Bronx Community District 12:

WILLIAMSBRIDGE AND BAYCHESTER

(Including Baychester, Eastchester, Edenwald, Olinville, Wakefield, Williamsbridge and Woodlawn)

VAN CORTLANDT PARK E

MUNDY LN

SETON AV

JEROME AV

BAINBRG AV

CEMETERY

Bronx River Parkway

E 211 ST

Seton Falls Park

Pelham Bay Park

NEW ENGLAND THWY

PARK DRIVE

Haffen Park

ADEE AV

BOSTON RD

E GUN HILL RD

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.
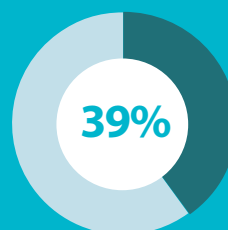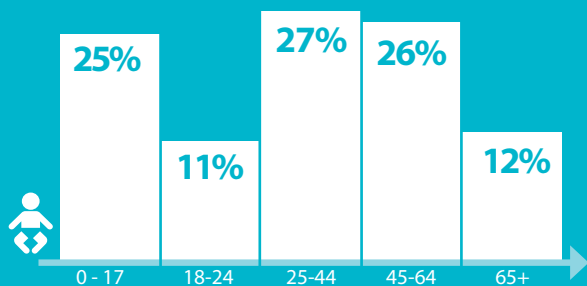
WHO WE ARE

WILLIAMSBRIDGE AND BAYCHESTER TOTAL POPULATION
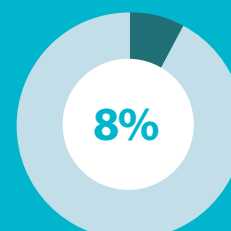
154,050

POPULATION BY RACE AND ETHNICITY

65% Black*

24% Hispanic
7% White*
2% Asian*
2% Other*

POPULATION BY AGE

25% — 0 - 17
11% — 18-24
27% — 25-44
26% — 45-64
12% — 65+

39% ARE FOREIGN BORN

HAVE LIMITED ENGLISH PROFICIENCY
8%

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

77%

LIFE EXPECTANCY

80.2 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 Bronx Community District 12, which includes Baychester, Eastchester, Edenwald, Olinville, Wakefield, Williamsbridge and Woodlawn, but the name is shortened to just **Williamsbridge and Baychester**. 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:

WILLIAMSBRIDGE AND BAYCHESTER

BEST-PERFORMING COMMUNITY DISTRICT
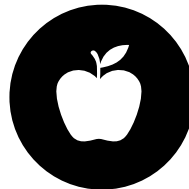
THE BRONX

NEW YORK CITY

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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.
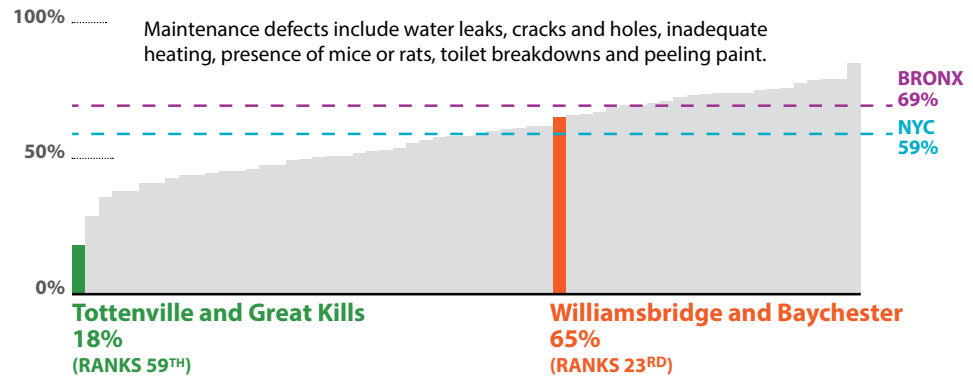
Housing quality

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 **Williamsbridge and Baychester** have maintenance defects compared with homes citywide.

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

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

100%

BRONX 69%

NYC 59%

50%

0%

Tottenville and Great Kills 18% (RANKS 59TH)

Williamsbridge and Baychester 65% (RANKS 23RD)

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 **Williamsbridge and Baychester,** levels of $PM_{2.5}$, the most harmful air pollutant, are 8.7 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)

8.7
Williamsbridge and Baychester (RANKS 34TH)

7.6
Rockaway and Broad Channel (RANKS 59TH)

9.1
Bronx

8.6
NYC
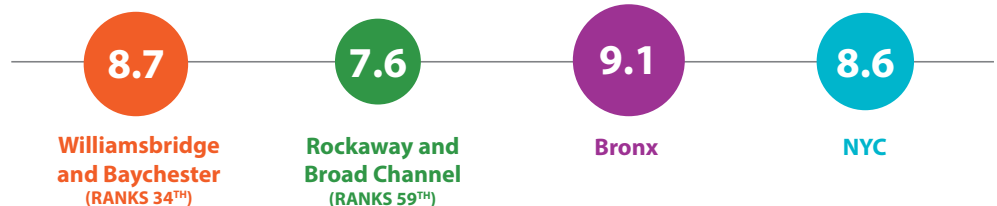
NYC DOHMH, Community Air Survey, 2013

Retail environment

The prevalence of tobacco retailers in **Williamsbridge and Baychester** is similar to the prevalence citywide. Supermarket access is limited, with only 109 square feet per 100 people.

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

Tobacco retailers
(per 10,000 population)

9 Williamsbridge and Baychester (RANKS 38TH)	**6** Bayside and Little Neck (RANKS 59TH)
11 Bronx	**11** NYC
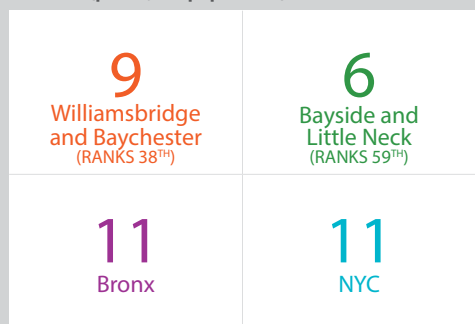
NYC Department of Consumer Affairs, 2014

Supermarket square footage
(per 100 population)

109 Williamsbridge and Baychester (RANKS 49TH)	**450** South Beach and Willowbrook (RANKS 1ST)
155 Bronx	**177** NYC
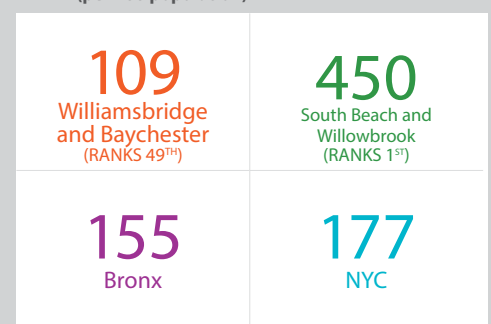
New York State Department of Agriculture and Markets, 2014

SOCIAL AND ECONOMIC CONDITIONS

Higher education levels are associated with better health outcomes.
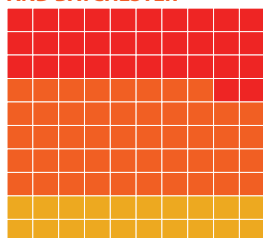
Adult educational attainment

In **Williamsbridge and Baychester** nearly one in three adults has a college degree; however, one in five adults has not completed high school.
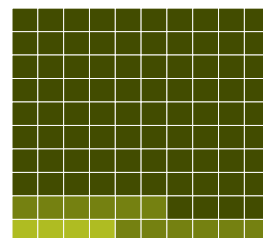
Highest level of education attained (adults 25 years and older)
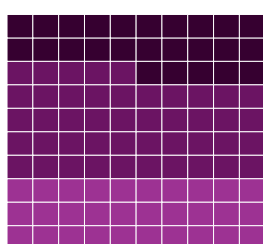
WILLIAMSBRIDGE AND BAYCHESTER

32% College graduate

49% High school graduate or some college

20% Less than high school
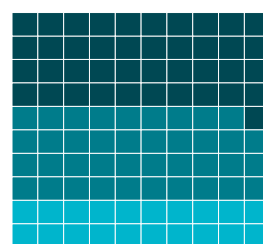
FINANCIAL DISTRICT & GREENWICH VILLAGE AND SOHO

84% College graduate

12% High school graduate or some college

4% Less than high school

BRONX

25% College graduate

45% High school graduate or some college

30% Less than high school

NEW YORK CITY

41% College graduate

39% High school graduate or some college

20% Less than high school

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

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

Income

One in five **Williamsbridge and Baychester** residents lives below the Federal Poverty Level.

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 six **Williamsbridge and Baychester** adults ages 16 and older is unemployed, and over 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 **Williamsbridge and Baychester**, **it is estimated that 27% of deaths could have been averted.**

Economic stress

	Williamsbridge and Baychester	Best-performing community district	Bronx	NYC
Poverty	20% (RANKS 28TH)	6% Tottenville and Great Kills (RANKS 59TH)	31%	21%
Unemployment	16% (RANKS 10TH)	5% Greenwich Village and Soho & Financial District (RANKS 58TH)	16%	11%
Rent burden	57% (RANKS 14TH)	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
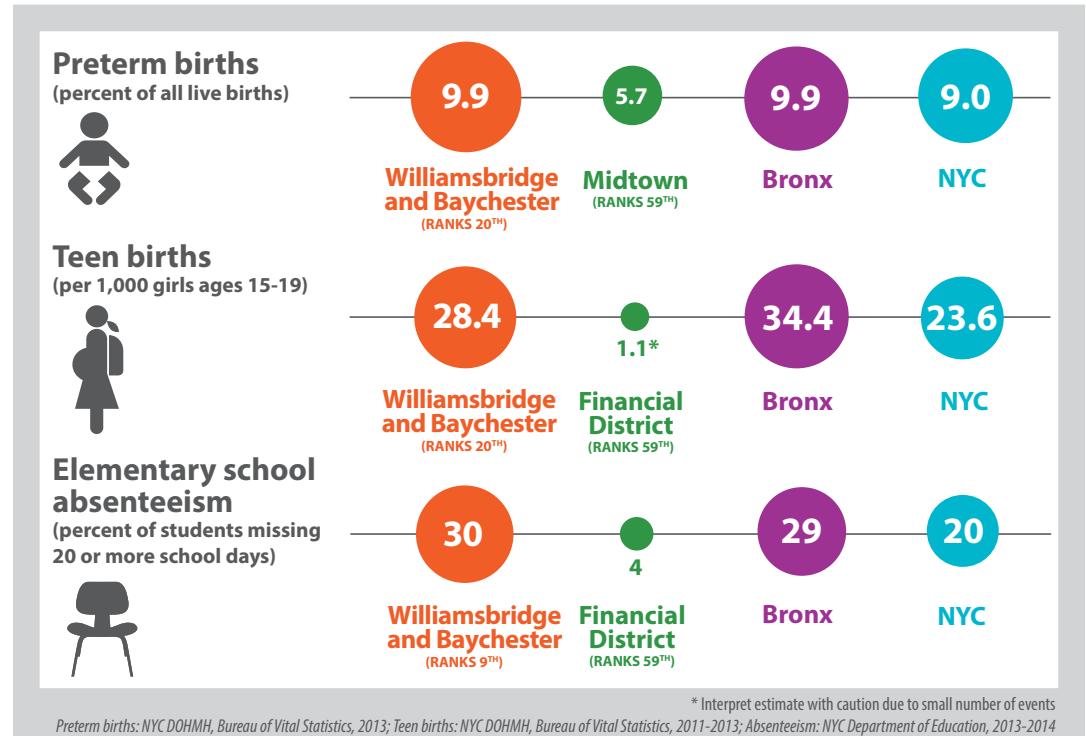
SOCIAL AND ECONOMIC CONDITIONS

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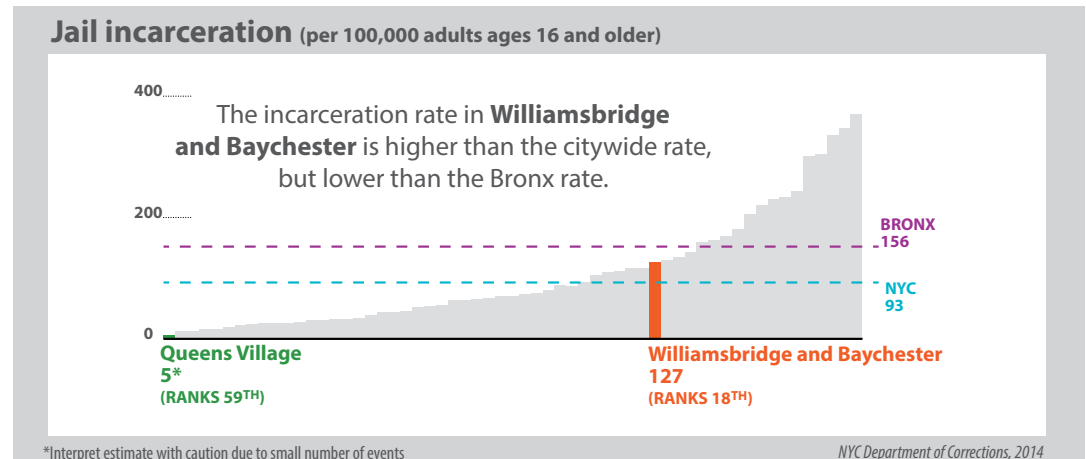
Non-fatal assault hospitalizations capture the consequences of community violence.

Children and adolescents

The littlest New Yorkers all deserve the same opportunities for health. In **Williamsbridge and Baychester**, the rate of preterm births, a key driver of infant death, is similar to the citywide rate. However, the teen birth rate is higher than the citywide rate, and the rate of elementary school absenteeism is ninth-highest in the city.
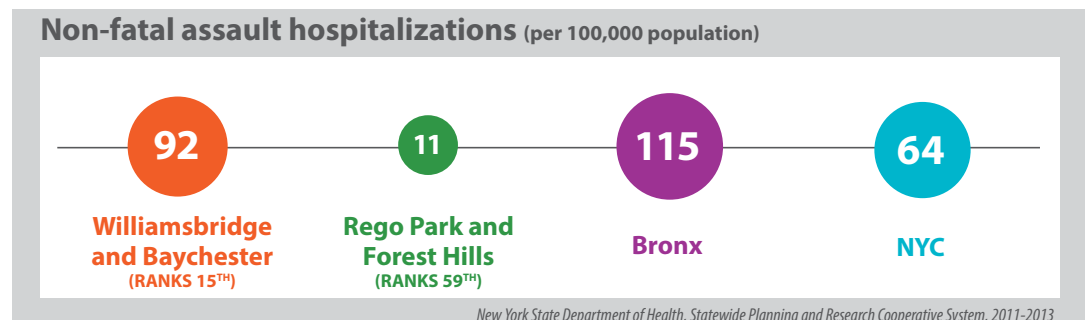
Preterm births
(percent of all live births)

9.9	**5.7**	**9.9**	**9.0**
Williamsbridge and Baychester (RANKS 20TH)	Midtown (RANKS 59TH)	Bronx	NYC

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

28.4	**1.1***	**34.4**	**23.6**
Williamsbridge and Baychester (RANKS 20TH)	Financial District (RANKS 59TH)	Bronx	NYC

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

30	**4**	**29**	**20**
Williamsbridge and Baychester (RANKS 9TH)	Financial District (RANKS 59TH)	Bronx	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 **Williamsbridge and Baychester** is higher than the citywide rate, but lower than the Bronx rate.

BRONX 156

NYC 93

Queens Village 5* (RANKS 59TH)

Williamsbridge and Baychester 127 (RANKS 18TH)

*Interpret estimate with caution due to small number of events

NYC Department of Corrections, 2014

Violence

The injury assault rate in **Williamsbridge and Baychester** is higher than the citywide rate.

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

92	**11**	**115**	**64**
Williamsbridge and Baychester (RANKS 15TH)	Rego Park and Forest Hills (RANKS 59TH)	Bronx	NYC

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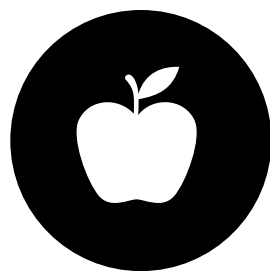
HEALTHY LIVING

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), 77% of **Williamsbridge and Baychester** residents rate their health as "excellent," "very good" or "good."

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

77%
Williamsbridge
and Baychester
(RANKS 36TH)

92%
Upper East Side
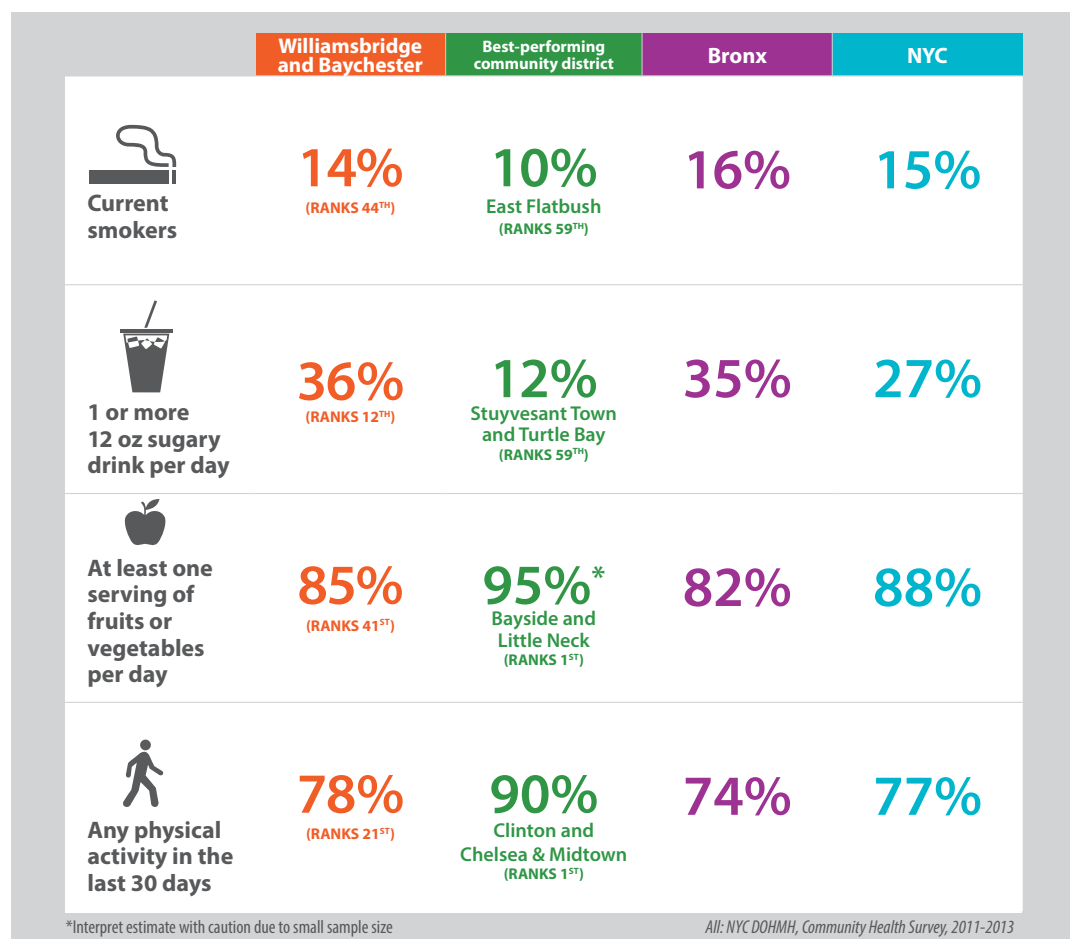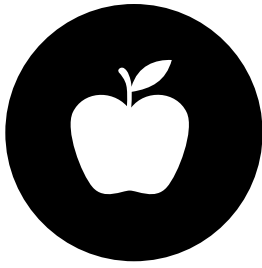(RANKS 1ST)

73%
Bronx

78%
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 **Williamsbridge and Baychester** smoke, consume sugary beverages, eat fruits and vegetables and are physically active at rates similar to residents of the Bronx and the city as a whole.

Williamsbridge and Baychester adults are three times as likely to consume sugary beverages as Stuyvesant Town and Turtle Bay adults.

	Williamsbridge and Baychester	Best-performing community district	Bronx	NYC
Current smokers	14% (RANKS 44TH)	10% East Flatbush (RANKS 59TH)	16%	15%
1 or more 12 oz sugary drink per day	36% (RANKS 12TH)	12% Stuyvesant Town and Turtle Bay (RANKS 59TH)	35%	27%
At least one serving of fruits or vegetables per day	85% (RANKS 41ST)	95%* Bayside and Little Neck (RANKS 1ST)	82%	88%
Any physical activity in the last 30 days	78% (RANKS 21ST)	90% Clinton and Chelsea & Midtown (RANKS 1ST)	74%	77%

*Interpret estimate with caution due to small sample size

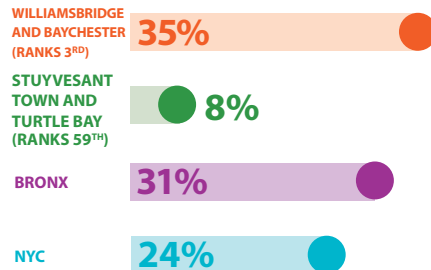*All: NYC DOHMH, Community Health Survey, 2011-2013*

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 35%, the rate of obesity in **Williamsbridge and Baychester** is over four times the rate in Stuyvesant Town and Turtle Bay and is ranked third-highest in the city. The diabetes rate in **Williamsbridge and Baychester** is 12%, also four times the rate in Stuyvesant Town and Turtle Bay.

Obesity (percent of adults)

WILLIAMSBRIDGE AND BAYCHESTER (RANKS 3RD)	**35%**
STUYVESANT TOWN AND TURTLE BAY (RANKS 59TH)	**8%**
BRONX	**31%**
NYC	**24%**

NYC DOHMH, Community Health Survey, 2011-2013

Diabetes (percent of adults)

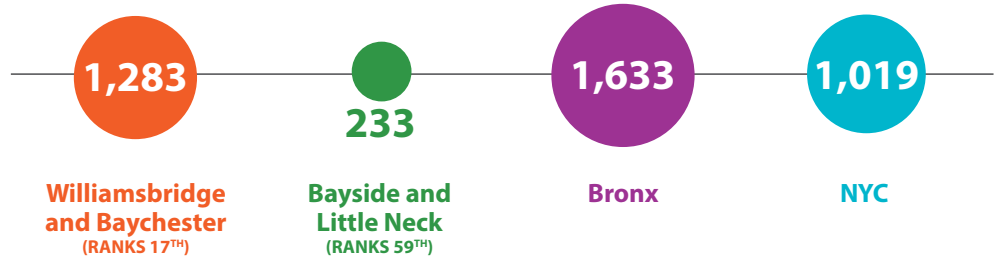|	
WILLIAMSBRIDGE AND BAYCHESTER (RANKS 25TH)	**12%**
STUYVESANT TOWN AND TURTLE BAY (RANKS 59TH)	**3%**
BRONX	**14%**
NYC	**10%**
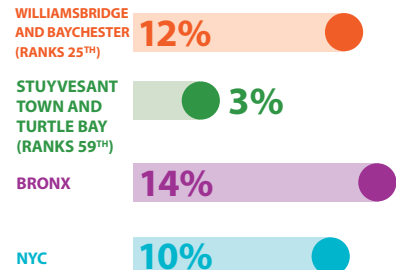
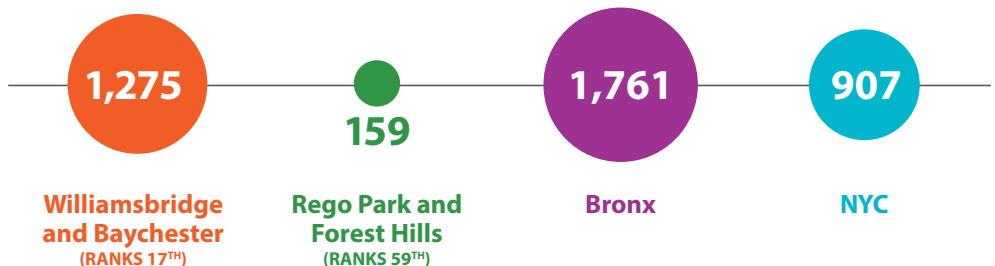*NYC DOHMH, Community Health Survey, 2011-2013*

Substance use

Drug- and/or alcohol-related hospitalizations reflect acute and chronic consequences of substance misuse. In **Williamsbridge and Baychester** such hospitalization rates are higher than the rates in NYC overall, but lower than the rates in the Bronx as a whole.

Alcohol-related hospitalizations (per 100,000 adults)

1,283	**233**	**1,633**	**1,019**
Williamsbridge and Baychester (RANKS 17TH)	**Bayside and Little Neck** (RANKS 59TH)	**Bronx**	**NYC**

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

Drug-related hospitalizations (per 100,000 adults)

1,275	**159**	**1,761**	**907**
Williamsbridge and Baychester (RANKS 17TH)	**Rego Park and Forest Hills** (RANKS 59TH)	**Bronx**	**NYC**

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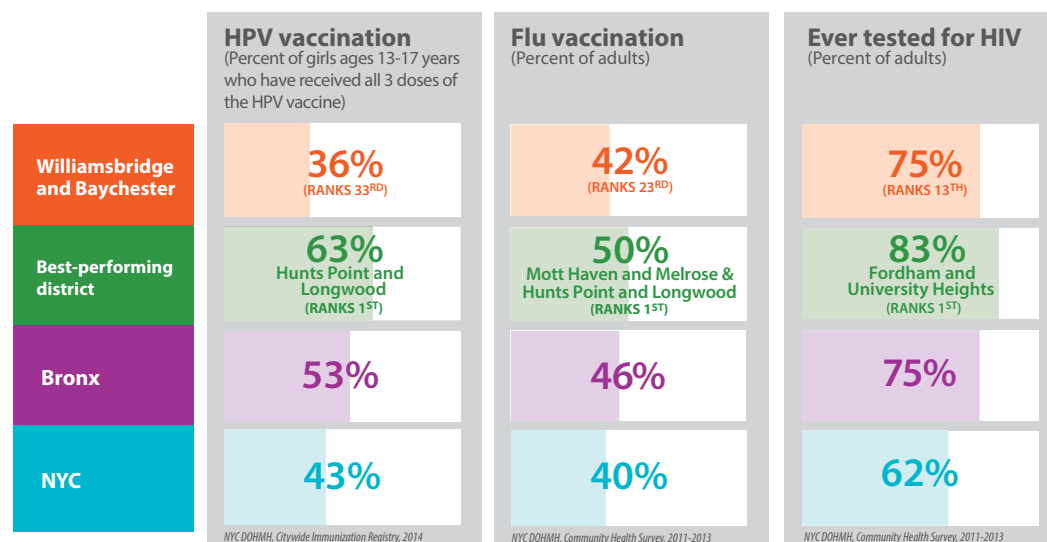
HEALTH CARE

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 **Williamsbridge and Baychester** has no health insurance, and one in eight goes without needed medical care, similar to citywide rates. **Williamsbridge and Baychester** ranks fourth-highest in the rate of late or no prenatal 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 **Williamsbridge and Baychester**.

No health insurance
(percent of adults)

WILLIAMSBRIDGE AND BAYCHESTER (RANKS 24TH) — 21%

TOTTENVILLE AND GREAT KILLS (RANKS 59TH) — 8%

BRONX — 22%

NYC — 20%

NYC DOHMH, Community Health Survey, 2011-2013

Went without needed medical care
(percent of adults)

WILLIAMSBRIDGE AND BAYCHESTER (RANKS 18TH) — 12%

UPPER EAST SIDE (RANKS 59TH) — 5%

BRONX — 12%

NYC — 11%

NYC DOHMH, Community Health Survey, 2011-2013

Late or no prenatal care
(percent of live births)

WILLIAMSBRIDGE AND BAYCHESTER (RANKS 4TH) — 13.9%

TOTTENVILLE AND GREAT KILLS (RANKS 59TH) — 1.3%

BRONX — 12.3%

NYC — 7.4%

NYC DOHMH, Bureau of Vital Statistics, 2013

Prevention and screening

Compared with teens citywide, teenaged girls from **Williamsbridge and Baychester** are less likely to receive the full human papillomavirus (HPV) vaccine series. However, **Williamsbridge and Baychester** adults are more likely to get tested for HIV than adults citywide.

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.

	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)
Williamsbridge and Baychester	36% (RANKS 33RD)	42% (RANKS 23RD)	75% (RANKS 13TH)
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)
Bronx	53%	46%	75%
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. **Williamsbridge and Baychester** ranks twenty-fifth in the rate of new HIV diagnoses.

New HIV diagnoses (per 100,000 population)

120

60

0

BRONX
39.8
NYC
30.4

Williamsbridge and Baychester
35.7
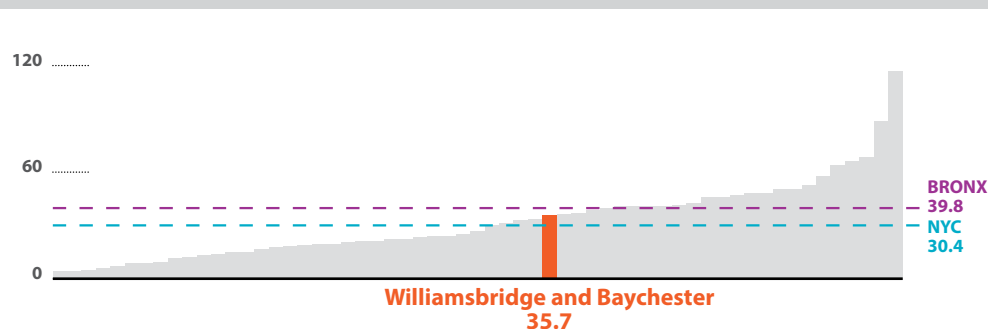
NYC DOHMH, HIV/AIDS Surveillance Registry, 2013

Stroke

High blood pressure is the leading risk factor for stroke and the most important to control. The rate of stroke hospitalizations in **Williamsbridge and Baychester** is higher than the citywide rate.

Hospitalizations due to stroke (per 100,000 adults)
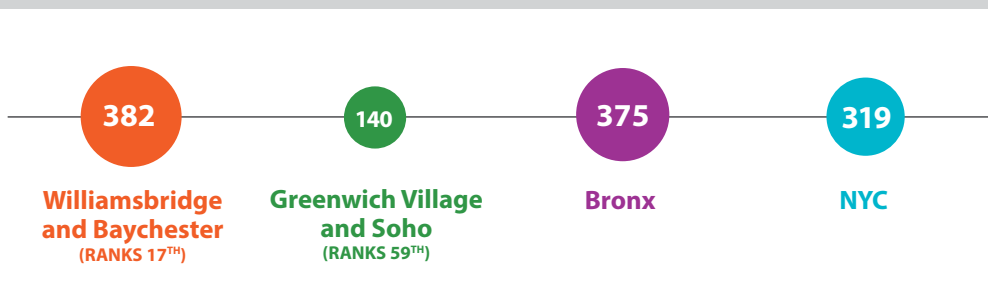
382	140	375	319
Williamsbridge and Baychester (RANKS 17TH)	**Greenwich Village and Soho** (RANKS 59TH)	**Bronx**	**NYC**

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 **Williamsbridge and Baychester** is lower than the Bronx and citywide rates.

Psychiatric hospitalizations (per 100,000 adults)
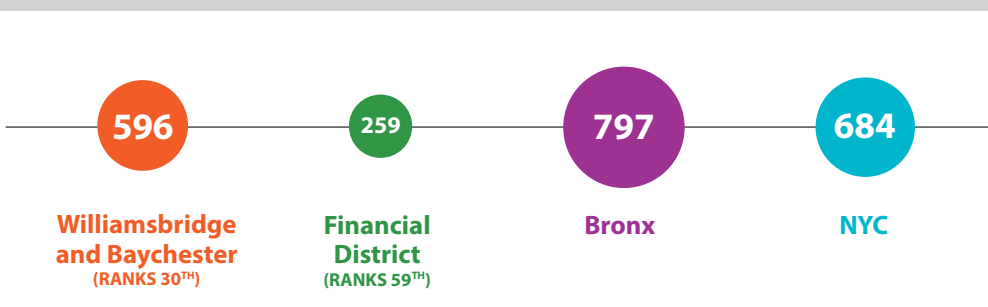
596	259	797	684
Williamsbridge and Baychester (RANKS 30TH)	**Financial District** (RANKS 59TH)	**Bronx**	**NYC**

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. **Williamsbridge and Baychester** has the seventh-highest asthma hospitalization rate among children ages 5 to 14 in the city, more than twice the citywide rate.

Child asthma hospitalizations (per 10,000 children ages 5-14)
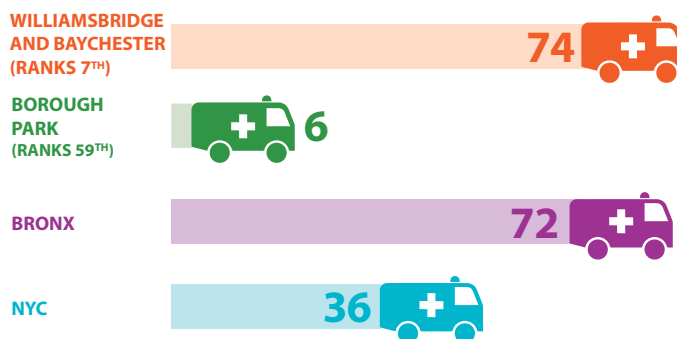
WILLIAMSBRIDGE AND BAYCHESTER (RANKS 7TH)	74
BOROUGH PARK (RANKS 59TH)	6
BRONX	72
NYC	36

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 **Williamsbridge and Baychester** is higher than the citywide rate.

Avoidable asthma hospitalizations (per 100,000 adults)
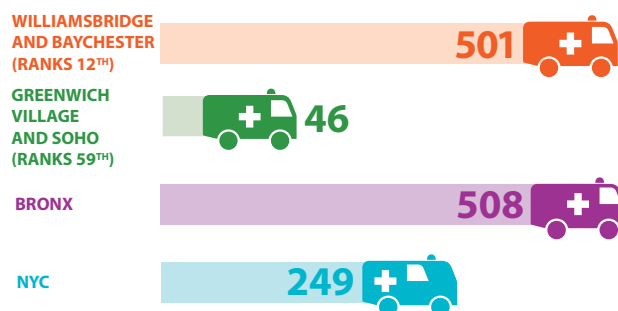
WILLIAMSBRIDGE AND BAYCHESTER (RANKS 12TH)	501
GREENWICH VILLAGE AND SOHO (RANKS 59TH)	46
BRONX	508
NYC	249

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 **Williamsbridge and Baychester** is higher than the citywide rate.

Avoidable diabetes hospitalizations (per 100,000 adults)
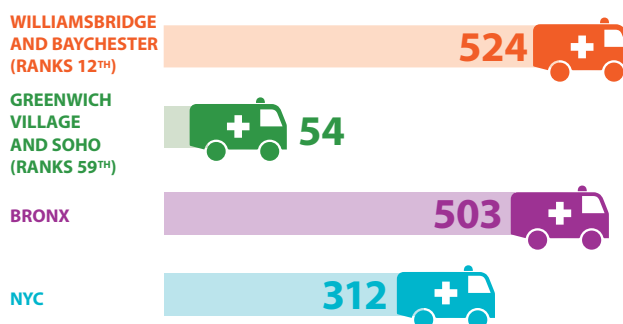
WILLIAMSBRIDGE AND BAYCHESTER (RANKS 12TH)	524
GREENWICH VILLAGE AND SOHO (RANKS 59TH)	54
BRONX	503
NYC	312

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

HEALTH OUTCOMES

HIV is the seventh most common cause of death in **Williamsbridge and Baychester**, but it is the tenth leading cause citywide.

Leading causes of death

The top causes of death for residents of **Williamsbridge and Baychester**, as for most New Yorkers, are heart disease and cancer. Death rates due to diabetes, stroke, lower respiratory diseases, HIV and homicide are higher than the city rates.

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

Williamsbridge and Baychester			New York City	
RANK	CAUSE: NUMBER OF DEATHS	DEATH RATE	RANK	DEATH RATE
1	**Heart disease: 1,338**	177.8	1	202.6
2	**Cancer: 1,075**	142.3	2	156.7
3	Flu/pneumonia: 202	27.0	3	27.4
4	Diabetes mellitus: 180	23.9	4	20.6
5	Stroke: 149	19.8	6	18.8
6	Lower respiratory diseases: 147	19.9	5	19.8
7	HIV: 89	11.4	10	8.4
8	Accidents *(excluding drug poisoning)*: 85	11.3	7	11.8
9	Homicide: 82	11.0	14	5.7
10	Hypertension: 80	10.6	8	11.4

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 **Williamsbridge and Baychester** is fifth-highest in the city, almost eight times the rate in the Upper East Side.

Disparities in premature death (death before the age of 65) also persist among neighborhoods. The rate of premature death in **Williamsbridge and Baychester** is more than two times the rate in the Financial District.

Infant mortality rate (per 1,000 live births)

7.8 Williamsbridge and Baychester (RANKS 5TH)	**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)

207.4 Williamsbridge and Baychester (RANKS 21ST)	**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, un-employment 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 define according to International Classific tion of Disease Clinical Modific tion, 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 Affair : 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.
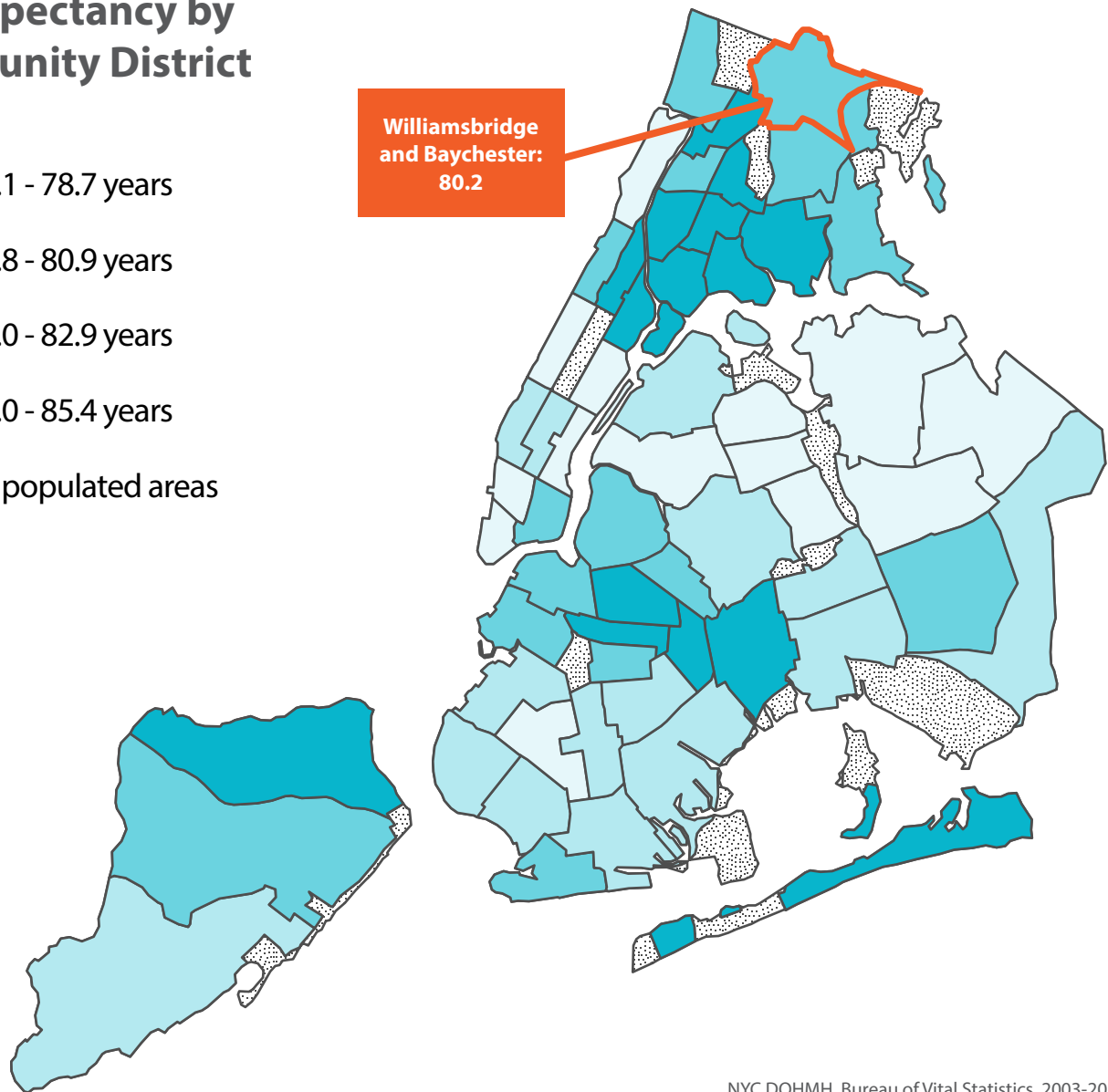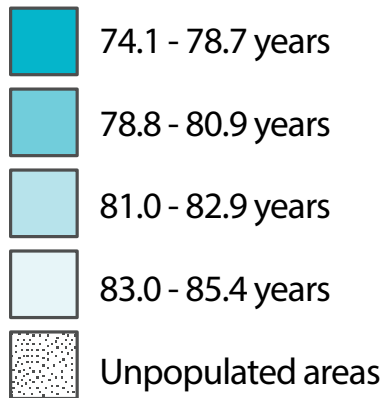
Life Expectancy by Community District

74.1 - 78.7 years

78.8 - 80.9 years

81.0 - 82.9 years

83.0 - 85.4 years

Unpopulated areas

Williamsbridge and Baychester: 80.2

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.