Brooklyn Community District 10:

BAY RIDGE AND DYKER HEIGHTS

(Including Bay Ridge, Dyker Heights and Fort Hamilton)

Health is rooted in the circumstances of our daily lives and the environments in which we are born, grow, play, work, love and age. Understanding how **community conditions affect our physical and mental health** is the first step toward building a healthier New York City.
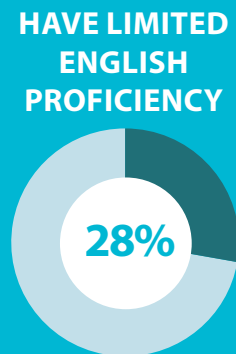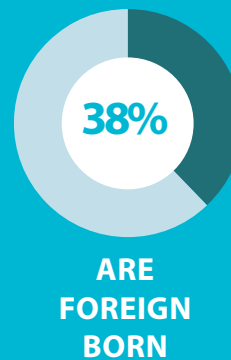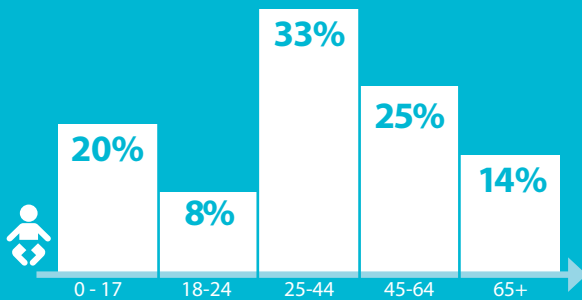
WHO WE ARE

BAY RIDGE AND DYKER HEIGHTS TOTAL POPULATION

140,007

POPULATION BY RACE AND ETHNICITY

60% White*

22% Asian*
15% Hispanic
1% Black*
2% Other*

POPULATION BY AGE

- 20% 0 - 17
- 8% 18-24
- 33% 25-44
- 25% 45-64
- 14% 65+

38% ARE FOREIGN BORN

HAVE LIMITED ENGLISH PROFICIENCY
28%

PERCENT WHO REPORTED THEIR OWN HEALTH AS "EXCELLENT," "VERY GOOD" OR "GOOD"

81%

LIFE EXPECTANCY

81.5 YEARS

Note from Dr. Mary Bassett, Commissioner, New York City Department of Health and Mental Hygiene

New York City is a city of neighborhoods. Their diversity, rich history and people are what make this city so special.

But longstanding and rising income inequality, combined with a history of racial residential segregation, has led to startling health inequities between neighborhoods. Poor health outcomes tend to cluster in places that people of color call home and where many residents live in poverty. Life expectancy in Brownsville, for example, is 11 years shorter than in the Financial District. And this is not because residents of Brownsville are dying of unusual diseases, but because they are dying of the same diseases – mostly heart disease and cancer – at younger ages and at higher rates.

This is unfair and avoidable. A person's health should not be determined by his or her ZIP code.

Reducing health inequities requires policymakers, health professionals, researchers and community groups to advocate and work together for systemic change. In *One New York: The Plan for a Strong and Just City (OneNYC)*, Mayor Bill de Blasio has outlined a vision to transform this city, and every neighborhood, guided by the principles of growth, equity, sustainability and resiliency.

Our communities are not simply made up of individual behaviors, but are dynamic places where individuals interact with each other, with their immediate environments and with the policies that shape those environments. The Community Health Profiles include indicators that reflect a broad set of conditions that impact health.

Our hope is that you will use the data and information in these Community Health Profiles to advocate for your neighborhoods.

MARY T. BASSETT, MD, MPH

Navigating this document

This profile covers all of Brooklyn Community District 10, which includes Bay Ridge, Dyker Heights and Fort Hamilton, but the name is shortened to just **Bay Ridge and Dyker Heights**. This is one of 59 community districts in New York City (NYC).

Community districts are ranked on each indicator. The highest rank (#1) corresponds to the largest value for a given measure. Sometimes a high rank indicates a positive measure of health (e.g., ranking first in flu vaccination). Other times, it indicates a negative measure of health (e.g., ranking first in the premature death rate).

The following color coding system is used throughout this document:

BAY RIDGE AND DYKER HEIGHTS

BEST-PERFORMING COMMUNITY DISTRICT

BROOKLYN

NEW YORK CITY

TABLE OF CONTENTS

NEIGHBORHOOD CONDITIONS

Where we live determines the quality of the air we breathe, the homes we live in, how safe we feel, what kinds of food we can easily access and more.
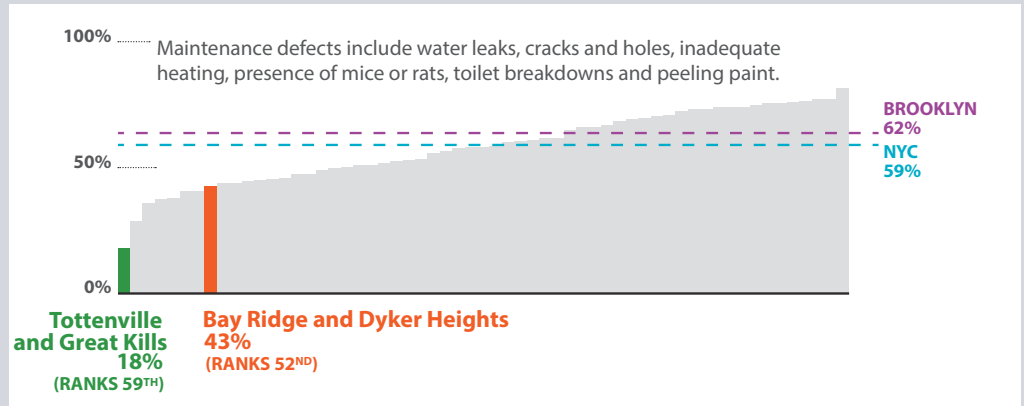
Housing quality

Poorly maintained housing is associated with negative health outcomes, including asthma and other respiratory illnesses, injuries and poor mental health. A lower percentage of homes in **Bay Ridge and Dyker Heights** have maintenance defects compared with homes citywide.

Maintenance defects
(percent of renter-occupied homes with at least one maintenance defect)

100% .... Maintenance defects include water leaks, cracks and holes, inadequate heating, presence of mice or rats, toilet breakdowns and peeling paint.

BROOKLYN 62%
NYC 59%

50%

0%

Tottenville and Great Kills 18% (RANKS 59TH)

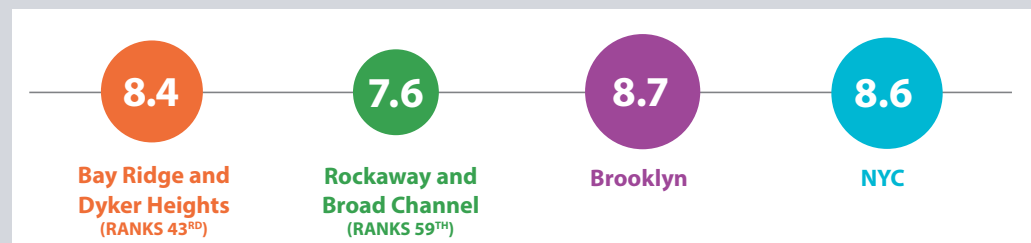**Bay Ridge and Dyker Heights 43%** (RANKS 52ND)

NYC Housing and Vacancy Survey, 2011

Air pollution

Although NYC air quality is improving, air pollution, such as fine particles ($PM_{2.5}$), can cause health problems, particularly among the very young, seniors and those with preexisting health conditions. In **Bay Ridge and Dyker Heights**, levels of $PM_{2.5}$, the most harmful air pollutant, are 8.4 micrograms per cubic meter, compared with 8.7 in Brooklyn and 8.6 citywide.

Air pollution (micrograms of fine particulate matter per cubic meter)

8.4
Bay Ridge and Dyker Heights (RANKS 43RD)

7.6
Rockaway and Broad Channel (RANKS 59TH)

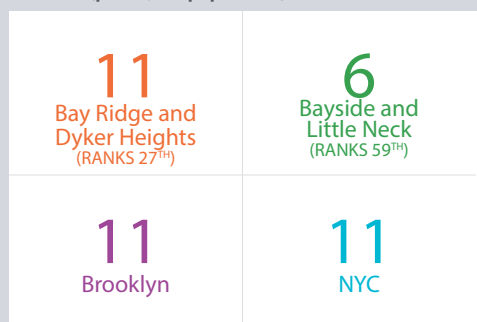**8.7**
Brooklyn

8.6
NYC

NYC DOHMH, Community Air Survey, 2013

Retail environment

The prevalence of tobacco retailers in **Bay Ridge and Dyker Heights** is similar to the prevalence citywide. **Bay Ridge and Dyker Heights** ranks fourth-lowest citywide in terms of supermarket access, with only 85 square feet per 100 people.

When healthy foods are readily available, it is easier to make healthy choices.

Tobacco retailers
(per 10,000 population)

11 Bay Ridge and Dyker Heights (RANKS 27TH)	**6** Bayside and Little Neck (RANKS 59TH)
11 Brooklyn	**11** NYC

NYC Department of Consumer Affairs, 2014

Supermarket square footage
(per 100 population)

85 Bay Ridge and Dyker Heights (RANKS 56TH)	**450** South Beach and Willowbrook (RANKS 1ST)
156 Brooklyn	**177** NYC
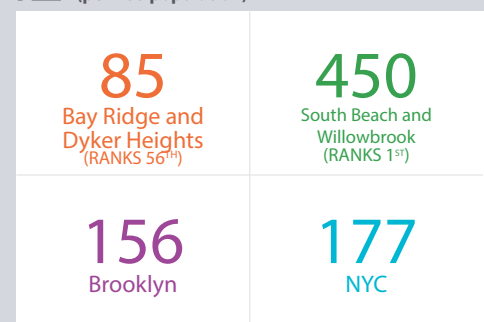
New York State Department of Agriculture and Markets, 2014

SOCIAL AND ECONOMIC CONDITIONS

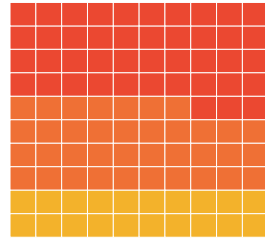Higher education levels are associated with better health outcomes.

Adult educational attainment

Over two-fifths of **Bay Ridge and Dyker Heights** adults have college degrees; however, one in five adults has not completed high school.
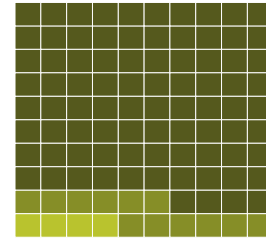
Highest level of education attained (adults 25 years and older)

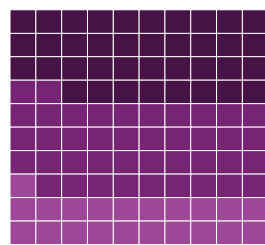**BAY RIDGE AND DYKER HEIGHTS**

43% College graduate

37% High school graduate or some college

20% Less than high school

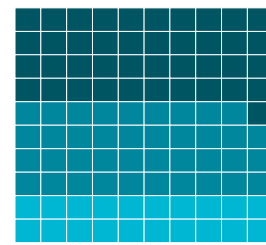**FINANCIAL DISTRICT & GREENWICH VILLAGE AND SOHO**

84% College graduate

12% High school graduate or some college

4% Less than high school

BROOKLYN

38% College graduate

41% High school graduate or some college

21% Less than high school

NEW YORK CITY

41% College graduate

39% High school graduate or some college

20% Less than high school

U.S. Census Bureau, American Community Survey, 2011-2013

Income

Living in poverty limits healthy lifestyle choices and makes it difficult to access health care and resources that can promote health and prevent illness. Unemployment and unaffordable housing are also closely associated with poverty and poor health. Nearly one in ten **Bay Ridge and Dyker Heights** adults ages 16 and older is unemployed, and nearly half of residents spend more than 30% of their monthly gross income on rent.

One way to consider the effect of income on health is by comparing death rates among neighborhoods. Assuming that the death rates from the five neighborhoods with the highest incomes are achievable in **Bay Ridge and Dyker Heights**, it is estimated that **16% of deaths could have been averted.**

16% of residents of **Bay Ridge and Dyker Heights** live below the Federal Poverty Level.

Economic stress

	Bay Ridge and Dyker Heights	Best-performing community district	Brooklyn	NYC
Poverty	16% (RANKS 40TH)	6% Tottenville and Great Kills (RANKS 59TH)	24%	21%
Unemployment	9% (RANKS 38TH)	5% Greenwich Village and Soho & Financial District (RANKS 58TH)	11%	11%
Rent burden	49% (RANKS 43RD)	37% Greenwich Village and Soho & Financial District (RANKS 58TH)	52%	51%

Poverty, unemployment and rent burden : U.S. Census Bureau, American Community Survey, 2011-2013; Avertable deaths: NYC DOHMH, Bureau of Vital Statistics 2008-2012
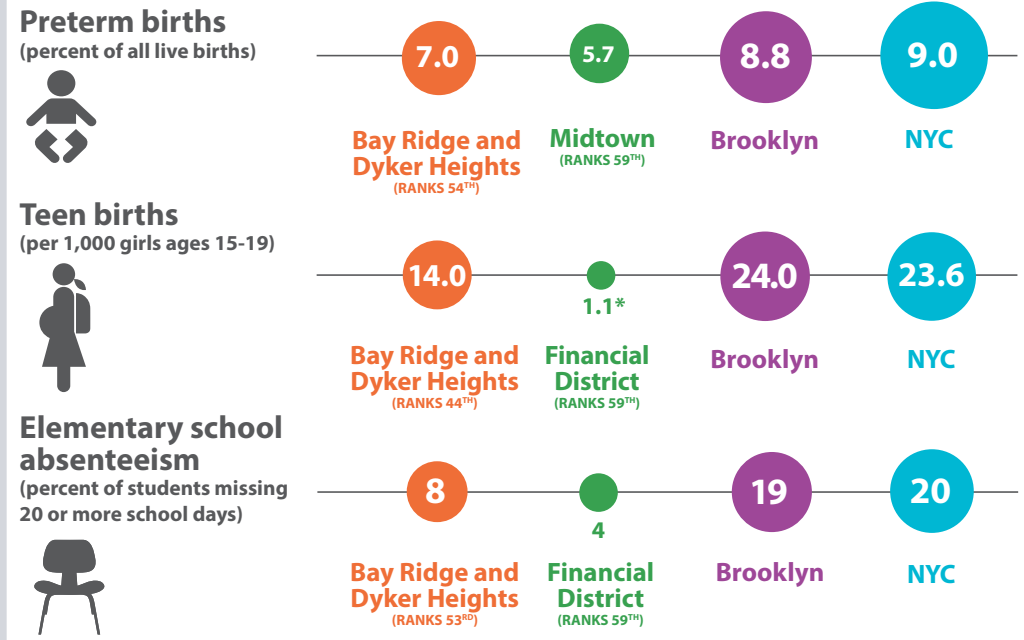
SOCIAL AND ECONOMIC CONDITIONS

Child and adolescent health are a signal of a community's current well-being and potential.

People who are incarcerated have higher rates of mental illness, drug and alcohol addiction and other health conditions.

Non-fatal assault hospitalizations capture the consequences of community violence.
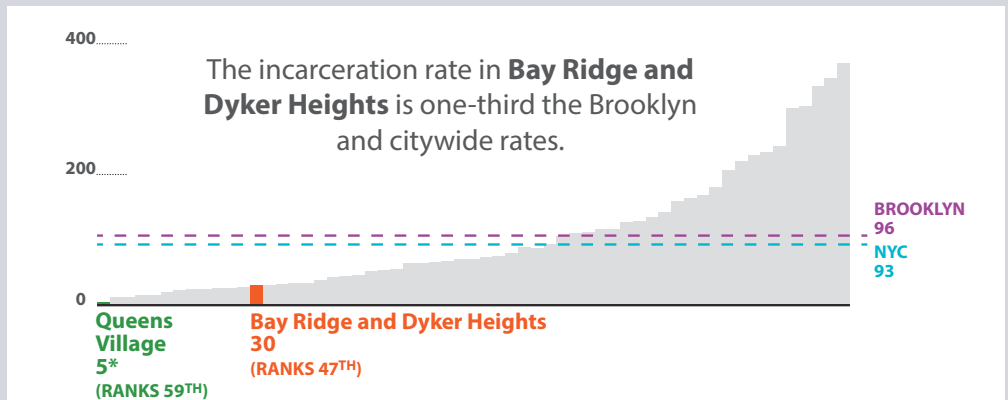
Children and adolescents

The littlest New Yorkers all deserve the same opportunities for health. In **Bay Ridge and Dyker Heights**, the rate of preterm births, a key driver of infant death, and the teen birth rate are both lower than the Brooklyn and citywide rates. The percentage of elementary school students in **Bay Ridge and Dyker Heights** who miss 20 or more school days is one of the lowest in the city.

Preterm births
(percent of all live births)

7.0	5.7	8.8	9.0
Bay Ridge and Dyker Heights (RANKS 54TH)	**Midtown** (RANKS 59TH)	**Brooklyn**	**NYC**

Teen births
(per 1,000 girls ages 15-19)

14.0	1.1*	24.0	23.6
Bay Ridge and Dyker Heights (RANKS 44TH)	**Financial District** (RANKS 59TH)	**Brooklyn**	**NYC**

Elementary school absenteeism
(percent of students missing 20 or more school days)

8	4	19	20
Bay Ridge and Dyker Heights (RANKS 53RD)	**Financial District** (RANKS 59TH)	**Brooklyn**	**NYC**

* Interpret estimate with caution due to small number of events

Preterm births: NYC DOHMH, Bureau of Vital Statistics, 2013; Teen births: NYC DOHMH, Bureau of Vital Statistics, 2011-2013; Absenteeism: NYC Department of Education, 2013-2014

Incarceration

Jail incarceration (per 100,000 adults ages 16 and older)

The incarceration rate in **Bay Ridge and Dyker Heights** is one-third the Brooklyn and citywide rates.

400
200
0

BROOKLYN 96
NYC 93

Queens Village 5* (RANKS 59TH)

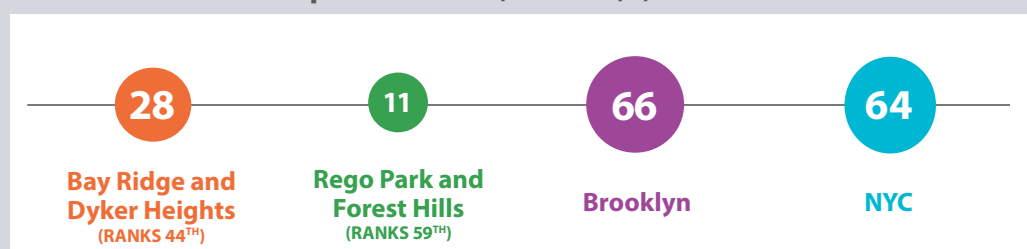**Bay Ridge and Dyker Heights 30** (RANKS 47TH)

*Interpret estimate with caution due to small number of events

NYC Department of Corrections, 2014

Violence

The injury assault rate in **Bay Ridge and Dyker Heights** is less than half the citywide rate.

Non-fatal assault hospitalizations (per 100,000 population)

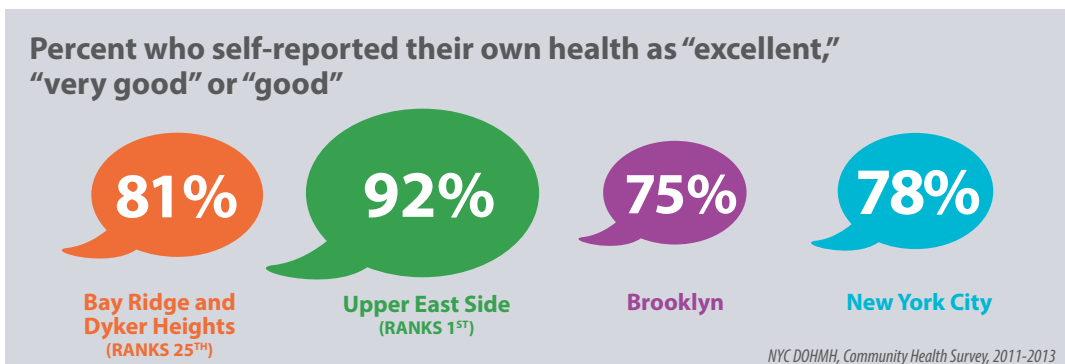| 28	11	66	64
Bay Ridge and Dyker Heights (RANKS 44TH)	**Rego Park and Forest Hills** (RANKS 59TH)	**Brooklyn**	**NYC**

New York State Department of Health, Statewide Planning and Research Cooperative System, 2011-2013

HEALTHY LIVING

Self-reported health

People are good at rating their own health. When asked to rate their overall health on a scale of one to five (excellent, very good, good, fair or poor), 81% of **Bay Ridge and Dyker Heights** residents rate their health as "excellent," "very good" or "good."

Percent who self-reported their own health as "excellent," "very good" or "good"

81%	92%	75%	78%
Bay Ridge and Dyker Heights (RANKS 25TH)	**Upper East Side** (RANKS 1ST)	**Brooklyn**	**New York City**

NYC DOHMH, Community Health Survey, 2011-2013

Smoking, diet and physical activity

Smoking, poor quality diet and physical inactivity are risk factors for high blood pressure, diabetes and other problems. Adults in **Bay Ridge and Dyker Heights** smoke, consume sugary drinks, eat fruits and vegetables and are physically active at rates similar to residents of Brooklyn and the city as a whole.

77% of **Bay Ridge and Dyker Heights** adults report getting physical activity in the last 30 days, compared with 90% in the best-performing neighborhoods in the city.

	Bay Ridge and Dyker Heights	Best-performing community district	Brooklyn	NYC
Current smokers	14% (RANKS 40TH)	10% East Flatbush (RANKS 59TH)	16%	15%
1 or more 12 oz sugary drink per day	21% (RANKS 46TH)	12% Stuyvesant Town and Turtle Bay (RANKS 59TH)	27%	27%
At least one serving of fruits or vegetables per day	89% (RANKS 22ND)	95%* Bayside and Little Neck (RANKS 1ST)	87%	88%
Any physical activity in the last 30 days	77% (RANKS 28TH)	90% Clinton and Chelsea & Midtown (RANKS 1ST)	75%	77%

Interpret estimate with caution due to small sample size

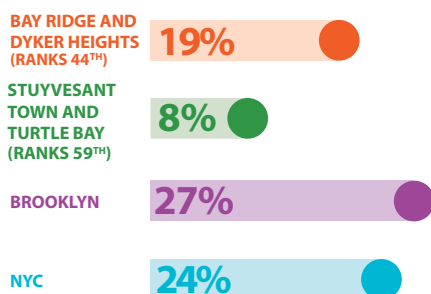*All: NYC DOHMH, Community Health Survey, 2011-2013*
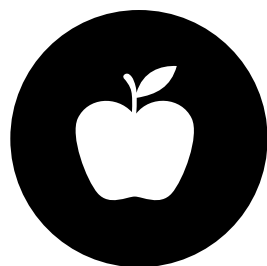
HEALTHY LIVING

Exercise is one way to maintain a healthy weight. Federal guidelines say that children should get 60 minutes of exercise per day, adults should get 150 minutes per week, and older adults should get 150 minutes per week as their physical abilities allow, with a focus on exercises to improve balance.

Obesity and diabetes

Obesity can lead to serious health problems, such as diabetes and heart disease. At 19%, the rate of obesity in **Bay Ridge and Dyker Heights** is more than twice the rate in Stuyvesant Town and Turtle Bay. The diabetes rate in **Bay Ridge and Dyker Heights** is 6%, one of the lowest rates in the city.

Obesity (percent of adults)

BAY RIDGE AND DYKER HEIGHTS (RANKS 44TH)	**19%**
STUYVESANT TOWN AND TURTLE BAY (RANKS 59TH)	**8%**
BROOKLYN	**27%**
NYC	**24%**

NYC DOHMH, Community Health Survey, 2011-2013

Diabetes (percent of adults)

|	
BAY RIDGE AND DYKER HEIGHTS (RANKS 50TH)	**6%** *
STUYVESANT TOWN AND TURTLE BAY (RANKS 59TH)	**3%**
BROOKLYN	**11%**
NYC	**10%**
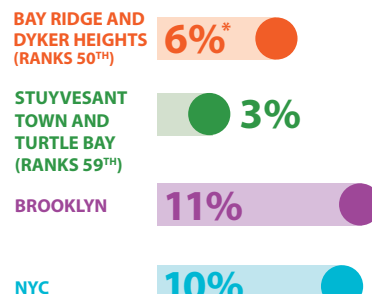
Interpret estimate with caution due to small sample size
NYC DOHMH, Community Health Survey, 2011-2013

Substance use

Drug- and/or alcohol-related hospitalizations reflect acute and chronic consequences of substance misuse. In **Bay Ridge and Dyker Heights**, such hospitalization rates are lower than the rates in Brooklyn and NYC.

Alcohol-related hospitalizations (per 100,000 adults)
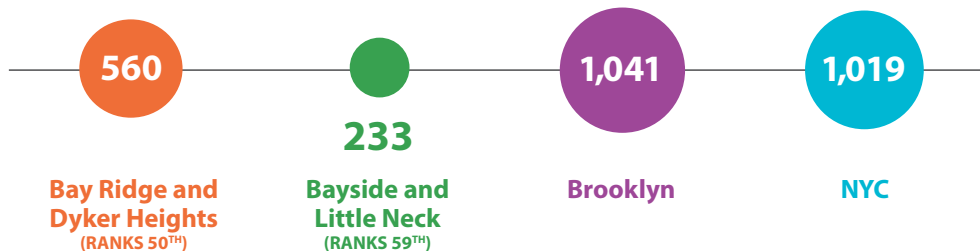
560	233	1,041	1,019
Bay Ridge and Dyker Heights (RANKS 50TH)	**Bayside and Little Neck** (RANKS 59TH)	**Brooklyn**	**NYC**

New York State Department of Health, Statewide Planning and Research Cooperative System, 2012

Drug-related hospitalizations (per 100,000 adults)
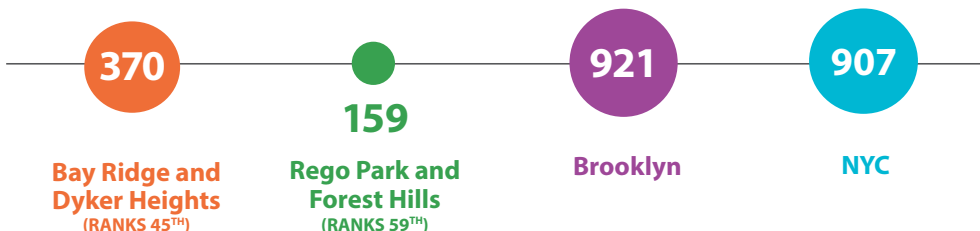
370	159	921	907
Bay Ridge and Dyker Heights (RANKS 45TH)	**Rego Park and Forest Hills** (RANKS 59TH)	**Brooklyn**	**NYC**

New York State Department of Health, Statewide Planning and Research Cooperative System, 2012
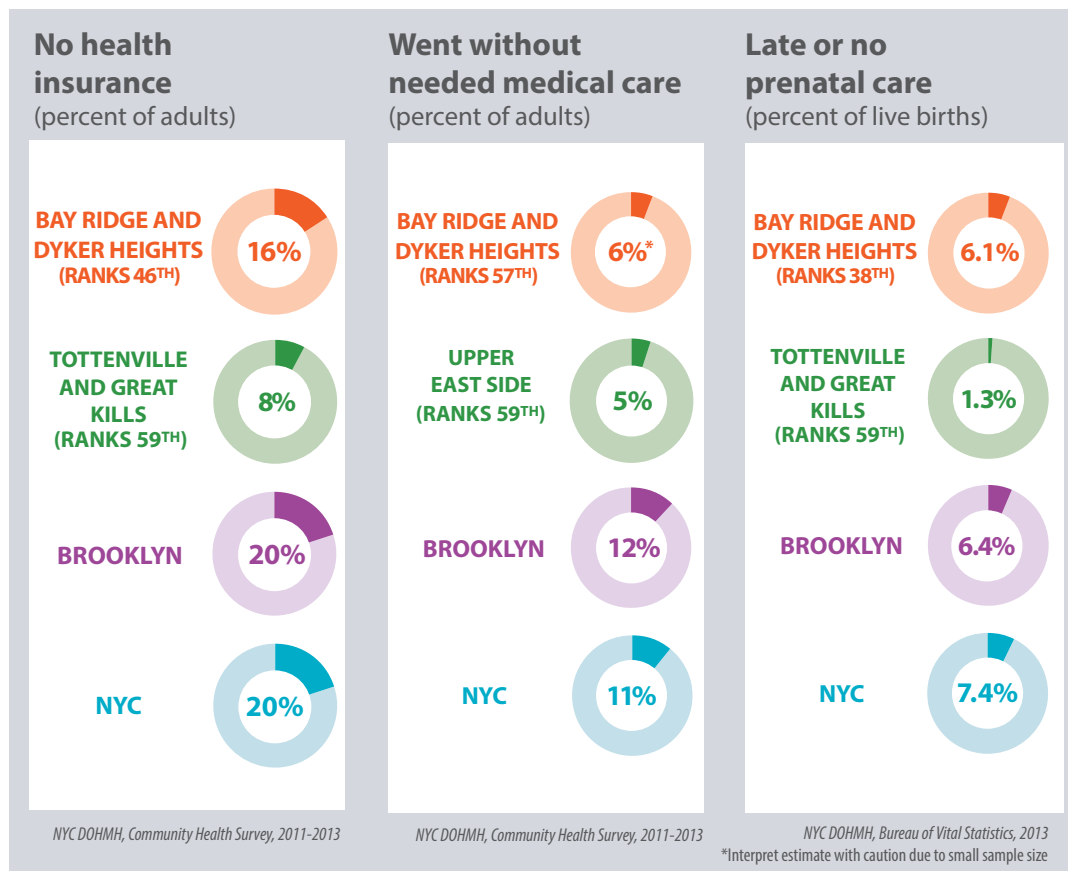
HEALTH CARE

Prior to 2014, 20% of adults in NYC had no health insurance; however, with implementation of the Affordable Care Act, this percentage decreased to 14% citywide in 2014. A similar decrease is expected in **Bay Ridge and Dyker Heights.**

HPV infection causes cancers that can be prevented by the HPV vaccine. Boys and girls should receive the vaccine at 11 to 12 years of age, prior to HPV exposure and when the vaccine is most effective.
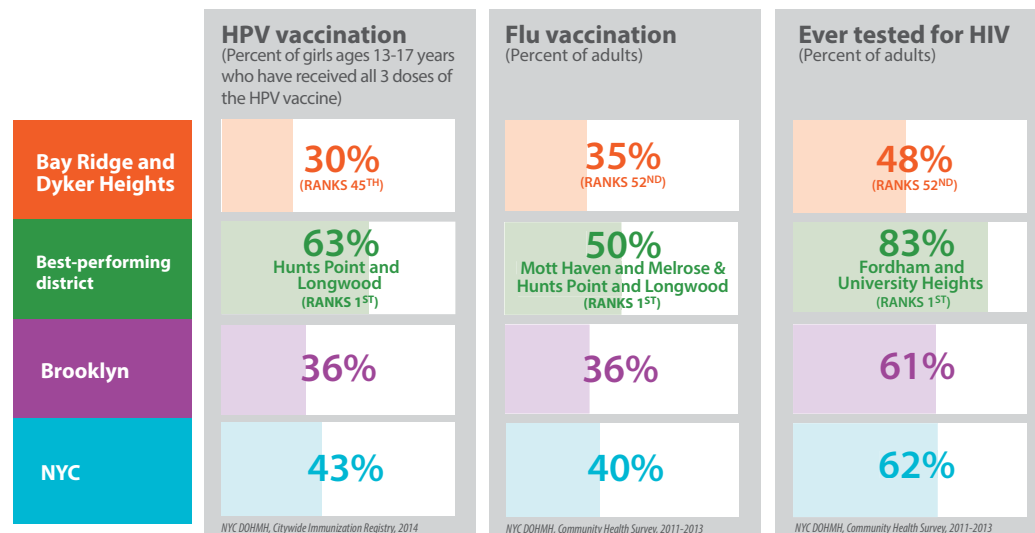
Access to health care

A lack of quality health care can lead to negative health outcomes and more intensive treatment, such as avoidable hospitalizations. One in six adults in **Bay Ridge and Dyker Heights** has no health insurance, and one in sixteen goes without needed medical care, similar to the citywide rates.

No health insurance
(percent of adults)

BAY RIDGE AND DYKER HEIGHTS (RANKS 46TH)	16%
TOTTENVILLE AND GREAT KILLS (RANKS 59TH)	8%
BROOKLYN	20%
NYC	20%

NYC DOHMH, Community Health Survey, 2011-2013

Went without needed medical care
(percent of adults)

BAY RIDGE AND DYKER HEIGHTS (RANKS 57TH)	6%*
UPPER EAST SIDE (RANKS 59TH)	5%
BROOKLYN	12%
NYC	11%

NYC DOHMH, Community Health Survey, 2011-2013

Late or no prenatal care
(percent of live births)

BAY RIDGE AND DYKER HEIGHTS (RANKS 38TH)	6.1%
TOTTENVILLE AND GREAT KILLS (RANKS 59TH)	1.3%
BROOKLYN	6.4%
NYC	7.4%

NYC DOHMH, Bureau of Vital Statistics, 2013
*Interpret estimate with caution due to small sample size

Prevention and screening

Compared with teens citywide, teenaged girls from **Bay Ridge and Dyker Heights** are less likely to receive the full human papillomavirus (HPV) vaccine series. **Bay Ridge and Dyker Heights** adults are also less likely to get tested for HIV than adults citywide. **Bay Ridge and Dyker Heights** has one of the lowest adult flu vaccination rates in the city.

	HPV vaccination (Percent of girls ages 13-17 years who have received all 3 doses of the HPV vaccine)	Flu vaccination (Percent of adults)	Ever tested for HIV (Percent of adults)
Bay Ridge and Dyker Heights	30% (RANKS 45TH)	35% (RANKS 52ND)	48% (RANKS 52ND)
Best-performing district	63% Hunts Point and Longwood (RANKS 1ST)	50% Mott Haven and Melrose & Hunts Point and Longwood (RANKS 1ST)	83% Fordham and University Heights (RANKS 1ST)
Brooklyn	36%	36%	61%
NYC	43%	40%	62%

NYC DOHMH, Citywide Immunization Registry, 2014 | *NYC DOHMH, Community Health Survey, 2011-2013* | *NYC DOHMH, Community Health Survey, 2011-2013*

HEALTH OUTCOMES

People diagnosed with HIV who enter care and start antiviral medications live longer, healthier lives and are less likely to transmit HIV.

New HIV diagnoses

Some people with HIV do not know that they are infected. Getting diagnosed is the first step in the treatment and care of HIV. **Bay Ridge and Dyker Heights** ranks fifty-third in the rate of new HIV diagnoses, less than one-third the citywide rate.

New HIV diagnoses (per 100,000 population)

120

60

NYC
30.4

BROOKLYN
27.9

Bay Ridge and Dyker Heights
8.6
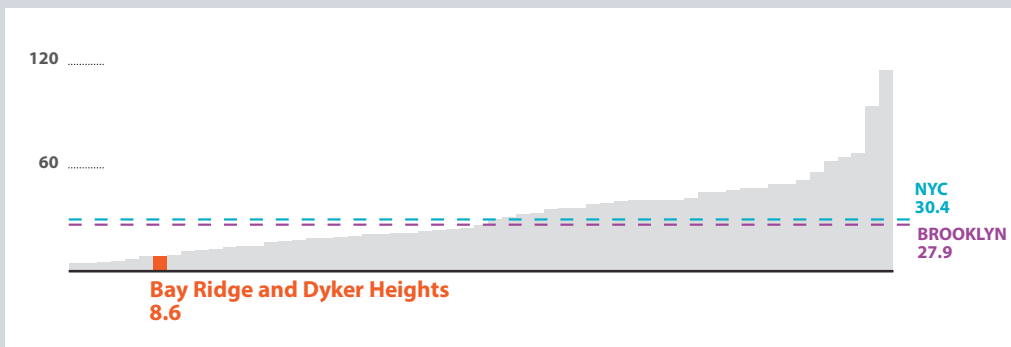
*Interpret estimate with caution due to small number of events

NYC DOHMH, HIV/AIDS Surveillance Registry, 2013

Stroke

High blood pressure is the leading risk factor for stroke and the most important to control. The rate of stroke hospitalizations in **Bay Ridge and Dyker Heights** is lower than the Brooklyn and citywide rates.

Hospitalizations due to stroke (per 100,000 adults)
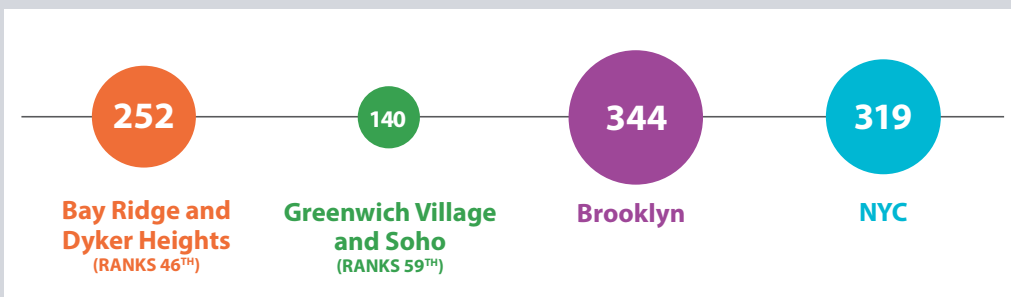
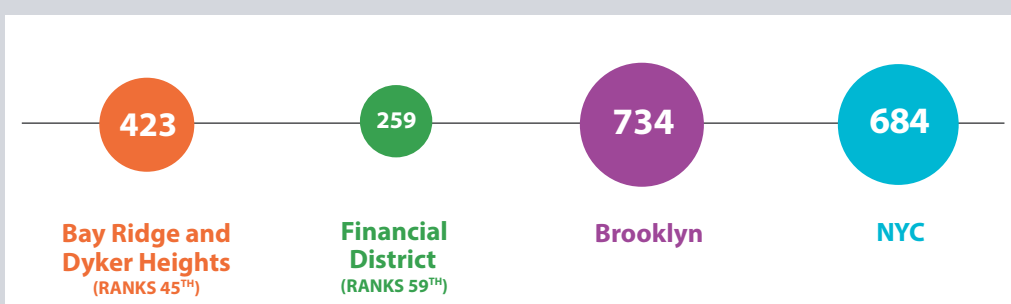| 252	140	344	319
Bay Ridge and Dyker Heights (RANKS 46TH)	**Greenwich Village and Soho** (RANKS 59TH)	**Brooklyn**	**NYC**

New York State Department of Health, Statewide Planning and Research Cooperative System, 2012

Mental health

Variations in hospitalization rates may reflect differences in rates of illness, access to health care and other social and cultural factors. The rate of adult psychiatric hospitalizations in **Bay Ridge and Dyker Heights** is lower than the Brooklyn and citywide rates.

Psychiatric hospitalizations (per 100,000 adults)

423	259	734	684
Bay Ridge and Dyker Heights (RANKS 45TH)	**Financial District** (RANKS 59TH)	**Brooklyn**	**NYC**

New York State Department of Health, Statewide Planning and Research Cooperative System, 2012

HEALTH OUTCOMES

Certain hospitalizations for asthma and diabetes can be prevented by high-quality outpatient care and are known as "avoidable hospitalizations."

Child asthma

Many hospitalizations for asthma among children could be prevented by addressing housing-related exposures to asthma triggers, including cockroaches, mice and secondhand smoke. Good medical management can prevent asthma symptoms. **Bay Ridge and Dyker Heights** has one of the lowest rates of asthma hospitalizations among children ages 5 to 14, one-fourth the citywide rate.

Child asthma hospitalizations (per 10,000 children ages 5-14)
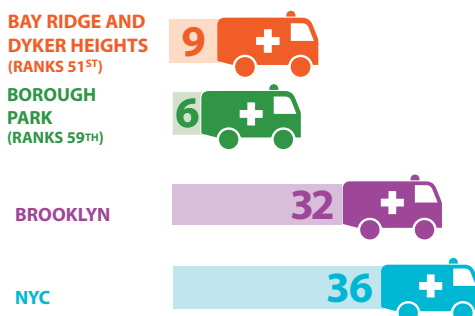
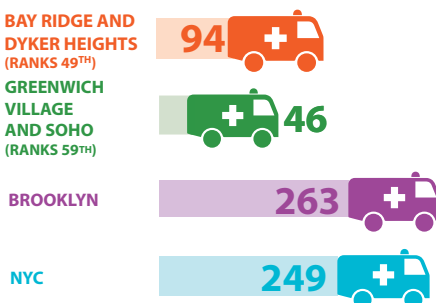|	
BAY RIDGE AND DYKER HEIGHTS (RANKS 51ST)	9
BOROUGH PARK (RANKS 59TH)	6
BROOKLYN	32
NYC	36

New York State Department of Health, Statewide Planning and Research Cooperative System, 2012-2013

Adult hospitalizations for asthma

The rate of avoidable adult asthma hospitalizations in **Bay Ridge and Dyker Heights** is lower than the Brooklyn and citywide rates.

Avoidable asthma hospitalizations (per 100,000 adults)

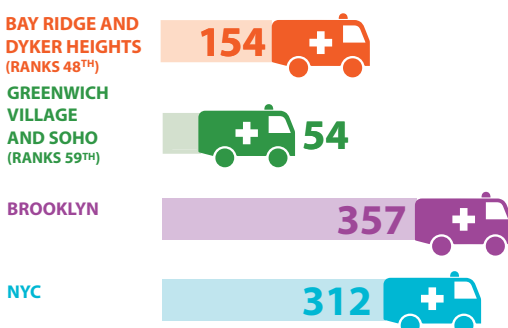|	
BAY RIDGE AND DYKER HEIGHTS (RANKS 49TH)	94
GREENWICH VILLAGE AND SOHO (RANKS 59TH)	46
BROOKLYN	263
NYC	249

New York State Department of Health, Statewide Planning and Research Cooperative System, 2012

Adult hospitalizations for diabetes

The rate of avoidable adult diabetes hospitalizations in **Bay Ridge and Dyker Heights** is less than half the Brooklyn and city rates.

Avoidable diabetes hospitalizations (per 100,000 adults)

BAY RIDGE AND DYKER HEIGHTS (RANKS 48TH)	154
GREENWICH VILLAGE AND SOHO (RANKS 59TH)	54
BROOKLYN	357
NYC	312

New York State Department of Health, Statewide Planning and Research Cooperative System, 2012

HEALTH OUTCOMES

Lower respiratory diseases are the fourth most common cause of death in **Bay Ridge and Dyker Heights**, but the fifth leading cause citywide.

Leading causes of death

The top causes of death for residents of **Bay Ridge and Dyker Heights**, as for most New Yorkers, are heart disease and cancer. Death rates due to flu and pneumonia and accidents are higher than the citywide rates.

Top causes of death and rates (per 100,000 population)

Bay Ridge and Dyker Heights				New York City	
RANK		CAUSE: NUMBER OF DEATHS	DEATH RATE	RANK	DEATH RATE
1		**Heart disease: 1,714**	198.0	1	202.6
2		**Cancer: 1,183**	148.4	2	156.7
3		Flu/pnemonia: 323	36.9	3	27.4
4		Lower respiratory diseases: 159	19.3	5	19.8
5		Stroke: 117	13.8	6	18.8
6		Diabetes mellitus: 98	11.8	4	20.6
7		Accidents (excluding drug poisoning): 96	12.2	7	11.8
8		Drug-related: 58	7.8	9	8.6
9		Hypertension: 52	5.8	8	11.4
10		Alzheimer's disease: 45	5.0	11	7.1

NYC DOHMH, Bureau of Vital Statistics, 2009-2013

Infant mortality and premature death

The infant mortality rate in **Bay Ridge and Dyker Heights** is lower than the citywide rate.

Disparities in premature death (death before the age of 65) persist among neighborhoods. The rate of premature death in **Bay Ridge and Dyker Heights** is lower than the Brooklyn and citywide rates, but almost twice the rate in the Financial District.

Infant mortality rate (per 1,000 live births)

2.5 Bay Ridge and Dyker Heights (RANKS 49TH)	**1.0*** Upper East Side (RANKS 59TH)
3.9 Brooklyn	**4.7** NYC

NYC DOHMH, Bureau of Vital Statistics, 2011-2013
*Interpret estimate with caution due to small number of events

Premature mortality rate (per 100,000 population)

144.8 Bay Ridge and Dyker Heights (RANKS 40TH)	**75.6** Financial District (RANKS 59TH)
194.5 Brooklyn	**198.4** NYC

NYC DOHMH, Bureau of Vital Statistics, 2009-2013

NOTES

A complete dataset including numbers, rates, rankings and confidence intervals, as well as definitions and complete citations, can be found online by going to nyc.gov and searching "Community Health Profiles".

Technical notes

Neighborhood Definitions and Rankings

The 59 Community Districts (CDs) were established citywide by local law in 1975. For a complete listing of all CDs and their boundaries, go to nyc.gov/html/dcp/html/neigh_info/nhmap.shtml. The CDs correspond to New York City (NYC) Community Boards, which are local representative bodies. The names of neighborhoods within CDs are not officially designated. The names used in this document are not an exhaustive list of all known neighborhood names within this area.

CDs were ranked on every indicator. If two CDs had the same value, they were considered to be tied and were given the same rank.

For American Community Survey (ACS) indicators, data were available by Public Use Microdata Areas (PUMAs), which are aggregated Census tracts designed to approximate CDs. For Housing and Vacancy Survey (HVS), data were available by sub-borough areas. The U.S. Census Bureau combined four pairs of CDs in creating these PUMA or sub-borough areas to improve sampling and protect the confidentiality of respondents. These pairs are Mott Haven/Melrose (BX 01) and Hunts Point/Longwood (BX 02) in the Bronx, Morrisania/Crotona (BX 03) and Belmont/East Tremont (BX 06) in the Bronx, the Financial District (MN 01) and Greenwich Village/Soho (MN 02) in Manhattan and Clinton/Chelsea (MN 04) and Midtown (MN 05) in Manhattan. For these four areas, the same estimate was applied to both CDs that comprised the PUMA or sub-borough area for data from ACS and HVS. For NYC Department of Health and Mental Hygiene (DOHMH) Community Health Survey (CHS) data, these same pairs of CDs were combined and the same estimate applied to both CDs in the pair.

Analyses

For most data, 95% confidence limits were calculated for neighborhood, borough and NYC estimates. If these ranges did not overlap, a significant difference was inferred. This is a conservative measure of statistical difference. Only robust findings found to be statistically significant are discussed in the text. In addition, most estimates were evaluated for statistical stability using the relative standard error (RSE). Those estimates with an RSE greater than 30% are flagged as follows: "Interpret estimate with caution due to small number of events or small sample size."

Where noted, estimates in this report were age standardized to the Year 2000 Standard Population.

Data Sources

U.S. Census/American Community Survey (ACS): The U.S. Census calculates intercensal population estimates which were used for overall population, age, race and ethnicity indicators. The ACS is an ongoing national survey conducted by the U.S. Census Bureau. Indicators include limited English proficiency, foreign born percentage, adult educational attainment, poverty, unemployment and rent burden. Three-year estimates (2011-2013) are used to improve reliability of the data.

NYC DOHMH Community Health Survey (CHS): The CHS is an annual random-digit-dial telephone survey of approximately 9,000 adults in NYC. Indicators include self-reported health, smoking, average daily sugary drink consumption, fruit and vegetable consumption, physical activity, obesity, diabetes, insurance coverage, went without needed care, flu vaccination and HIV testing. A combined-year dataset (2011-2013) was used to increase statistical power, allowing for more stable analyses at the Community District level. Community District level estimates were imputed based on participant's ZIP code, age, race and ethnicity, sex and borough of residence. All indicators are age-adjusted; however crude estimates and rankings are available online in the complete dataset.

NYC DOHMH Vital Statistics: The Bureau of Vital Statistics analyzes data that it collects from hundreds of thousands of birth and death certificates issued in NYC each year by the Bureau of Vital Records. Indicators include preterm births, teen births, prenatal care, leading causes of death, infant mortality, premature mortality, avertable deaths and life expectancy. For some indicators, data sources were combined across three, five or ten years to increase statistical stability and average annual rates are presented. For this reason, these statistics may differ from the presentation in the "Summary of Vital Statistics" reports from the Bureau of Vital Statistics, NYC DOHMH. All rates are shown as crude rates, except leading causes of death and premature mortality rates, which are age-adjusted.

New York State (NYS) Department of Health Statewide Planning and Research Cooperative System (SPARCS): SPARCS is a statewide comprehensive all payer data reporting system established in 1979 currently collecting patient level detail on patient characteristics, diagnoses and treatments, services and charges for each hospital inpatient stay and outpatient visit (ambulatory surgery, emergency department and outpatient services); and each ambulatory

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surgery and outpatient services visit to a hospital extension clinic and diagnostic and treatment center licensed to provide ambulatory surgery services. Indicators include non-fatal assault hospitalizations, alcohol-related hospitalizations, drug-related hospitalizations, child asthma hospitalizations, avoidable adult asthma hospitalizations, avoidable adult diabetes hospitalizations, psychiatric hospitalizations and stroke hospitalizations. Hospitalization data are defined according to International Classification of Disease Clinical Modification, Version 9 (ICD-9-CM) codes. Most of these hospitalization indicators show 2012 data, updated in December 2014. For child asthma hospitalizations and non-fatal assault hospitalizations, data sources were combined across two and three years respectively to increase statistical stability and average annual rates are presented.

All indicators are age-adjusted, except child asthma hospitalizations, which is age-specific.

NYC Housing and Vacancy Survey (HVS): HVS data from 2011 were used to estimate the percent of renter-occupied homes with at least one maintenance issue (defect). Data were obtained from the NYC Housing Preservation and Development Report: Housing New York City 2011.

NYC Community Air Survey (NYCCAS): 2013 annual averages of micrograms of fine particulate matter per cubic meter were calculated from air samples collected at specific NYCCAS monitoring sites and were incorporated into a statistical model that predicted pollutant concentrations.

NYC Department of Consumer Affairs: 2014 tobacco retail density data were analyzed by the NYC DOHMH Bureau of Chronic Disease Prevention and Tobacco Control.

NYS Department of Agriculture and Markets: Based on data from 2014, the supermarket square footage rate was analyzed by the NYC Department of City Planning and the NYC DOHMH Bureau of Epidemiology Services.

NYC Department of Education: Elementary school absenteeism data for the 2013-14 school year were analyzed from FITNESSGRAM data by the NYC DOHMH Bureau of Epidemiology Services.

NYC Department of Corrections: The average daily population of incarcerated persons in NYC jails ages 16 and older by CD of last known residence. Based on NYC Department of Corrections (DOC) bi-weekly in-custody files from July 1 to Oct 9, 2014.

NYC DOHMH Citywide Immunization Registry: 2014 HPV vaccination data were analyzed by the NYC DOHMH Bureau of Immunization.

NYC DOHMH HIV/AIDS Surveillance Registry: New HIV diagnosis data for 2013 were analyzed by the NYC DOHMH Bureau of HIV/AIDS Prevention and Control.
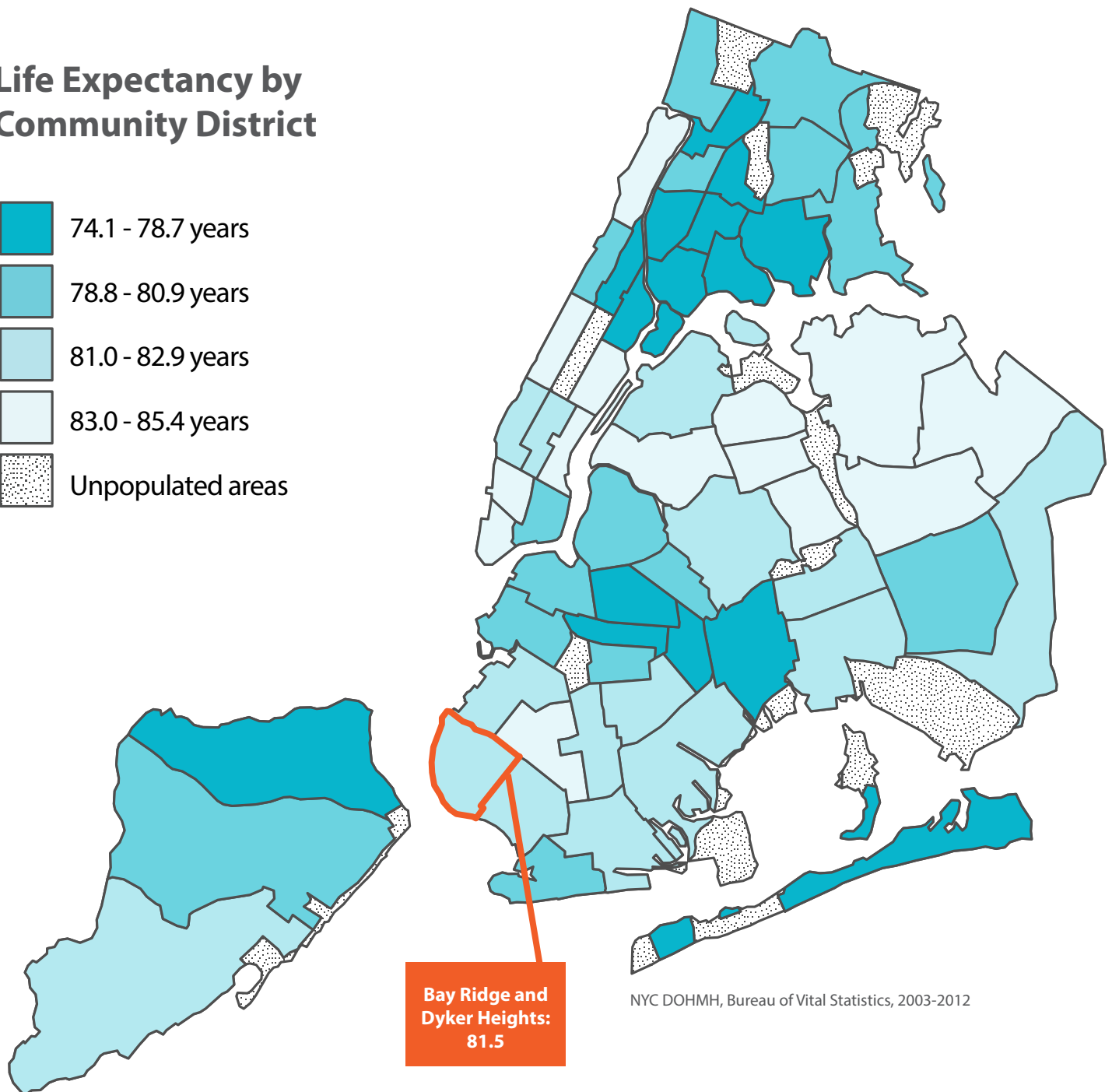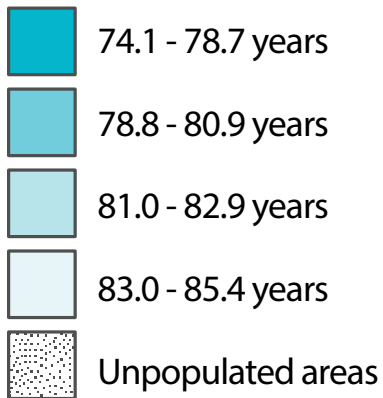
In collaboration with:

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HUMANTIFIC
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SARAH TAY CREATIVE

Life Expectancy by Community District

- 74.1 - 78.7 years
- 78.8 - 80.9 years
- 81.0 - 82.9 years
- 83.0 - 85.4 years
- Unpopulated areas

Bay Ridge and Dyker Heights: 81.5

NYC DOHMH, Bureau of Vital Statistics, 2003-2012

Contact Information:

For reports on the other 58 Community Districts, please visit nyc.gov and search "Community Health Profiles" or email: *profiles@health.nyc.gov*

NYC Community Health Profiles feature information about 59 neighborhoods in New York City.