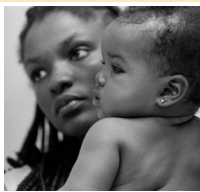
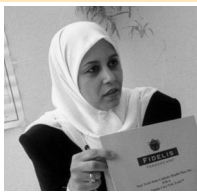
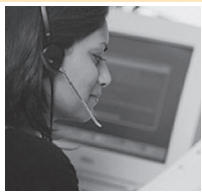


Women at Risk

The Health of Women in New York City



A Report from the
New York City Department
of Health and Mental Hygiene
March 2005

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Fellow New Yorker:

New York City's Health Department has from its inception been committed to improving the health of all the City's diverse populations, especially those that have historically faced barriers to health care access.

Our new report, *Women at Risk: The Health of Women in New York City*, reveals the extent to which women in New York City experience significant and pervasive health problems. While some of the health needs of women are similar to those of men, women also face health issues that are distinctly their own, and often face unique challenges in accessing health care. Reproductive health and women's traditional roles as caretakers can limit their earning capacity, mobility, and access to health care.

In addition, disparities in health behaviors, health outcomes, and access to care exist among economic and racial/ethnic subgroups of women. Eliminating such inequalities, and improving the health of all women, must involve the combined effort of individuals, health care providers, City agencies and public officials, and community-based and non-profit organizations. We hope this report is useful to all our partners in this effort to improve the health of women in New York City.

Thomas R. Frieden, MD, MPH
Commissioner
New York City Department of Health and Mental Hygiene

Key Findings in This Report

- The health of women in New York City has improved greatly over the past decade, but too many women still experience poor health.
 - Women in the poorest neighborhoods have a life expectancy 5 years shorter than those who live in the highest income neighborhoods.
 - Hispanic women and women with low incomes are less likely than others to have health care coverage.
 - AIDS mortality is 7 times higher for black women than white women.
 - Rates of low birthweight and infant death are higher in the black community than among other races/ethnicities.
 - Black women are more than twice as likely as white women to die of pregnancy-related complications.
- Women in New York City do not receive appropriate levels of preventive care, including cancer screenings and immunizations.
 - Fewer than half of women age 50 and older receive colon cancer screenings; nearly one-quarter of women age 40 and older do not receive mammograms, and one-fifth of all women do not receive Pap tests.
 - Women with a regular primary health care provider are more likely than those without one to receive preventive cancer screenings.
 - More than 1 in 3 women age 65 and older do not get flu shots; fewer than half of women age 65 and older have ever received a pneumonia shot.
- Women lag behind men in heart disease prevention.
 - Women are less likely than men to exercise regularly (at least 30 minutes, 4 or more days per week). Women with the highest incomes are almost two times more likely to report exercising, compared to women with the lowest incomes.
 - Data suggest that women are more likely than men to be obese. Black and Hispanic women are the most likely to be obese.

Introduction

Overview

The health of women in New York City (NYC) has improved greatly over the past decade, but many women still suffer from preventable conditions. In addition to differences in health between women and men, health disparities also exist among subgroups of women. Examining the status of women's health in subpopulations, such as racial/ethnic, economic, and age groups, highlights the health issues faced by the most vulnerable groups of women. We hope that these data will help all communities address the health needs of women in New York City.

In support of improving women's health, the New York City Department of Health and Mental Hygiene (DOHMH), The Commonwealth Fund, and the Fund for Public Health in New York present this report, which utilizes the public health agenda set by *Take Care New York: A policy for a healthier New York City* as a roadmap for assessing women's health status. Released in March 2004, Take Care New York (TCNY) highlights the areas that meet the following criteria: they present a large disease burden (killing thousands of New Yorkers and causing hundreds of thousands of preventable illnesses or disabilities each year), they have been proven amenable to intervention and public action, and they can be best addressed through coordinated action by City agencies, public-private partnerships, health care providers, businesses, and individuals.

With this public health initiative, the Department of Health and Mental Hygiene outlined 10 priority areas that, if addressed appropriately, could improve the health of all New Yorkers:

1. Have a regular doctor or other health care provider
2. Be tobacco-free
3. Keep your heart healthy
4. Know your HIV status
5. Get help for depression
6. Live free of dependence on alcohol and drugs
7. Get checked for cancer
8. Get the immunizations you need
9. Make your home safe and healthy
10. Have a healthy baby.

In each of these areas, Take Care New York assessed the current health status among all New Yorkers and, where possible, established measurable targets to be reached

by 2008. For more information on Take Care New York, log onto www.nyc.gov/health.

In This Report

In this report, we examine the health status of women in New York City for each of the Take Care New York priority areas. To assess health status, the report uses the indicators set forth by Take Care New York and presents additional variables to examine the policy objectives.

Recognizing that health problems do not affect all women in the same way, this report identifies subpopulations among women that are at particular risk within each priority area of Take Care New York, focusing on race/ethnicity, household income, age, and health care coverage. By understanding which subgroups have the poorest health, we can begin to identify the social, cultural and policy-related factors that affect the health of women. In addition, this report identifies the groups that would most benefit from targeted educational interventions, policies, and programmatic resources.

This report is not intended to be an exhaustive examination of women's health in New York City, nor does it aim to definitively explain the mechanisms through which women's health is impacted. This report also does not include discussions of all health determinants, such as social or cultural factors, that may affect health.

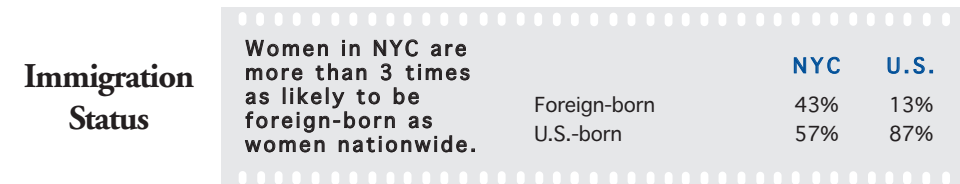
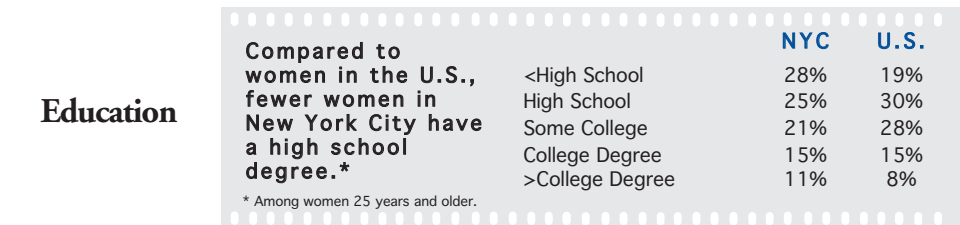
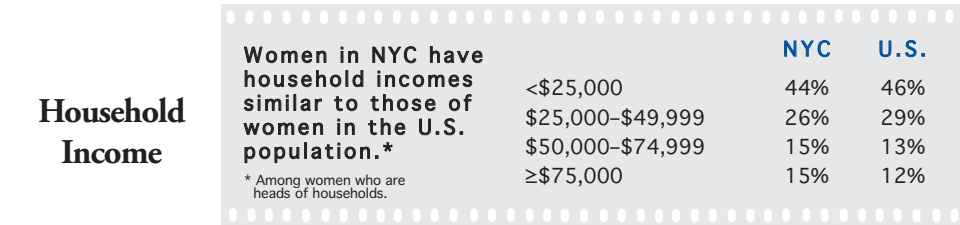
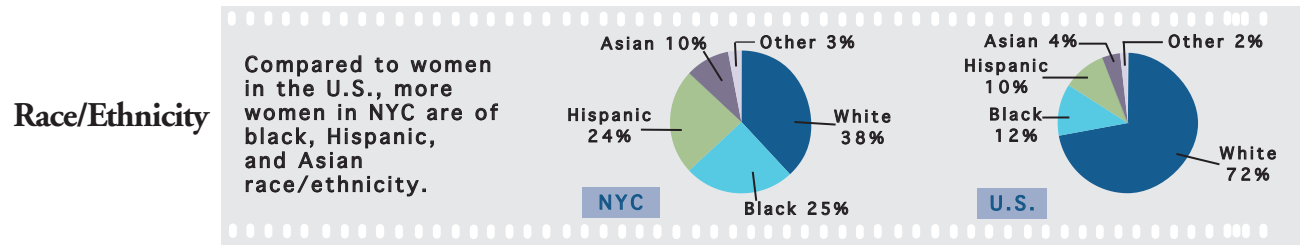
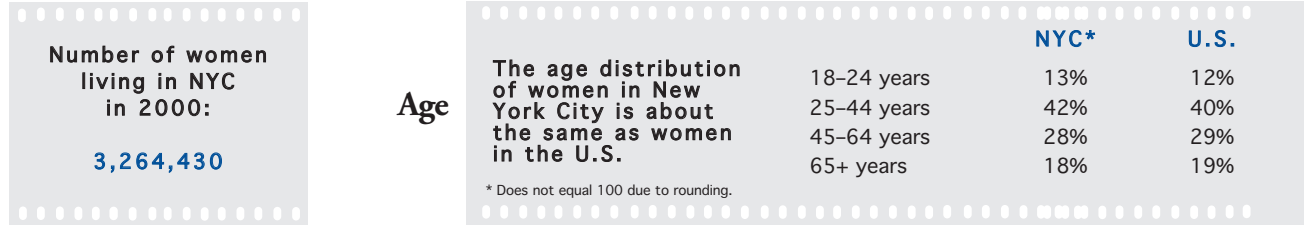
In this report, "women" refers to adults 18 years and older. Only statistically significant, robust findings are discussed in the text without preface. When we discuss the implications of important findings that are not statistically significant, we indicate this by including the text "data suggest." The report is limited to the following racial/ethnic subgroups: Non-Hispanic black or African American (black), non-Hispanic white (white), non-Hispanic Asian (Asian) and Hispanic. For some health indicators, values for the Asian population are not shown because conclusions could not be drawn from relatively small sampled populations. An important next step toward a complete understanding women's health in New York City will be to identify smaller subpopulations of women at risk.

Overview of Women in New York City

Demographic Profile

There are approximately 3.3 million women age 18 and older in New York City: 42% are between 25 and 44 years old, 44% have a household income less than \$25,000, and 28% do not have a high school degree. Reflecting the racial and ethnic diversity of

New York City as a whole, more than half of all women are Hispanic, black or Asian compared to only one quarter of the U.S. population. Almost half (43%) of women living in New York City are foreign-born, compared to just 13% nationwide.



Sources: U.S. Census 2000, U.S. Census PUMS, 2000, NYC PUMS, 2000/NYC Department of City Planning

Life Expectancy

Life expectancy is the average age to which a newborn is expected to live. Women have a longer life expectancy than men in New York City, although the gender gap has narrowed since 1990.

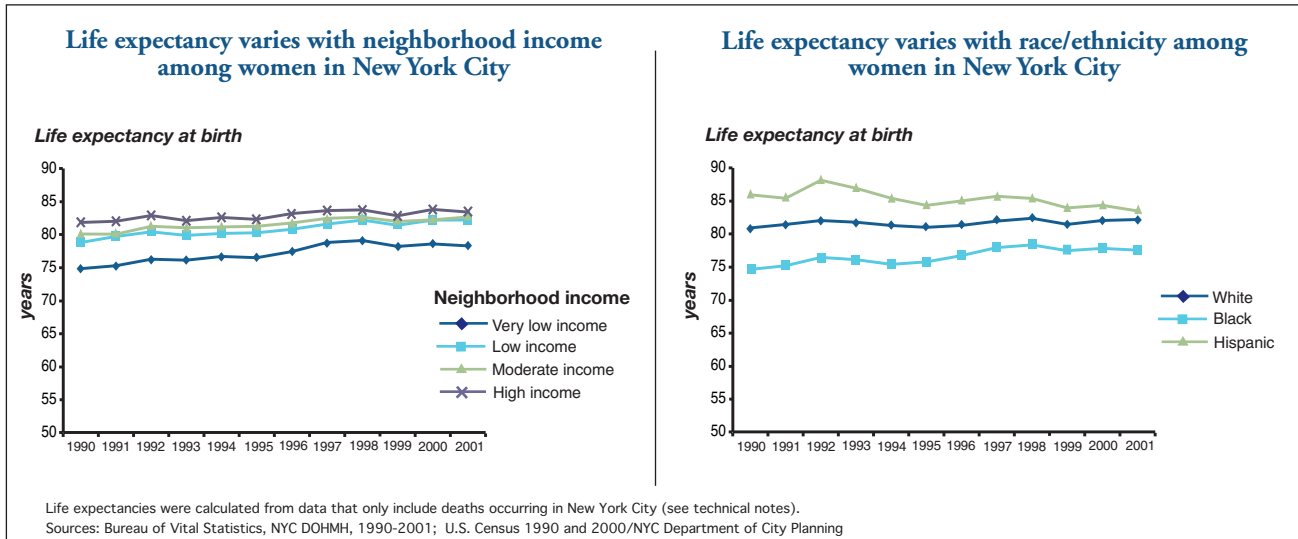
Among women, life expectancy is shortest among those living in very low-income neighborhoods. In 2001, the difference in life expectancy between very low-income and high-income neighborhoods was 5 years. This disparity in life expectancy has fallen over time (in 1990, the difference was 7 years).

Black women in New York City live, on average, almost 5 fewer years than white women. Although for the past

decade the life expectancy of Hispanic women has been longer than that of white and black women, Hispanic and white women had similar life expectancies in 2001.

Life expectancy		
	1990	2001
Men	69 years	76 years
Women	78 years	82 years

Sources: Bureau of Vital Statistics, NYC DOHMH, 1990-2001; U.S. Census 1990 and 2000/NYC Department of City Planning



Causes of Death

For each of the top 5 causes of death among adult New Yorkers, women have lower death rates than men. While heart disease is the number 1 killer among both male and

female New Yorkers, 388 out of every 100,000 women died from it from 2000–2002, compared to 462 out of every 100,000 men.

TOP 5 CAUSES OF DEATH, 2000–2002		
	Women	Men
Cause	Deaths/100,000*	Deaths/100,000*
1. Heart disease	388	462
2. Cancer	194	264
3. Influenza/pneumonia	39	46
4. Diabetes	28	32
5. AIDS	18	41

* Average annual death rate. Rates are age-adjusted.
Sources: Bureau of Vital Statistics, NYC DOHMH, 2000–2002; U.S. Census 2000/NYC Department of City Planning

Leading causes of death vary with age. Among women, heart disease is the number 1 killer of those 45 years and older. At younger ages (18–24), however, cancer is

the leading cause of death. Among women age 25–44 (child-bearing years), AIDS is the number 1 killer.

Women have lower rates of death than men for all leading causes					
Age in years	Cause of death¹	Female		Male	
		Deaths²	Deaths/100,000³	Deaths²	Deaths/100,000³
18–24	Other cancers ⁴	17	4	17	4
	Homicide	17	4	145	37
	Accidents	16	4	49	12
	AIDS	11	3	7	2
	Suicide	11	3	104	9
	All causes	135	33	351	89
25–44	AIDS	322	24	482	38
	Other cancers ⁴	138	10	179	14
	Heart disease	132	10	263	21
	Drug use	111	8	306	24
	Breast cancer	95	7	-	-
	All causes	1,443	106	2,361	185
45–64	Heart disease	1,009	110	1,918	247
	Other cancers ⁴	758	82	1,038	134
	Breast cancer	400	43	-	-
	Trachea, bronchus and lung cancers	347	38	511	66
	AIDS	234	25	602	78
	All causes	4,484	487	6,636	855
65+	Heart disease	11,916	2,062	8,023	2,229
	Other cancers ⁴	2,156	373	2,439	678
	Pneumonia and influenza	1,181	204	847	235
	Trachea, bronchus and lung cancers	906	157	1,050	292
	Stroke	847	147	502	140
	All causes	22,821	3,949	16,710	4,642

¹ Top 5 causes of death among women.

² Average annual number of deaths.

³ Average annual death rate.

⁴ Not including breast, trachea, bronchus and lung, colon, rectum, anus, or cervical cancers.

Sources: Bureau of Vital Statistics 2000–2002, NYC DOHMH; U.S. Census 2000/NYC Department of Planning

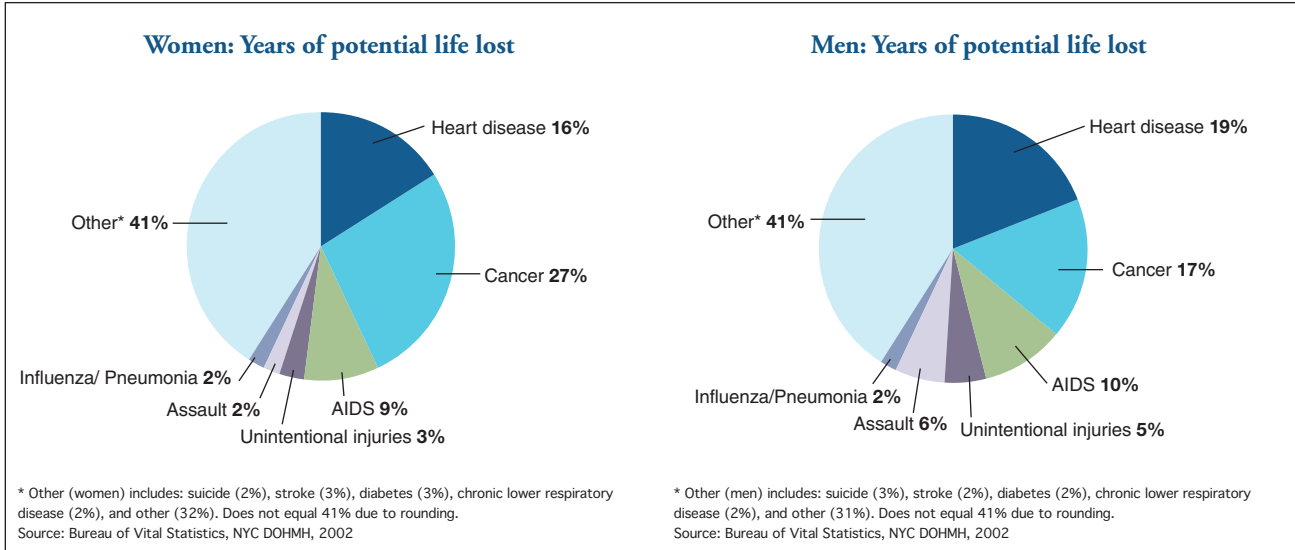
Premature Death

Premature death can be defined as death before age 75. One way to measure premature death is to subtract the age a person dies from 75 years (years of potential life lost). In general, men die younger than women, so premature death impacts women less than men in New York City. The causes of premature death differ between women and men. Among women, 27% of years of potential life lost are due to cancer, while cancer is

responsible for only 17% of the years of potential life lost among men.

Total years of potential life lost per 100,000 people*	
Men	8,236
Women	5,033

*Among individuals less than 75 years of age.
Source: Bureau of Vital Statistics, NYC DOHMH, 2002



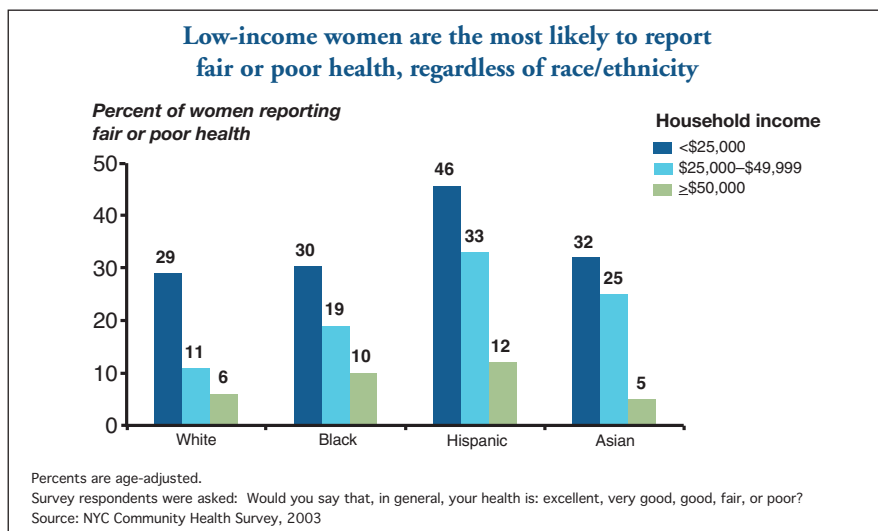
Self-Reported Health Status

Self-reported health status is a common way to measure overall health. Women rate their health as fair or poor more often than men. Hispanic women are more likely to report fair or poor health than either white or black women. In all racial/ethnic groups, women in lower

income levels report fair or poor health status more frequently than those in higher income levels. Low-income Hispanic women in New York City report fair or poor health the most.

Percent of adults who say their health is fair or poor	
Men	19%
Women	22%

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

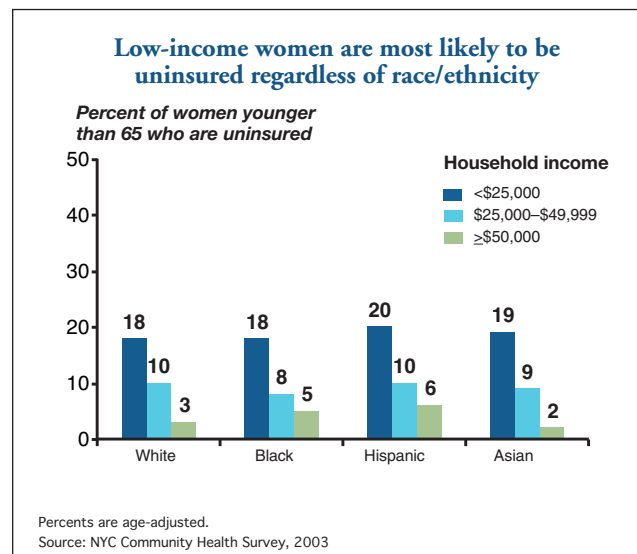


Take Care New York Goals

TCNY Goal #1: Have a Regular Doctor or Other Health Care Provider

Having health insurance, a regular primary care provider, and a usual place of care are important components of access to health care. The number of uninsured women in New York City age 18 to 64 has been estimated to range from 318,000 to 333,000. In 2003, 25% of New York City women age 18 to 64

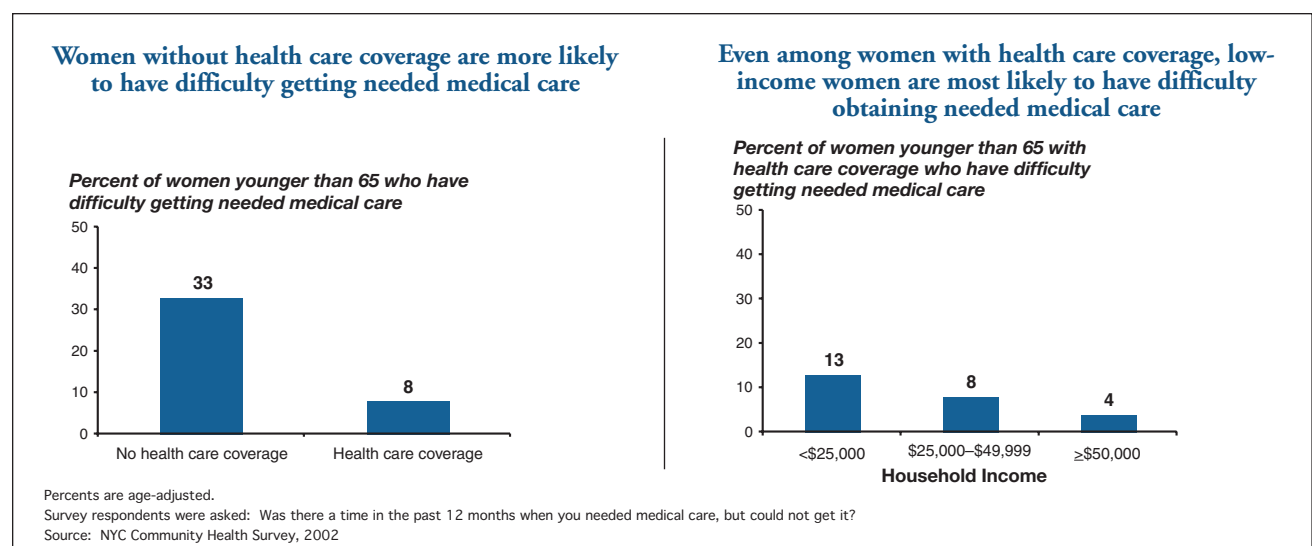
were uninsured at some time during the year. Overall, Hispanic women are more likely to be uninsured compared with white or black women. Low-income women are the most likely to be uninsured, regardless of race/ethnicity. (See Appendix for more information on health care coverage.)



Have a regular doctor. Having a regular doctor or other health care provider improves quality of care by increasing accessibility of health care and providing continuous, comprehensive care from one person or place of care. Primary care providers coordinate care with specialty services, which improves continuity of care. Developing a relationship with a provider may increase a patient's likelihood of seeking care and discussing sensitive issues, such as sexual health and alcohol and drug use. Regular providers are better able to promote preventive care, such as heart care and cancer screening, so that health problems are identified early. Because many women receive primary care from reproductive health care providers, these providers may have an opportunity to identify and address a broad range of health issues among their female patients.

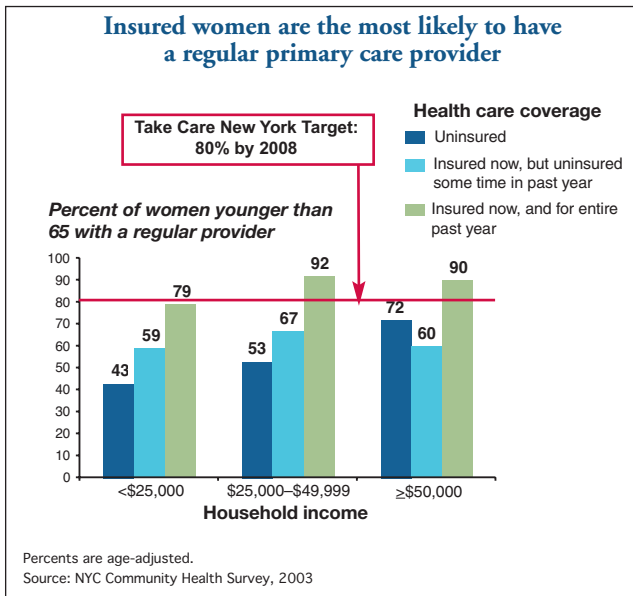
Women without health care coverage are 4 times more likely to report being unable to obtain needed medical care than those with coverage. But, even among women with health care coverage, difficulty obtaining needed

medical care is higher among low-income women; 13% of low-income women with health care coverage report not getting needed medical care, compared to only 4% of high-income women with health care coverage.



Health care coverage is an important factor in having a regular provider. Women who have health care coverage are nearly twice as likely to have a regular provider as women without coverage. However, coverage status can change over the course of a year. Among low- and moderate-income women, those who do not have any health care coverage are less likely to have a regular provider than those who are currently covered, but spent

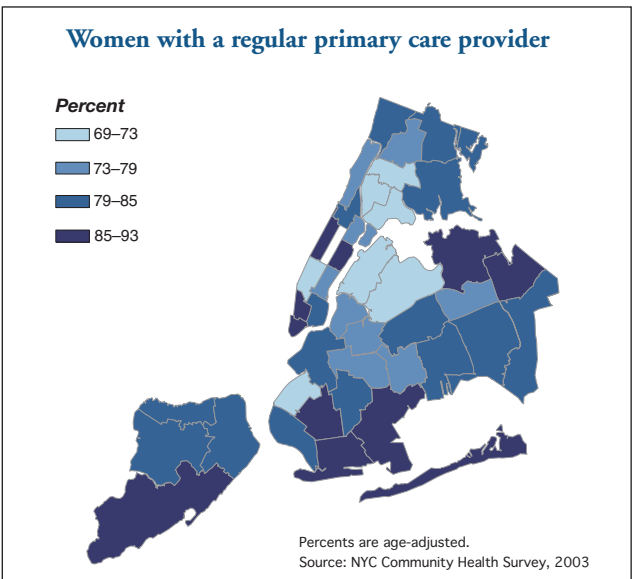
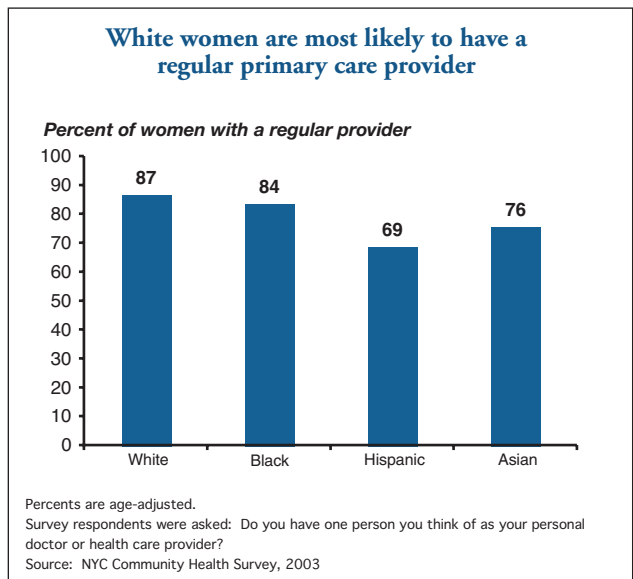
time in the past year without coverage. And, in all income levels, women who are uninsured are less likely to have a regular provider compared to women who had insurance all year. Moderate- and high-income women with coverage all year meet the Take Care New York goal of 80%, and low-income women without a gap in coverage are only 1% below the target.



Neighborhood health. Throughout this report, data are presented as maps of New York City. As these maps show, a few neighborhoods consistently have poor health outcomes. These neighborhoods tend to have lower average incomes, more residents without health care coverage, and a higher proportion of black and Hispanic residents than other neighborhoods in New York City. They may also have inadequate housing, fewer healthy food options, fewer parks in which to exercise, and higher levels of stress — conditions that contribute to poor health. See Appendix for information on how neighborhoods and neighborhood income were defined and calculated.

Hispanic women are less likely than white and black women to have a regular provider. Having a regular provider varies by neighborhood as well. Women living in the Upper East Side, Greenwich Village-SoHo, Lower Manhattan, the Rockaways, and South Shore are most

likely to have a regular primary care provider. Those living in Central Bronx, Highbridge-Morrisania, Sunset Park, West Queens, and Northwest Queens are the least likely to have a regular provider.



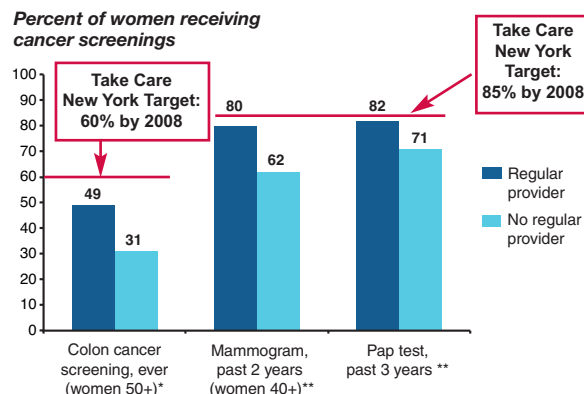
Having a regular provider is important to maintaining health. Women with a regular provider are less likely to report being unable to obtain needed medical care, compared to those without a regular provider (data not shown). In addition, regular providers facilitate the use of preventive care services. Having a regular provider substantially increases the likelihood that women receive screenings for colon (colonoscopy or sigmoidoscopy), breast (mammogram) and cervical (Pap test) cancers.

Percent of adults who have a regular provider

Men	71%
Women	80%

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

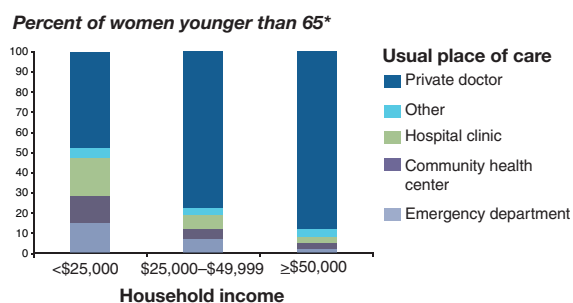
Cancer screening is higher among women with regular primary care providers



Percents are age-adjusted.
Please see technical notes for descriptions of the questions that led to these results.
*Source: NYC Community Health Survey, 2003; Colon cancer screenings include colonoscopies or sigmoidoscopies.
** Source: NYC Community Health Survey, 2002

Using an emergency department for routine care indicates a lack of health care access and poor continuity of care. Women without coverage are nearly 3 times more likely to use an emergency department as their usual place of care than those with coverage (data not shown). Even among women with health coverage, low-income women are more than 7 times more likely than high-income women to use an emergency department as their usual place of care.

Even among women with health care coverage, usual place of care varies with income



*Among women who have health care coverage.
Percents are age--adjusted.
Survey respondents were asked: When you are sick or need advice about your health, to which one of the following places do you usually go?
Source: NYC Community Health Survey, 2003



Recommends

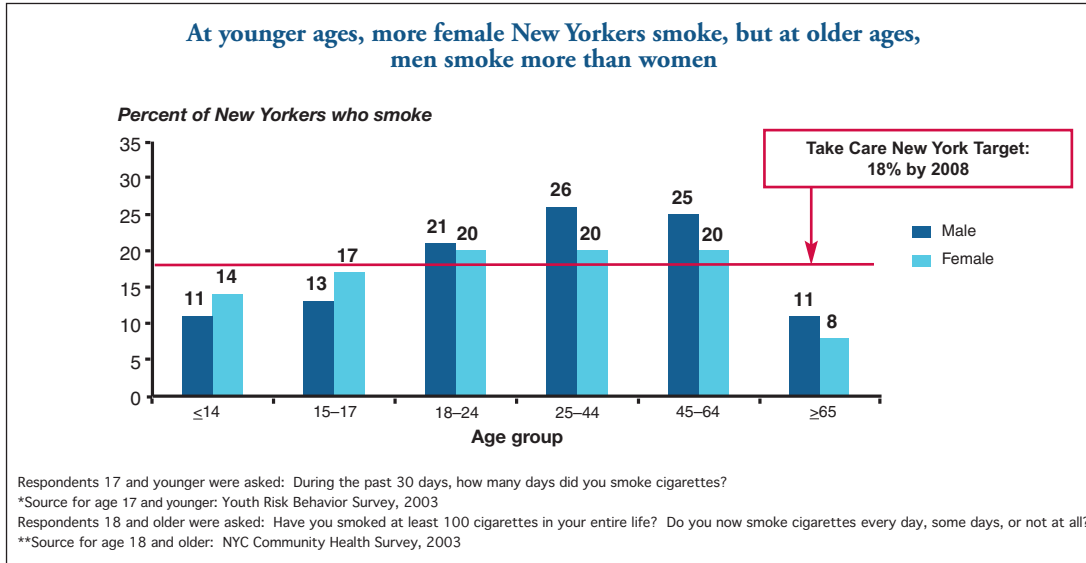
- Have a regular doctor or other health care provider.
- Many families qualify for free or low-cost health insurance through Medicaid, Child Health Plus, or Family Health Plus; almost all children are eligible. For more information, call **311**.
- Even women who do not otherwise qualify for Medicaid are eligible for prenatal care (through the Prenatal Care Assistance Program, or PCAP) and may qualify for family planning coverage (through Medicaid), regardless of immigration status. Call **311** for more information.

TCNY Goal #2: Be Tobacco-Free

Overall, women smoke less than men in New York City. Smoking, however, varies with age. Data suggest that female teens smoke more than male teens. One in 5 women of reproductive age (18–44) smokes, and smoking during pregnancy puts babies at risk for harmful outcomes such as low birthweight. In older groups, the gender gap closes and smoking rates are generally lower among women than men. Both men and women 65 and older smoke less than younger adults.

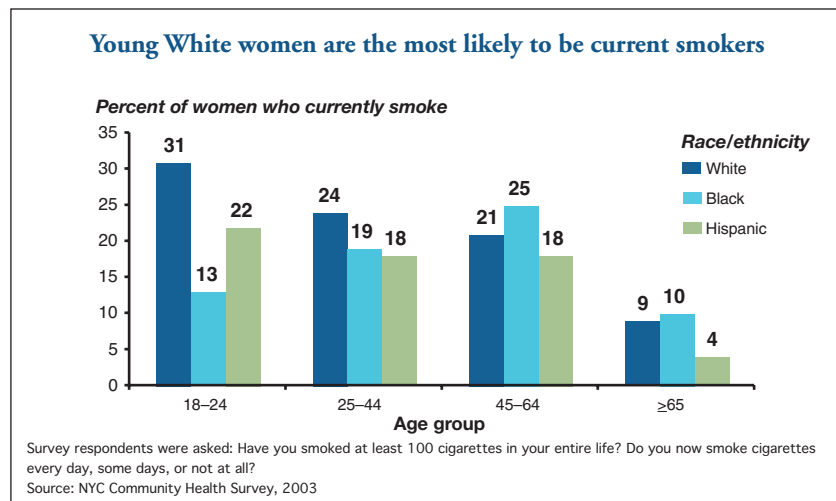
Percent of adults who smoke	
Men	22%
Women	18%

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

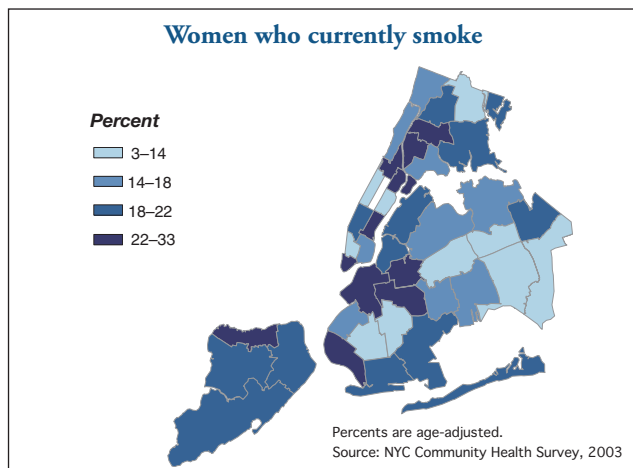


Be tobacco-free. Smoking is the number 1 cause of preventable death in New York City, killing 10,000 New Yorkers every year. On average, smokers die 14 years younger than non-smokers. Smoking greatly increases a person’s risk of heart disease, stroke, cancer and many other illnesses. Second-hand smoke is also dangerous and can lead to many of the same health conditions. Babies with a parent who smokes are more likely to die from Sudden Infant Death Syndrome, and children who live with a smoker are more likely to have asthma, bronchitis, ear infections, and pneumonia than other children.

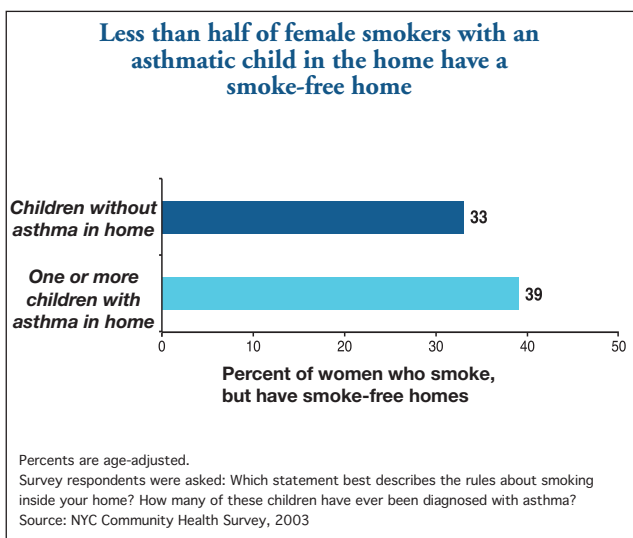
Among young women, racial/ethnic differences exist in smoking. About 1 in 3 white women between the ages of 18 and 24 smokes, compared to only about 1 in 10 black women of this age. While smoking rates decrease with age among white women, they increase with age among black women (until 64); at older ages, smoking rates among white and black women are about the same.



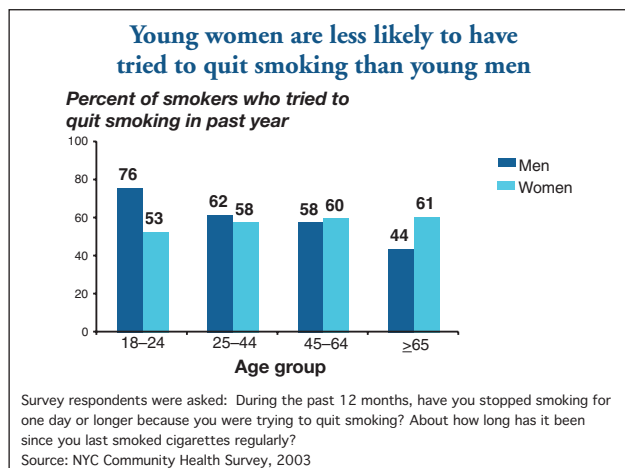
Women who live in Lower Manhattan, Gramercy Park-Murray Hill, Southwest Brooklyn, Northwest Brooklyn, and Port Richmond have the highest smoking rates in New York City; more than 1 in 5 women in these neighborhoods are current smokers.



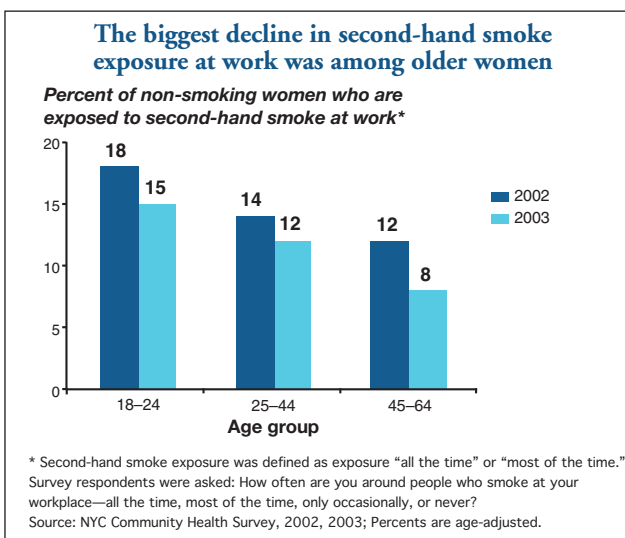
Among female smokers with children, one-third report having a smoke-free home, and only 2 out of 5 women with an asthmatic child report having a smoke-free policy in their homes.



Women age 18 to 24 are less likely to try to quit smoking than men that age. Among older adults, however, data suggest that women are more likely to try to quit than men.



Protecting New Yorkers from breathing second-hand smoke at work is an important factor in preventing tobacco-related diseases. Among female non-smokers rates of second-hand smoke exposure at work declined in 2003. Younger women report more second-hand smoke exposure than older women.

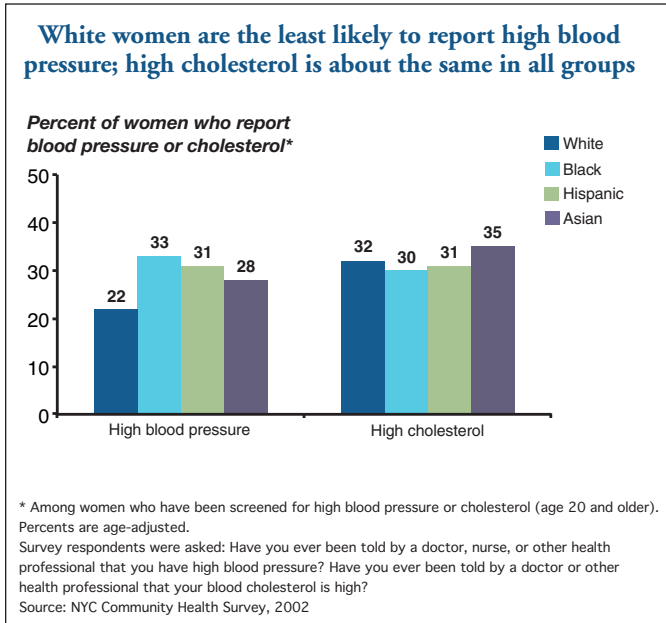


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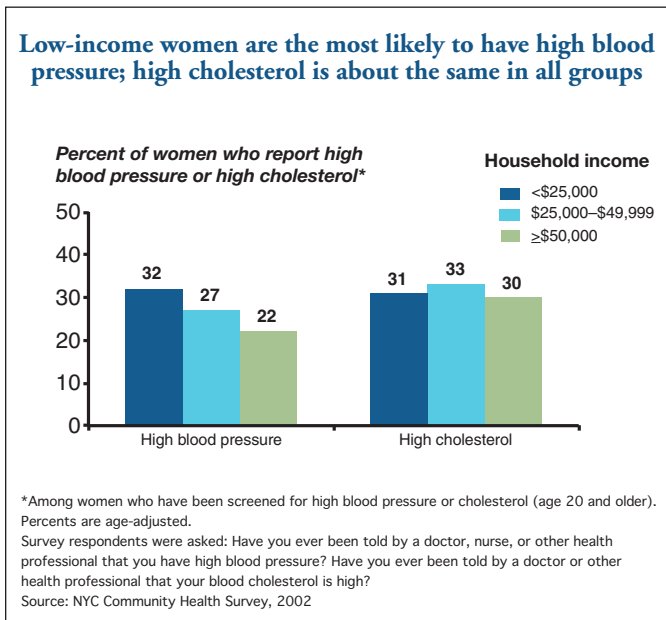
- If you smoke, get help to quit. Talk to your doctor about ways to help you quit or call 311 and ask for the Smokers' Quitline.
- Consider a nicotine replacement product, such as the patch or gum and medication.
- Get a "quitting buddy" for support.
- Exercise to relieve stress.
- Establish a smoke-free home, and don't let anybody smoke around your children.

TCNY Goal #3: Keep Your Heart Healthy

Women are more likely than men to have their blood pressure and cholesterol checked. Among women, black and Hispanic New Yorkers report higher rates of high blood pressure than whites. Rates of high cholesterol are similar among racial/ethnic groups.



Low-income women are more likely to have high blood pressure than those with higher incomes. High cholesterol does not appear to vary by income.



Percent of adults who had their...

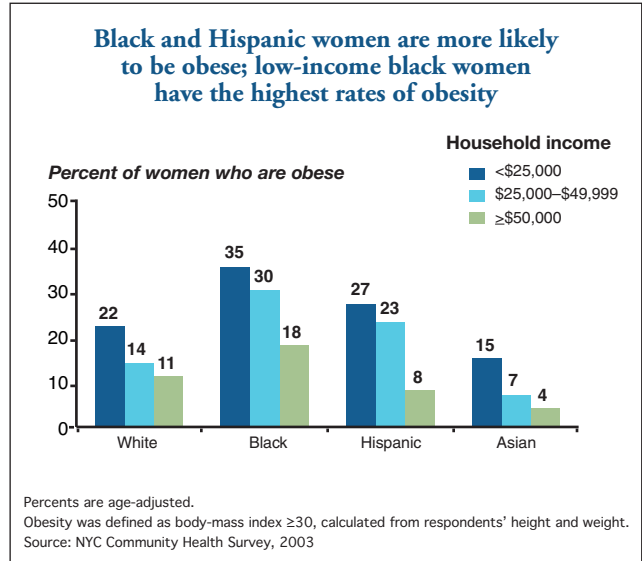
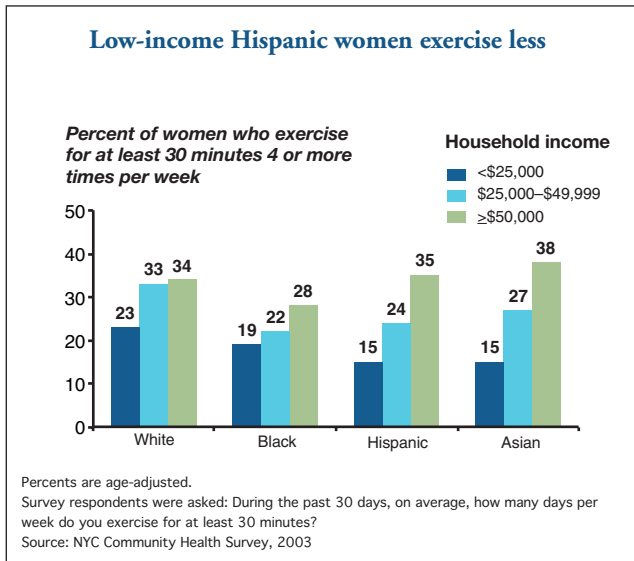
	Blood pressure checked in the past year	Cholesterol checked in past 5 years*
Men	86%	74%
Women	93%	78%

*Among adults age 25 and older. Percents are age-adjusted. Source: NYC Community Health Survey, 2003

Keep your heart healthy. Heart disease is a broad term used to describe a collection of diseases and conditions of the heart, including coronary artery disease, cardiomyopathy, and congestive heart failure. Risk factors for heart disease are well known, and most of them can be modified to reduce the risk of poor health outcomes. High blood pressure and high cholesterol are leading causes of heart disease and stroke. Obesity can also lead to heart problems, as well as many other health conditions including diabetes, stroke, arthritis and certain cancers. Increasing physical activity, maintaining a healthy diet, getting routine blood pressure and cholesterol screenings, and controlling high blood pressure and cholesterol can all improve health. When lifestyle changes are not enough to lower blood pressure and cholesterol, safe and effective medications are available.

Regular exercise (such as a brisk walk) for at least 30 minutes, 4 days or more a week, can reduce the risk of heart disease and obesity. For women, exercise is also important to help prevent osteoporosis, particularly among post-menopausal women. Women with the highest income are more likely to exercise than women with lower incomes. Among Hispanic and Asian women, those with the highest incomes are more than twice as likely to exercise as those with the lowest incomes.

Data suggest that women are more likely to be obese than men in New York City. Race/ethnicity and income are important correlates of obesity among women. Overall, black and Hispanic women are much more likely to be obese than white and Asian women. Among white, black, and Hispanic women, those in the highest income level are less likely to be obese than those in the lowest income level.



Percent of adults who exercise*

Men	29%
Women	24%

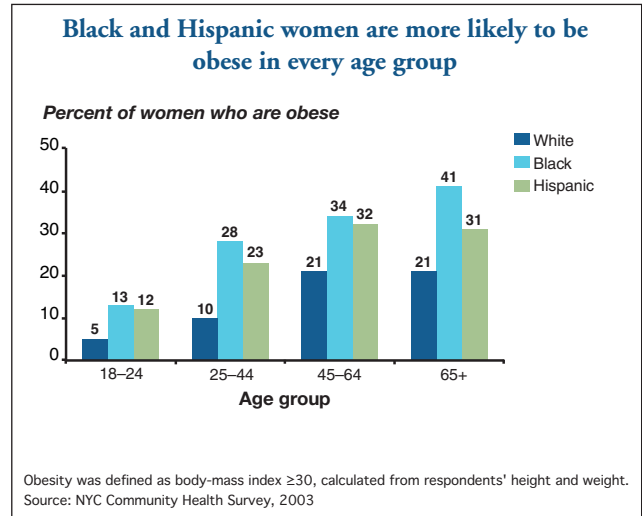
*Exercise is defined as at least 30 minutes, 4 times or more a week.
 Percents are age-adjusted.
 Source: NYC Community Health Survey 2003

Percent of adults who are obese*

Men	19%
Women	21%

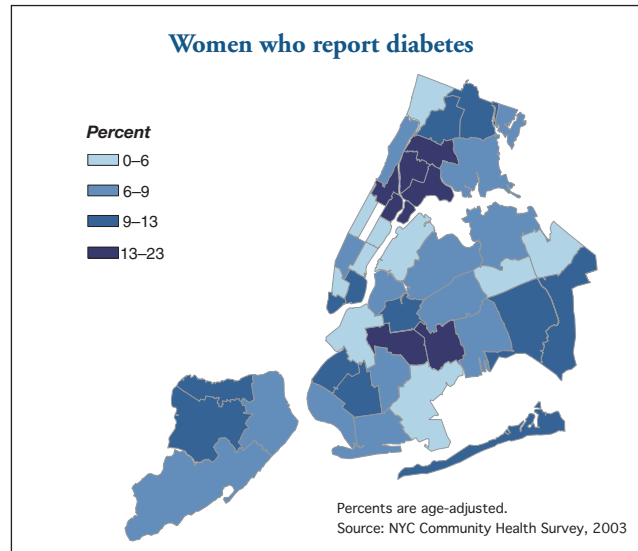
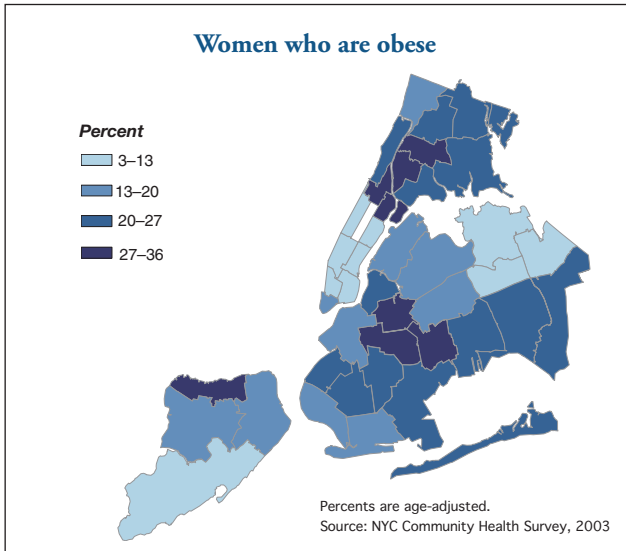
*Obesity was defined as body-mass index ≥30, calculated from respondents' height and weight.
 Percents are age-adjusted.
 Source: NYC Community Health Survey 2003

Overall, women age 44 years of age and younger are less likely to be obese than older women. Among younger women, black and Hispanic New Yorkers are more than twice as likely to be obese as whites. Among those 65 and older, black women are the most likely to be obese.



Neighborhoods with high rates of obesity also have high rates of diabetes. The highest rates of obesity among women are found in neighborhoods where more than 30% of the population live in poverty: East and Central Harlem, Central Bronx, Central Brooklyn, and East New York-New Lots. In these neighborhoods, at least 1 in 3 women is obese. Neighborhoods with the lowest rates of

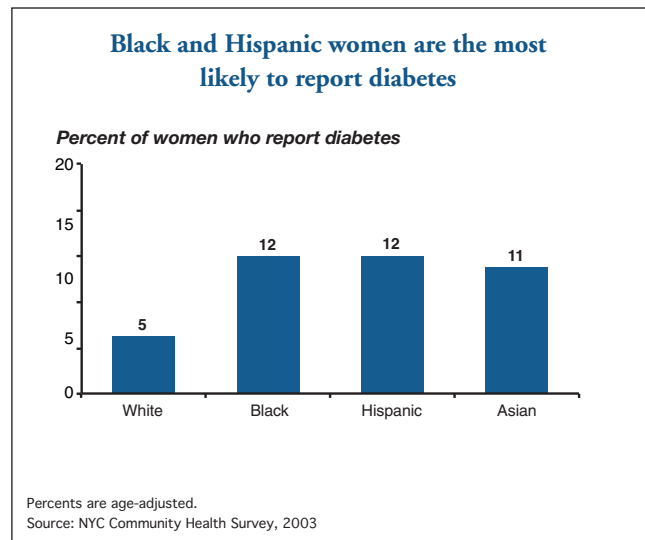
obesity include: Greenwich Village-SoHo, the Upper East Side, Gramercy Park-Murray Hill, the Upper West Side, and Central Queens. Women living in East Harlem, Hunts Point-Mott Haven, Central Bronx, Highbridge-Morrisania, and East New York-New Lots have the highest rates of diabetes: 15% and higher.



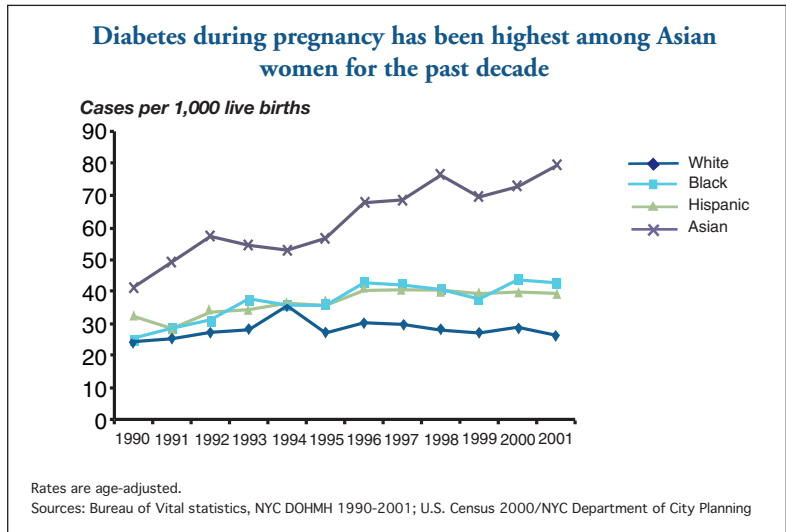
Mirroring patterns of obesity, black, and Hispanic women are more than twice as likely to report diabetes as white women.

Percent of adults who report diabetes	
Male	10%
Female	8%

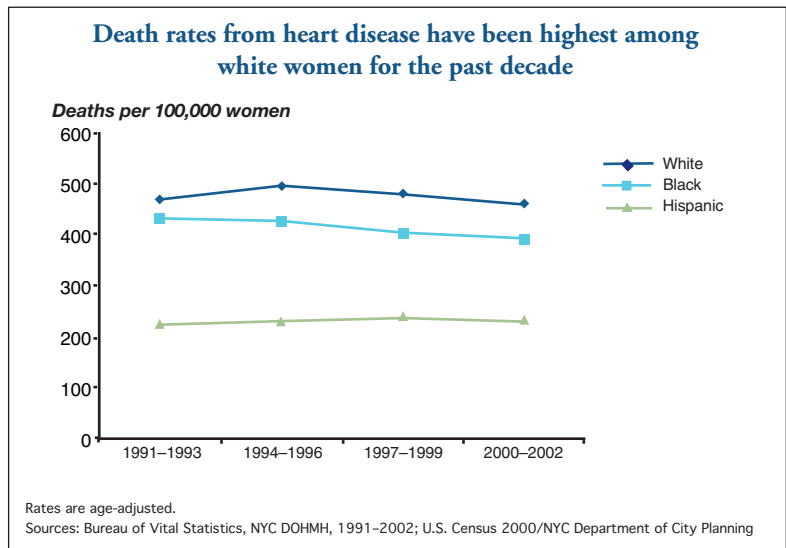
Percents are age-adjusted.
Source: NYC Community Health Survey, 2003



Diabetes during pregnancy can harm both mother and baby. Diabetes during pregnancy is highest among Asian women, and is increasing most sharply in this group. Over the past decade, the gap between Asian women and other racial/ethnic groups has widened.



White women have the highest death rates due to heart disease. For the past decade, Hispanic women have been about 2 times less likely to die from heart disease compared to white or black women.



Recommendations

- Know your numbers:
 - Get your blood pressure and cholesterol checked regularly. Talk to your doctor about the levels that are right for you.
 - Know your healthy blood pressure (less than 140/90 for most people and less than 130/80 for those with diabetes or kidney disease).
 - Know your cholesterol goals. For most people, the total should be less than 200; HDL ('good' cholesterol): more than 50 for women; LDL ('bad' cholesterol): less than 160 for most and less than 100 if you have heart disease or diabetes.
- Talk to your doctor about ways to control high blood pressure and cholesterol, and follow these steps:
 - Take your prescribed medications as directed by your doctor.
 - Increase physical activity — at least 30 minutes 4 or more days a week. Fit in more exercise into your day by taking the stairs or walking a few extra blocks. Regular physical activity improves your health, even if you do not lose weight.
 - Eat a healthy diet and maintain a healthy weight — eat at least 5 servings of fruits or vegetables every day, stay away from fast foods and sugary sodas, don't eat while you watch TV, and choose smaller servings.

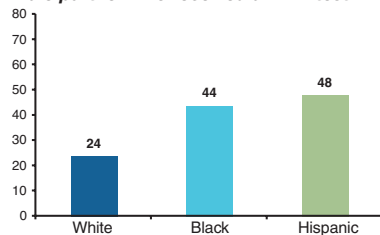
TCNY Goal #4: Know Your HIV Status

Knowing one's HIV status helps stop the spread of HIV and makes early treatment possible. Among women in New York City with more than 1 male sex partner in the past year, only one-third had an HIV test. Hispanic women are 2 times more likely to have had an HIV test in the past year than those who are white. Some sexually transmitted diseases, such as *Chlamydia trachomatis*, can increase the risk of HIV transmission. In New York City, chlamydia is highest among females

age 15 to 19 (young women are biologically more vulnerable to infection). Rates of chlamydia in this age group are almost 3 times higher than among women age 25–29. Among women over 30 years of age (data not shown), the rate is lower than that of younger women. Since chlamydia is often asymptomatic among women, it is important to be tested for the disease. Chlamydia can be effectively treated with antibiotics.

Hispanic women with more than 1 male sex partner are the most likely to have received an HIV test in past year

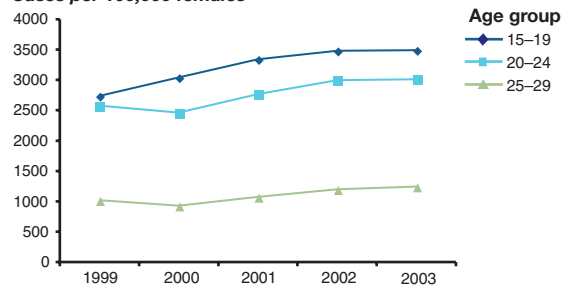
Percent of women with more than 1 male partner who received an HIV test



Percents are age-adjusted.
 Survey respondents were asked: Have you had an HIV test during the last 12 months? Do not count tests you may have had as part of a blood donation. During the past 12 months, with how many men have you had sex?
 Source: NYC Community Health Survey, 2003

Chlamydia is highest among females age 15 to 19

Cases per 100,000 females



Sources: Bureau of Sexually Transmitted Disease Control, NYC DOHMH, 1999–2003; U.S. Census 1990 and 2000/NYC Department of Planning

Know your HIV Status. More than 100,000 New Yorkers are living with HIV, but as many as 1 in 4 don't know they're infected. By knowing your HIV status, you can protect yourself, anyone you are having sex with and, if you're pregnant or planning pregnancy, your baby. For women of childbearing age, knowing HIV status is particularly important: If you have HIV, medication during pregnancy can greatly reduce the chance that your baby will be infected.

Percent of adults with more than 1 partner* who have had HIV test in past year

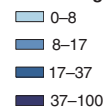
Male	32%
Female	32%

*Males with more than 1 male or female partner and females with more than 1 male partner.
 Percents are age-adjusted.
 Source: NYC Community Health Survey, 2003

Rates of new HIV diagnoses vary by neighborhood. Central Harlem, Highbridge-Morrisania, Central Bronx, Central Brooklyn, and East New York-New Lots have the highest rates. Neighborhoods with the lowest rates of new HIV diagnoses include Northeast Queens, Central Queens, West Central Queens, South Shore, and Mid-Island.

New HIV diagnoses among women

New HIV diagnoses per 100,000



Rates are age-adjusted.
 Sources: HIV Surveillance and Epidemiology Program, NYC DOHMH, January–September 2003; U.S. Census 2000/NYC Department of City Planning

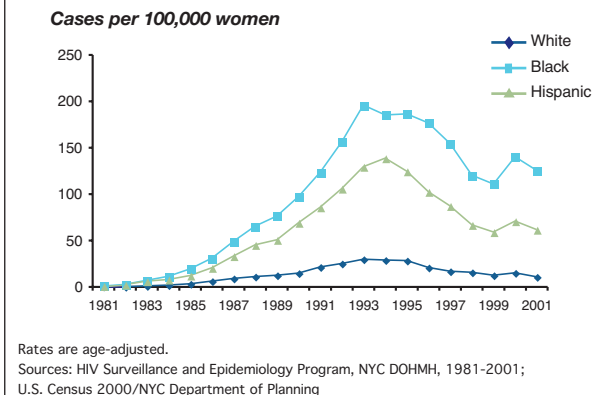
The rate of HIV/AIDS is growing faster among women than in many other groups. Between 1981 and 2001, rates of new AIDS diagnoses increased among black and Hispanic women more than among white women. In 2001, the rate of new AIDS diagnoses was highest among black women.

Deaths from AIDS per 100,000	
Men	32
Women	14

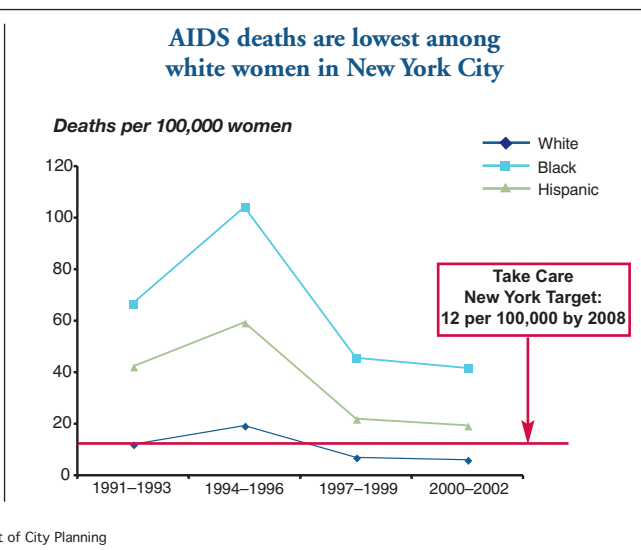
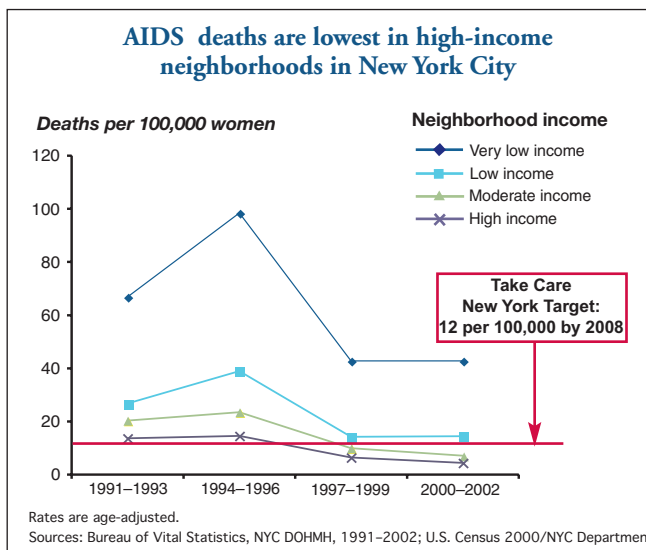
Rates are age-adjusted.
Sources: Bureau of Vital Statistics, NYC DOHMH, 2000-2002; U.S. Census 2000/NYC Department of City Planning

While overall AIDS death rates have declined in recent years due to the availability of life-saving drugs, substantial disparities remain in some groups.

New AIDS diagnoses are highest among black women



Black women and those who live in very low-income neighborhoods are more likely to die from AIDS than other women.

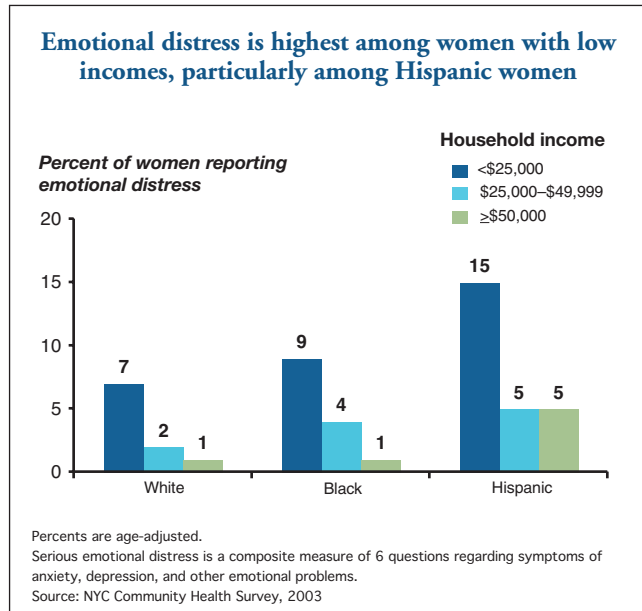
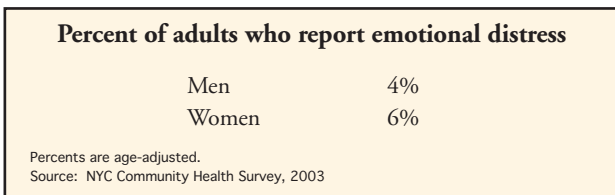


Recommends

- Get tested for HIV if you have been sexually active or have injected drugs since 1978, or if you're pregnant or planning pregnancy.
- If you're sexually active, have sex only in a mutually monogamous relationship with a partner you're sure is not infected. If you're having sex outside of such a relationship, always use a latex condom whenever you have vaginal, anal, or oral sex.
- If you're HIV positive, get medical treatment. Tell anyone you're going to have sex with that you have HIV before you have sex. Always use a latex condom whenever you have vaginal, anal, or oral sex.
- If you shoot drugs, use a new sterile needle and works every time — never share. If you have to share, clean the kit with bleach.
- For help with a drug or alcohol problem, or to find out about needle exchange programs, call 1-800-LifeNet (1-800-543-3638) or 311.

TCNY Goal #5: Get Help for Depression

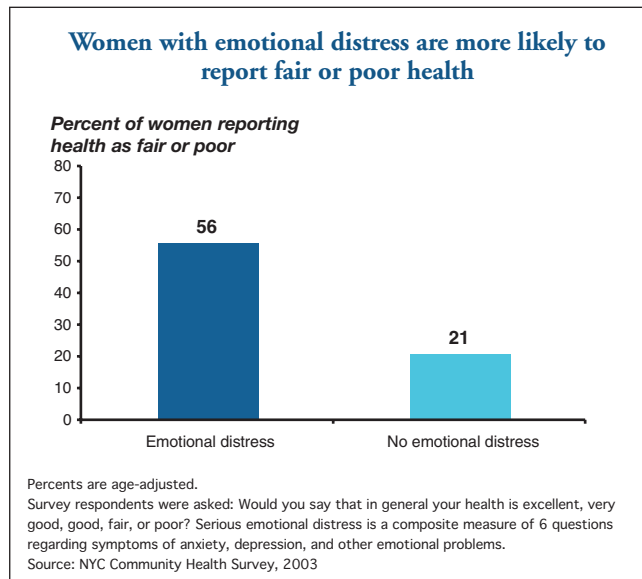
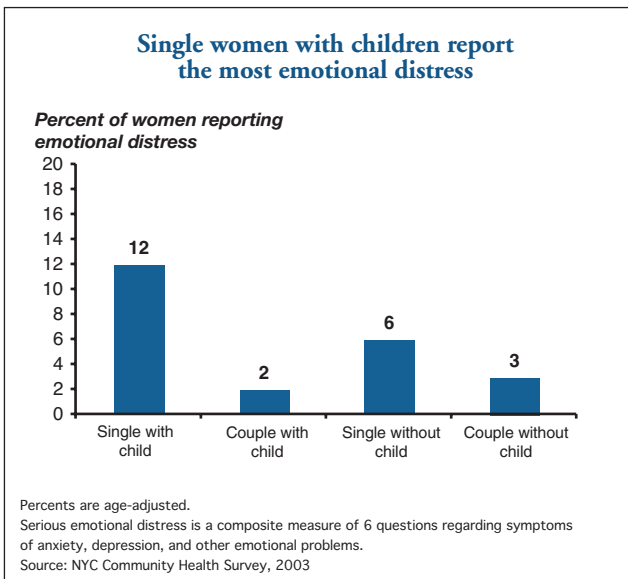
Emotional distress is important to recognize so that it can be treated, and because it is associated with poor health status. Data suggest that emotional distress is more common among women than men in New York City. Hispanic women are more likely to report emotional distress than women in other racial/ethnic groups. Low-income women are more likely to report emotional distress than those with higher incomes. Among low-income women, Hispanics are more than twice as likely to report emotional distress than white women.



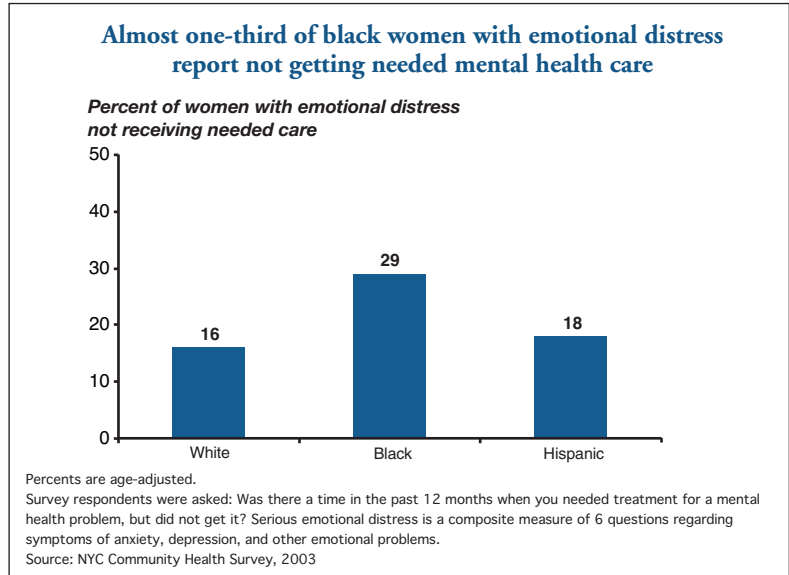
Get help for depression. It is normal to feel “down” once in a while. But if the sadness doesn’t stop, or if a person loses interest in work or family, it might be depression. Children and adolescents may show different signs of depression, including irritability, emotional withdrawal, behavior problems, falling grades and alcohol or drug use. Depression can be treated with medication and therapy.

Emotional distress among women with children may be associated with a lack of social support. Single mothers are 6 times more likely to report emotional distress than those with partners.

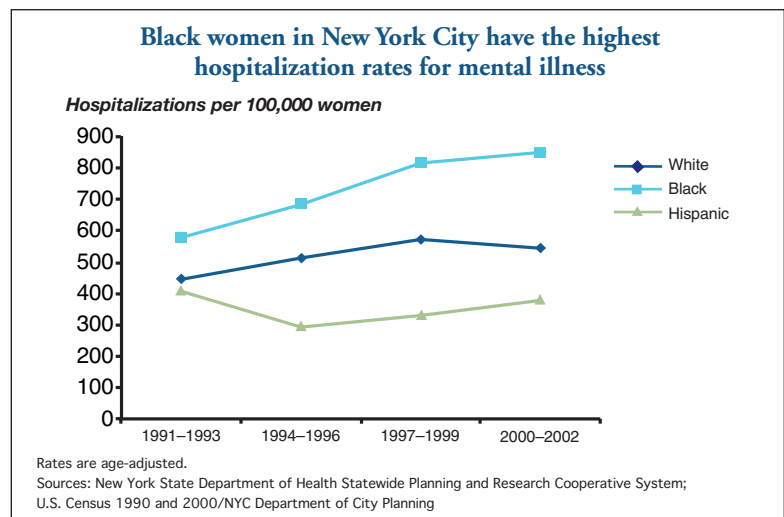
Emotional distress greatly affects health. While more than half of women who report emotional distress also say their health is fair or poor, only 1 in 5 women without emotional distress reports fair or poor health.



Among those with emotional distress, 16% of white women, 29% of black women, and 18% of Hispanic women report not receiving needed mental health care.



Over the past decade, hospitalization rates for mental illness have been highest among black women and continue to increase. Since the early 1990's, the gap in hospitalization rates between black women and both white and Hispanic women has widened.



Recommends

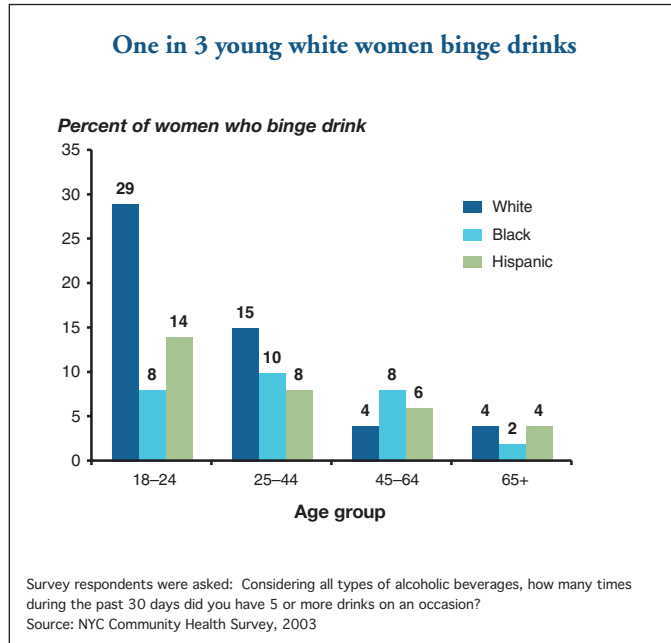
- Talk to your doctor or a mental health professional, or call **1-800-LifeNet (1-800-543-3638)** or **311** if for 2 weeks or more you (or your family member):
 - Have little interest or pleasure in things.
 - Feel sad, anxious, guilty, or hopeless.
 - Sleep too much or too little.
 - Have difficulty concentrating.
 - Feel slowed down (or speeded up).
 - Think about dying or hurting yourself.
- Recognize depression in friends and family members, including your children.

TCNY Goal #6: Live Free of Dependence on Alcohol and Drugs

Overall, women are less likely to binge drink (5 or more drinks on one occasion) than men. Younger women, of reproductive age, are more likely to binge drink than older women; drinking alcohol during pregnancy can cause poor birth outcomes such as fetal alcohol syndrome. Among women 44 and younger, white women are more likely to binge drink than black women. After age 44, racial/ethnic differences decrease.

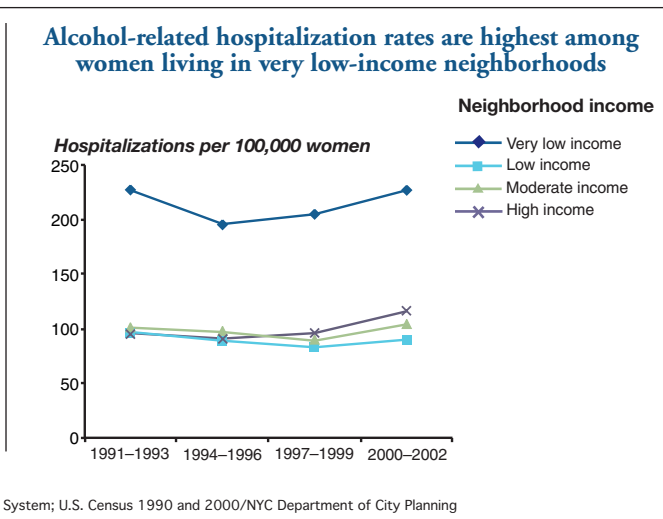
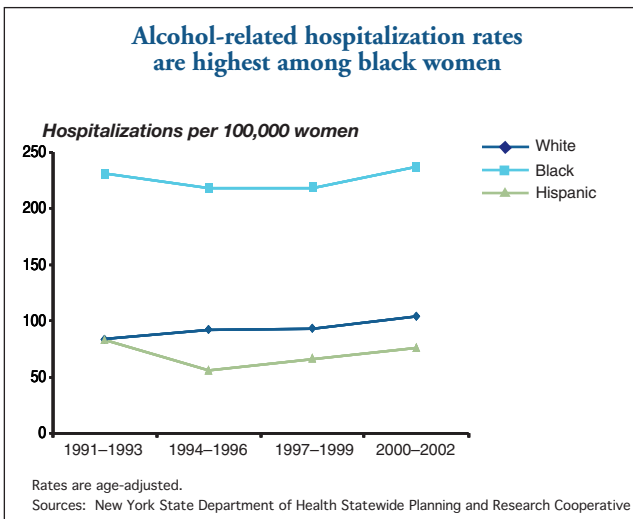
Men	20%
Women	9%

Percent and rates are age-adjusted.
Source: NYC Community Health Survey, 2003



For more than a decade in New York City, the rate of alcohol-related hospitalizations has been highest among black women and those living in very low-income neighborhoods. From 2000-2002, there was a 3-fold difference in alcohol-related hospitalization rates

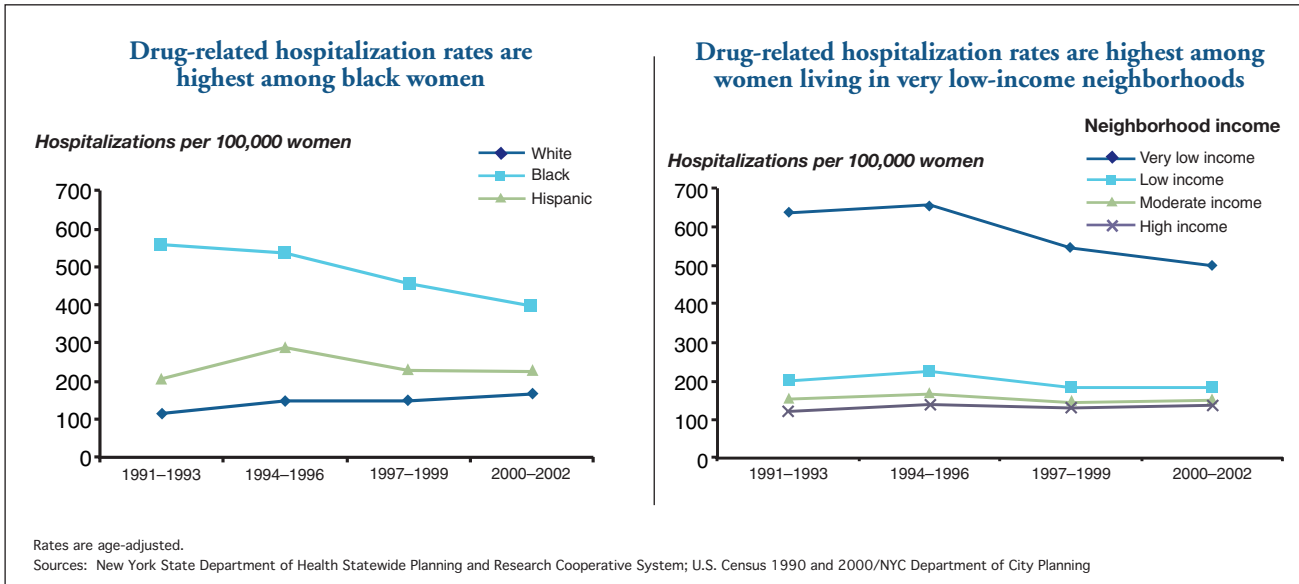
between black and Hispanic women. Hospitalization rates during the same period among women who live in the lowest income neighborhoods were 2 to 2½ times higher than women who live in other neighborhoods.



Live free of dependence on alcohol and drugs. Most adults are able to drink safely and many may benefit from moderate alcohol use (on average, no more than 1 drink a day for women or 2 drinks a day for men, and no more than 4 at one sitting). Heavy drinking, however, can kill you, and some people (those under 21, pregnant women, and people who are driving) shouldn't drink at all. Help is available for alcohol and drug problems.

Drug-related hospitalizations are most common among black women, who have a rate twice as high as that of white women. There is also a large gap in drug-related

hospitalization rates between very low- and higher-income neighborhoods, but the rate is declining among those living in very low-income neighborhoods in New York City.



Understanding hospitalizations. Hospitalization data are useful in understanding the burden that certain conditions place on the health care system. They can also measure the extent to which individuals utilize routine care, which can prevent hospitalizations. However, the meaning of hospitalization rates can vary, so they are not necessarily an indication of disease burden. Rates of hospitalization, for instance, may be a function of access to care. Those without insurance may have less opportunity to receive expensive inpatient care. People with access to private institutions that care for individuals with mental health, alcohol and drug issues may be less likely to use hospitals for care. Since access to care has been shown to be associated with race/ethnicity and income, examining hospitalization rates by these factors may be more an indication of variation in access to care than burden of disease.

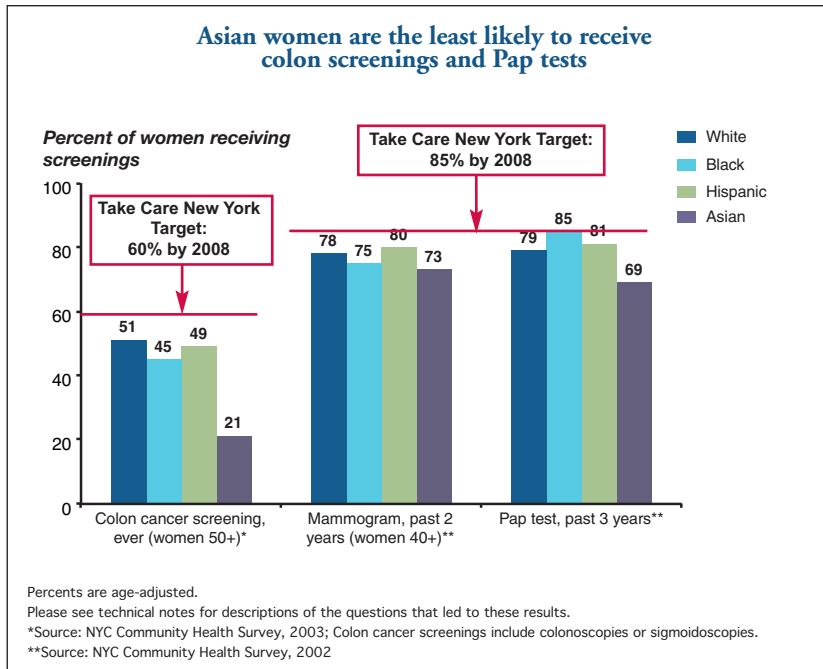


Recommends

- To see if you might have a problem with alcohol, take this **CAGE** test. If you answer yes to any of these questions, you may have a problem: Have you ever...
 - Thought you should **C**ut down on drinking?
 - Become **A**nnoyed when people criticize your drinking?
 - Felt scared, bad or **G**uilty about your drinking?
 - Taken an **E**ye-opener drink to feel better in the morning?
- If you're under the legal drinking age (21), pregnant or could become pregnant, or driving, you shouldn't drink at all.
- Get help if you think you or someone you know has a problem with alcohol or drugs.
 - Recovery is possible. Talk to your doctor or call **1-800-LifeNet (1-800-543-3638)**, **212-647-1680** (Alcoholics Anonymous) or **311** for more information.

TCNY Goal #7: Get Checked for Cancer

Take Care New York goals call for 60% of women to be screened for colon cancer (colonoscopy or sigmoidoscopy), and for 85% to be screened for breast cancer (mammogram) and cervical cancer (Pap test) by 2008. Asian women are least likely to be screened for cancer: Only 21% report ever being screened for colon cancer, compared to 51% of white women. And, 79% of whites, 85% of blacks and 81% of Hispanics report having had a Pap test in the last 3 years, versus 69% of Asian women.

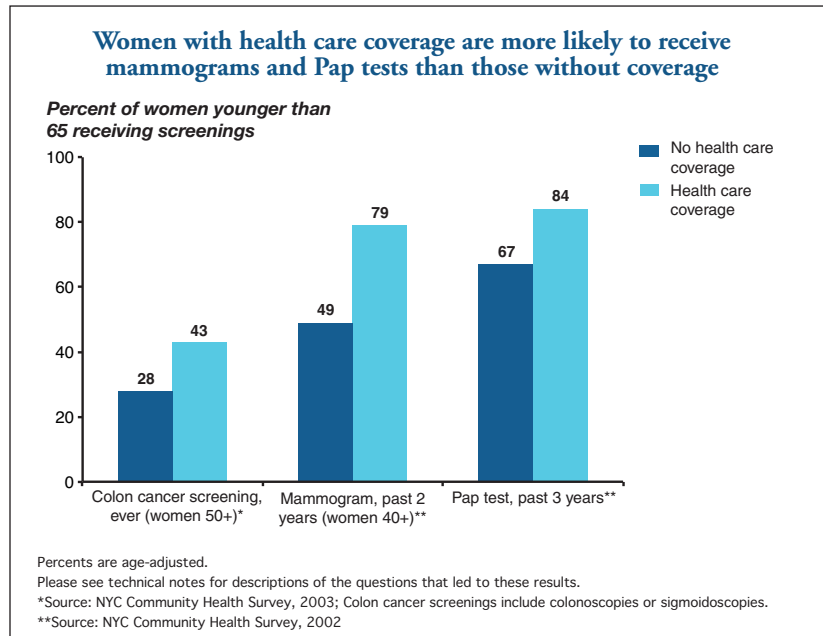


Cancer screenings also vary with health care coverage. Women age 18–64 with coverage are more likely to obtain mammograms and Pap tests than those without coverage. Data suggest the same pattern for colon cancer screenings.

Percent of adults 50 and older who have ever had colon cancer screening (colonoscopy or sigmoidoscopy)

Men	55%
Women	47%

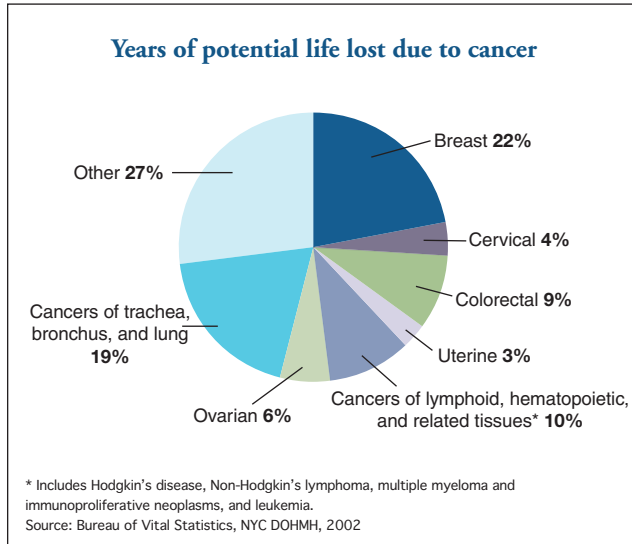
Percentages are age-adjusted.
 Source: NYC Community Health Survey, 2003



Get checked for cancer. Cancer kills nearly 15,000 New Yorkers every year. Many of these deaths could be prevented if those at risk were properly screened. Screening has been shown to prevent death from 3 major cancers — colon, breast, and cervical.

Cancer causes the most premature deaths among women; 27% of all years of potential life lost (YPLL) are due to this disease (see page 6). In 2002, 22% of the YPLL due to cancer were attributable to breast cancer,

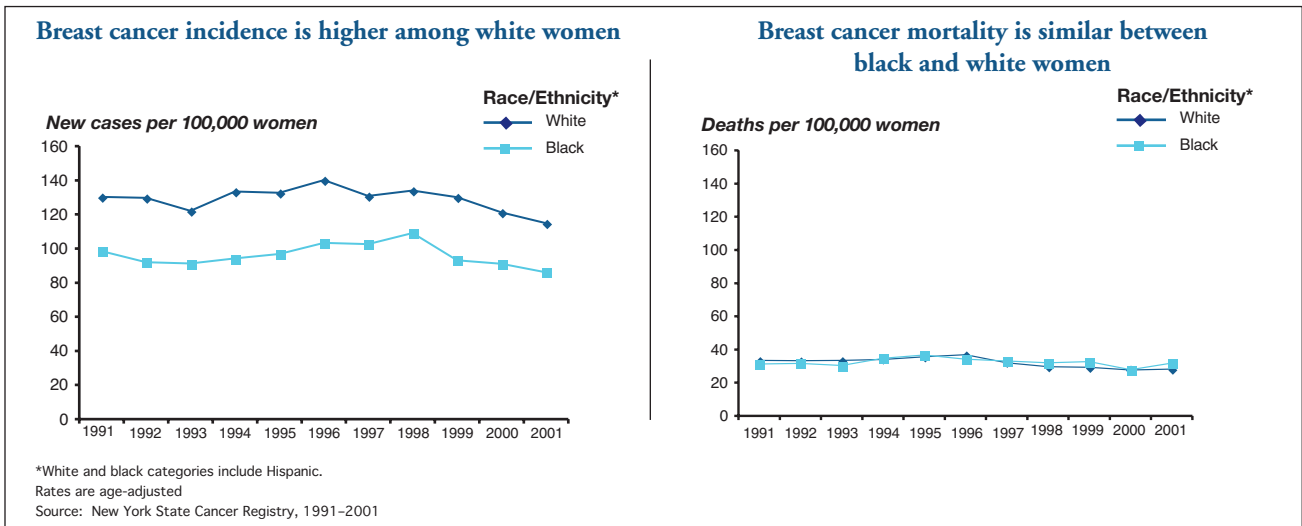
and trachea, bronchus, and lung cancers accounted for 19% of the YPLL due to cancer. Cervical and uterine cancers accounted for 4% and 3%, respectively, of all cancer-related YPLL.



Understanding breast cancer. The American Cancer Society has found breast cancer diagnoses to be more common among white women than black women in the U.S. Similar to New York City data, however, death rates from breast cancer have been comparable between the two groups. The American Cancer Society cites several possible explanations for these trends, including differing risk factors for breast cancer. White women, for example, tend to delay child bearing more and use more hormone replacement therapy (both of which are risk factors for breast cancer) than black women. Similar death rates may be related to differences in screening for breast cancer, which leads to early diagnosis and better disease outcomes. Even if black and white women are accessing care at similar stages of disease, differences in death rates may be due to disparities in quality of care. For more information, log onto www.Caonline.AmCancerSoc.org.

For the past decade, breast cancer incidence has been higher among white women than black women in New

York City. Death rates, however, have been similar between these two groups.



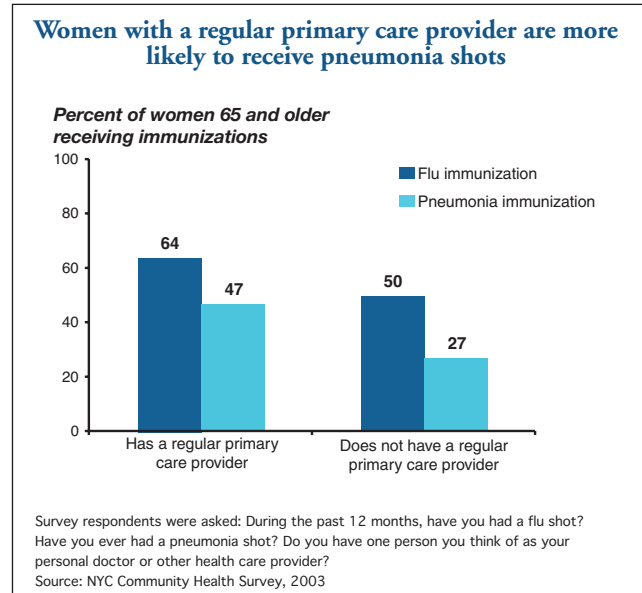
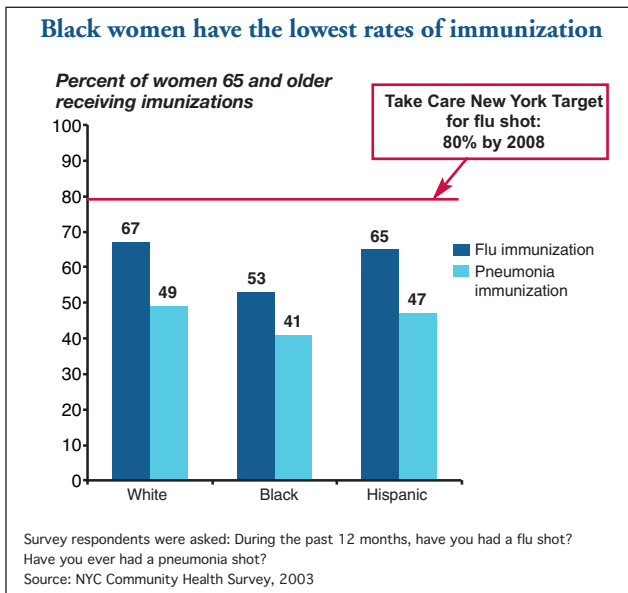
Recommends

- To reduce the risk of cancer, stop smoking, get regular physical activity, maintain a healthy weight, and eat more fruits and vegetables.
- If you're 50 or older, or at high risk for colon cancer, get a colonoscopy.
- All women age 18 to 65 who have not had a hysterectomy should get a Pap test every 1 to 3 years.
- All women 40 and older should have a mammogram every 1 to 2 years; if you have a family history of breast cancer, talk to your doctor about whether you should begin mammograms at a younger age.

TCNY Goal #8: Get the Immunizations You Need

Take Care New York’s target is for 80% of adults age 65 and older to get an annual flu (influenza) shot by 2008. Only 63% of older women in New York City reported receiving a flu shot in 2003. The flu immunization rate among black women is lower than that of white women. And, only 46% of women age 65 and older have ever

received a pneumonia shot. Women with a regular provider are more likely to have been immunized against pneumonia than those without a regular provider. However, even women with a regular provider fall short of Take Care New York’s flu shot goal.



Get the immunizations you need. Immunizations aren’t only for children. In New York City, and throughout the U.S., more than 99% of deaths that could be prevented by vaccination now occur in adults. All people — regardless of age — need regular immunizations to stay healthy.

Immunizations among adults 65 and older

	Influenza immunization in past year	Pneumonia immunization ever
Male	63%	45%
Female	63%	46%

Source: NYC Community Health Survey, 2003

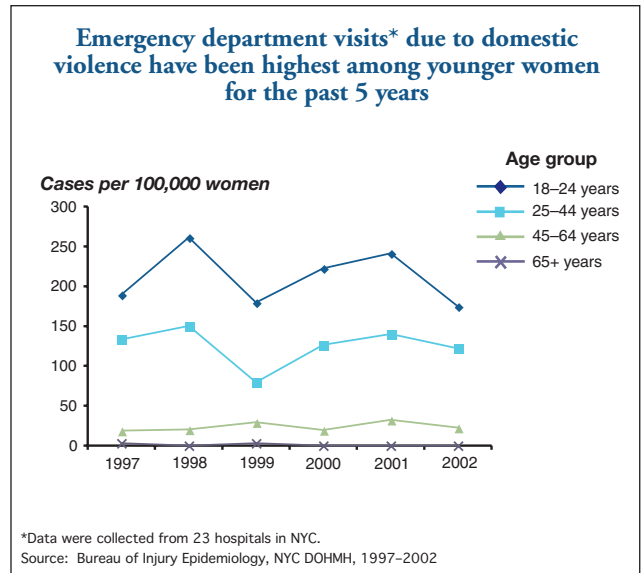
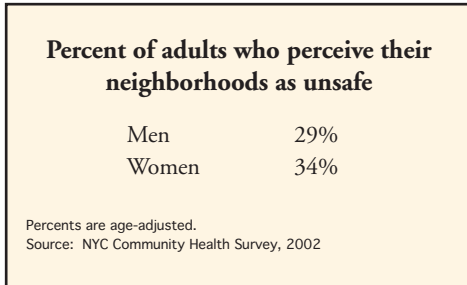


Recommends

- All people 50 and older, pregnant women, children and teenagers on long-term aspirin therapy, babies 6 to 23 months of age, people with long-term health problems, those with immune system problems, and residents of long-term care facilities should always get an annual flu shot.
- You need this year’s flu shot to protect yourself against this year’s flu, so if you’re at risk get a flu shot every year.
- Everyone 65 and older and people with long term health problems or immune system problems should get a pneumonia vaccine once for life-long protection.
- Talk to your doctor about whether you should get a chicken pox, measles, mumps and rubella, tetanus or hepatitis B vaccines, or visit www.nyc.gov/health/cir for more information.

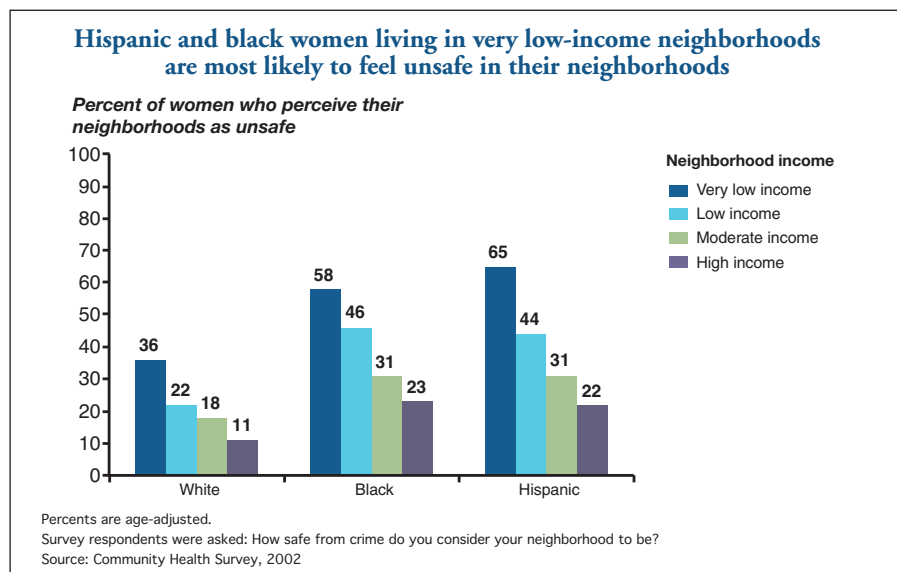
TCNY Goal #9: Make Your Home Safe and Healthy

Domestic violence has physical, emotional, and psychological effects on women. Over the past 5 years, visits to emergency departments due to domestic violence have been highest among women age 18–24. Overall, more women of reproductive age visit the emergency department for domestic violence than older women.



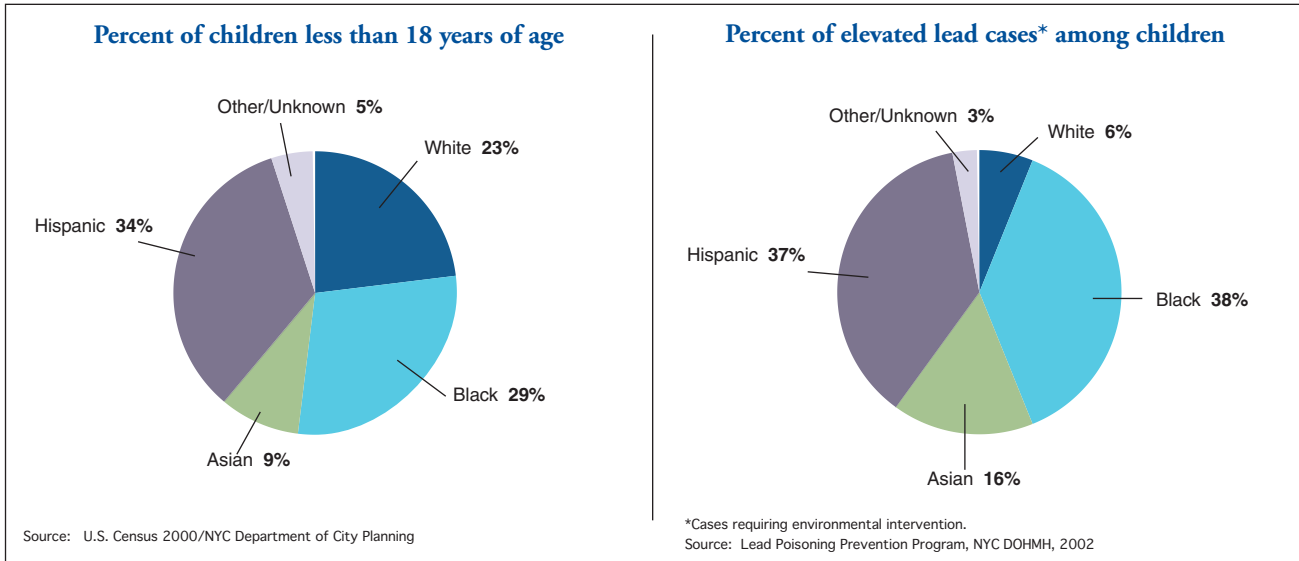
Living in a safe and healthy home requires a safe and healthy physical environment. Across all racial/ethnic groups, women living in very low- and low-income neighborhoods are more likely to perceive their neighborhoods as unsafe compared to women living in high-income neighborhoods. Among women living in

high-income neighborhoods, black women are 2 times more likely to perceive their neighborhoods as unsafe compared to white women. Hispanic and black women living in very low-income neighborhoods feel the most unsafe.



Lead paint and lead dust in homes are the primary sources of lead exposure among children. Exposure to lead can impair a child’s learning and behavior. While there have been large reductions in lead poisoning in recent years, many children continue to be exposed to dangerous levels of lead. In 2002, black and Asian

children were disproportionately more likely to have levels of lead in their blood that required environmental intervention. Black children represent 29% of all children in New York City, but 38% of all childhood cases of elevated lead. Asian children represent 9% of all children, but 16% of all cases.



Make your home safe and healthy. Domestic violence can cause serious injury to women. Most victims are women who are abused by male partners, but men can be victims, too. Good health is also dependent on a healthy physical environment. Feeling unsafe at home or living in homes with exposure to lead paint are signs of unhealthy environments.



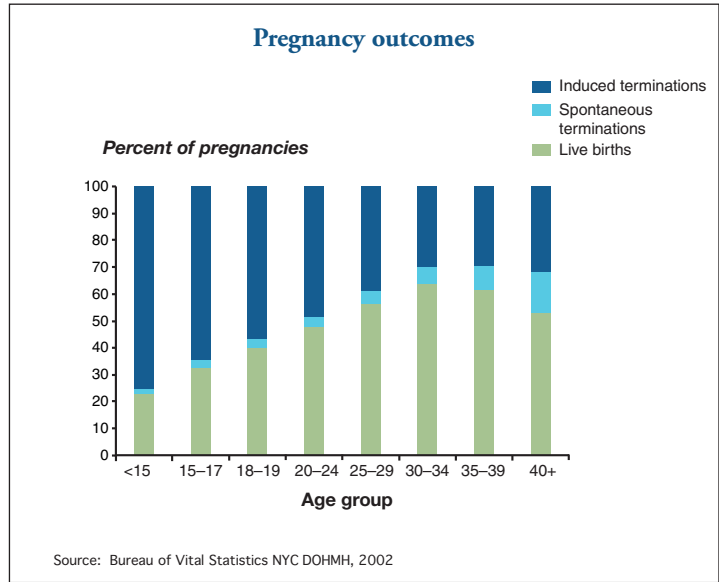
Recommends

- Call the city’s toll-free confidential Domestic Violence Hotline for information and help, 24-hours a day: **1-800-621-HOPE (1-800-621-4673)** or call **311**.
- Call **311** for help with counseling or social services, a court order of protection, a warrant for an arrest, shelters, or leaving the relationship (temporarily or permanently), or to get information on lead poisoning prevention or treatment.
- Have your children tested for lead poisoning at ages 1 and 2, and if you are pregnant, talk to your provider about whether you should be tested for lead poisoning.

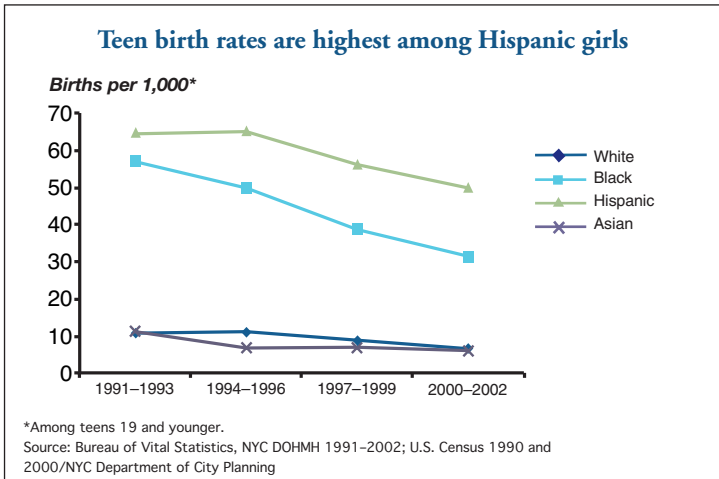
TCNY Goal #10: Have A Healthy Baby

Unintended pregnancy can have serious, harmful effects on the health of women and children. A larger proportion of pregnancies among teens and younger women end in induced terminations than among older women, which may indicate higher rates of unintended pregnancy in the younger groups. At older ages, a larger portion of pregnancies end in spontaneous terminations and live births, compared to younger women.

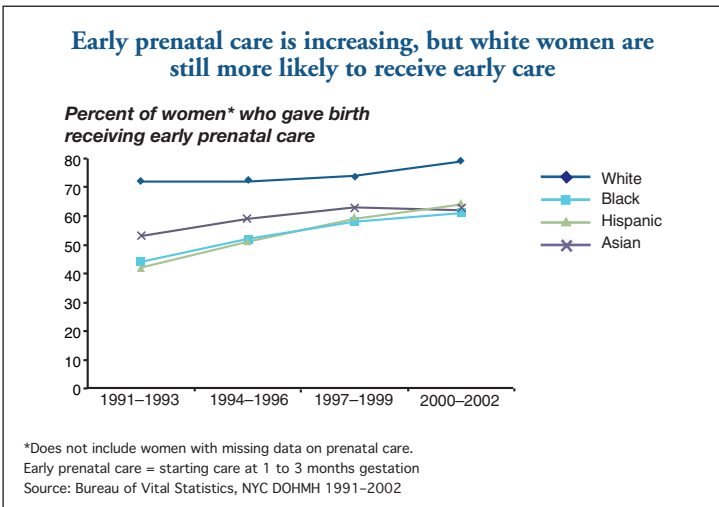
Have a healthy baby. Planning pregnancy can prevent many problems and help ensure that babies get the best possible start. Taking care of yourself before and during pregnancy protects both mothers and babies.



Having a baby can place financial stress on teens and may indicate less safe sexual practices. Although the rate is declining among black and Hispanic teens, births are more common in these groups than among white and Asian teens. From 2000-2002, the rate of teen births was more than 7½ times higher among Hispanics than among whites and Asians. (See *Who's at Risk? Teen Pregnancy in NYC*, at www.nyc.gov/html/doh/fhs/tpreport.pdf.)



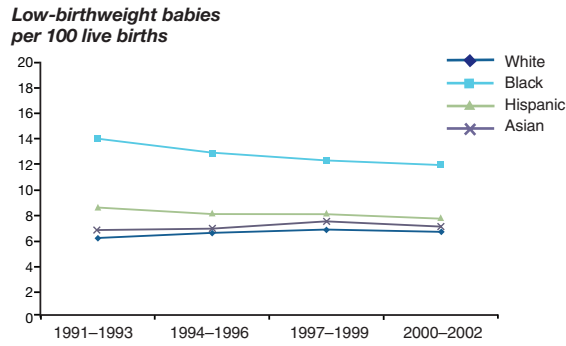
Prenatal care is an important part of caring for women during pregnancy as well as starting to care for babies early. The proportion of women in New York City receiving early prenatal care has been increasing in all racial/ethnic groups.



Low birthweight (which can be caused by drinking alcohol and smoking cigarettes during pregnancy) is a risk factor for infant mortality. In recent years, the gap in rates of low birthweight has virtually closed among white, Hispanic and Asian newborns, but low birthweight

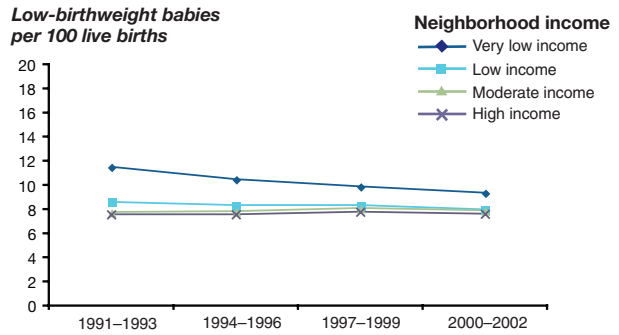
is still more common among blacks. In the past decade, the rate of low-birthweight babies has been decreasing in very low-income neighborhoods, closing the gap with the other groups.

Low birthweight is declining among black babies, but the rates are still highest in this group



Low-birthweight babies=birthweight <2,500 grams
Source: Bureau of Vital Statistics, NYC DOHMH 1991-2002

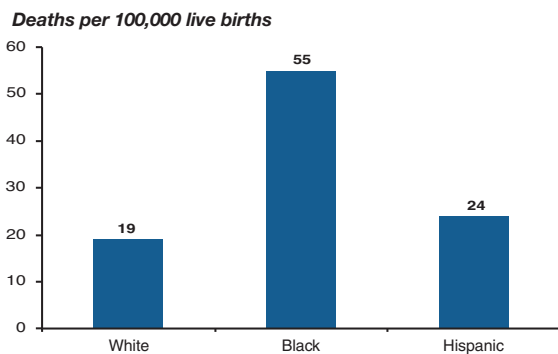
Low birthweight is declining in very low-income neighborhoods, but the rates are still highest in this group



Low-birthweight babies=birthweight <2,500 grams
Source: Bureau of Vital Statistics, NYC DOHMH 1991-2002

Racial/ethnic disparities exist in maternal death rates in New York City. Black women are more than 2½ times more likely than white women to die of pregnancy-related complications. Although the reasons for this disparity are not entirely known, it may be due to differences in pre-pregnancy health, pregnancy-related morbidity, access to health care, or quality of health care.

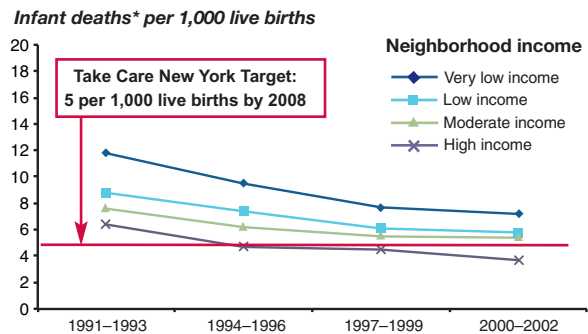
Maternal death rates are highest among black women



Source: Bureau of Vital Statistics, NYC DOHMH 2002

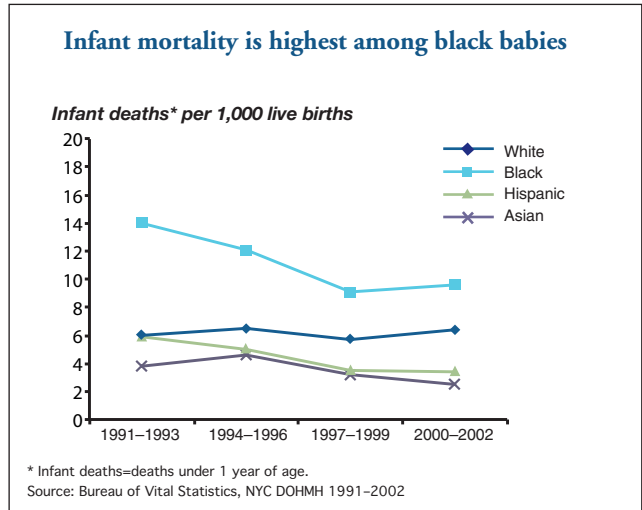
Infant mortality, a key indicator of the health of a community, has been decreasing in all neighborhood income groups, but only high-income neighborhoods currently meet the Take Care New York target. Substantial gaps still remain: From 2000-2002, the infant mortality rate in very low-income neighborhoods was nearly 2 times that in high-income neighborhoods.

Infant mortality is more common among the very poor



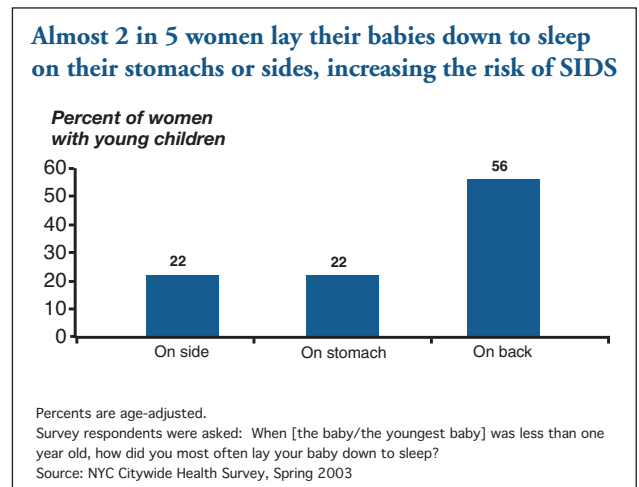
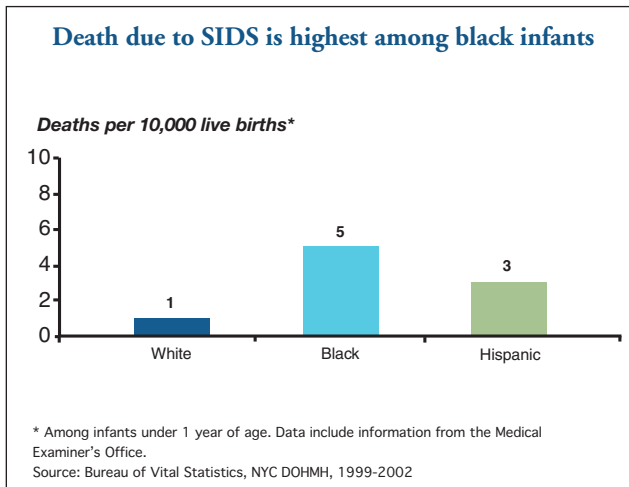
* Infant deaths=deaths under 1 year of age.
Source: Bureau of Vital Statistics, NYC DOHMH 1991-2002

Racial/ethnic disparities persist in infant mortality. While the infant mortality rate has declined most sharply among black babies, it is still higher in this group than for white, Hispanic, and Asian babies. Infant mortality rates among Hispanic and Asian babies meet the Take Care New York target of 5 deaths per 1,000 live births.



Sudden Infant Death Syndrome (SIDS) is the sudden death of an infant under 1 year of age which remains unexplained after all possible causes have been ruled out. The death rate from SIDS is 5 times higher among black infants compared to white infants. Putting babies

to sleep on their backs greatly reduces the risk of SIDS. Although most women in New York City follow this recommendation, 44% of women with babies place them to sleep on their stomachs or sides.



Recommends

- Plan your pregnancy — always use birth control until you're ready to get pregnant. Call **311** and ask for the Women's Healthline for information and services.
- Get early and regular prenatal care.
- If you smoke or use alcohol or drugs, get help to stop before becoming pregnant.
- Try to breast feed for at least 4 to 6 months, unless you're HIV positive or have a problem with drugs or alcohol.
- Lay your baby down to sleep on his or her back.
- Never shake your baby or treat your baby roughly. Call the Parent Hotline (1-800-342-7472) anytime, day or night, if you feel you can't cope.
- Touch your baby often, and hold your baby close.

Conclusions

Despite much progress, women still face significant health challenges. In particular, women do not meet the Take Care New York targets for colon cancer screening, Pap tests, mammograms or flu (influenza) immunizations. Given that cancer is responsible for the largest number of years of potential life lost among women and that pneumonia/ influenza is the third leading cause of death, increasing preventive care is essential.

This report also suggests that women’s health status is best illuminated by identifying subgroups of women who

are at particular risk. For example, while AIDS death rates are below target for white women and those who live in high-income neighborhoods, death rates for black women and those who live in very low-income areas are almost 4 times higher than the target. This example underscores the importance of looking at subgroups of women to determine specific populations at risk and to target interventions.

Findings from this report also underscore that social factors — such as poverty, race/ethnicity, environment, and barriers to health care access — influence health.

Women at Risk			
Take Care New York priority area	Indicators	Subgroup Score*	
		Doing well . . .	Needs improvement . . .
1. Have a regular doctor or other health care provider	Having a regular primary care provider	Insured now, and for entire past year	Uninsured
2. Be tobacco-free	Current smoking	Asian	White
3. Keep your heart healthy	Exercise	High-income	Low-income
	Obesity	Asian	Hispanic
	Death from heart disease	Hispanic	White
4. Know your HIV status	HIV testing**	Hispanic	Black
	Death from AIDS	High-income neighborhoods	Very low-income neighborhoods
5. Get help for depression	Emotional distress	White	Hispanic
6. Live free from dependence on alcohol and drugs	Binge drinking	65+ years old	18–24 years old
7. Get checked for cancer	Mammogram	Health care coverage	No health care coverage
	Pap test	Health care coverage	No health care coverage
	Colonoscopy or sigmoidoscopy**	Hispanic	Black
8. Get the immunizations you need	Flu vaccination	White	Black
	Pneumonia vaccination	White	Black
9. Have a safe and healthy home	Reported domestic violence	65+ years old	18–24 years old
	Unsafe neighborhood	High-income neighborhoods	Very low-income neighborhoods
	Lead poisoning in children	White	Black and Asian
10. Have a healthy baby	Early prenatal care	White	Black, Asian, and Hispanic
	Infant mortality rate	Asian and Hispanic	Black
	Maternal mortality	White	Black

* The subgroups presented here are those with the greatest disparities.

** Subgroups were chosen based on disease prevalence and screening rates.

A more complete understanding of such health risks among subpopulations of women can aid in creating policies and programs, as well as informing public health messages, to improve the health of women in New York City.

In addition, this report shows that while women are healthier than men in several areas, they lag behind men in some important ways. For example, data suggest that women have higher rates of obesity than men, and they exercise less than men. In part, this may be because public health messages about heart disease and its risk and protective factors have been traditionally targeted to men. Although women have lower mortality rates than men due to heart disease, this condition is the number 1 killer of women in New York City. Public health messages about heart disease, obesity, and exercise should be targeted to women as well as men.

Improving the health of women at risk will require concentrated efforts by health care providers, individuals, institutions and communities. We hope that this report helps each of us do our part in improving the health of women in New York City.

Health Care Providers

Health care providers play a vital role in improving the health of all New Yorkers, and any clinical care encounter is a great opportunity for education and prevention. As seen in this report, this includes pregnancy planning, as well as ensuring health both before and during pregnancy. In addition, this report provides data on the disproportionate burden of non-reproductive disease among subgroups of women, which may help providers focus on certain conditions within particular groups of women. Further, providers should include messages about heart disease and cancer prevention in their care of all women. In doing so, they should stress not only the importance of preventive medical care, such as cancer screenings, but also the importance of personal behaviors, such as exercise and healthy diets. Since many women rely on their reproductive health providers for all care, all providers should address these issues with their patients.

Individuals

This report sends a clear message that women face important challenges in improving their health and well-being, despite living longer than men. Women can do a

lot to improve their health, but they need to have the tools to do so. As Take Care New York indicates, individual commitment to better health is essential, because no health intervention can work if people do not take significant personal responsibility for their own health and that of their families. We hope that these data and prevention messages help women to understand how they can take care of their health.

City Agencies and Public Officials

The health of women is dependent on more than just medical and personal care. City agencies can use the data presented in this report to drive public health policies and activities. Important existing partnerships between the Department of Health and Mental Hygiene and other city agencies, such as the Health and Hospitals Corporation and the Department of Education, can provide the groundwork for establishing coordinated interventions that are targeted to women with the greatest health needs. The information in this report also can be used by public officials to better understand health problems that exist in subgroups of women living in the communities they serve. Recognizing that health problems do not affect all women in the same way will enable public officials to target programs and services to women who are in most need of public resources.

Community-Based and Non-Profit Organizations

Community-based organizations and non-profit groups are often closest to the populations they serve, and can be instrumental in communicating key health messages. As shown in this report, certain neighborhoods consistently have poor health behaviors and bear a disproportionate burden of disease. Community-based organizations and non-profit organizations can use these data to identify health problems specific to their communities and disseminate targeted health information, especially to hard-to-reach populations. Similarly, they can use these data to advocate for subgroups of women at greatest risk for health problems.

Appendix

Table 1: Health care coverage for women age 18–64 in New York City, 2003

	Uninsured now		Insured now, and for entire past year		Insured now, but uninsured some time in past year	
	<i>Estimated total</i>	<i>Percent*</i>	<i>Estimated total</i>	<i>Percent*</i>	<i>Estimated total</i>	<i>Percent*</i>
Total	330,000	13	1,957,000	75	331,000	13
Age						
18–24	72,000	18	253,000	63	74,000	18
25–44	176,000	14	929,000	74	159,000	13
45–64	82,000	9	769,000	81	98,000	10
Race						
White	70,000	8	757,000	82	81,000	10
Black	83,000	12	506,000	75	86,000	13
Hispanic	141,000	19	485,000	66	110,000	15
Asian	32,000	13	156,000	68	41,000	19
Nativity						
U.S. Born	123,000	8	1,290,000	82	166,000	11
Foreign	209,000	20	666,000	64	165,000	16
Annual Income						
Less than \$25,000	172,000	20	546,000	62	165,000	19
\$25,000 to \$49,999	61,000	9	503,000	78	84,000	13
\$50,000 to \$74,999	10,000	3	288,000	90	18,000	6
\$75,000 or more	11,000	4	358,000	91	18,000	5

* Percents are age-adjusted (except percents by age).
Source: NYC Community Health Survey, 2003.

Table 2: How neighborhoods and neighborhood income were defined and calculated

Neighborhoods were defined with the United Hospital Fund's 42 zip code aggregations. To calculate neighborhood income level, the neighborhoods were ranked by median household income and then divided into 4 groups, ranging from very low to high. Roughly 25% of the New York City population fall into each neighborhood income group.

Neighborhood Name*	Includes the following neighborhoods:
Central Bronx	Bathgate, Bronx Park South, Crotona, Morris Heights, Mt. Hope, Tremont
Central Brooklyn	Bedford-Stuyvesant, Crown Heights, Prospect Heights, Brownsville
East New York-New Lots	Cypress Hills
Northwest Brooklyn	Brooklyn Heights, Carroll Gardens, Clinton Hill, Downtown, Fort Greene, Park Slope, Red Hook
Southwest Brooklyn	Bay Ridge, Bensonhurst, Dyker Heights
Greenwich Village–SoHo	TriBeCa
Central Harlem	Morningside Heights
Central Queens	Fresh Meadows, Hillcrest, Kew Gardens Hills
Northeast Queens	Bayside, Douglaston, Little Neck, Oakland Gardens
Northwest Queens	Astoria, Long Island City, Sunnyside
West Central Queens	Forest Hills, Glendale, Middle Village, Rego Park, Ridgewood
West Queens	Corona, Elmhurst, Jackson Heights, Maspeth, Woodside
Mid-Island	Mariner's Harbor, New Springville, Travis, Willowbrook
South Shore	Annadale, Eltingville, Great Kills, Huguenot, South Beach, Tottenville

* All other neighborhoods mentioned in the report do not include multiple communities.

Technical Notes

Data sources

Population (race/ethnicity, household income, education and immigrant status): New York City Department of City Planning/Census data; Mortality,* years of potential life lost, life expectancy,* pregnancy outcomes, births to teens, prenatal care, low birthweight, maternal mortality, infant mortality, Sudden Infant Death Syndrome:** NYCDOHMH/Office of Vital Statistics; hospitalizations (within New York City): New York State Department of Health/Statewide Planning and Research Cooperative System; self-reported health status, health insurance coverage status, have a regular primary care provider, access to medical care, usual place of care, adult smoking, blood pressure and cholesterol levels, exercise, obesity, diabetes, HIV testing, serious emotional distress, binge drinking, clinical preventive services, influenza immunization, pneumonia vaccination, neighborhood safety: NYC DOHMH/Division of Epidemiology/NYC Community Health Survey, 2002, 2003; lay babies down to sleep: NYC DOHMH/Division of Epidemiology/NYC Community Health Survey, Spring 2003; teen smoking: Youth Risk Behavior Survey; Rates of chlamydia: NYC DOHMH Bureau of Sexually Transmitted Disease Control; new HIV diagnoses, new AIDS diagnoses: NYC DOHMH HIV Surveillance and Epidemiology Program; breast cancer incidence and mortality: New York State Cancer Registry; domestic violence-related emergency department visits: NYC DOHMH Bureau of Injury Epidemiology; lead poisoning: NYC DOHMH Lead Poisoning Prevention Program.

* All mortality data only include deaths that occurred within NYC. Life expectancy calculations differ from the Vital Statistics calculations, which include deaths to New York City residents regardless of place of occurrence.

** Includes information from the Medical Examiner's office.

Preventive health questions

Mammogram: Survey respondents were asked: Have you ever had a mammogram? If yes, how long has it been since your last mammogram?

Pap test: Survey respondents were asked: Have you ever had a pap smear? If yes, how long has it been since your last pap smear?

Colon cancer screen: Sigmoidoscopy and colonoscopy are exams in which a tube is inserted into the rectum to view the bowel for signs of cancer or other health problems. Have you ever had either of these exams? If yes, do you know which exam you had performed?

Adjustments

Age-adjusted analyses were standardized to the year 2000 U.S. population.

Percentages have been rounded to the nearest whole number.

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For more information

Please call 311, visit nyc.gov/health, e-mail womenhealth@health.nyc.gov, or write to:

Women at Risk: The Health of Women in New York City

New York City Department of Health and Mental Hygiene, Division of Epidemiology

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