Aged 45-64, New York City Residents, 1997**

| Cause of death* | # of deaths | rate/100,000 |
|----------------------------|--------------------|---------------------|
| Total deaths | 11082 | 703.7 |
| Ischemic heart disease | 1798 | 114.2 |
| Malignant neoplasm** | 1691 | 107.4 |
| Non-ischemic heart disease | 1213 | 77.0 |
| HIV infection | 908 | 57.7 |
| Lung cancer | 878 | 55.8 |
| Female breast cancer | 436 | 51.2*** |
| Cerebrovascular disease | 436 | 27.7 |
| Chronic liver disease | 377 | 23.9 |
| Diabetes | 366 | 23.2 |
| Colorectal cancer | 330 | 21.0 |
| All other causes | 2649 | 168.2 |

Source: NYCDOH Office of Vital Statistics

* See Appendix A "Sources and Definitions" for ICD-9 codes.

**Excluding colorectal, female breast, prostate, and lung cancers.

***Rate per 100,000 women.

For 45- to 64-year-old adults, the overall mortality rate in 1997 was 20% lower than in 1992 (875.8 per 100,000) and 27% lower than in 1987 (969.5 per 100,000) (Table 4.3). Preventable causes of death that have long latency periods became prominent in this age group, including ischemic heart disease (114.2 per 100,000), lung cancer (55.8 per 100,000), female breast cancer (51.2 per 100,000 women), and colorectal cancer (21.0 per 100,000). The rates of several of these causes of death declined between 1992 (from 176.3 per 100,000 for ischemic heart disease; 79.2 per 100,000 for lung cancer; 156.0 per 100,000 for female breast cancer; 31.6 per 100,000 for colorectal cancer) and 1997.

Leading Causes of Hospitalization

Table 4.4

**Leading Causes of Hospitalization
Adults Aged 25-44, New York City Residents, 1997**

| Cause* | # of cases | rate/100,000 |
|-------------------------------|-------------------|---------------------|
| Total causes | 282426 | 11473.4 |
| Pregnancy & its complications | 89773 | 7090.1** |
| Mental disorder | 28039 | 1139.1 |
| Drug abuse | 22685 | 921.6 |
| Injury & poisoning | 16200 | 658.1 |
| HIV infection | 11022 | 447.8 |
| Alcohol dependence | 10055 | 408.5 |
| Asthma | 6576 | 267.1 |
| Pneumonia & influenza | 4251 | 172.7 |
| Diabetes | 3330 | 135.3 |
| Non-ischemic heart disease | 3112 | 126.4 |
| Malignant neoplasm | 2885 | 117.2 |
| Ischemic heart disease | 2550 | 103.6 |
| Hypertension | 1575 | 64.0 |
| All other causes | 80373 | 3265.1 |

Source: SPARCS

* See Appendix A "Sources and Definitions" for ICD-9-CM codes.

** Rate per 100,000 women.

For 25- to 44-year-olds, pregnancy and its complications (7,090.1 per 100,000 women), mental disorder (1,139.1 per 100,000), and drug abuse (921.0 per 100,000) were the three leading causes of hospitalization in 1997 (Table 4.4). The drug abuse rate was lower in 1997 than the 1992 rate of 1,008.1 per 100,000. Hospitalizations for mental disorders increased from 923.7 per 100,000 in 1992 to 1,139.1 per 100,000 in 1997.

Table 4.5

**Leading Causes of Hospitalization
Adults Aged 45-64, New York City Residents, 1997**

| Cause* | # of cases | rate/100,000 |
|----------------------------|-------------------|---------------------|
| Total causes | 205970 | 13079.4 |
| Ischemic heart disease | 17688 | 1123.2 |
| Mental disorder | 14468 | 918.7 |
| Injury & poisoning | 13035 | 827.7 |
| Non-ischemic heart disease | 11114 | 705.8 |
| Malignant neoplasm | 10414 | 661.3 |
| Diabetes | 6555 | 416.3 |
| Asthma | 6120 | 388.6 |
| Cerebrovascular disease | 5515 | 350.2 |
| Drug abuse | 5314 | 337.4 |
| Pneumonia & influenza | 5293 | 336.1 |
| Alcohol dependence | 5234 | 332.4 |
| HIV infection | 4095 | 260.0 |
| Hypertension | 4005 | 254.3 |
| All other causes | 97120 | 6167.3 |

Source: SPARCS

* See Appendix A "Sources and Definitions" for ICD-9-CM codes.

For adults aged 45 to 64, ischemic heart disease (1,123.2 per 100,000), followed by mental disorder (918.7 per 100,000), were the top two causes of hospitalization (Table 4.5). The hospitalization rate for ischemic heart disease was 10% lower than that of 1987 and 7% lower than that of 1992. However, the hospitalization rate for mental disorder was 33% higher than the rate for 1992. Diabetes hospitalization rate in 1997 was also 35% higher than the rate in 1987 and 13% higher than the rate in 1992.

Hospitalization for Cardiovascular Conditions

Table 4.6

**Hospitalizations for Hypertension by Borough
Adults Aged 25-44 and 45-64, New York City Residents, 1997**

| Borough | Aged 25-44 Years | | Aged 45-64 Years | |
|----------------------|------------------|--------------|------------------|--------------|
| | # of cases | rate/100,000 | # of cases | rate/100,000 |
| NYC | 1575 | 64.0 | 4005 | 254.3 |
| Bronx | 321 | 85.2 | 688 | 303.5 |
| Brooklyn | 557 | 77.4 | 1686 | 371.8 |
| Manhattan | 302 | 51.9 | 702 | 194.7 |
| Queens | 333 | 50.7 | 790 | 177.3 |
| Staten Island | 62 | 49.0 | 139 | 157.1 |

Source: SPARCS

Brooklyn and the Bronx had the highest rates of hospitalization for hypertension in adults (Table 4.6). Although overall rates of hospitalization for hypertension for adults aged 25 to 44 declined between 1992 and 1997, they increased in Brooklyn, Queens and Staten Island (from 64.2, 38.5, and 33.7 per 100,000 to 77.4, 50.7, and 49.0 per 100,000, respectively). Rates also increased in Brooklyn and Queens for 45- to 64-year-old adults in this time period (from 272.3 and 140.8 to 371.8 and 177.3 per 100,000, respectively).

Table 4.7

**Hospitalizations for Ischemic Heart Disease by Borough
Adults Aged 25-44 and 45-64, New York City Residents, 1997**

| Borough | Aged 25-44 Years | | Aged 45-64 Years | |
|----------------------|------------------|--------------|------------------|---------------|
| | # of cases | rate/100,000 | # of cases | rate/100,000 |
| NYC | 2550 | 103.6 | 17688 | 1123.2 |
| Bronx | 471 | 125.1 | 3221 | 1421.0 |
| Brooklyn | 815 | 113.3 | 5801 | 1279.4 |
| Manhattan | 329 | 56.5 | 2515 | 697.5 |
| Queens | 715 | 108.9 | 4635 | 1040.1 |
| Staten Island | 220 | 173.7 | 1516 | 1713.7 |

Source: SPARCS

Staten Island had the highest hospitalization rates for ischemic heart disease in 25- to 64-year-olds in 1997 (173.7 per 100,000 for 25- to 44-year-olds and 1,713.7 per 100,000 for 45- to 64-year-olds) (Table 4.7). Manhattan had much lower rates than any of the other boroughs (56.5 per 100,000 for 25- to 44-year-olds and 697.5 per 100,000 for 45- to 64-year-olds).

**Hospitalizations for Non-ischemic Heart Disease by Borough
Adults Aged 25-44 and 45-64, New York City Residents, 1997**

| Borough | Aged 25-44 Years | | Aged 45-64 Years | |
|----------------------|------------------|--------------|------------------|--------------|
| | # of cases | rate/100,000 | # of cases | rate/100,000 |
| NYC | 3112 | 126.5 | 11114 | 768.1 |
| Bronx | 734 | 201.3 | 2423 | 1133.8 |
| Brooklyn | 936 | 128.1 | 3586 | 842.9 |
| Manhattan | 624 | 108.6 | 2163 | 694.3 |
| Queens | 662 | 100.8 | 2344 | 562.9 |
| Staten Island | 156 | 117.5 | 598 | 755.9 |

Source: SPARCS

The Bronx had the highest hospitalization rates for non-ischemic heart disease for both adult age groups in 1997 (201.3 per 100,000 for adults 25 to 44 and 1,133.8 for adults aged 45 to 64) (Table 4.8).

**Hospitalizations for Mental Disorders by Borough
Adults Aged 25-44 and 45-64, New York City Residents, 1997**

| Borough | Aged 25-44 Years | | Aged 45-64 Years | |
|----------------------|-------------------------|---------------------|-------------------------|---------------------|
| | # of cases | rate/100,000 | # of cases | rate/100,000 |
| NYC | 28039 | 1139.1 | 14468 | 918.7 |
| Bronx | 6251 | 1659.7 | 2872 | 1267.1 |
| Brooklyn | 8206 | 1141.0 | 4070 | 897.6 |
| Manhattan | 7830 | 1344.6 | 3978 | 1103.3 |
| Queens | 4427 | 674.0 | 2754 | 618.0 |
| Staten Island | 1325 | 1046.4 | 794 | 897.5 |

Source: SPARCS

Table 4.9

**Hospitalizations for Alcohol Dependence by Borough
Adults Aged 25-44 and 45-64, New York City Residents, 1997**

| Borough | Aged 25-44 Years | | Aged 45-64 Years | |
|----------------------|-------------------------|---------------------|-------------------------|---------------------|
| | # of cases | rate/100,000 | # of cases | rate/100,000 |
| NYC | 10055 | 408.5 | 5234 | 332.4 |
| Bronx | 2017 | 535.5 | 1115 | 491.9 |
| Brooklyn | 2289 | 318.3 | 1007 | 222.1 |
| Manhattan | 2897 | 497.5 | 1741 | 482.9 |
| Queens | 1749 | 266.3 | 729 | 163.6 |
| Staten Island | 1103 | 871.0 | 642 | 725.7 |

Source: SPARCS

Table 4.10

**Hospitalizations for Drug Abuse by Borough
Adults Aged 25-44 and 45-64, New York City Residents, 1997**

| Borough | Aged 25-44 Years | | Aged 45-64 Years | |
|----------------------|-------------------------|---------------------|-------------------------|---------------------|
| | # of cases | rate/100,000 | # of cases | rate/100,000 |
| NYC | 22685 | 921.6 | 5314 | 337.4 |
| Bronx | 7237 | 1921.5 | 1746 | 770.3 |
| Brooklyn | 6208 | 863.2 | 1198 | 264.2 |
| Manhattan | 5406 | 928.4 | 1762 | 488.7 |
| Queens | 2575 | 392.0 | 400 | 89.8 |
| Staten Island | 1259 | 994.2 | 208 | 235.1 |

Source: SPARCS

Table 4.11

Hospitalization for Mental Disorders

For adults aged 45 to 64, the Bronx had the highest hospitalization rate for mental disorders in 1997 (1267.1 per 100,000) (Table 4.9), a 52% increase since 1992 (833.1 per 100,000). Manhattan had the highest rate of hospitalization in adults 45 to 64 for mental disorders in 1992 (1073.5 per 100,000) with only a 3% higher rate for 1997. Staten Island had a 110% increase in hospitalization rates for mental disorders since 1992 (426.9 per 100,000 in 1992).

Staten Island had the highest rates of hospitalization for alcohol dependence in 1997 (871.0 per 100,000 for 25- to 44-year-old adults and 725.7 per 100,000 45- to 64-year-old adults) (Table 4.10).

The Bronx had the highest rates of hospitalization for drug abuse in 1997 for both age groups (1,921.5 per 100,000 and 770.3 per 100,000, respectively) (Table 4.11). However, Staten Island was the only borough that exhibited an increased rate of hospitalization for drug abuse from 1992 to 1997 for 25- to 44-year-olds (from 561.9 per 100,000 in 1992). All boroughs had higher rates of drug abuse hospitalization for 45-to 64-year-olds in 1997 than in 1992 (in 1992, the Bronx - 407.4 per 100,000, Brooklyn - 176.2 per 100,000, Manhattan - 319.6 per 100,000, Queens - 61.9 per 100,000, and Staten Island - 68.5 per 100,000).

Selected Cancers

From 1987 to 1996, the overall incidence of breast cancer did not vary significantly for 45- to 64-year-old women (from 220.2 per 100,000 women in 1987 to 225.3 per 100,000 in 1996) (See Table 4.12 for 1996 data). Lung cancer incidence rates for 45- to 64-year-old adults declined from 107.9 per 100,000 in 1987 to 83.0 per 100,000 in 1996. Colorectal cancer incidence among 45- to 64-year-old adults also declined but not as much from 72.6 per 100,000 in 1987 to 64.2 in 1996. However, prostate cancer rates nearly doubled over this same period from 66.2 per 100,000 in 1987 to 158.2 per 100,000 in 1996 for 45-to 64-year-old men.

Staten Island had the highest rates of lung cancer in both 1992 and 1996 for 45-to 64-year-old adults (154.2 per 100,000 in 1992, and 126.6 per 100,000 in 1996). It is important to note that lung cancer rates in the other four boroughs were between 18% and 26% lower in 1996 than in 1992. However, Staten Island had a higher lung cancer incidence rate in 1996 than in 1987 and 1992. It also had the largest increase in prostate cancer rates from 1987 to 1996 for 45-to 64-year-old men.

43.9
1987
100,0
45-to
men.

Selected Cancers by Borough
Adults Aged 45-64, New York City Residents, 1996

| Borough | Breast (women only) | | Lung | | Prostate (men only) | | Colorectal | |
|---------------|---------------------|--------------|------------|--------------|---------------------|--------------|------------|--------------|
| | # of cases | rate/100,000 | # of cases | rate/100,000 | # of cases | rate/100,000 | # of cases | rate/100,000 |
| NYC | 1920 | 225.3 | 1307 | 83.0 | 1143 | 158.2 | 1011 | 64.2 |
| Bronx | 245 | 191.1 | 164 | 72.4 | 146 | 148.3 | 136 | 60.0 |
| Brooklyn | 569 | 228.3 | 384 | 84.7 | 370 | 181.2 | 340 | 75.0 |
| Manhattan | 480 | 253.9 | 307 | 85.1 | 238 | 138.8 | 181 | 50.2 |
| Queens | 518 | 215.9 | 340 | 76.3 | 333 | 161.9 | 282 | 63.3 |
| Staten Island | 108 | 236.5 | 112 | 126.6 | 56 | 130.9 | 72 | 81.4 |

Source: New York State Department of Health Cancer Registry

Table 4.12

Adults 25-44 and 45-64

Sexually Transmitted Diseases

Table 4.13

**Selected Reported Sexually Transmitted Diseases
Adults Aged 25-44 and 45-64, New York City Residents, 1997**

| Disease | Aged 25-44 Years | | Aged 45-64 Years | |
|--------------------------------|-------------------------|---------------------|-------------------------|---------------------|
| | # of cases | rate/100,000 | # of cases | rate/100,000 |
| Chlamydia | 6219 | 252.6 | 416 | 26.4 |
| Gonorrhea | 3994 | 162.3 | 339 | 21.5 |
| Syphilis (Primary & Secondary) | 58 | 2.4 | 22 | 1.4 |
| Syphilis (Early latent) | 388 | 15.8 | 110 | 7.0 |

Source: NYCDOH Sexually Transmitted Disease Control Program

In 1997, the rates for chlamydia and gonorrhea for adults aged 25 to 44 were substantially lower than the rates for young adults 18 to 24 (e.g. chlamydia rates for 25- to 44-year-olds were 252.6 per 100,000 and for 18- to 24-year-olds were 1700.6 per 100,000) (Table 4.13). Since 1987, the rates for gonorrhea and primary and secondary syphilis for both 25- to 44-year-olds and 45- to 64-year-old adults have declined by several orders of magnitude. For instance, in 1987 the rate for gonorrhea for 25- to 44-year-old adults was 868.7 per 100,000, in 1992 it was 304.5 per 100,000, and in 1997, it was 162.3 per 100,000. Primary and secondary syphilis for this same age group declined from 100.6 per 100,000 in 1987 to 2.4 per 100,000 in 1997. For 45- to 64-year-olds, gonorrhea declined from 135.7 per 100,000 in 1987 to 21.5 per 100,000 in 1997. The rate for primary and secondary syphilis for this same age group was 1.4 per 100,000 in 1997 in comparison to 17.5 in 1992 and 28.2 in 1987.

Table 4.14

**Reported Chlamydia Rates by Borough
Adults Aged 25-44 and 45-64, New York City Residents, 1997**

| Borough | Aged 25-44 Years | | Aged 45-64 Years | |
|----------------|-------------------------|---------------------|-------------------------|---------------------|
| | # of cases | rate/100,000 | # of cases | rate/100,000 |
| NYC | 6219 | 252.6 | 416 | 26.4 |
| Bronx | 1526 | 405.2 | 111 | 49.0 |
| Brooklyn | 1863 | 259.0 | 104 | 22.9 |
| Manhattan | 1522 | 261.4 | 107 | 29.7 |
| Queens | 1178 | 179.4 | 88 | 19.7 |
| Staten Island | 130 | 102.7 | 6 | 6.8 |

Source: NYCDOH Sexually Transmitted Disease Control Program

Tables 4.14 and 4.15 show the borough specific rates of chlamydia and gonorrhea for the five boroughs for 25- to 44- and 45- to 64-year-old adults (men are currently tested for chlamydia with much less frequency than women). The Bronx had the highest rates of reported chlamydia in 1997 for both age groups with 405.2 per 100,000 for 25- to 44-year-old adults and 49.0 per 100,000 for 45- to 64-year-old adults (Table 4.14).

Adults 25-44 and 45-64

**Reported Gonorrhea Rates by Borough
Adults Aged 25-44 and 45-64. New York City Residents. 1997**

| Borough | Aged 25-44 Years | | Aged 45-64 Years | |
|----------------|-------------------------|---------------------|-------------------------|---------------------|
| | # of cases | rate/100,000 | # of cases | rate/100,000 |
| <i>NYC</i> | <i>3994</i> | <i>162.3</i> | <i>339</i> | <i>21.5</i> |
| Bronx | 753 | 199.9 | 63 | 27.8 |
| Brooklyn | 1104 | 153.5 | 99 | 21.8 |
| Manhattan | 1381 | 237.2 | 137 | 38.0 |
| Queens | 697 | 106.1 | 38 | 8.5 |
| Staten Island | 59 | 46.6 | 2 | 2.3 |

Source: NYCDOH Sexually Transmitted Disease Control Program

Table
4.15

In 1997, Manhattan and then the Bronx had the highest gonorrhea rates for each of the two adult age groups, with 237.2 per 100,000 for 25- to 44-year-olds and 38.0 per 100,000 for 45- to 64-year-olds for Manhattan and 199.9 per 100,000 for 25- to 44-year-olds and 27.8 per 100,000 for 45- to 64-year-olds for the Bronx (Table 4.15).

Selected Reportable Diseases

**Selected Reportable Diseases
Adults Aged 25-44 and 45-64, New York City Residents, 1997**

| Disease | Aged 25-44 Years | | Aged 45-64 Years | |
|-------------|------------------|--------------|------------------|--------------|
| | # of cases | rate/100,000 | # of cases | rate/100,000 |
| Hepatitis A | 522 | 21.2 | 115 | 7.3 |
| Hepatitis B | 262 | 10.6 | 99 | 6.3 |
| Malaria | 125 | 5.1 | 51 | 3.2 |
| Salmonella | 314 | 12.8 | 142 | 9.0 |
| Shigella | 147 | 6.0 | 36 | 2.3 |

Source: NYCDOH Communicable Disease Program

Table 4.16: Rate for hepatitis A was 43% higher in 1997 than in 1992 for 25- to 44-year-old adults (Table 4.16). This was due to an outbreak among men who have sex with men, which led to a vaccine campaign in New York City.

**Tuberculosis Cases by Borough
Adults Aged 25-44 and 45-64, New York City Residents, 1997**

| Borough | Aged 25-44 Years | | Aged 45-64 Years | |
|---------------|------------------|--------------|------------------|--------------|
| | # of cases | rate/100,000 | # of cases | rate/100,000 |
| NYC | 789 | 32.1 | 468 | 29.7 |
| Bronx | 142 | 37.7 | 85 | 37.5 |
| Brooklyn | 273 | 38.0 | 162 | 35.7 |
| Manhattan | 195 | 33.5 | 123 | 34.1 |
| Queens | 165 | 25.1 | 92 | 20.6 |
| Staten Island | 14 | 11.1 | 6 | 6.8 |

Source: NYCDOH Tuberculosis Control Program

Table 4.17: In 1992, the recent tuberculosis epidemic peaked. The total number of reported tuberculosis cases declined between 1992 and 1997. Enhanced case management, directly observed therapy, and infection control likely contributed to this overall decline in tuberculosis cases. Between 1992 and 1997, rates of confirmed tuberculosis cases decreased for 25- to 44-year-old adults in all the boroughs (See Table 4.17 for 1997 rates). The largest decrease occurred for 25- to 44-year-old adults in Manhattan from 127.8 per 100,000 in 1992 to 33.5 per 100,000 in 1997. For 45- to 64-year-old adults, there was a 53% decrease overall in tuberculosis rates between 1992 to 1997.

**AIDS Cases by Borough
Adults Aged 25-44 and 45-64, New York City Residents, 1997**

| Borough | Aged 25-44 Years | | Aged 45-64 Years | |
|----------------|------------------|--------------|------------------|--------------|
| | # of cases | rate/100,000 | # of cases | rate/100,000 |
| NYC | 4520 | 183.6 | 1995 | 126.7 |
| Bronx | 1199 | 318.3 | 533 | 235.1 |
| Brooklyn | 1218 | 169.4 | 550 | 121.3 |
| Manhattan | 1310 | 225.0 | 629 | 174.5 |
| Queens | 706 | 107.5 | 254 | 57.0 |
| Staten Island | 87 | 68.7 | 29 | 32.8 |
| Other/Unknown* | 161 | n/a | 59 | n/a |

Source: NYCDOH HIV/AIDS Surveillance Program

* Persons that were diagnosed in New York City, but resided outside of New York City.

Between 1992 to 1997, the rates of AIDS cases declined by 39% for adults aged 25 to 44 and by 19% for adults aged 45 to 64 (see Table 4.18 for 1997 rates). Staten Island and Manhattan had the largest declines. The decline in AIDS rates may be attributed to increasing access to prophylaxis and highly effective combination antiretroviral drug therapy introduced in 1996.

Table 4.18

Summary of health indicators for adults aged 25 to 64

- In comparison to New York State and the entire U.S., New York City adults aged 25 to 44 were more likely to report being in poor health, lacking health insurance, and not seeing a doctor in the past year because of cost. This same group of adults was less likely to smoke or drink, but they also exercised less than adults in the rest of New York State.
- A higher proportion of 45- to 64-year-old adults in New York City reported not having health insurance and that they could not see a doctor in the past year because of cost, in comparison to New York State or the U.S. This group of adults also engaged in less exercise than those who lived outside New York City, but a smaller percent reported being overweight.
- The overall mortality rate for 25- to 44-year-old adults in 1997 was 40% lower than the rate for 1987 and 44% lower than the rate for 1992; the decrease between 1992 and 1997 was largely due to 61% fewer deaths from HIV infection.
- The death rate for 45- to 64-year-old adults in 1997 was 27% lower than in 1987 and 20% lower than in 1992; this decrease was a result of fewer deaths due to ischemic heart disease, lung cancer, and female breast cancer.
- Other than hospitalizations for pregnancy and its complications for 25- to 44-year-old adults and ischemic heart disease for 45- to 64-year-old adults, mental disorder was a prominent cause of hospitalizations in both age groups.
- The Bronx and Brooklyn had the highest rates of hospitalization for hypertension and non-ischemic heart disease for both adult age groups (25- to 44- and 45- to 64-year-olds). Staten Island had the highest rates of hospitalization for ischemic heart disease. In addition, the rates for hospitalization for hypertension have increased in Brooklyn, Queens, and Staten Island from 1992 and 1997.
- The rates of hospitalization for mental disorders increased between 1992 and 1997 in all the boroughs, in Staten Island by as much as 78% for 25- to 44-year-old adults and 111% for 45- to 64-year-old adults.
- Staten Island had the highest hospitalization rate for alcohol dependence in 1997 and was the only borough that had increased rates of hospitalization for drug abuse for 25- to 44-year-olds from 1992 to 1997.

Adults 25-44 and 45-64

- Lung cancer and colorectal cancer incidence declined from 1987 to 1996, in contrast to a 139% increase in prostate cancer incidence rates. Staten Island had the highest lung cancer incidence. It also had the largest increase in prostate cancer incidence from 1987 to 1996.
- There was an overall decline in tuberculosis rate between 1992 and 1997.
- Between 1992 and 1997, the rates of AIDS cases declined by 39% for adults aged 25 to 44 and by 19% for adults aged 45 to 64. Staten Island and Manhattan had the largest declines.

Adults Aged 65 and older

This section presents information on the health of adults 65 years and older, an estimated 1,000,690 persons in 1997, or 14% of the total population of New York City.

Selected Health Risk Factors

A higher proportion of older adults in New York City than in New York State or the U.S. perceived themselves in fair or poor health (39% vs. 30% and 29%). Also more New York City older adults reported not feeling well physically for at least 3 days in the preceding month (38% vs. 28% and 28%). However, the same proportion of older adults in New York City in comparison to New York State and the U.S. said that poor health prevented them from pursuing normal activities (33% vs. 33% and 34%). Fifty-four percent of 65 years and older adults in New York City in comparison to 65% in New York State and the U.S. said they had had an influenza immunization in the last 12 months (Table 5.1).

Table 5.1

Selected Behavioral Risks for Adults Aged 65 and older
1997 Behavioral Risk Factor Surveillance System

| Risk Factor | New York City (n=208) | New York State (n=590) | U.S. (n=26,636) |
|---|--------------------------|---------------------------|--------------------|
| % fair or poor health | 39.2 | 29.9 | 28.5 |
| % physically not well for at least 3 days in past month | 37.5 | 27.7 | 27.5 |
| % mentally not well for at least 3 days in past month | 14.5 | 11.3 | 11.5 |
| % poor health prevent normal activities | 32.6 | 32.8 | 33.5 |
| % who did not see a doctor because of cost in past year | 3.3 | 5.1 | 3.8 |
| % had flu shot during last 12 months | 54.0 | 64.5 | 65.2 |
| % had pneumonia vaccination | 31.4 | 38.9 | 45.2 |

Source: National Center for Chronic Disease Prevention and Health Promotion.

Leading Causes of Death

Leading Causes of Death
Adults Aged 65 and Older, New York City Residents, 1997

| Cause of death* | # of deaths | rate/100,000 |
|---------------------------------------|--------------------|---------------------|
| Total deaths | 40536 | 4050.8 |
| Ischemic heart disease | 17723 | 1771.1 |
| Malignant neoplasm** | 4035 | 403.2 |
| Non-ischemic heart disease | 3648 | 364.5 |
| Pneumonia & influenza | 2147 | 214.6 |
| Lung cancer | 1963 | 196.2 |
| Prostate cancer | 712 | 187.9 |
| Cerebrovascular disease | 1495 | 149.4 |
| Colorectal cancer | 1244 | 124.3 |
| Chronic obstructive pulmonary disease | 1204 | 120.3 |
| Female breast cancer | 714 | 114.8*** |
| All other causes | 5651 | 564.7 |

Source: NYCDOH Office of Vital Statistics

* See Appendix A "Sources and Definitions" for ICD-9 codes.

**Excluding colorectal, female breast, prostate, and lung cancers.

***Rate per 100,000 women.

Table 5.2

For adults 65 years and older, the overall mortality rate in 1997 was 16% lower than that in 1987 (4,800.5 per 100,000) and 7% lower than that in 1992 (4,373.3 per 100,000) (Table 5.2 for 1997 rates). The leading cause of death in 1997 was ischemic heart disease, with a mortality rate of 1,771.1 per 100,000. The mortality rate for ischemic heart disease in 1997 was 9% lower than the rate for 1987 (1,936.6 per 100,000) and 14% lower than the 1992 rate (2,048.9 per 100,000). Deaths due to cancers other than lung, prostate, colorectal, or breast cancer were also 13% lower than the rate for 1987 (461.5 per 100,000). Other causes of death that exhibited declines since 1987 and/or 1992 include heart disease (not ischemic) (18% since 1987 and 10% since 1992), cerebrovascular disease (30% since 1987 and 5% since 1992), and colorectal cancer (18% since 1987).

Leading Causes of Hospitalization
Adults Aged 65 and Older, New York City Residents, 1997

| Cause* | # of cases | rate/100,000 |
|--|-------------------|---------------------|
| Total causes | 295624 | 29541.9 |
| Non-ischemic heart disease | 31746 | 3172.4 |
| Ischemic heart disease | 26387 | 2636.9 |
| Injury & poisoning | 21225 | 2121.0 |
| Malignant neoplasm | 17286 | 1727.4 |
| Pneumonia & influenza | 15879 | 1586.8 |
| Cerebrovascular disease | 15565 | 1555.4 |
| Mental disorder | 7064 | 705.9 |
| Diabetes | 6797 | 679.2 |
| Hypertension | 4945 | 494.2 |
| Circulatory conditions/atherosclerosis | 4846 | 484.3 |
| All other causes | 143884 | 14378.4 |

Source: SPARCS

* See Appendix A "Sources and Definitions" for ICD-9-CM codes.

Table 5.3

Leading Causes of Hospitalization

For adults 65 years and older, the two most common causes of hospitalization in 1997 were non-ischemic heart disease and ischemic heart disease (3,172.4 per 100,000 for non-ischemic heart disease and 2,636.9 per 100,000 for ischemic heart disease) (Table 5.3). The rate for hospitalization due to non-ischemic heart disease was 15% higher in 1997 than 1987 (2,753.1 per 100,000 in 1987) and slightly higher than the rate for 1992 (3,072.0 per 100,000). The rate of cancer-related hospitalizations declined 29% since 1987 (2,427.3 per 100,000) and 20% since 1992 (2,155.7 per 100,000). The 1997 rate of hospitalization for pneumonia and influenza was 25% higher than the 1987 rate (1,274.9 per 100,000). The 1997 hospitalization rate for

Adults 65 years and older

diabetes was 36% higher than the 1987 rate (499.0 per 100,000) and 31% higher than the 1992 rate (519.6 per 100,000).

Hospitalization for Cardiovascular Conditions, Diabetes, and Malignant Neoplasms

In 1997, highest rate of hypertension (677.8 per 100,000) of ischemic heart disease and non-ischemic heart disease highest in (3,820.5 per 100,000 for ischemic and 3,937.3 per 100,000 for non-ischemic heart disease).

Hospitalizations for Cardiovascular Conditions by Borough
Adults Aged 65 and Older, New York City Residents, 1997

| Borough | Hypertension | | Ischemic Heart Disease | | Non-ischemic Heart Disease | |
|---------------|--------------|--------------|------------------------|--------------|----------------------------|--------------|
| | # of cases | rate/100,000 | # of cases | rate/100,000 | # of cases | rate/100,000 |
| NYC | 4945 | 494.2 | 26387 | 2636.9 | 31746 | 3172.4 |
| Bronx | 775 | 539.0 | 3871 | 2692.4 | 5321 | 3700.9 |
| Brooklyn | 1974 | 677.8 | 9115 | 3129.7 | 10287 | 3532.2 |
| Manhattan | 820 | 384.4 | 3963 | 1857.7 | 5748 | 2694.4 |
| Queens | 1196 | 395.1 | 7540 | 2491.2 | 8434 | 2786.5 |
| Staten Island | 180 | 362.3 | 1898 | 3820.5 | 1956 | 3937.3 |

Source: SPARCS

Brooklyn had the hospitalization for among all boroughs 100,000) (Table However, the rates hospitalization for disease and non-disease were the Staten Island

Table 5.4

Hospitalizations for Diabetes and Malignant Neoplasm by Borough
Adults Aged 65 and Older, New York City Residents, 1997

| Borough | Diabetes | | Malignant Neoplasm | |
|---------------|------------|--------------|--------------------|--------------|
| | # of cases | rate/100,000 | # of cases | rate/100,000 |
| NYC | 6788 | 678.3 | 17270 | 1725.8 |
| Bronx | 1217 | 846.5 | 2702 | 1879.3 |
| Brooklyn | 2467 | 847.1 | 5103 | 1752.2 |
| Manhattan | 1271 | 595.8 | 3679 | 1724.6 |
| Queens | 1483 | 490.0 | 4867 | 1608.0 |
| Staten Island | 350 | 704.5 | 919 | 1849.9 |

Source: SPARCS

Table 5.5

The 1997 hospitalization rate for diabetes was 36% higher than the 1987 rate and 31% higher than 1992 rate (see Table 5.5 for 1997). The largest difference in rates occurred between 1992 and 1997, specifically for Brooklyn (37% higher), Staten Island (53% higher), and the Bronx (29% higher).

In contrast, the hospitalization rates for malignant neoplasms were lower in 1997 than the rate in 1992 for all boroughs.

Adults 65 years and older

Selected Cancers

The incidence rates for breast cancer, lung cancer, and prostate cancer were higher in 1992 than rates in both 1987 and 1996 (see Table 5.6 for 1996). In all three years, Staten Island had the highest incidence rates for all four selected cancers for adults aged 65 years and older.

Table

5.6

**Selected Cancers by Borough
Adults Aged 65 and Older, New York City Residents, 1996**

| Borough | Breast (women only) | | Lung | | Prostate (men only) | | Colorectal | |
|---------------|---------------------|--------------|-------------|--------------|---------------------|--------------|-------------|--------------|
| | # of cases | rate/100,000 | # of cases | rate/100,000 | # of cases | rate/100,000 | # of cases | rate/100,000 |
| <i>NYC</i> | <i>2100</i> | <i>337.8</i> | <i>2498</i> | <i>249.6</i> | <i>2520</i> | <i>665.0</i> | <i>2741</i> | <i>273.9</i> |
| Bronx | 243 | 265.0 | 354 | 246.2 | 288 | 563.7 | 330 | 229.5 |
| Brooklyn | 679 | 375.8 | 720 | 247.2 | 779 | 704.6 | 868 | 298.0 |
| Manhattan | 406 | 305.3 | 518 | 242.8 | 486 | 605.0 | 532 | 249.4 |
| Queens | 650 | 349.0 | 752 | 248.5 | 817 | 701.8 | 856 | 282.8 |
| Staten Island | 122 | 404.7 | 154 | 310.0 | 150 | 767.8 | 155 | 312.0 |

Source: New York State Department of Health Cancer Registry

Selected Reportable Diseases

**Selected Reportable Diseases. Adults Aged 65 and Older
New York City Residents, 1997**

| Disease | # of cases | rate/100,000 |
|----------------|-------------------|---------------------|
| Hepatitis A | 40 | 4.0 |
| Hepatitis B | 32 | 3.2 |
| Malaria | 6 | 0.6 |
| Salmonella | 150 | 15.0 |
| Shigella | 35 | 3.5 |

Source: NYCDOH Communicable Disease Program

Table 5.7

For adults aged 65 and older, the rates for hepatitis B and shigella in 1997 were higher than rates in 1992, while the rate for hepatitis A in 1997 was lower than the rate in 1992 (see Table 5.7 for 1997).

**Tuberculosis Cases by Borough
Adults Aged 65 and Older, New York City Residents, 1997**

| Borough | # of cases | rate/100,000 |
|----------------|-------------------|---------------------|
| <i>NYC</i> | <i>259</i> | <i>25.9</i> |
| Bronx | 38 | 26.4 |
| Brooklyn | 57 | 19.6 |
| Manhattan | 93 | 43.6 |
| Queens | 64 | 21.2 |
| Staten Island | 7 | 14.1 |

Source: NYCDOH Tuberculosis Control Program

**AIDS Cases by Borough
Adults Aged 65 and Older, New York City Residents, 1997**

| Borough | # of cases | rate/100,000 |
|----------------|-------------------|---------------------|
| <i>NYC</i> | <i>129</i> | <i>12.9</i> |
| Bronx | 31 | 21.6 |
| Brooklyn | 33 | 11.3 |
| Manhattan | 52 | 24.4 |
| Queens | 11 | 3.6 |
| Staten Island | 2 | 4.0 |
| Other/Unknown* | 4 | n/a |

Source: NYCDOH HIV/AIDS Surveillance Program

* Persons that were diagnosed in New York City, but resided outside of New York City.

Table 5.8

As in younger age groups, tuberculosis rates for adults 65 and older were lower in 1997 (Table 5.8) than 1992 (1992 rate for 65 and older was 37.7 per 100,000).

Table 5.9

Rates for AIDS cases among adults 65 and older were lower in 1997 (Table 5.9) than they were in 1992 or 1987 (1992 rates for 65 and older were 16.0 per 100,000 and 1987 were 4.6 per 100,000).

Summary of health indicators for adults aged 65 and older

- A higher proportion of older adults in New York City compared to those in New York State or the U.S. perceived themselves to be in fair/poor health; however, a slightly smaller proportion of older adults in New York City in comparison to New York State and the U.S. said that poor health prevented normal activities.
- Mortality rates for adults older than 65 have shown a decline since 1987. There were no major causes of death that increased over the period from 1987 to 1997 for older adults. The leading cause of death in 1997 was ischemic heart disease.
- For adults 65 and older, the two most common causes of hospitalization in 1997 were non-ischemic heart disease and ischemic heart disease; the rate for non-ischemic heart disease hospitalization in 1997 was 15% higher than the rate in 1987.
- The 1997 rate for hospitalization for diabetes was 36% higher than the 1987 rate and 31% higher than 1992 rate.

Adults 65 years and older

- In 1997, Brooklyn had a higher rate of hospitalization for hypertension than the other boroughs, however, the rates of hospitalization for ischemic and non-ischemic heart disease were the highest in Staten Island.
- The incidence rates for breast cancer, lung cancer, and prostate cancer were higher in 1992 than rates in both 1987 and 1996. Staten Island had the highest incidence rates for breast, lung cancer, prostate cancer, and colon and rectum cancer in all three reported years.

Appendix A. Sources and Definitions

Population & Socioeconomic Status

Source: 1990 U.S. Census, Claritas, 1997 Population Projections

Poverty Status The US census (1989) uses an average poverty threshold for a family of four of an income of less than \$12,674.00.

Linguistic Isolation Refers to a household in which no person age 14 years or over speaks only English and no person 14 years or older who speaks a language other than English speaks English “very well”

Unemployment

Source: U.S. Department of Labor, Bureau of Labor Statistics

Immigration

Source: U.S. Immigration and Naturalization Service

Births

Source: New York City Department of Health Office of Vital Statistics

Fertility Rate The number of live births per 1,000 women aged 15 to 44 years.

Births to Teenagers The number of live births to women aged 15 to 19 years.

Low Birth Weight Birth weight less than 2,500 grams or 5 pounds 8 ounces.

Infant Mortality Rate The number of infant (under one year of age) deaths per 1,000 live births.

Mortality

Source: Data were prepared by the New York City Department of Health Data Management and Analysis Program from computer files provided by the New York City Department of Health Office of Vital Statistics

HIV infection (ICD-9 042-044); Ischemic heart disease (ICD-9 410-414); Non-ischemic heart disease (ICD-9 393-398, 402, 404-409, 415-429); Colorectal cancer (ICD-9 153-154), Lung cancer (ICD-9 162); Female breast cancer (ICD-9 174); Prostate cancer (ICD-9 185); Malignant neoplasms (ICD-9 rest of 140-208); Diabetes (ICD-9 250); Cerebrovascular disease (ICD-9 430-438); Pneumonia and Influenza (ICD-9 480-487); Chronic obstructive pulmonary disease (ICD-9 490-496); Chronic liver disease (ICD-9 571); Drug dependence and overdose (ICD-9 304, E850.0, E854.1, E855.2, E858.8); Suicide (ICD-9 E950-E959); Homicide (ICD-9 E960-E978, E990-E999); Accidents (ICD-9 rest of E800-E949)

Cause of death (infant only): Congenital anomalies (ICD-9 740-759); Short gestation and low birth weight (ICD-9 765); Respiratory distress syndrome (ICD-9 769); Respiratory conditions of newborn (ICD-9 770); Perinatal conditions (ICD-9 rest of 760-779); Sudden Infant Death Syndrome (ICD-9 798.0)

Hospitalizations

Source: 1996 New York State Department of Health Statewide Planning and Research Cooperative System (SPARCS). Data are reported by individual hospitals. See web site www.health.state.ny.us/nysdoh/sparcs. These have been grouped as follows:

HIV Infection (ICD-9-CM 042-044); Malignant neoplasms (ICD-9-CM 140-195 and 200-208); Diabetes (ICD-9-CM 250); Mental disorders (ICD-9-CM 290-302, 304-319); Alcohol dependence (ICD-9-CM 303); Drug dependence (ICD-9-CM 304-305); Hypertension (ICD-9-CM 401-405); Ischemic heart disease (ICD-9-CM 410, 411, 413 and 414); Pulmonary circulatory diseases (ICD-9-CM 415-417); Heart Disease (not ischemic) (ICD-9-CM 420-429 (includes congestive heart failure ICD-9-CM 428.0)); Cerebrovascular Disease (ICD-9-CM 430-438); Circulatory conditions/Atherosclerosis (ICD-9-CM 440-448); Bronchitis/Bronchiolitis (ICD-9-CM 466); Pneumonia and Influenza (ICD-9-CM 480-487); Emphysema (ICD-9-CM 492); Asthma (ICD-9-CM 493); Pregnancy and its complications (ICD-9-CM 630-676); Perinatal conditions (ICD-9-CM 760-779); Injury and poisoning (ICD-9-CM E800-E999);

Hospitalization of newborn are not included in this analysis (ICD-9-CM V30, V31, V34, V37)

Cancer incidences

Source: New York State Department of Health Cancer Registry

Lung cancer (ICD-9-CM 162); Breast cancer (ICD-9-CM 174); Prostate cancer (ICD-9-CM 185)
Colon and rectum cancer (ICD-9-CM 153-154)

Reportable Diseases

Source: New York City Department of Health Communicable Diseases Control Program

Communicable diseases: Hepatitis A, Hepatitis B, Malaria, Salmonella, and Shigella

Source: New York City Department of Health Vaccine Preventable Diseases Program

Vaccine preventable diseases: Pertussis, Mumps, Measles, and Rubella

Source: New York City Department of Health HIV/AIDS Surveillance Program AIDS cases

Source: New York City Department of Health Tuberculosis Control Program Tuberculosis cases

Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavioral Surveillance System (YRBSS)

Source: National Center for Chronic Disease Prevention and Health Promotion, CDC

The BRFSS, administered by individual states and supported by the Division of Adult and Community Health, CDC, is an on-going data collection program designed to measure behavioral risk factors in the U.S. adult (18 and older), noninstitutionalized, civilian population. The objective of the BRFSS is to collect uniform, state-specific data on preventive health practices and risk factors that are linked to chronic diseases, injuries, and preventable infectious diseases. Data are collected from a random sample of adults (one per household) through a telephone. A subset of respondents, who were interviewed in 1997 and residents of the five counties of New York City, were used for making estimates for selected risk factors in this report. More information on the BRFSS can be found at www.cdc.gov/nccdphp/brfss.

The YRBSS monitors six categories of priority health-risk behaviors among youth and young adults – behaviors that contribute to unintentional and intentional injuries; tobacco use; alcohol and other drug use; sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases; unhealthy dietary behaviors; and physical activity. The YRBSS includes a national school-based survey conducted by CDC as well as state, territorial, and local-based surveys conducted by education and health agencies. The estimates in this report are based on self-administered questionnaires from a local New York City survey done in 1997 for grades 9 to 12. The sample size New York City was 2021 students.