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Executive Summary

New York City Community Health Profile: Age Group Perspective, 1987-1997

The systematic collection of population-based data and the analysis and interpretation of health data lay the foundation for community health-needs assessment, planning and intervention. This report represents a step towards fulfilling a goal of the New York City Department of Health to conduct comprehensive community health assessments for New York City populations and neighborhoods on a regular basis.

For this report, we have compiled information from several sources to describe the health status of New York City residents by age group. The main purpose is to provide epidemiological data for community health assessment. A second objective is to assess overall change in health of the city's population from 1987 to 1997.

The report presents health status information from three years: 1987, 1992, and 1997. Health status is assessed by age group: 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 elderly (65 and older)[1]. Information about each age group includes behavioral risk factors, leading causes of death and hospitalization, reportable diseases, and selected cancers.

Data for this report were obtained from the following programs: New York City Department of Health Communicable Disease Program, HIV/AIDS Surveillance Program, Lead Poisoning Prevention Program, Office of Vital Statistics, Sexually Transmitted Disease (STD) Control Program, Tuberculosis Control Program, Vaccine Preventable Disease Program, New York State Department of Health Statewide Planning and Resource Cooperative Systems (SPARCS), Cancer Registry, and Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavioral Surveillance System (YRBSS).

Because we examined varied indicators of health in different age groups over time, it was not possible to report all findings in one summary. This summary presents selected salient findings of the analysis.

Demographics

[1]The report provides gender specific rates for selected diseases/conditions. Specific disease rates by race/ethnicity are not reported here; this is due to inconsistencies among programs in the reporting and collection of 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.

In 1997, there were about 400,000 more women than men living in New York City, with the largest gender differences among persons 65 years and older. Children comprised larger portions of the population in northern Manhattan, southern Bronx, northern Brooklyn, and southern Queens, while elderly New Yorkers lived in western Bronx, western Queens, and southern Brooklyn. There were also variations in geographic distribution of race and ethnicity. For instance, 85% of the residents of Staten Island were white, while 45% of residents of the Bronx were African-American.

From 1988 to 1996 there had been an increasing number of immigrants in New York City, with Brooklyn and Queens having the largest increases. The public health importance of levels of immigration include potential for communicable diseases which may be diagnosed in immigrants and the potential for larger groups of people who may not have access to health services. Immigrants may be socially isolated from others in the City, especially if there is a language barrier. One of the measures we compared by area of the city was the number of households with limited facility in English language. In 1994, the Bronx had the highest proportion of such households.

Many health indicators in New York City residents have improved over time. The overall death rate of New York City children declined dramatically in all children-age groups from 1987 to 1997. The biggest decline was infant mortality rate from 13.1 per 1,000 live births in 1987 to 7.1 per 1,000 in 1997. In other age groups, homicide, accidents except drug poisoning, and HIV infection death rates were lower in 1997 than 1992 (with the exception of 10- to 17-year-olds for HIV infection). For example, homicide death rates declined by 61% and 56% for adolescents and young adults, respectively. The 1997 death 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 decrease was largely due to 61% fewer deaths from HIV infection between 1992 and 1997. Moreover, the 1997 overall death rate for 45 to 64 year old adults was 27% lower than in 1987 and 20% lower than in 1992; this decrease was probably a result of fewer deaths due to ischemic heart disease, lung cancer, and female breast cancer. Overall mortality rate for adults 65 years and older in 1997 was 16% lower than in 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.

NYC residents report better health behaviors than other New Yorkers and other US urban residents. According to the federally funded 1997 Behavioral Risk Factor Surveys, selected risk behaviors were lower in adolescents[2] and young adults[3] in New York City than their counterparts in

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[2] Based on data from the YRBSS for New York City, which is supported by federal funding from the Centers for Disease Control and Prevention (CDC) and monitors six categories of priority health-risk behaviors among youth and young adults – behaviors that contribute to unintentional and intentional injuries.

[3] Based on data from BRFSS for New York State, which is supported by federal funding from CDC and is an on-going data collection program designed to measure behavioral risk factors in the U.S. adult (18 and older), noninstitutionalized, civilian population.

New York State or other selected U.S. urban settings. New York City 25- to 44- year-old adults reported less tobacco smoking and consumption of alcohol than their counterparts in New York State.

Some other trends and comparisons indicated declines in health status or presence of prevention gaps. For instance, New York City adults aged 25- to 44-year-olds were more likely than other U.S. adults to report poor health, lack of health insurance, and not seeing a doctor in the past year because of cost (BRFSS). This group also exercised less than adults in the rest of New York State. In addition, a higher percentage of 45- to 64-year-old adults in NYC in comparison to New York State or the U.S. also reported not having health insurance and did not see a doctor in the past year because of cost. This group of adults also engaged in less exercise than non-urban New Yorkers, although a smaller percent were overweight. In addition, New York City adults aged 65 years and older were more likely to report poor health than other New York State or other U.S. adults, but this same group of adults was less likely to report that poor health prevented them from normal activities.

Trends in communicable diseases

STD incidence was lower in 1997 compared to 1992 or 1987 among adolescents and young adults in New York City. There was also a notable overall decline in tuberculosis rates between 1992 and 1997. After increases from 1985 to 1992, the rates of diagnosed AIDS cases between 1992 and 1997 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.

Hospitalization data

Hospital discharge data indicated that the leading cause of hospitalization among children in 1997 was asthma. Pneumonia and influenza were the second leading causes for children aged 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 per 100,000 for 0- to 4-year-olds and 1,365 per 100,000 for 5-to 9-year-olds.

Pregnancy and its complications was the leading reason for hospitalization for both 10- to 17-year-olds and 18- to 24-year-olds in 1997, followed by injury and poisoning for 10- to 17-year- olds and mental disorders for 18- to 24-year-olds. Hospitalization for hypertension for 25- to 44-year-old adults increased in Brooklyn, Queens, and Staten Island from 1992 to 1997. Hospitalizations for mental disorders (excluding alcohol dependence and drug abuse) also increased in all the boroughs, especially in Staten Island with a 78% increase for 25- to 44-year- olds and 110% for 45- to 64-year-old adults. Staten Island had the highest hospitalization rates 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.

For adults 65 years and older, the most common cause of hospitalization in 1997 was heart disease; the rate for non-ischemic heart disease (for example, congestive heart failure) hospitalization in 1997 was

15% higher than the rate in 1987. For this same age group, the 1997 rate for hospitalization for diabetes was 36% higher than the 1987 rate and 31% higher than the 1992 rate.

Cancer incidence

Lung cancer and colorectal cancer incidence declined among adults aged 45- to 64-year-olds over the period of 1987 to 1996[4]; in contrast to a 139% increase in prostate cancer incidence. Staten Island had the highest lung cancer rate, as well as the largest increase in prostate cancer incidence from 1987 to 1996.

Overall, our analysis indicates New Yorkers are somewhat healthier in 1997 than in 1987, and have some good health preserving habits. However, health status varies widely by neighborhood. A second report to be published in 2001 examines available health indicators by neighborhood.

This report should be considered a resource document, to allow comparisons of major indicators across ages and City boroughs.

For more information, contact the New York City Department of Health at 212 788 5331.

[4] 1997 cancer incidence data were not available at the time this report was done.

Table of Contents

Figures, Tables, and Maps