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Data Sources

United States Data Renal System (USDRS): The USRDS, funded by the National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, is the national data registry that collects, analyzes, and distributes information on the end-stage renal disease (ESRD) population in the U.S., including treatments and outcomes. Aggregate data for NYC residents reported in this brief were obtained via request from USRDS in April 2021. The interpretation and reporting of these data are the responsibility of the authors and in no way should be seen as an official policy or interpretation of the U.S. government. https://www.usrds.org/for-researchers/simple-data-requests/

NYC A1C Registry (Registry): The Registry was created in 2006 and contains A1C tests sent to clinical laboratories for NYC residents. All data presented in this report are limited to NYC adults ages 18 and older and who had at least two A1C test values of 6.5% or greater at any point in time since inception of the Registry in 2006 through 2020. This definition utilizes the American Diabetes Association-recommended A1C cut-point of 6.5% for diabetes diagnosis since the Registry does not contain diagnosis codes.

New York Statewide Planning and Research Cooperative System (SPARCS): SPARCS is an administrative database of all hospital discharges reported by New York State (NYS) hospitals to the NYS Department of Health. This report uses data from 2012 to 2016 included in the January 2018 data update. For more information on SPARCS, visit https://www.health.ny.gov/statistics/sparcs/.

NYC Community Health Survey (CHS): The CHS is a survey of about 10,000 adults aged 18 and older from all five boroughs, conducted annually by the Health Department. Estimates presented here are based on self-reported data and age-adjusted to the US 2000 Standard Population. The CHS has included adults with landline phones and cell phones (since 2009). For survey details, visit www.nyc.gov/health/survey.

Tables

Table 1. Prevalence and incidence of end-stage renal disease (ESRD) and dialysis among adults due to diabetes, New York City, 2017

Source: United States Data Renal System (USDRS), 2017

Brief description: Number and rate per 1,000 adults with diabetes of incident and prevalent cases of ESRD and dialysis only among NYC adults ages 18 and older with diabetes. Number and rates are presented as overall and disaggregated by age group, sex, race/ethnicity, and borough of residence. Sex-specific data also presented. The denominator for the calculated rates is based on the corresponding CHS estimate of NYC adults with diabetes.

Table 2. Prevalence and incidence of end-stage renal disease (ESRD) and dialysis among adults due to diabetes, New York City, 2018

Source: United States Data Renal System (USDRS), 2018

Brief description: Number and rate per 1,000 adults with diabetes of incident and prevalent cases of ESRD and dialysis only among NYC adults ages 18 and older with diabetes. Number

and rates are presented as overall and disaggregated by age group, sex, race/ethnicity, and borough of residence. Sex-specific data also presented. The denominator for the calculated rates is based on the corresponding CHS estimate of NYC adults with diabetes.

Table 3. Blood sugar control among adults with diabetes who received medical care in 2020, by key demographic characteristics, New York City

Source: NYC A1C Registry, 2020

Brief description: Number and proportion of NYC adults with likely diabetes (history of two or more A1C test values of 6.5% or greater as of 2020) who had a test result reported to the Registry in 2020, stratified by level of A1C control (<7.0%, 7.0-7.9%, 8.0-9.0%, >9.0%) as of their latest test in 2020. The number and proportion are presented as overall and disaggregated by age group, sex, neighborhood poverty, and borough of residence. The denominator for this analysis is persons with likely diabetes (as described above) with a test result reported to the Registry in 2020.

Table 4. Number and percent of adults with diabetes in New York City who received medical care in 2020 with last A1C >9%, by United Hospital Fund neighborhood

Source: NYC A1C Registry, 2020

Brief description: Number and proportion of NYC adults with likely diabetes (history of two or more A1C test values of 6.5% or greater as of 2020) whose latest test reported to the Registry in 2020 was greater than 9%. The number and proportion are disaggregated by United Hospital Fund (UHF) neighborhood. The denominator for this analysis is persons with likely diabetes (as described above) with a test result reported to the Registry in 2020.

Table 5. Hospitalizations for lower-extremity amputation (including foot and toe) among adults with diabetes and rate per 100,000 adults, New York City, 2012-2016

Source: New York Statewide Planning and Research Cooperative System (SPARCS), 2012-2016

Brief description: Number of adults with diabetes hospitalized for lower extremity amputation and corresponding crude and age-adjusted rates of lower extremity amputation per 100,000 adults in NYC. The diabetes related lower-extremity amputation case definition is based on the Aqency for Healthcare Research and Quality Prevention Quality Indicator metric PQI-16 version 6.0 (https://www.qualityindicators.ahrq.gov/Archive/), with the addition of ICD-9 and 10 procedure codes for all toe or foot amputations. Number and rates are presented as overall and disaggregated by age group, sex, neighborhood poverty level, and borough. The denominator for the crude and age-adjusted rates per 100,000 adults is based on NYC DOHMH annual population estimates and is age-adjusted to the 2000 US standard population.

Table 6. Hospitalizations for lower-extremity amputation (including foot and toe) among adults with diabetes and rate per 1,000 adults with diabetes New York City, 2012-2016

Source: New York Statewide Planning and Research Cooperative System (SPARCS), 2012-2016

Brief description: Number of adults with diabetes hospitalized for lower extremity amputation and corresponding crude rates of lower extremity amputation per 1,000 adults with diabetes in

NYC. The diabetes related lower-extremity amputation case definition is based on the Aqency for Healthcare Research and Quality Prevention Quality Indicator metric PQI-16 version 6.0 (https://www.qualityindicators.ahrq.gov/Archive/), with the addition of ICD-9 and 10 procedure codes for all toe or foot amputations. Number and rates are presented as overall and disaggregated by age group, sex, neighborhood poverty level, and borough. The denominator for the crude rates per 1,000 adults with diabetes is based on the corresponding year's CHS estimate of NYC adults with diabetes. Age-adjusted data are not presented due to limitations with the underlying diabetes estimates.

Table 1. Prevalence and incidence of end-stage renal disease (ESRD) and dialysis among adults due to diabetes, New York City, 2017

Source: United States Renal Data System. 2017, restricted to NYC residents ages 18 and older.

Rate of cases per 1,000 adults with diabetes are crude estimates based on point estimates of the NYC population with diabetes from the NYC Community Health Survey, 2017.

Age-adjusted rates not presented because of censoring of available data due to small cell counts.

	Overall				Male				Female			
	Incident cases due to diabetes N	Prevalent cases due to diabetes N	Rate of incident cases due to diabetes - per 1,000 adults with diabetes N	Rate of prevalent cases due to diabetes - per 1,000 adults with diabetes N	Incident cases due to diabetes N	Prevalent cases due to diabetes N	Rate of incident cases due to diabetes - per 1,000 adults with diabetes	Rate of prevalent cases due to diabetes - per 1,000 adults with diabetes N	Incident cases due to diabetes N	Prevalent cases due to diabetes N	Rate of incident cases due to diabetes - per 1,000 adults with diabetes N	Rate of prevalent cases due to diabetes - per 1,000 adults with diabetes N
All ESRD												
Overall	1676	9017	2.3	12.2	973	5291	3.0	16.2	703	3726	1.7	9.0
Age group												
18-44	116	601	1.0	5.0	62	314	1.0	5.1	54	287	0.9	4.8
45-64	724	3836	2.1	11.2	455	2479	2.8	15.4	269	1357	1.5	7.5
65+	836	4580	3.0	16.6	456	2498	4.3	23.8	380	2082	2.2	12.2
Sex												
Female	703	3726	1.7	9.0								
Male	973	5291	3.0	16.2								
Race/ethnicity												
White, Non-Latino	353	1534	2.0	8.5	230	1016	2.7	12.0	123	518	1.3	5.5
Black, Non-Latino	608	3557	2.9	16.9	300	1844	3.6	22.2	308	1713	2.4	13.4
Latino	477	2677	1.9	10.8	292	1661	2.9	16.6	185	1016	1.3	6.9
Asian/Pacific Islander	235	1223	2.9	14.9	150	761	2.9	14.9	85	462	2.7	14.9
Borough												
Bronx	409	2149	2.3	12.2	235	1231	3.7	19.2	174	918	1.6	8.2
Brooklyn	499	2666	2.3	12.1	288	1507	3.1	16.2	211	1159	1.6	9.1
Manhattan	209	1247	2.2	13.4	107	711	2.5	16.5	102	536	2.0	10.7
Queens	477	2541	2.3	12.0	291	1571	2.7	14.8	186	970	1.8	9.2
Staten Island	82	414	2.1	10.4	52	271	2.4	12.3	30	143	1.6	7.5
Dialysis Only												
Overall	1626	7413	2.2	10.0	938	4238	2.9	13.0	688	3175	1.7	7.7
Age group												
18-44	108	452	0.9	3.7	58	245	1.0	4.0	50	207	0.8	3.5
45-64	699	3004	2.0	8.7	438	1920	2.7	11.9	261	1084	1.4	6.0
65+	819	3957	3.0	14.3	442	2073	4.2	19.7	377	1884	2.2	11.0
Sex												
Female	688	3175	1.7	7.7								
Male	938	4238	2.9	13.0								
Race/ethnicity												
White, Non-Latino	339	1179	1.9	6.6	220	757	2.6	8.9	119	422	1.3	4.5
Black, Non-Latino	593	3056	2.8	14.5	292	1559	3.5	18.8	301	1497	2.4	11.7
Latino	468	2153	1.9	8.7	286	1306	2.9	13.1	182	847	1.2	5.8
Asian/Pacific Islander	222	1003	2.7	12.2	138	608	2.7	11.9	84	395	2.7	12.7
Borough												
Bronx	401	1693	2.3	9.6	231	936	3.6	14.6	170	757	1.5	6.8
Brooklyn	487	2308	2.2	10.4	279	1269	3.0	13.6	208	1039	1.6	8.1
Manhattan	202	976	2.2	10.5	103	535	2.4	12.4	99	441	2.0	8.8
Queens	462	2119	2.2	10.0	278	1296	2.6	12.2	184	823	1.8	7.8
Staten Island	74	317	1.9	7.9	47	202	2.1	9.2	27	115	1.4	6.1

Table 2. Prevalence and incidence of end-stage renal disease (ESRD) and dialysis among adults due to diabetes, New York City, 2018

Source: United States Renal Data System. 2018, restricted to NYC residents ages 18 and older.

Rate of cases per 1,000 adults with diabetes are crude estimates based on point estimates of the NYC population with diabetes from the NYC Community Health Survey, 2018.

Age-adjusted rates not presented because of censoring of available data due to small cell counts.

	Overall				Male				Female			
	Incident cases due to diabetes N	Prevalent cases due to diabetes N	Rate of incident cases due to diabetes - per 1,000 adults with diabetes N	Rate of prevalent cases due to diabetes - per 1,000 adults with diabetes N	Incident cases due to diabetes N	Prevalent cases due to diabetes N	Rate of incident cases due to diabetes - per 1,000 adults with diabetes	Rate of prevalent cases due to diabetes - per 1,000 adults with diabetes N	Incident cases due to diabetes N	Prevalent cases due to diabetes N	Rate of incident cases due to diabetes - per 1,000 adults with diabetes N	Rate of prevalent cases due to diabetes - per 1,000 adults with diabetes N
All ESRD												
Overall	1795	9401	2.5	13.0	1074	5551	3.2	16.5	721	3850	1.9	10.2
Age group												
18-44	140	616	1.2	5.1	84	316	1.5	5.6	56	300	0.9	4.8
45-64	762	4006	2.3	12.2	495	2596	3.0	15.5	267	1410	1.7	8.8
65+	893	4779	3.2	17.4	495	2639	4.4	23.4	398	2140	2.6	13.8
Sex												
Female	721	3850	1.9	10.2								
Male	1074	5551	3.2	16.5								
Race/ethnicity												
White, Non-Latino	368	1605	2.1	9.3	256	1085	2.6	11.0	112	520	1.6	7.4
Black, Non-Latino	616	3608	3.1	18.1	321	1871	4.5	26.0	295	1737	2.3	13.8
Latino	526	2805	2.1	11.4	323	1742	3.1	16.9	203	1063	1.5	7.6
Asian/Pacific Islander	278	1354	3.5	16.9	174	843	3.8	18.3	104	511	3.1	15.0
Borough												
Bronx	441	2251	2.6	13.4	274	1320	4.0	19.4	167	931	1.7	9.4
Brooklyn	488	2736	2.2	12.4	269	1538	3.0	16.9	219	1198	1.7	9.4
Manhattan	215	1264	2.2	13.2	123	715	2.8	16.3	92	549	1.9	11.4
Queens	563	2733	2.8	13.6	355	1703	3.3	15.9	208	1030	2.3	11.2
Staten Island	88	417	2.4	11.3	53	275	2.0	10.6	35	142	3.2	12.9
Dialysis Only												
Overall	1718	7422	2.4	10.3	1027	4276	3.0	12.7	691	3146	1.8	8.3
Age group												
18-44	126	425	1.1	3.5	76	222	1.4	4.0	50	203	0.8	3.2
45-64	728	3036	2.2	9.3	472	1959	2.8	11.7	256	1077	1.6	6.7
65+	864	3961	3.1	14.4	479	2095	4.2	18.5	385	1866	2.5	12.0
Sex												
Female	691	3146	1.8	8.3								
Male	1027	4276	3.0	12.7								
Race/ethnicity												
White, Non-Latino	340	1163	2.0	6.7	237	775	2.4	7.8	103	388	1.5	5.5
Black, Non-Latino	588	2990	3.0	15.0	304	1520	4.2	21.1	284	1470	2.3	11.7
Latino	512	2185	2.1	8.8	316	1321	3.1	12.8	196	864	1.4	6.2
Asian/Pacific Islander	269	1058	3.4	13.2	169	652	3.7	14.2	100	406	2.9	11.9
Borough												
Bronx	423	1703	2.5	10.1	262	964	3.9	14.2	161	739	1.6	7.5
Brooklyn	469	2281	2.1	10.3	254	1242	2.8	13.6	215	1039	1.7	8.1
Manhattan	204	953	2.1	9.9	119	518	2.7	11.8	85	435	1.8	9.1
Queens	542	2184	2.7	10.9	344	1357	3.2	12.7	198	827	2.2	9.0
Staten Island	80	301	2.2	8.1	48	195	1.8	7.5	32	106	2.9	9.6

Table 3. Blood sugar control among adults with diabetes who received medical care in 2020, by demographic characteristics, New York City

Source: New York City A1C Registry, 2020; restricted to NYC residents ages 18 and older

Rates are based on registrants reported to the A1C Registry in 2020 with likely diabetes (based on a history of at least two A1C test values of 6.5% or greater).

	Number (n)					Percent (%)			
	Latest A1C value								
	<7.0%	7.0-7.9%	8.0-9.0%	>9%	Total	<7.0%	7.0-7.9%	8.0-9.0%	>9%
Overall	272,082	139,510	74,230	94,044	579,866	46.9	24.1	12.8	16.2
Age group									
18-44	17,774	9,331	6,396	13,289	46,790	38.0	19.9	13.7	28.4
45-64	102,133	59,222	34,339	49,929	245,623	41.6	24.1	14.0	20.3
65+	152,175	70,957	33,495	30,826	287,453	52.9	24.7	11.7	10.7
Sex[1]									
Female	149,768	73,960	38,262	46,444	308,434	48.6	24.0	12.4	15.1
Male	122,048	65,421	35,893	47,488	270,850	45.1	24.2	13.3	17.5
Neighborhood poverty[2]									
30 to <100% (very high poverty)	38,749	20,213	11,789	17,287	88,038	44.0	23.0	13.4	19.6
20 to <30% (high poverty)	60,463	30,239	16,529	22,139	129,370	46.7	23.4	12.8	17.1
10 to <20% (medium poverty)	121,544	63,939	33,985	41,764	261,232	46.5	24.5	13.0	16.0
0 to 10% (low poverty)	51,043	24,935	11,846	12,756	100,580	50.7	24.8	11.8	12.7
Borough[3]									
Bronx	50,008	26,149	15,128	22,041	113,326	44.1	23.1	13.3	19.4
Brooklyn	80,870	40,606	22,009	28,577	172,062	47.0	23.6	12.8	16.6
Manhattan	39,600	19,061	9,842	12,254	80,757	49.0	23.6	12.2	15.2
Queens	84,737	45,609	23,453	27,020	180,819	46.9	25.2	13.0	14.9
Staten Island	16,591	7,942	3,719	4,060	32,312	51.3	24.6	11.5	12.6

1.There were 582 individuals where sex was missing or listed as Other.

2.There were 646 individuals whose address information could not be resolved to a corresponding neighborhood poverty level.

3.There were 590 individuals whose address information could not be resolved to a corresponding borough.

Table 4. Number and percent of adults with diabetes in New York City who received medical care in 2020 with last A1C > 9%, by United Hospital Fund (UHF) neighborhood

Source: New York City A1C Registry, 2020; restricted to NYC residents ages 18 and older
Results are based on registrants reported to the A1C Registry in 2020 likely with diabetes (based on a history of at least two A1C test values of 6.5% or greater)

	A1C greater than 9%		
	Number (n)	Percent (%)	Number of people with diabetes with result in 2020
Overall	94,044	16.2	579,866
UHF neighborhood			
Bronx			
Kingsbridge - Riverdale	905	16.5	5,496
Northeast Bronx	2,936	18.0	16,305
Fordham - Bronx Park	3,910	20.7	18,878
Pelham - Throgs Neck	4,528	18.3	24,774
Crotona-Tremont	3,639	20.7	17,613
High Bridge - Morissania	3,663	19.7	18,553
Hunts Point - Mott Haven	2,460	21.0	11,707
Brooklyn			
Greenpoint	729	13.2	5,508
Downtown - Heights - Park Slope	1,438	16.0	8,966
Bedford Stuyvesant - Crown Heights	4,612	19.3	23,910
East New York	3,345	20.4	16,412
Sunset Park	1,294	14.9	8,684
Borough Park	2,665	13.5	19,729
East Flatbush - Flatbush	4,876	19.5	25,061
Canarsie - Flatlands	2,972	17.2	17,316
Bensonhurst - Bay Ridge	1,467	11.7	12,493
Coney Island - Sheepshead Bay	2,487	12.2	20,314
Williamsburg - Bushwick	2,692	19.7	13,669
Manhattan			
Washington Heights - Inwood	3,551	17.9	19,880
Central Harlem - Morningside Heights	2,124	18.3	11,595
East Harlem	1,888	18.8	10,063
Upper West Side	1,021	12.8	7,958
Upper East Side	496	9.0	5,515
Chelsea - Clinton	828	14.3	5,793
Gramercy Park - Murray Hill	362	10.6	3,429
Greenwich Village - Soho	240	10.8	2,228
Union Square - Lower East Side	1,542	12.4	12,441
Lower Manhattan	202	10.9	1,855
Queens			
Long Island City - Astoria	1,775	16.0	11,090
West Queens	5,341	15.8	33,868
Flushing - Clearview	2,113	9.8	21,626
Bayside - Little Neck	485	8.7	5,577
Ridgewood - Forest Hills	1,801	12.5	14,372
Fresh Meadows	761	10.6	7,183
Southwest Queens	4,666	17.0	27,512
Jamaica	5,575	17.2	32,374
Southeast Queens	2,924	15.5	18,837
Rockaway	1,579	18.8	8,380
Staten Island			
Port Richmond	901	18	5,019
Stapleton - St. George	1,332	15.1	8,845
Willowbrook	647	9.9	6,544
South Beach - Tottenville	1,180	9.9	11,904

There were 590 individuals likely with diabetes who had A1C tests in 2020 that could not be resolved to a UHF neighborhood, including 92 individuals whose latest A1C result was > 9%.

Table 5. Hospitalizations for lower-extremity amputation (including foot and toe) among adults with diabetes and rate per 100,000 adults, New York City, 2012-2016

Source: Statewide Planning and Research Collaborative System (SPARCS) 2012-2016; restricted to NYC residents ages 18 and older.

The diabetes related lower-extremity amputation case definition is based on the Aqency for Healthcare Research and Quality Prevention Quality Indicator metric PQI-16 version 6.0 (https://www.qualityindicators.ahrq.gov/Archive/), with the addition of ICD-9 and 10 procedure codes for all toe or foot amputations.

Rates are per 100,000 adults and age-adjusted data are adjusted to the 2000 U.S. Standard Population.

Use crude estimates when reporting prevalence for a specific population; use age-adjusted estimates when making comparisons between groups that may have varying age distribution.

	Number of hospitalizations					Crude rate (per 100,000 adults)					Age-adjusted rate (per 100,000 adults)				
	2012	**2013**	**2014**	**2015**	**2016**	**2012**	**2013**	**2014**	**2015**	**2016**	**2012**	**2013**	**2014**	**2015**	**2016**
Overall	2821	2930	3088	3126	3099	42.9	44.1	46.2	46.5	45.9	43.4	44.4	46.1	45.9	44.9
Age group															
18-24	8	4	7	6	3	0.9	0.5	0.8	0.7	0.4					
25-44	196	214	244	217	256	7.5	8.1	9.1	8.0	9.5					
45-64	1342	1400	1494	1532	1546	65.4	67.7	71.8	73.1	73.6					
65+	1275	1312	1343	1371	1294	121.9	122.3	122.4	121.7	112.0					
Sex															
Female	939	936	993	983	924	26.8	26.5	27.9	27.5	25.8	25.8	25.3	26.5	25.8	24.1
Male	1882	1994	2095	2143	2175	61.3	64.3	67.0	68.0	68.7	65.8	68.3	70.4	70.6	70.6
Neighborhood poverty (UHF level)															
30 to <100% (very high)	638	720	684	703	670	68.3	76.0	71.4	72.7	68.8	79.2	87.3	81.0	81.2	76.5
20 to <30% (high)	814	883	950	907	937	46.2	49.7	53.2	50.5	52.1	47.9	51.2	54.5	51.3	52.4
10 to <20% (medium)	1171	1116	1247	1285	1272	38.5	36.3	40.3	41.2	40.6	38.1	35.7	39.2	39.8	38.8
0 to <10% (low)	196	206	207	229	220	23.4	24.4	24.5	27.0	25.9	21.4	22.2	22.0	24.0	22.5
Borough															
Bronx	775	829	852	831	814	74.2	78.4	79.6	76.8	74.7	77.5	80.8	81.9	78.1	75.2
Brooklyn	839	887	914	973	964	42.6	44.5	45.5	48.2	47.6	44.3	46.1	46.7	49.0	48.0
Manhattan	434	489	520	486	490	31.6	35.5	37.6	35.0	35.2	33.3	36.9	38.6	35.9	35.6
Queens	647	610	686	675	680	35.4	33.1	36.9	36.1	36.3	34.4	32.0	35.3	34.2	34.0
Staten Island	126	115	116	161	151	34.6	31.4	31.5	43.5	40.6	31.4	28.5	28.5	38.5	35.5

Table 6. Hospitalizations for lower-extremity amputation (including foot and toe) among adults with diabetes and rate per 1,000 adults with diabetes, New York City, 2012-2016

Source: Statewide Planning and Research Collaborative System (SPARCS) 2012-2016; restricted to NYC residents ages 18 and older.

The diabetes related lower-extremity amputation case definition is based on the Aqency for Healthcare Research and Quality Prevention Quality Indicator metric PQI-16 version 6.0 (https://www.qualityindicators.ahrq.gov/Archive/), with the addition of ICD-9 and 10 procedure codes for all toe or foot amputations.

Crude rates of cases per 1,000 adults are based on the corresponding point estimates of the NYC population with diabetes from the NYC Community Health Survey, 2012-2016.

Age-adjusted data are not presented due to limitations with the underlying diabetes estimates.

	Number of hospitalizations					Crude rate (per 1,000 adults with diabetes)				
	2012	**2013**	**2014**	**2015**	**2016**	**2012**	**2013**	**2014**	**2015**	**2016**
Overall	2821	2930	3088	3126	3099	4.2	4.3	4.6	4.2	4.4
Age group										
18-24	8	4	7	6	3	0.6	0.2	1.0	0.5	0.3
25-44	196	214	244	217	256	2.3	2.3	3.2	2.2	3.1
45-64	1342	1400	1494	1532	1546	4.1	4.4	4.5	4.3	4.6
65+	1275	1312	1343	1371	1294	5.3	5.3	5.2	4.9	4.7
Sex										
Female	939	936	993	983	924	2.5	2.6	2.8	2.4	2.3
Male	1882	1994	2095	2143	2175	6.6	6.3	6.4	6.5	6.9
Neighborhood poverty (UHF level)										
30 to <100% (very high)	638	720	684	703	670	4.9	5.0	4.4	3.7	4.1
20 to <30% (high)	814	883	950	907	937	4.1	4.9	4.7	4.4	5.3
10 to <20% (medium)	1171	1116	1247	1285	1272	4.9	4.9	6.4	5.2	5.0
0 to <10% (low)	196	206	207	229	220	2.2	2.0	2.0	3.1	1.9
Borough										
Bronx	775	829	852	831	814	5.5	5.9	6.2	5.5	4.9
Brooklyn	839	887	914	973	964	3.9	4.1	4.7	4.2	4.4
Manhattan	434	489	520	486	490	5.3	5.3	5.5	4.1	5.8
Queens	647	610	686	675	680	3.4	3.3	3.4	3.2	3.3
Staten Island	126	115	116	161	151	3.3	2.8	2.5	5.8	5.2