COMMUNITY HEALTH PROFILES 2015

## Bronx Community District 8:

# RIVERDALE AND FIELDSTON

**(Including Fieldston, Kingsbridge, Marble Hill, Riverdale, Spuyten Duyvil and Van Cortlandt Village)**


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.


## RIVERDALE AND FIELDSTON TOTAL POPULATION

# 103,734

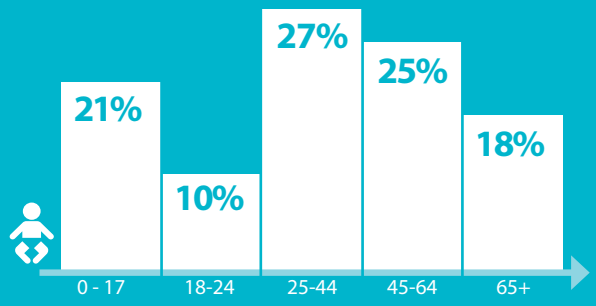
## POPULATION BY RACE AND ETHNICITY

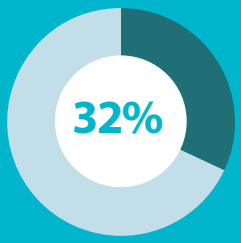
**44% Hispanic**

**37% White***

**11% Black***
**5% Asian***
**2% Other***

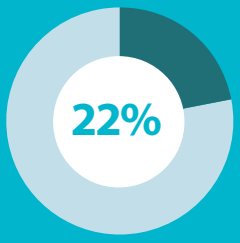
## POPULATION BY AGE




**ARE FOREIGN BORN**

## HAVE LIMITED ENGLISH PROFICIENCY




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

**82%**

## LIFE EXPECTANCY

**80.5 YEARS**

** Non-Hispanic*

*Note: Percentages may not sum to 100% due to rounding*

*Sources: Overall population, race and age: U.S. Census Bureau Population Estimates, 2013; Foreign born and English proficiency: U.S. Census Bureau, American Community Survey, 2011-2013; Self-reported health: NYC DOHMH Community Health Survey, 2011-2013; Life Expectancy: NYC DOHMH Bureau of Vital Statistics, 2003-2012*

## 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 Bronx Community District 8, which includes Fieldston, Kingsbridge, Marble Hill, Riverdale, Spuyten Duyvil and Van Cortlandt Village, but the name is shortened to just **Riverdale and Fieldston**. 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:

**RIVERDALE AND FIELDSTON**

**BEST-PERFORMING COMMUNITY DISTRICT**

**THE BRONX**

**NEW YORK CITY**

# TABLE OF CONTENTS

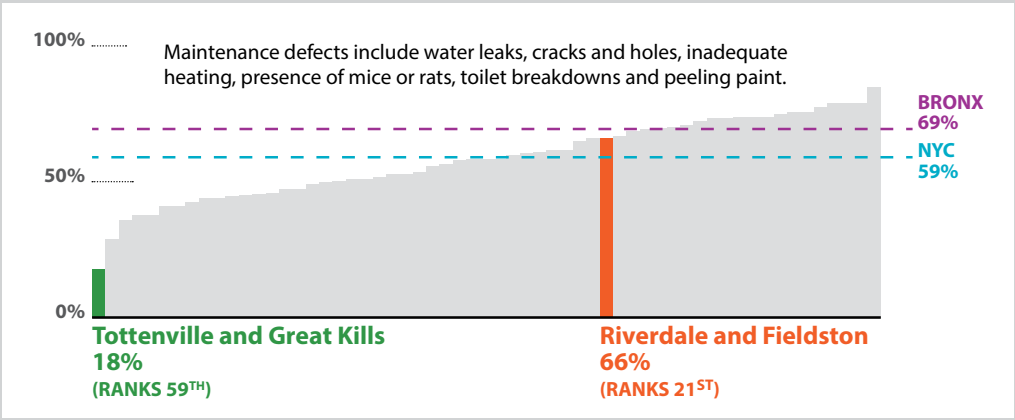
## NEIGHBORHOOD CONDITIONS

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 similar percentage of homes in **Riverdale and Fieldston** have maintenance defects compared with homes citywide.

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

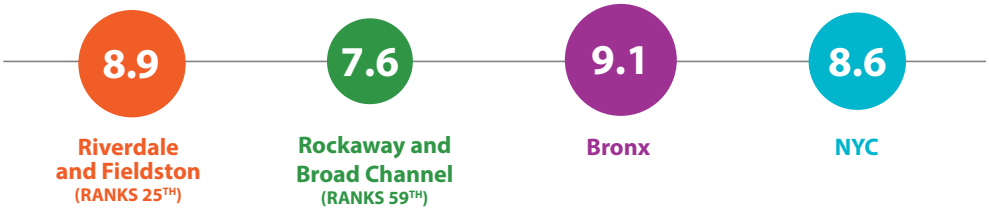



*NYC Housing and Vacancy Survey, 2011*

# 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 **Riverdale and Fieldston,** levels of $PM_{2.5}$, the most harmful air pollutant, are 8.9 micrograms per cubic meter, compared with 9.1 in the Bronx and 8.6 citywide.

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




*NYC DOHMH, Community Air Survey, 2013*

# Retail environment

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

The prevalence of tobacco retailers in **Riverdale and Fieldston** is similar to the prevalence citywide. Supermarket access is also similar to access citywide, with 142 square feet per 100 people.

### Tobacco retailers
**(per 10,000 population)**

| | |
|---|---|
| 8 Riverdale and Fieldston (RANKS 48TH) | 6 Bayside and Little Neck (RANKS 59TH) |
| 11 Bronx | 11 NYC |

*NYC Department of Consumer Affairs, 2014*

### Supermarket square footage
**(per 100 population)**

| | |
|---|---|
| 142 Riverdale and Fieldston (RANKS 36TH) | 450 South Beach and Willowbrook (RANKS 1ST) |
| 155 Bronx | 177 NYC |

*New York State Department of Agriculture and Markets, 2014*

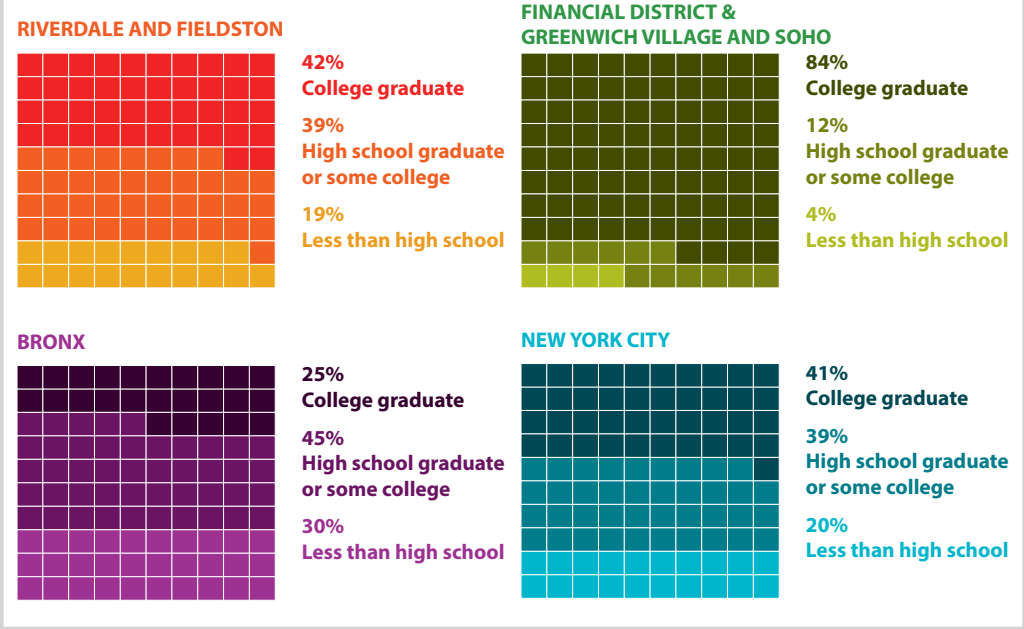
# SOCIAL AND ECONOMIC CONDITIONS

## Adult educational attainment

In **Riverdale and Fieldston**, 42% of adults have college degrees; however, almost one in five adults has not completed high school.

Higher education levels are associated with better health outcomes.

### Highest level of education attained (adults 25 years and older)




*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. About one in nine **Riverdale and Fieldston** adults ages 16 and older is unemployed, and half of residents spend more than 30% of their monthly gross income on rent.

One in six **Riverdale and Fieldston** residents lives below the Federal Poverty Level.

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 **Riverdale and Fieldston**, **it is estimated that 29% of deaths could have been averted.**

### Economic stress

| | Riverdale and Fieldston | Best-performing community district | Bronx | NYC |
|---|---|---|---|---|
| Poverty | 17% (RANKS 35TH) | 6% Tottenville and Great Kills (RANKS 59TH) | 31% | 21% |
| Unemployment | 11% (RANKS 24TH) | 5% Greenwich Village and Soho & Financial District (RANKS 58TH) | 16% | 11% |
| Rent burden | 50% (RANKS 38TH) | 37% Greenwich Village and Soho & Financial District (RANKS 58TH) | 58% | 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

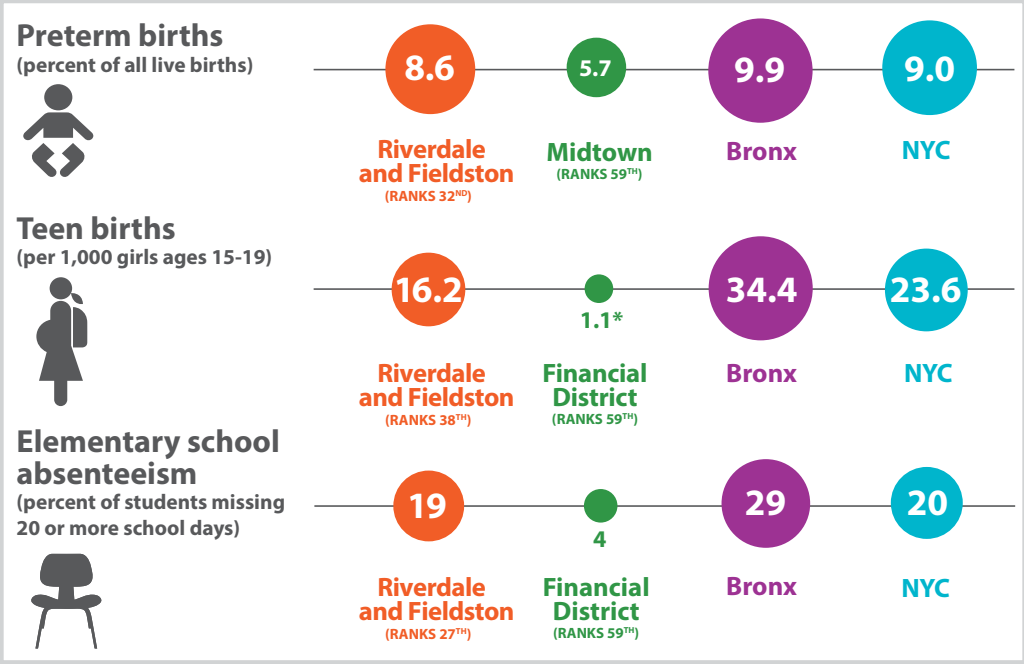
Child and adolescent health are a signal of a community's current well-being and potential.

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 **Riverdale and Fieldston**, the rate of preterm births, a key driver of infant death, is similar to the citywide rate, and the teen birth rate is lower than the citywide rate. Nearly one in five elementary school students misses 20 or more days of school.

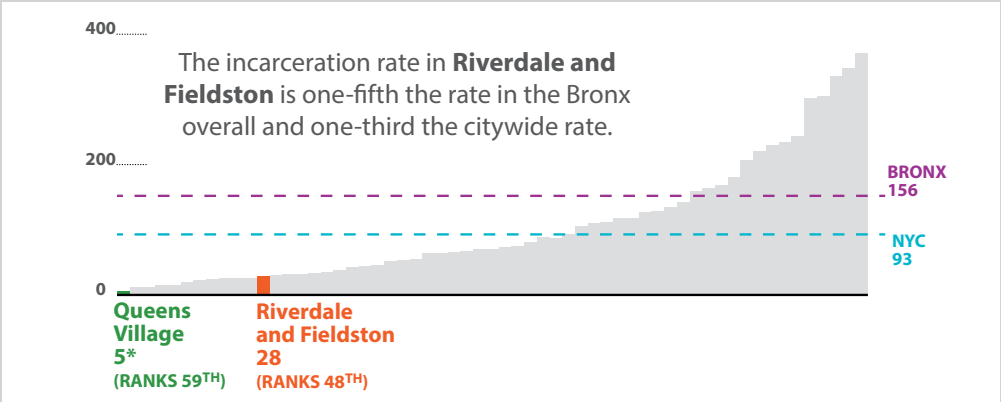



* Interpret estimate with caution due to small number of events

*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)



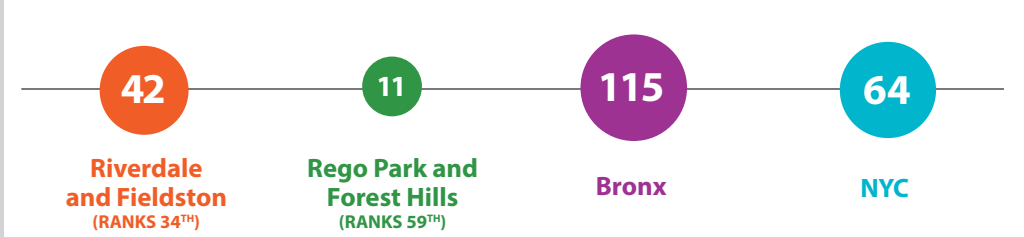

*Interpret estimate with caution due to small number of events

*NYC Department of Corrections, 2014*

## Violence

The injury assault rate in **Riverdale and Fieldston** is lower than the Bronx and citywide rates.

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



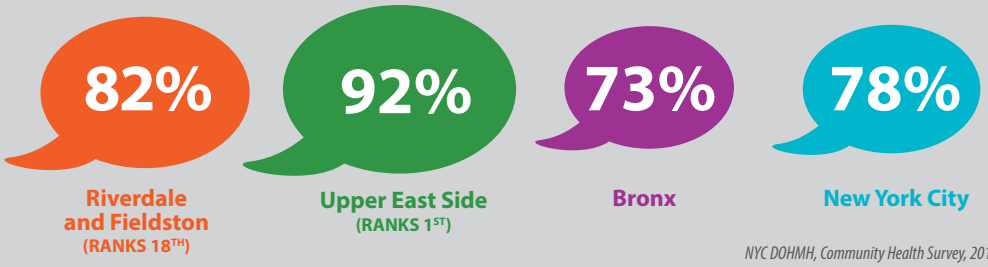

*New York State Department of Health, Statewide Planning and Research Cooperative System, 2011-2013*

# 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), 82% of **Riverdale and Fieldston** residents rate their health as "excellent," "very good" or "good."

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




*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 **Riverdale and Fieldston** smoke, consume sugary drinks, eat fruits and vegetables and are physically active at rates similar to residents of the city as a whole.

Only 78% of **Riverdale and Fieldston** adults report getting physical activity in the last 30 days, compared with 90% in the best-performing districts.

| | Riverdale and Fieldston | Best-performing community district | Bronx | NYC |
|---|---|---|---|---|
| Current smokers | 12% (RANKS 54TH) | 10% East Flatbush (RANKS 59TH) | 16% | 15% |
| 1 or more 12 oz sugary drink per day | 22% (RANKS 44TH) | 12% Stuyvesant Town and Turtle Bay (RANKS 59TH) | 35% | 27% |
| At least one serving of fruits or vegetables per day | 86% (RANKS 36TH) | 95%* Bayside and Little Neck (RANKS 1ST) | 82% | 88% |
| Any physical activity in the last 30 days | 78% (RANKS 19TH) | 90% Clinton and Chelsea & Midtown (RANKS 1ST) | 74% | 77% |

*Interpret estimate with caution due to small sample size

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

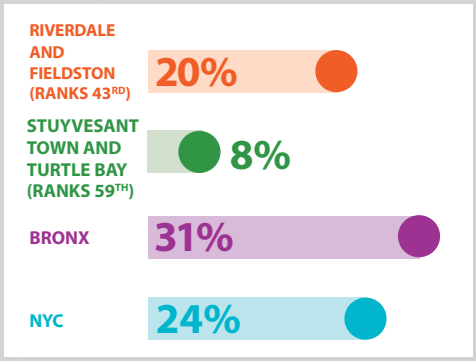
# HEALTHY LIVING

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

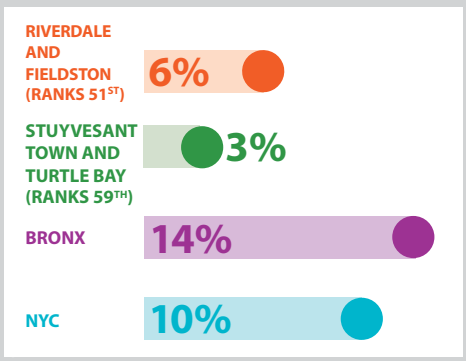
Obesity can lead to serious health problems, such as diabetes and heart disease. At 20%, the rate of obesity in **Riverdale and Fieldston** is more than twice the rate in Stuyvesant Town and Turtle Bay. The diabetes rate in **Riverdale and Fieldston** is 6%, less than half the overall Bronx rate.

### Obesity (percent of adults)




*NYC DOHMH, Community Health Survey, 2011-2013*

### Diabetes (percent of adults)

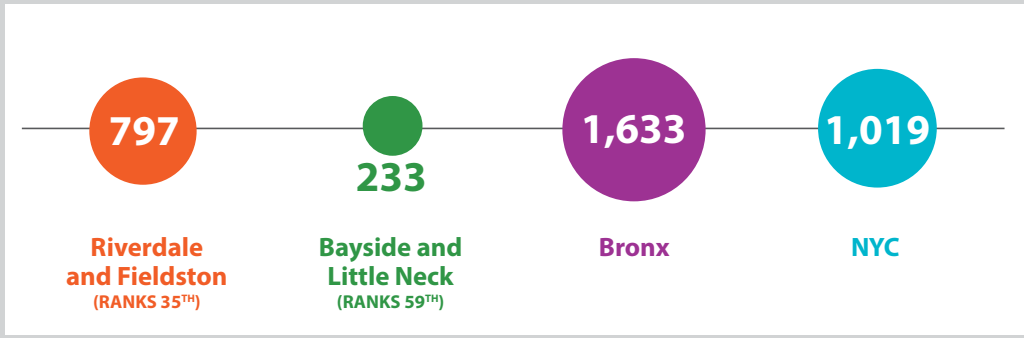



*NYC DOHMH, Community Health Survey, 2011-2013*

## Substance use

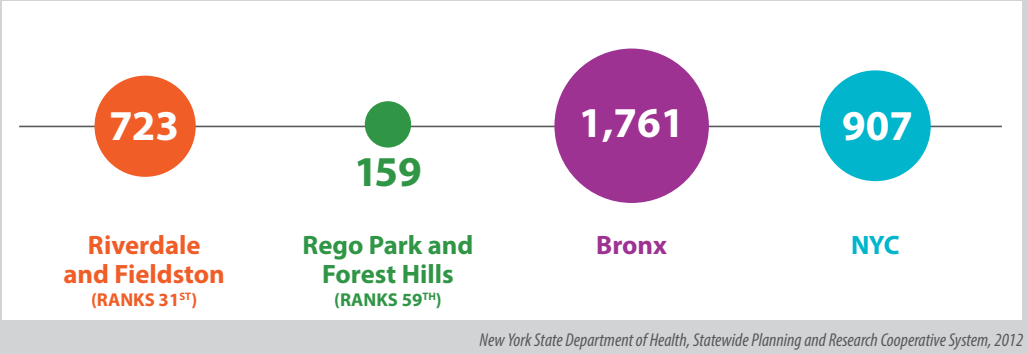
Drug- and/or alcohol-related hospitalizations reflect acute and chronic consequences of substance misuse. In **Riverdale and Fieldston**, such hospitalization rates are lower than the rates in the Bronx and NYC.

### Alcohol-related hospitalizations (per 100,000 adults)




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

### Drug-related hospitalizations (per 100,000 adults)



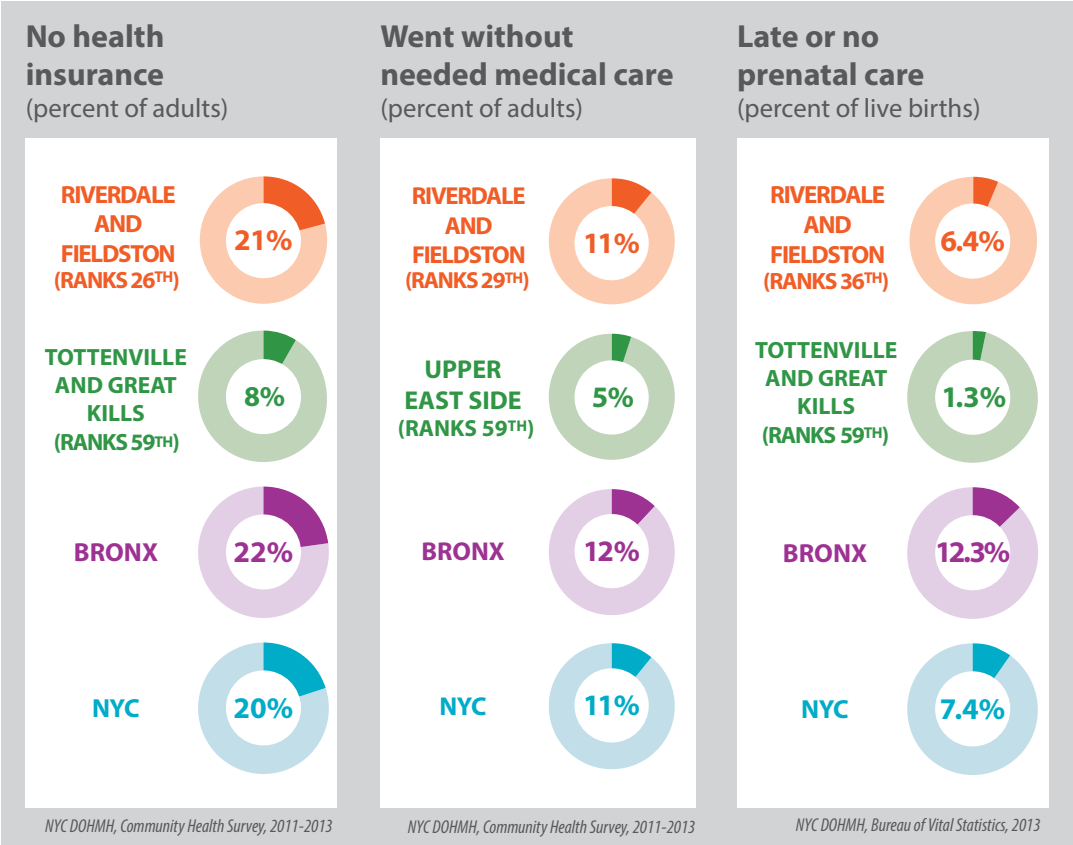

*New York State Department of Health, Statewide Planning and Research Cooperative System, 2012*

# 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 **Riverdale and Fieldston**.

## Access to health care

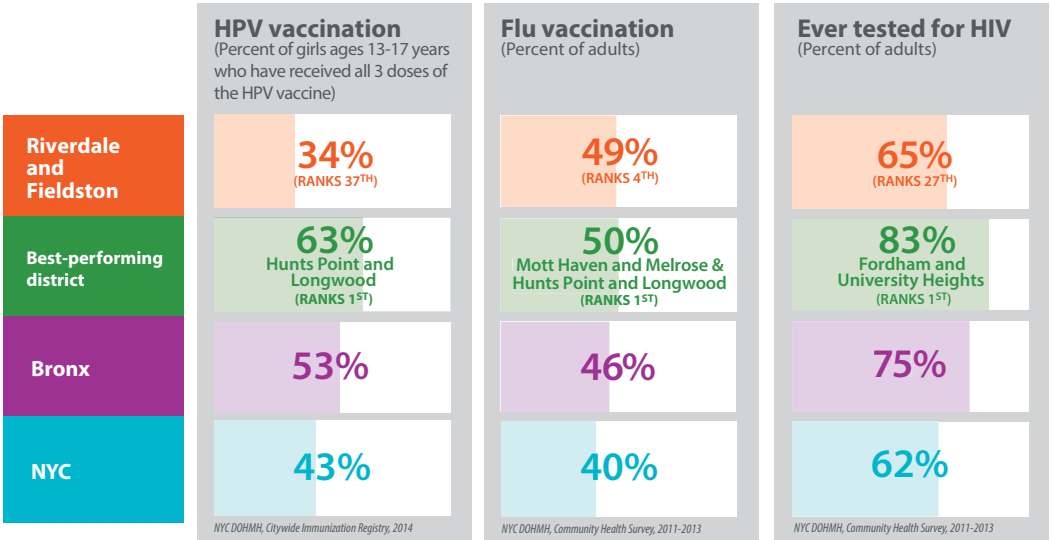
A lack of quality health care can lead to negative health outcomes and more intensive treatment, such as avoidable hospitalizations. One in five adults in **Riverdale and Fieldston** has no health insurance, and one in nine goes without needed medical care, similar to citywide rates.




## Prevention and screening

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.

Compared with teens in the Bronx as a whole and citywide, teenaged girls from **Riverdale and Fieldston** are less likely to receive the full human papillomavirus (HPV) vaccine series. In NYC, **Riverdale and Fieldston** adults have the fourth-highest rate of receiving a flu vaccination.



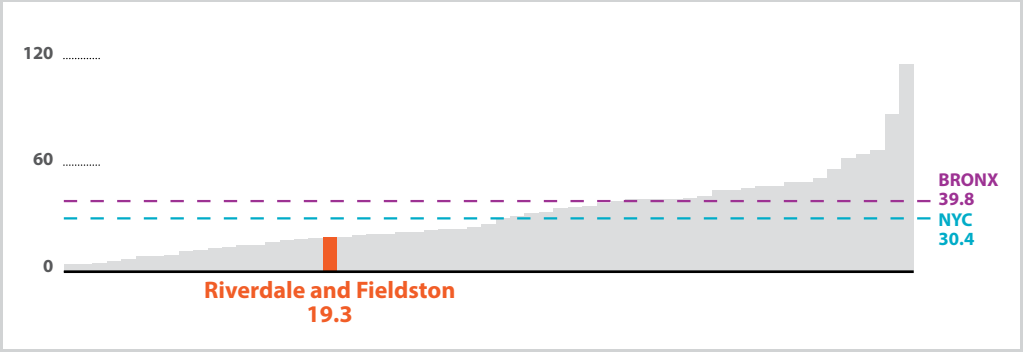
# HEALTH OUTCOMES

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. **Riverdale and Fieldston** ranks forty-first in the rate of new HIV diagnoses.

**New HIV diagnoses** (per 100,000 population)

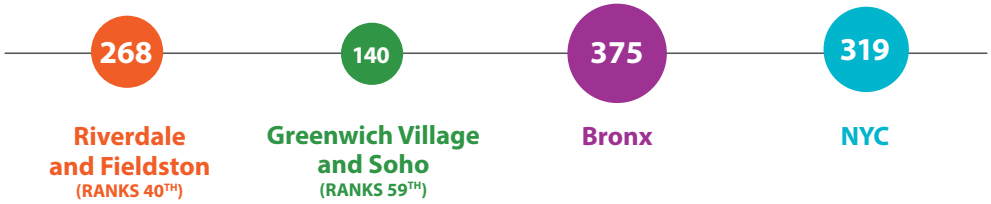



*NYC DOHMH, HIV/AIDS Surveillance Registry, 2013*

## Stroke

High blood pressure is the leading risk factor for stroke and the most important to control. The rate of stroke hospitalizations in **Riverdale and Fieldston** is lower than the Bronx and NYC rates.

**Hospitalizations due to stroke** (per 100,000 adults)

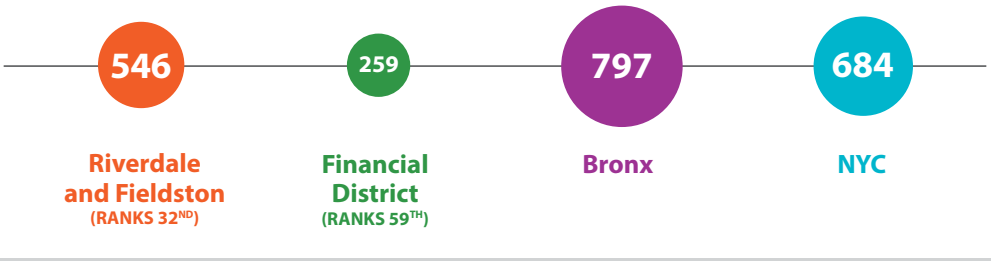



*New York State Department of Health, Statewide Planning and Research Cooperative System, 2012*

## 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 **Riverdale and Fieldston** is lower than the Bronx and NYC rates.

**Psychiatric hospitalizations** (per 100,000 adults)




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

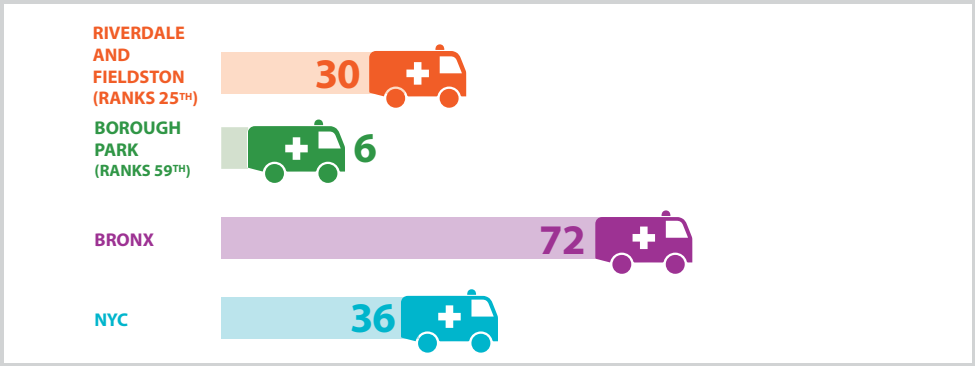
# HEALTH OUTCOMES

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. In **Riverdale and Fieldston**, the asthma hospitalization rate among children ages 5 to 14 is lower than the rate in the Bronx overall, but still five times the rate in Borough Park.

**Child asthma hospitalizations** (per 10,000 children ages 5-14)

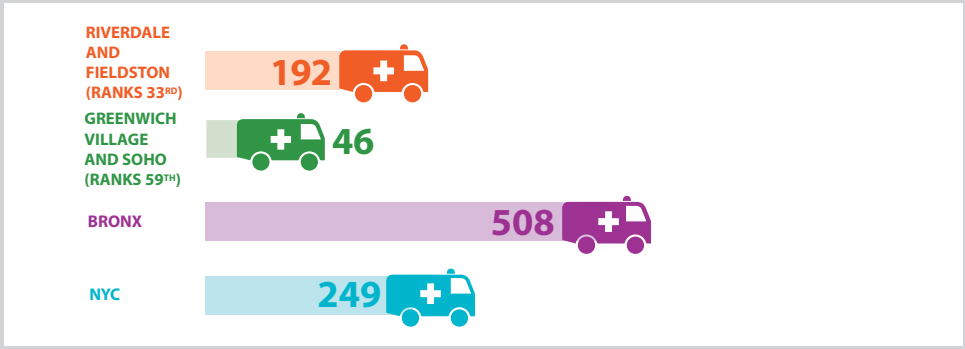



*New York State Department of Health, Statewide Planning and Research Cooperative System, 2012-2013*

## Adult hospitalizations for asthma

The avoidable adult asthma hospitalization rate in **Riverdale and Fieldston** is less than half the rate in the Bronx as a whole and lower than the citywide rate.

**Avoidable asthma hospitalizations** (per 100,000 adults)

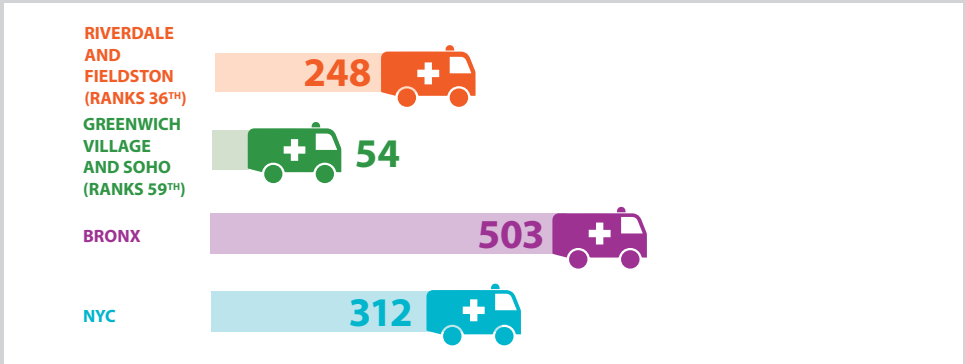



*New York State Department of Health, Statewide Planning and Research Cooperative System, 2012*

## Adult hospitalizations for diabetes

The avoidable adult diabetes hospitalization rate in **Riverdale and Fieldston** is lower than the Bronx and citywide rates.

**Avoidable diabetes hospitalizations** (per 100,000 adults)




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

# HEALTH OUTCOMES

Alzheimer's disease is the eighth most common cause of death in **Riverdale and Fieldston**, but it is only the eleventh leading cause citywide.

## Leading causes of death

The top causes of death for residents of **Riverdale and Fieldston**, as for most New Yorkers, are heart disease and cancer. The death rates due to heart disease, hypertension, atherosclerosis and Alzheimer's disease are higher than the citywide rates.

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

| Riverdale and Fieldston | | | New York City | |
|---|---|---|---|---|
| RANK | CAUSE: NUMBER OF DEATHS | DEATH RATE | RANK | DEATH RATE |
| 1 | **Heart disease: 2,123** | 225.6 | 1 | 202.6 |
| 2 | **Cancer: 989** | 141.6 | 2 | 156.7 |
| 3 | Flu/pneumonia: 235 | 26.6 | 3 | 27.4 |
| 4 | Lower respiratory diseases: 151 | 18.4 | 5 | 19.8 |
| 5 | Diabetes mellitus: 131 | 17.7 | 4 | 20.6 |
| 6 | Hypertension: 128 | 14.1 | 8 | 11.4 |
| 7 | Stroke: 123 | 15.3 | 6 | 18.8 |
| 8 | Alzheimer's disease: 109 | 10.8 | 11 | 7.1 |
| 9 | Accidents *(excluding drug poisoning)*: 59 | 8.1 | 7 | 11.8 |
| 10 | Atherosclerosis: 41 | 3.4 | 23 | 2.2 |

*NYC DOHMH, Bureau of Vital Statistics, 2009-2013*

## Infant mortality and premature death

Despite a decrease in infant mortality across the city, the rate in **Riverdale and Fieldston** is still more than four times the rate in the Upper East Side.

Disparities in premature death (death before the age of 65) persist among neighborhoods. The rate of premature death in **Riverdale and Fieldston** is lower than the Bronx and citywide rates, but still more than twice the rate in the Financial District.

**Infant mortality rate (per 1,000 live births)**

| | |
|---|---|
| 4.1 Riverdale and Fieldston (RANKS 32ND) | 1.0* Upper East Side (RANKS 59TH) |
| 5.7 Bronx | 4.7 NYC |

*Interpret estimate with caution due to small number of events

*NYC DOHMH, Bureau of Vital Statistics, 2011-2013*

**Premature mortality rate (per 100,000 population)**

| | |
|---|---|
| 165.9 Riverdale and Fieldston (RANKS 32ND) | 75.6 Financial District (RANKS 59TH) |
| 238.9 Bronx | 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 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

# NOTES

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.

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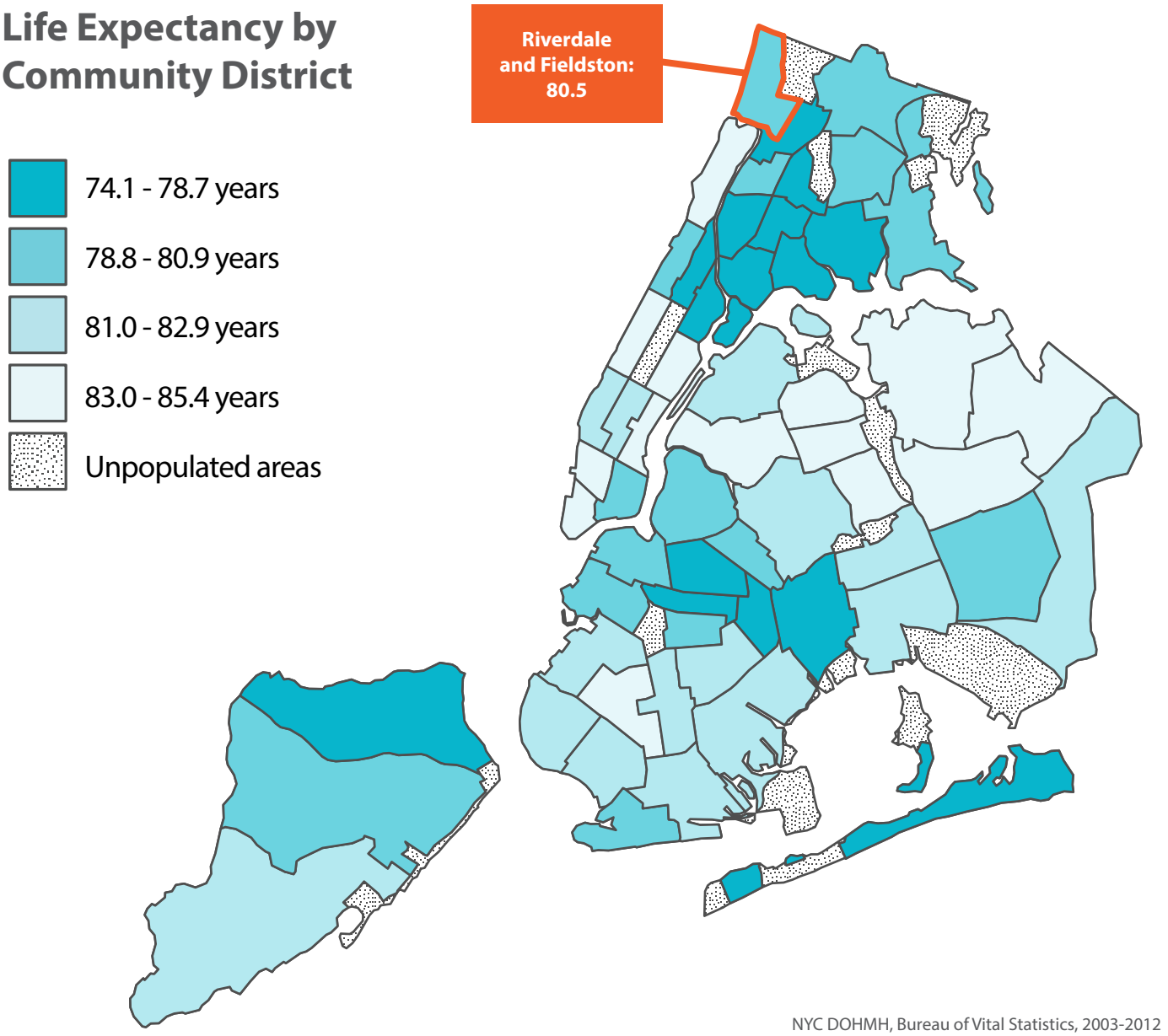
## Life Expectancy by Community District




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.

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