

## Men's Health in New York City: Premature Death Due to Homicide and Heart Disease

New Yorkers are living longer than ever before. Those born in 2007 can expect to live 79 years, which is an increase of more than six years since 1990. Substantial declines in deaths due to homicide, HIV/AIDS, and many other causes occurred during this period.

Despite this improvement, men in NYC live, on average, six years less than women (76 vs. 82 years). More than one third of deaths among men (37%) happen prematurely (before the age of 65), compared with less than one quarter among women (22%).

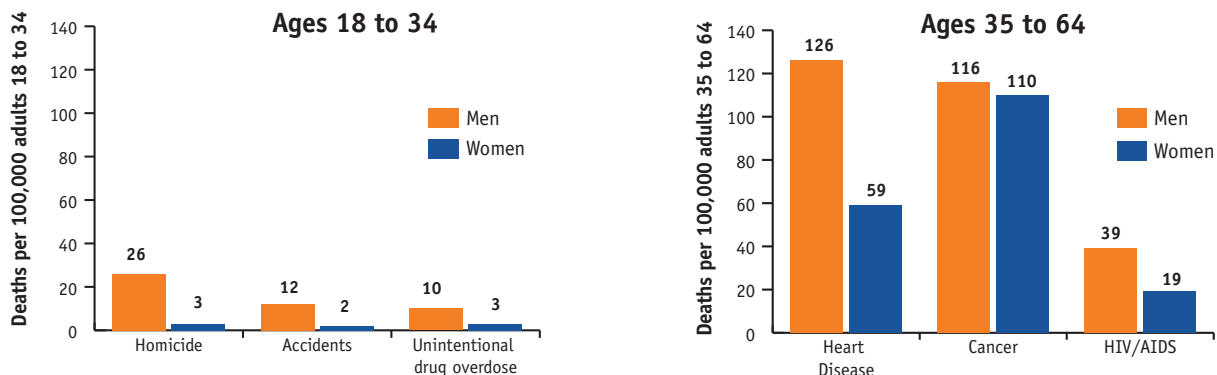
A number of complex factors contribute to men's shorter life expectancy and higher premature death rate, including health behaviors, the social and physical

environment, and health care access and quality. Yet many premature deaths among men can be prevented.

Heart disease is the leading cause of death after age 75 among both men and women. Before that age, however, causes differ greatly by sex. This report examines two major causes of death among men younger than 65 years – homicide and heart disease – and considers factors associated with premature mortality. Because the threats to men's health vary by age, findings are presented separately for men ages 18 to 34 years and ages 35 to 64 years. Finally, we provide recommendations to help improve men's health, safety, and life span on page four.

### Homicide and heart disease are leading causes of premature death among men

Causes of death in NYC by age and sex



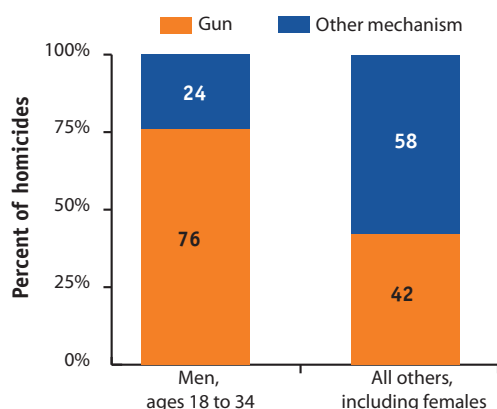
Sources: NYC DOHMH Bureau of Vital Statistics, 2006-2008; NYC DOHMH population estimates 2006-2008.

- Overall, between the ages of 18 and 34, men are more than twice as likely as women to die (91 vs. 37 deaths per 100,000).
- Homicide is by far the most common cause of death for men in this age group, accounting for twice as many deaths as accidents (26 vs. 12 per 100,000 men).
- Overall, between the ages of 35 and 64, men are 65% more likely than women to die (479 vs. 290 deaths per 100,000).
- While death rates for cancer are comparable among men and women in this age group, deaths from heart disease are twice as common among men (126 vs. 59 per 100,000).

Data presented in this report are from the NYC Community Health Survey (CHS), the New York State Statewide Planning and Research Cooperative System (SPARCS), and the NYC DOHMH Bureau of Vital Statistics (mortality data). CHS is an annual telephone health survey of approximately 10,000 adults age 18 and older conducted by the NYC Department of Health and Mental Hygiene. For full survey details, visit: [nyc.gov/health/survey](http://nyc.gov/health/survey). SPARCS hospitalization data are from the August 2007 update file. For more information, visit: [health.state.ny.us/statistics/sparcs](http://health.state.ny.us/statistics/sparcs). Population estimates were created by the Bureau of Epidemiology Services using unchallenged population estimates from the US Census Bureau. Homicide data presented in this publication are limited to residents of NYC, and may differ from other reported sources due to small differences in definition. All rates, percents and life expectancies presented are rounded to the nearest whole number, and are not age-adjusted unless indicated.

## Most homicide deaths among men ages 18 to 34 are gun-related

Homicides by mechanism among NYC residents



- Overall and among men, homicides have declined dramatically in the last two decades. In 1990, there were 1,126 homicides among men ages 18 to 34 living in NYC. Between 2006 and 2008 there were about 260 each year, accounting for 31,000 years of life lost before age 65.
- Homicides in NYC overwhelmingly involve men both as perpetrator (92%) and victim (84%).
- Men ages 18 to 34 comprise only 12% of NYC's population, but accounted for 50% of all homicide victims and 64% of all gun-related homicide victims from 2006 to 2008.
- More than three fourths of homicides among men in this age group (76%) are gun-related whereas less than half of homicides among all other New Yorkers (42%) are gun-related.

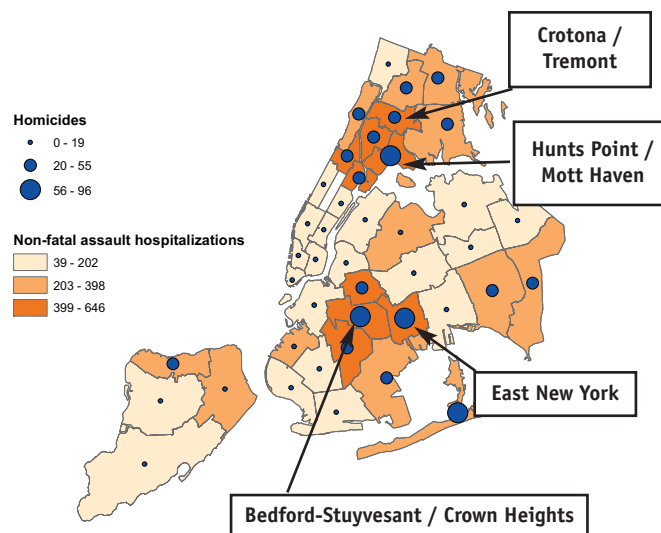
Sources: NYC DOHMH Bureau of Vital Statistics, 2006-2008; New York City Police Department, OMAP/CAPPS (perpetrator/victim data).

**Racial/ethnic disparities in homicide among men ages 18 to 34:** The death rate due to homicide among black men (73 per 100,000) is more than three times the rate among Hispanic men (21 per 100,000), 12 times higher than the rate among white men (6 per 100,000), and 70 times higher than the rate among Asian men (1 per 100,000).

## Homicides and non-fatal assault hospitalizations among men ages 18 to 34 vary by neighborhood of residence

- Homicide rates among men ages 18 to 34 are highest for residents of Bedford-Stuyvesant/Crown Heights (96 per 100,000), East New York (77 per 100,000), and Hunts Point/Mott Haven (76 per 100,000).
- Approximately 2,700 non-fatal hospitalizations for assaults (including those involving physical force, stabbings, and gunshot wounds) occur each year among NYC men ages 18 to 34.
- Similar to homicide rates, non-fatal assault hospitalization rates among men ages 18 to 34 are highest for residents of Hunts Point/Mott Haven (646 per 100,000), Bedford-Stuyvesant/Crown Heights (621 per 100,000), and Crotona/Tremont (547 per 100,000).
- The neighborhoods mentioned above also have among the highest poverty rates in NYC, with more than 30% of residents of these neighborhoods living in poverty.

Homicides and non-fatal assault hospitalizations by neighborhood (per 100,000 men ages 18 to 34)



Sources: NYS Statewide Planning and Research Cooperative System, 2004-2006 (August 2007 update); NYC DOHMH population estimates 2004-2008; NYC DOHMH Bureau of Vital Statistics, 2006-2008.

**\$53 million:** The estimated annual charges associated with care for non-fatal assault hospitalizations among NYC men ages 18 to 34

## Many men ages 35 to 64 have modifiable risk factors for heart disease, and may face barriers to receiving health care

	%	Estimated # of men
<b>Behavioral</b>		
Overweight or obese, by BMI*	71	1,071,000
Eats fewer than five fruit/vegetable servings	93	1,395,000
No exercise in the past 30 days	25	382,000
Current smoker	18	279,000
Binge drinker **	17	258,000
<b>Medical</b>		
High blood pressure	28	421,000
High cholesterol	42	641,000
Diabetes	11	170,000
<b>Health Care Access</b>		
Uninsured	17	262,000
Insured, but no regular provider	7	113,000
Insured with a regular provider, but did not see provider in the past 12 months	10	150,000

- More than 1 million (71%) of the 1.5 million men ages 35 to 64 are either overweight (46%) or obese (25%).
- 93% of men ages 35 to 64 ate fewer than the recommended five servings of fruit or vegetables the previous day.
- One in four (25%) did not exercise at all in the past month.
- One in six smokes (18%) or binge drinks\*\* (17%).
- More than one in four (28%) have been told they have high blood pressure, and nearly half (42%) have been told they have high cholesterol.
- One in four (24%) either does not have insurance or is insured but is without a regular medical provider.

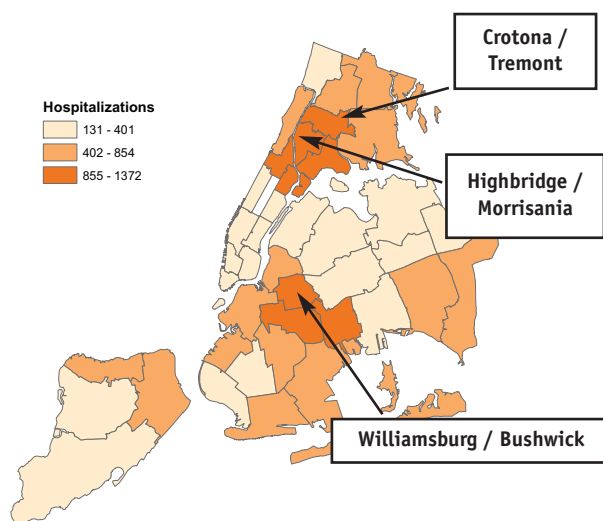
Source: NYC CHS, 2008.

\* BMI (Body Mass Index) is calculated based on respondents' self-reported weight and height. BMI of 25.0–29.9 is considered overweight; BMI ≥ 30 is obese.

\*\*Binge drinking is defined as five or more drinks on one occasion in the past month.

## Preventable heart disease hospitalizations among men ages 35 to 64 vary by neighborhood

### Preventable heart disease-related hospitalizations by neighborhood (per 100,000 men ages 35 to 64)



- Preventable heart disease-related hospitalizations,\* including for hypertension, congestive heart failure, and angina, could be avoided with timely outpatient treatment and may indicate lack of access to preventive care.
- Each year, approximately 8,400 preventable heart disease-related hospitalizations occur among men ages 35 to 64 living in NYC.
- The highest preventable heart disease-related hospitalization rates occur among residents of Williamsburg/Bushwick (1,372 per 100,000) Crotona/Tremont (1,292 per 100,000), and Highbridge/Morrisania (1,288 per 100,000)
- The rate for Williamsburg/Bushwick residents (1,372 per 100,000) is ten times the rate for residents of the Upper East Side (131 per 100,000), the neighborhood with the lowest rate.

Sources: NYS Statewide Planning and Research Cooperative System, 2004-2006 (August 2007 update); NYC DOHMH population estimates 2004-2006.

\* Preventable hospitalizations are classified based on definitions developed by the Agency for Health Care Research and Quality. For more information visit: [www.qualityindicators.ahrq.gov](http://www.qualityindicators.ahrq.gov)

**\$185 million:** The estimated annual charges associated with care for preventable heart disease hospitalizations among NYC men ages 35 to 64

# Recommendations

## Men should seek out opportunities to improve their health.

- Get at least 30 minutes of moderate-intensity physical activity (or more for weight loss) on most days. Take the stairs, bicycle to work, or exit the subway a stop early and walk the rest of the way.
- Make small, healthy changes to your diet: eat more fruits and vegetables, choose low-sodium foods, and substitute water or seltzer for sugar-sweetened beverages.
- Limit alcohol use. Drinking more than two drinks per day increases men's risk of heart disease, violence, injury, and other health problems.
- If you smoke, quit. If you have trouble quitting, speak to your medical provider about options.
- Get screened for high blood pressure at least every two years and cholesterol at least every five years (for men ages 35 and older) and take medication daily if recommended by your provider.
- Call 311 for help with or more information on alcohol problems, quitting smoking, or finding a doctor.

## Researchers and community-based organizations should develop programs that foster men's health and safety.

- Investigate and reduce barriers to men's use of preventive medical care.
- Target and expand successful public health outreach (e.g., anti-smoking, calorie awareness) and interventions (e.g., blood pressure self-monitoring) to high-risk groups, particularly men.
- Change the social norms that enable violence. Engage young men and boys, especially those in neighborhoods with high rates of homicide or assault, in activities that promote well-being.

## Health care providers should closely monitor cardiovascular risk factors.

- Conduct evidence-based health assessments of men (including screening for overweight/obesity, diet, physical activity, and smoking) and make recommendations as needed. For more information, visit: [nyc.gov/html/doh/downloads/pdf/chi/chi27-1.pdf](http://nyc.gov/html/doh/downloads/pdf/chi/chi27-1.pdf) and [nyc.gov/html/doh/downloads/pdf/chi/chi26-4.pdf](http://nyc.gov/html/doh/downloads/pdf/chi/chi26-4.pdf)
- Utilize electronic health records to track hypertension and hyperlipidemia screenings, and to generate preventive care reminders for patients. Visit: [nyc.gov/html/doh/downloads/pdf/chi/chi26-1.pdf](http://nyc.gov/html/doh/downloads/pdf/chi/chi26-1.pdf)

## Policymakers should expand violence prevention and health promotion activities.

- Expand gun buyback programs.
- Advance restrictions on access to firearms and increase requirements for their safe storage.
- Beautify streets and improve their safety. Sidewalks, bike lanes, and greenery can encourage walking and biking, and adequate lighting can reduce opportunities for violence.
- Support policies that encourage healthier food options, by increasing access to fresh produce, limiting sodium content of processed foods, and informing consumers of nutritional content.
- Promote policies that improve risk factor control such as treatment for hypertension and that encourage use of electronic health records.



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All Vital Signs are available at [NYC.gov/health](http://NYC.gov/health). To contact NYC Vital Signs, e-mail [VitalSigns@health.nyc.gov](mailto:VitalSigns@health.nyc.gov).