

Central Harlem

MANHATTAN
COMMUNITY
DISTRICT

10



Health is closely tied to our daily environment. Understanding how our neighborhood affects our physical and mental health is the first step toward building a healthier and more equitable New York City.

COMMUNITY HEALTH PROFILES 2018

NYC
Health



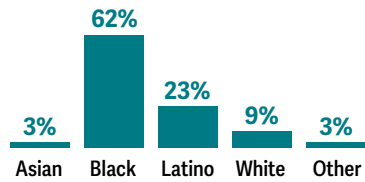
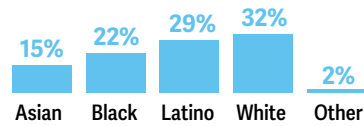
Who We Are



New York City

Central Harlem

POPULATION BY RACE AND ETHNICITY[^]

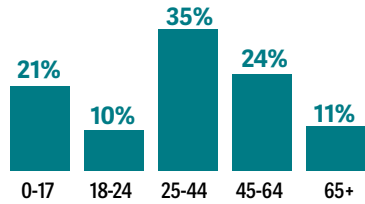
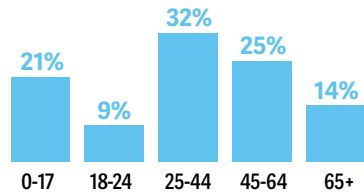


TOTAL POPULATION

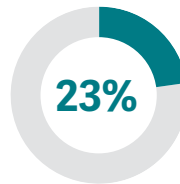
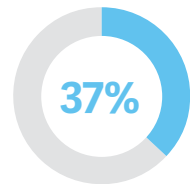
8,537,673

116,345

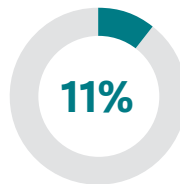
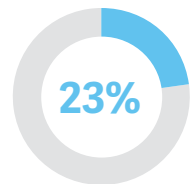
POPULATION BY AGE



BORN OUTSIDE THE US



HAVE LIMITED ENGLISH PROFICIENCY



[^]White, Black, Asian and Other exclude Latino ethnicity. Latino is Hispanic or Latino of any race.

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

Sources: Population, Race and Ethnicity and Age: U.S. Census Bureau Population Estimates, 2016; Born Outside the U.S. and English Proficiency: U.S. Census Bureau, American Community Survey, 2012-2016



Note from Oxiris Barbot, Commissioner, New York City Department of Health and Mental Hygiene

We are pleased to present the 2018 Community Health Profiles, a look into the health of New York City's (NYC) 59 diverse community districts.

The health of NYC has never been better. Our city's life expectancy is 81.2 years, 2.5 years higher than the national average.

However, not all residents have the same opportunities to lead a healthy life. A ZIP code should not determine a person's health, but that's the reality in so many cities, including our own.

The Community Health Profiles allow us to see how much health can vary by neighborhood. Policies and practices based on a history of racism and discrimination (often referred to as structural racism) have created neighborhoods with high rates of poverty and limited access to resources that promote health. The practice of removing funding or refusing to provide funding to communities of color has caused poor health outcomes to cluster in these communities.

The Community Health Profiles also show how important community resources, and funding to create and sustain these resources, are to health outcomes. For example, supermarkets provide more access to fresh foods than bodegas. However, in some neighborhoods with obesity rates higher than the citywide average, just 5% of food establishments are supermarkets, making it difficult for residents to make healthy choices.

Addressing these inequities may seem like a daunting task, but by working together, we can dismantle the unjust policies and practices that contribute to poor health in our communities. Through Take Care New York 2020 (TCNY 2020), and other New York City Health Department programs, we work with community partners to give every resident the same opportunity for good health.^o We are making progress, but there is more work to do.

Reducing health inequities requires policymakers, community groups, health professionals, researchers and residents to work together for change at every level. We look forward to working with you to improve the health of our city.

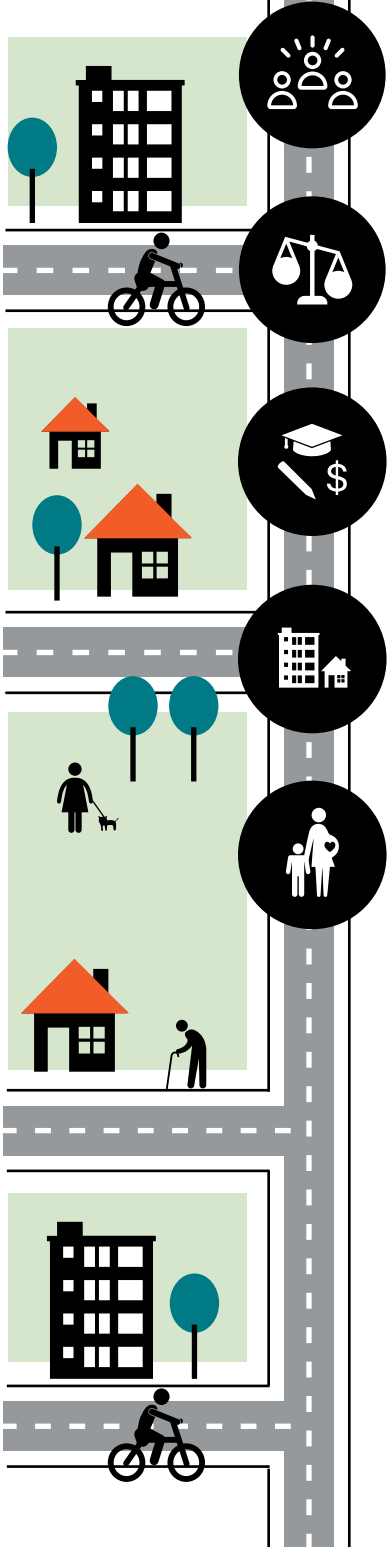
Sincerely,

A handwritten signature in black ink that reads "Oxiris Barbot MD". The signature is fluid and cursive.

Oxiris Barbot, MD

^o Take Care New York 2020 (TCNY 2020) is the City's blueprint for giving everyone the chance to live a healthier life. For more information, visit nyc.gov/health and search for **TCNY**.

Table of Contents



Who We Are

PAGE 2

Understanding Health Inequities in New York City

PAGE 5

Social and Economic Conditions

PAGE 6-8

Housing and Neighborhood Conditions

PAGE 9-10

Maternal and Child Health

PAGE 11-12



Healthy Living

PAGE 13



Health Care

PAGE 14-15



Health Outcomes

PAGE 16-18



Notes

PAGE 19



Map and Contact Information

BACK COVER

NAVIGATING THIS DOCUMENT

This profile covers all of Manhattan's Community District 10, which includes **Central Harlem**. This is one of 59 community districts in NYC. The community district with the most favorable outcome in NYC for each measure is presented throughout the report. Sometimes this is the highest rate (e.g., physical activity) and sometimes this is the lowest rate (e.g., infant mortality). Some figures include an arrow to help readers understand the direction of the healthier outcome.

This profile uses the following color coding system:





Understanding Health Inequities in New York City

The ability to live a long and healthy life is not equally available to all New Yorkers. A baby born to a family that lives in the Upper East Side will live 11 years longer than a baby born to a family in Brownsville. This inequity is unacceptable.

Resources and opportunities are at the root of good health. These include secure jobs with benefits, well-maintained and affordable housing, safe neighborhoods with clean parks, accessible transportation, healthy and affordable food, and quality education and health care.¹ In NYC, access to these resources and opportunities are not equitably distributed. Neighborhoods with residents of color often have fewer resources.

Since the 1600s—when NYC was established by colonization—racist policies and practices have shaped where New Yorkers live and go to school, what jobs they have and what their neighborhoods look like. Over time, these policies and practices have built on each other to create deep inequity.

For example, in the 1930s the federal government developed a policy known as redlining. As part of this policy, neighborhoods were rated based on the race, ethnicity and national origin of their residents. Neighborhoods that were home to people of color, like Central Harlem and Brownsville, were outlined in red on a map. They were labeled as "hazardous" and no home loans or other investments were approved there. The wealthiest and Whitest neighborhoods in NYC received, and continue to receive, more investment and opportunities for health.²

The denial of resources and opportunities that support good health contributes to the differences in life expectancy we see today. Experiencing racism is also a health burden, creating chronic stress that contributes to major causes of death, like diabetes and heart disease.³

To better understand the successes and challenges in each of NYC's 59 neighborhoods, the Community Health Profiles present data on a range of measures. These data should be interpreted with an understanding that good health is not only determined by personal choices. Many other factors shape differences in health outcomes, including past and current discrimination based on race, ethnicity, national origin, gender, sexual orientation and other identities. We hope the Community Health Profiles support your efforts in making NYC more equitable for all. For more information on the New York City Health Department programs and services that are closing the gap in health outcomes, visit nyc.gov/health.

¹Marmot M, Friel S, Bell R, et al. Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health. *The Lancet*. 2008; 372(9650): 1661–1669.

²Undesign the Redline. <http://www.designingthewe.com/undesign-the-redline>. Accessed March 13, 2018.

³Krieger N. Embodying inequality: A Review of Concepts, Measures, and Methods for Studying Health Consequences of Discrimination. *International Journal of Health Services*. 1999; 29(2): 295-352.



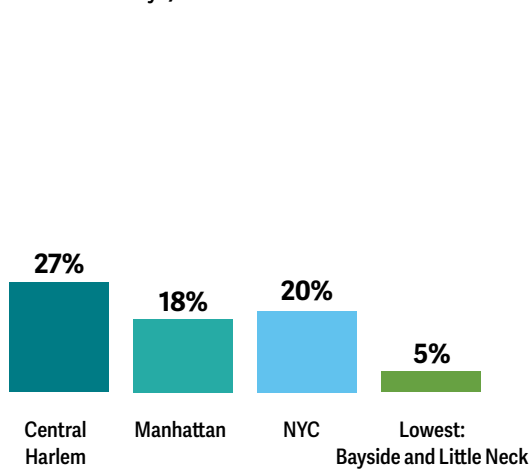
Social and Economic Conditions

Education

Higher education levels are associated with better health outcomes. Missing too many days of school can cause students to fall behind and increases their risk of dropping out. **Central Harlem's** elementary school absenteeism rate is higher than the rate for NYC overall. Three out of five high school students in **Central Harlem** graduate in four years, lower than the citywide rate.

ELEMENTARY SCHOOL ABSENTEEISM

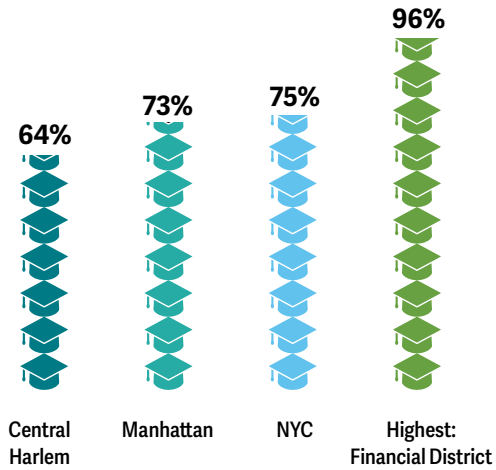
(percent of public school students in grades K through 5 missing 19 or more school days)



Source: NYC Department of Education, 2016-2017

ON-TIME HIGH SCHOOL GRADUATION

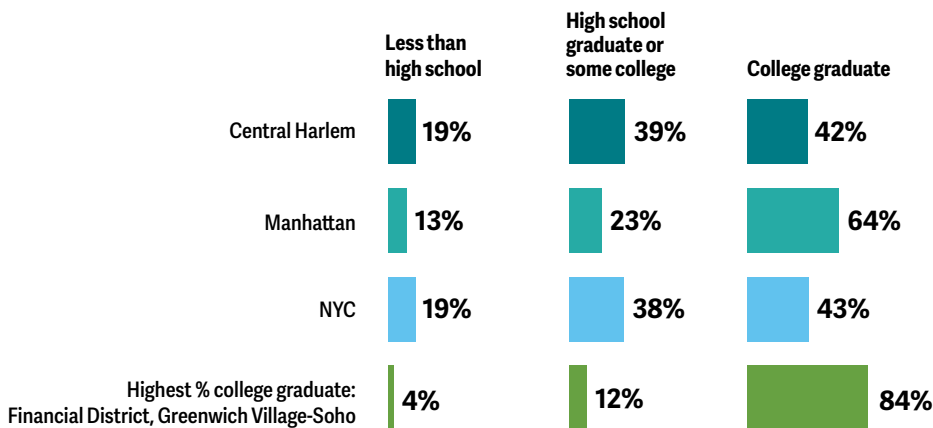
(percent of public school students graduating in four years)



Note: NYC and borough On-time High School Graduation data may differ from rates presented in other published sources. See technical notes in the [public use dataset](#) for more details.

Source: NYC Department of Education, 2017

HIGHEST LEVEL OF EDUCATION ACHIEVED (percent of adults ages 25 and older)



Two out of five adults in Central Harlem have a college degree. Nineteen percent of adults have not completed high school, a rate similar to the citywide rate.

Source: U.S. Census Bureau, American Community Survey, 2012-2016



Social and Economic Conditions

Economic stress

Living in high-poverty neighborhoods limits healthy options and makes it difficult to access quality health care and resources that promote health. In **Central Harlem**, 21% of residents live in poverty, compared with 20% of NYC residents. Access to affordable housing and employment opportunities with fair wages and benefits are also closely associated with good health. **Central Harlem's** unemployment rate is higher than the citywide average of 9%. Rent burdened households pay more than 30% of their income for housing and may have difficulty affording food, clothing, transportation and health care. Forty-eight percent of **Central Harlem** residents are rent burdened, a lower rate than residents citywide. One way to consider the effect of income on health is by comparing death rates among neighborhoods. "Avertable deaths" are those that could have been avoided if each neighborhood had the same death rate as the five wealthiest neighborhoods. **Using this measure, 50% of deaths could have been averted in Central Harlem.**

ECONOMIC STRESS

	Central Harlem	Manhattan	NYC	Lowest %
Poverty (percent of residents)	21%	14%	20%	7% Upper East Side
Unemployment (percent of people ages 16 and older)	12%	7%	9%	4% Upper East Side
Rent Burden (percent of renter-occupied homes)	48%	45%	51%	37% Park Slope and Carroll Gardens

Many of the factors that affect health happen outside of a doctor's office. This includes access to quality education, jobs and safe spaces to live. Residents in high-poverty neighborhoods often lack these resources.

Note: Unemployment data may differ from rates presented in other published sources. See technical notes in the [public use dataset](#) for more details.

Sources: Poverty: American Community Survey as augmented by NYC Opportunity, 2012-2016 (community district and NYC), 2016 (borough); Unemployment and Rent Burden: U.S. Census Bureau, American Community Survey, 2012-2016; Avertable Deaths: NYC DOHMH, Bureau of Vital Statistics, 2011-2015

Is your neighborhood gentrifying?

Gentrification transforms a low-income area into a high-income area through neighborhood redevelopment. It is often defined as changes in the racial and ethnic makeup, education level and average income of a neighborhood's residents, as well as changes in housing and commercial businesses. While development may be beneficial, it is often inequitable, and can lead to displacement of long-time residents and businesses.

Gentrification can be measured in many ways. One measure that is used in NYC is to determine if a low-income neighborhood (those with the lowest 40% of average household income in 1990) saw higher than median rent growth over the past 20 years. Based on this definition, 24 neighborhoods were considered low-income in 1990, and **Central Harlem** is one of 17 neighborhoods that is gentrifying.

Source: NYU Furman Center, 2015

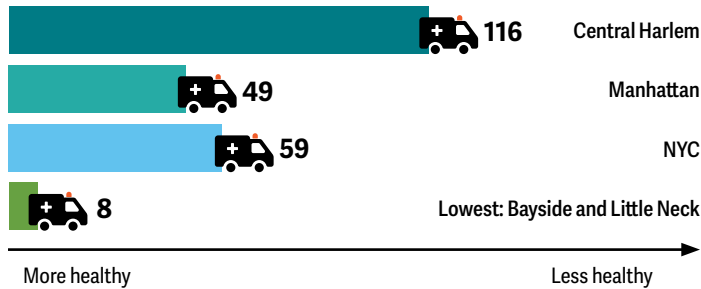


Social and Economic Conditions

Violence

Compared with the citywide rate, **Central Harlem** has a higher rate of assault-related hospitalizations.

NON-FATAL ASSAULT HOSPITALIZATIONS (per 100,000 people)



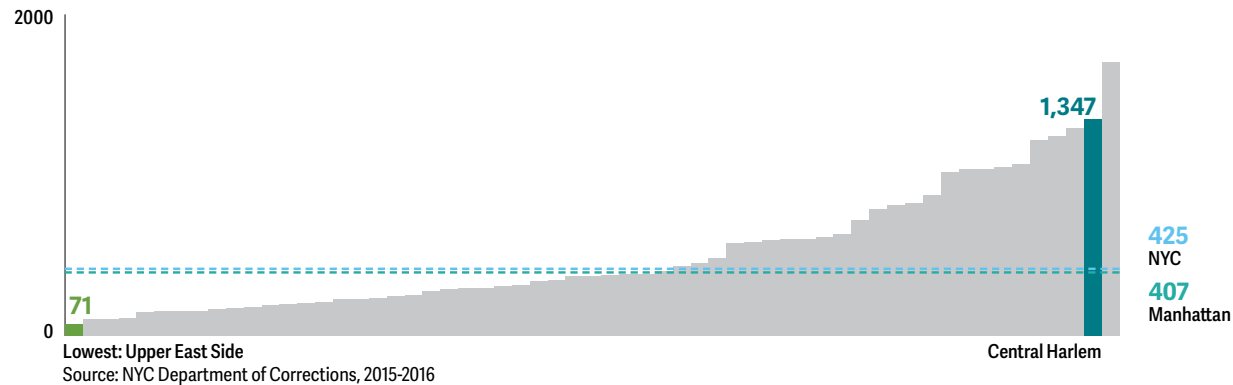
Hospitalizations related to injuries from assaults capture the consequences of community violence.

Source: New York State Department of Health, Statewide Planning and Research Cooperative System, 2012-2014

Incarceration

Incarceration takes a toll on individuals, families and communities. Black and Latino New Yorkers experience higher policing compared with non-Latino White New Yorkers. This leads to higher rates of detention, which may include long periods of time spent in jail before trial. People who have been incarcerated are more likely to experience mental and physical health problems. They may also have trouble finding employment and housing and accessing healthy food.

JAIL INCARCERATION (per 100,000 adults ages 16 and older)

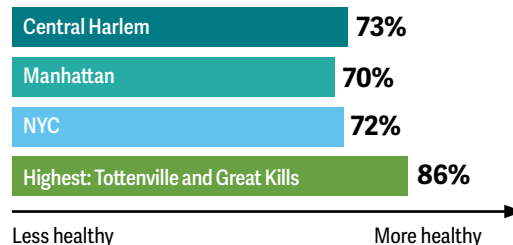


Source: NYC Department of Corrections, 2015-2016

Helpful neighbors

Strong social connections can have a positive impact on the health of community members. Feeling that our neighbors are willing to help each other is one aspect of community connection. In **Central Harlem**, 73% of residents think that their neighbors are willing to help one another. This is similar to the rest of the city.

ADULTS REPORTING THAT THEIR NEIGHBORS ARE WILLING TO HELP ONE ANOTHER (percent of adults)



Source: NYC DOHMH, Community Health Survey, 2015-2016



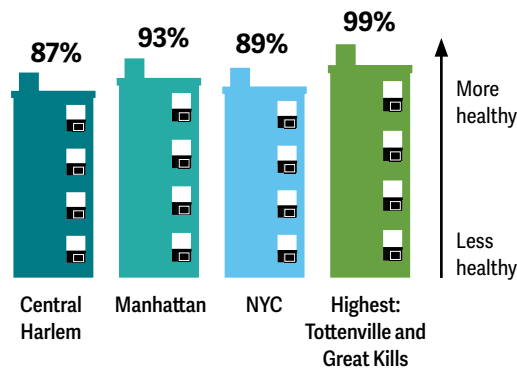
Housing and Neighborhood Conditions

The environment we live in can make it easier or more difficult for New Yorkers to lead healthy lives.

Air conditioning

Most heat stroke deaths in NYC occur in homes without air conditioning. Nearly nine out of 10 households in **Central Harlem** have working air conditioners.

AIR CONDITIONING (percent of households)

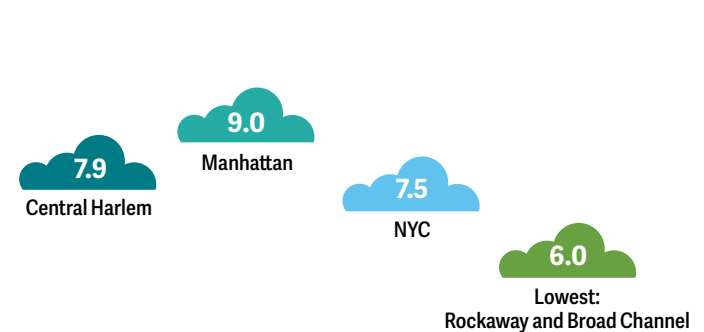


Source: NYC Housing and Vacancy Survey, 2014

Air pollution

Though air quality is improving in NYC in general, it varies by community district. In **Central Harlem**, levels of the most harmful air pollutant, fine particulate matter (PM2.5), are 7.9 micrograms per cubic meter.

AIR POLLUTION (micrograms of fine particulate matter per cubic meter)

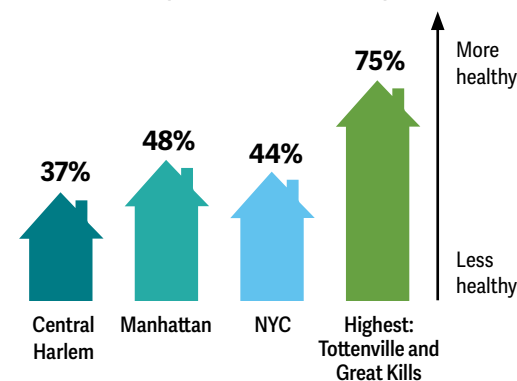


Source: NYC DOHMH, Community Air Survey, 2016

Housing quality

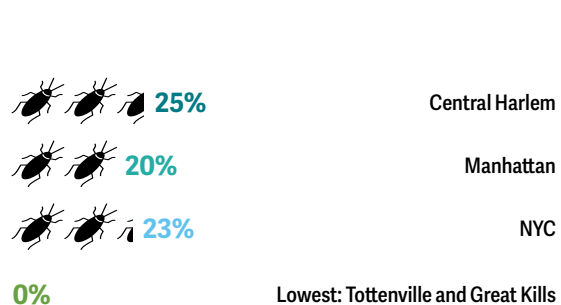
Every resident has the right to live in housing that is safe and pest-free. Poorly maintained housing is associated with poor health outcomes, including worsened asthma and other respiratory illnesses. In **Central Harlem**, only 37% of renter-occupied homes are adequately maintained by landlords – free from heating breakdowns, cracks, holes, peeling paint and other defects. Twenty-five percent of **Central Harlem** households report seeing cockroaches, which is a potential asthma trigger.

HOMES WITHOUT MAINTENANCE DEFECTS (percent of renter-occupied homes)



Note: Maintenance defects include water leaks, cracks and holes, inadequate heating, presence of mice or rats, toilet breakdowns or peeling paint.
Source: NYC Housing and Vacancy Survey, 2014

HOMES REPORTING COCKROACHES (percent of households)



Source: NYC Housing and Vacancy Survey, 2014



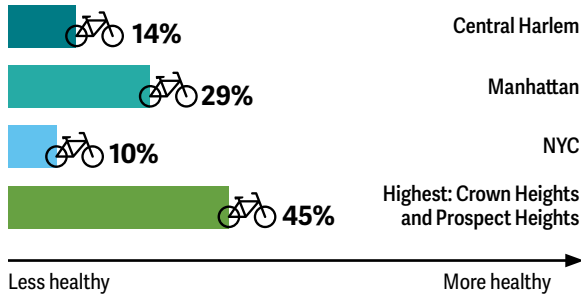
Housing and Neighborhood Conditions

Bicycle network coverage

Fourteen percent of roads in **Central Harlem** have bike lanes, which is higher than NYC overall.

BICYCLE NETWORK COVERAGE

(percent of streets with bike lanes)



Access to bike lanes can make it easier and safer to ride a bike more often.

Source: NYC Department of Transportation, 2017

Food environment

Bodegas are less likely to have healthy food options than supermarkets. The lowest ratio among NYC community districts is one supermarket for every three bodegas (healthier); the highest is one supermarket for every 57 bodegas (less healthy). **Central Harlem** is home to five of NYC's farmers markets, another source of healthy food.

It is easier to make healthy choices when healthy, affordable food is readily available.

Pedestrian injury

Central Harlem residents have a higher pedestrian injury hospitalization rate than NYC overall.

PEDESTRIAN INJURY HOSPITALIZATIONS

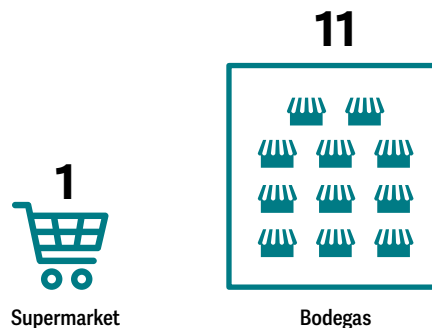
(per 100,000 people)



Source: New York State Department of Health, Statewide Planning and Research Cooperative System, 2012-2014

SUPERMARKET TO BODEGA RATIO

For every one supermarket in **Central Harlem**, there are 11 bodegas.



Source: Farmers Markets: NYC DOHMH Bureau of Chronic Disease Prevention and Tobacco Control, 2017; Supermarket to Bodega Ratio: New York State Department of Agriculture and Markets, October 2016



Maternal and Child Health

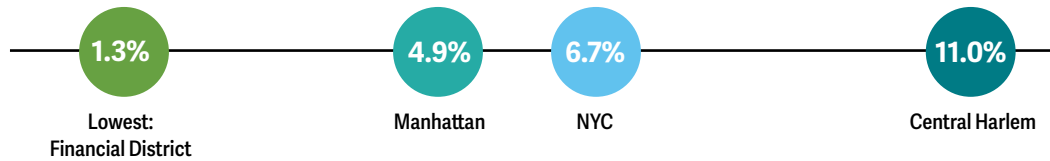
Pregnancy outcomes

In **Central Harlem**, the rate of expectant mothers receiving late or no prenatal care is higher than the citywide rate. One in 10 births to **Central Harlem** residents is preterm (three or more weeks before the due date), higher than the citywide rate.

Access to quality health care is critical to a mother's health before, during and after pregnancy, and to the health of our littlest New Yorkers.

LATE OR NO PRENATAL CARE

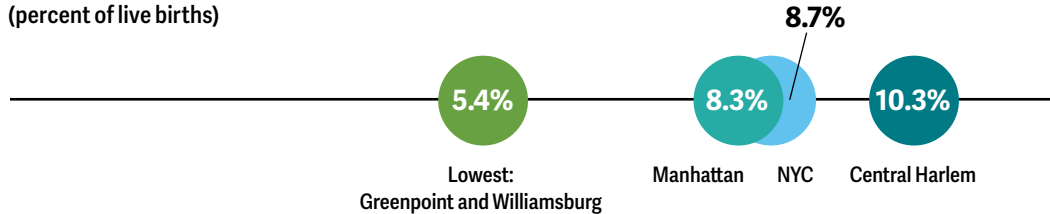
(percent of live births)



Source: NYC DOHMH, Bureau of Vital Statistics, 2015

PRETERM BIRTHS

(percent of live births)



Preterm birth is a key driver of infant death.

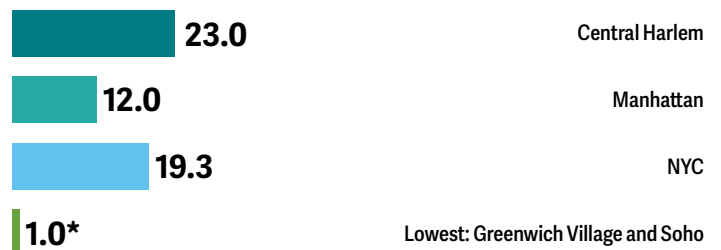
Source: NYC DOHMH, Bureau of Vital Statistics, 2015

Teen pregnancy

Teen pregnancy has declined across NYC; **Central Harlem's** teen birth rate is 23.0 per 1,000 teen girls.

TEEN BIRTHS

(per 1,000 females ages 15 to 19)



*Interpret estimate with caution due to small number of events.

Source: NYC DOHMH, Bureau of Vital Statistics, 2013-2015



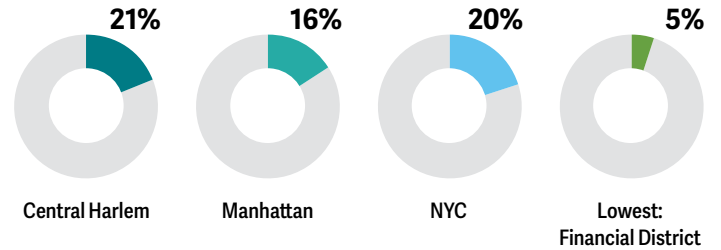
Maternal and Child Health

Childhood obesity

One out of five **Central Harlem** children in grades K through 8 has obesity. This is similar to the citywide rate.

CHILDHOOD OBESITY

(percent of public school children in grades K through 8)



Source: NYC Department of Education, 2016-2017

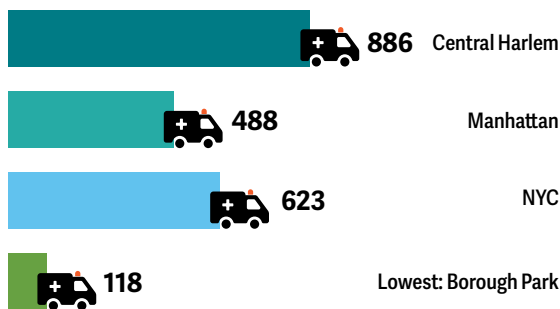
Children’s hospitalizations and emergency department visits

“Avoidable hospitalizations” are those that could be prevented with timely access to quality outpatient care. The rate of avoidable pediatric hospitalizations among children ages 4 and younger in **Central Harlem** is higher than the citywide rate.

Many childhood asthma emergency department visits could be prevented by reducing the presence of pests, mold, secondhand smoke and other asthma triggers, and by taking daily medication. The asthma emergency department visit rate among children ages 5 to 17 in **Central Harlem** is more than double the citywide rate. The TCNY 2020 goal is to have fewer than 210 asthma emergency department visits per 10,000 children across the entire city. ^o

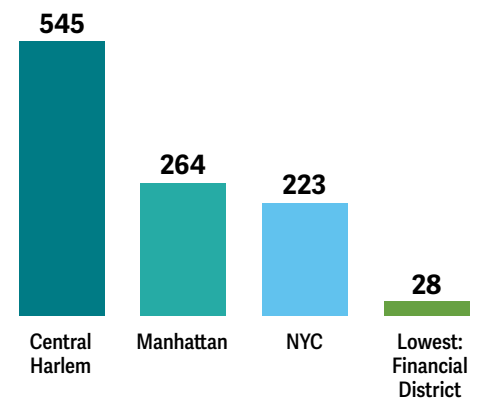
AVOIDABLE HOSPITALIZATIONS AMONG CHILDREN

(per 100,000 children ages 4 and younger)



CHILD ASTHMA EMERGENCY DEPARTMENT VISITS

(per 10,000 children ages 5 to 17)



Sources: Avoidable Hospitalizations among Children: New York State Department of Health, Statewide Planning and Research Cooperative System, 2014; Child Asthma Emergency Department Visits: New York State Department of Health, Statewide Planning and Research Cooperative System, 2015

^o Take Care New York 2020 (TCNY 2020) is the City’s blueprint for giving everyone the chance to live a healthier life. For more information, visit nyc.gov/health and search for [TCNY](#).



Healthy Living

Self-reported health

How residents feel about their own health can be a good measure of overall mental and physical health. Seventy-nine percent of **Central Harlem** residents rank their health as “excellent,” “very good” or “good,” similar to the rest of NYC. The TCNY 2020 goal for the city is at least 82%.^o

ADULTS REPORTING THEIR OWN HEALTH AS “EXCELLENT,” “VERY GOOD” OR “GOOD” (percent of adults)



Source: NYC DOHMH, Community Health Survey, 2015-2016

Physical activity, diet and smoking

Seventy-three percent of **Central Harlem** adults report getting any physical activity in the past 30 days, similar to New Yorkers overall. The percentage of **Central Harlem** adults who report eating at least one serving of fruits or vegetables in the past day is similar to the citywide average of 87%.

Sugary drink consumption can increase the risk of type 2 diabetes, heart disease, cavities, weight gain and obesity. Industry marketing can affect behavior and sugary drinks are heavily marketed to youth and communities of color. While sugary drink consumption has decreased to 23% in NYC, the TCNY 2020 goal is to reduce sugary drink consumption to less than 19% citywide.^o More than a quarter of **Central Harlem** adults drink at least one sugary drink a day.

Federal guidelines recommend that adults get 150 minutes of moderate exercise each week. People who are physically active are more likely to live longer, healthier lives.

The adult smoking rate in **Central Harlem** is similar to the rest of the borough and other parts of NYC. The City is committed to reducing the citywide adult smoking rate to 12% by 2020.^o

PHYSICAL ACTIVITY, DIET AND SMOKING (percent of adults)

	Central Harlem	Manhattan	NYC	Highest %
Any physical activity in the past 30 days	73%	81%	73%	90% Financial District, Greenwich Village- Soho
At least one serving of fruits or vegetables per day	84%	90%	87%	96% Financial District, Greenwich Village- Soho
	Central Harlem	Manhattan	NYC	Lowest %
One or more 12-ounce sugary drinks per day	29%	17%	23%	8% Financial District, Greenwich Village- Soho
Current smokers	10%	13%	14%	8% Upper East Side

Source: NYC DOHMH, Community Health Survey, 2015-2016

^oTake Care New York 2020 (TCNY 2020) is the City’s blueprint for giving everyone the chance to live a healthier life. For more information, visit nyc.gov/health and search for **TCNY**.




Health Care

Access to health care

Citywide, the percentage of uninsured New Yorkers decreased in the last five years from 20% to 12%. In **Central Harlem**, 8% of adults are uninsured and 10% report going without needed medical care in the past 12 months, similar to the rest of NYC. The TCNY 2020 goal is to have less than 9% of New Yorkers going without needed medical care. ^o

Health insurance can make it easier to get affordable primary care, which can help New Yorkers manage chronic conditions and stay healthy.

ACCESS TO HEALTH CARE (percent of adults)

	Central Harlem	Manhattan	NYC	Lowest %
 Adults without health insurance	8%	9%	12%	3%* Stuyvesant Town and Turtle Bay
Adults without needed medical care	10%	10%	10%	3%* Bayside and Little Neck

*Interpret estimate with caution due to small sample size.
Source: NYC DOHMH, Community Health Survey, 2015-2016

Avoidable hospitalizations

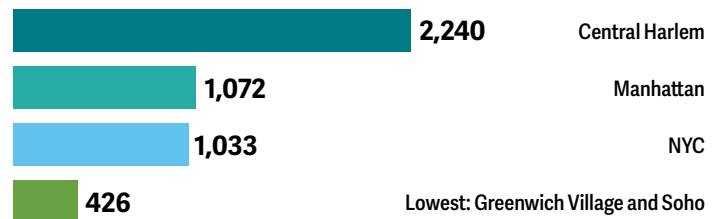
“Avoidable hospitalizations” are those that could be prevented if adults had access to quality primary care. The rate of avoidable hospitalizations among adults in **Central Harlem** is more than double the citywide rate.



Fall-related hospitalizations

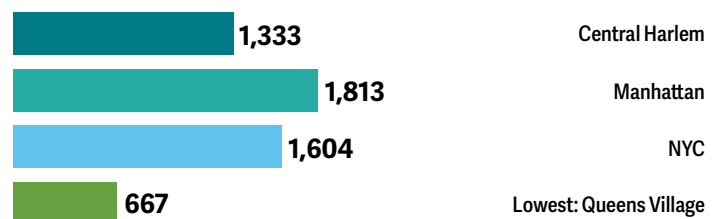
Central Harlem's rate of fall-related hospitalizations among adults ages 65 and older is lower than the citywide average. The TCNY 2020 goal is fewer than 1,410 hospitalizations per 100,000 older adults citywide. ^o

AVOIDABLE HOSPITALIZATIONS AMONG ADULTS (per 100,000 adults)



Source: New York State Department of Health, Statewide Planning and Research Cooperative System, 2014

FALL-RELATED HOSPITALIZATIONS AMONG OLDER ADULTS (per 100,000 adults ages 65 and older)



Source: New York State Department of Health, Statewide Planning and Research Cooperative System, 2012-2014

^o Take Care New York 2020 (TCNY 2020) is the City's blueprint for giving everyone the chance to live a healthier life. For more information, visit nyc.gov/health and search for **TCNY**.



Health Care

Influenza (flu) and pneumonia are the third leading causes of death in NYC. Everyone ages 6 months and older should get the flu vaccine every year.

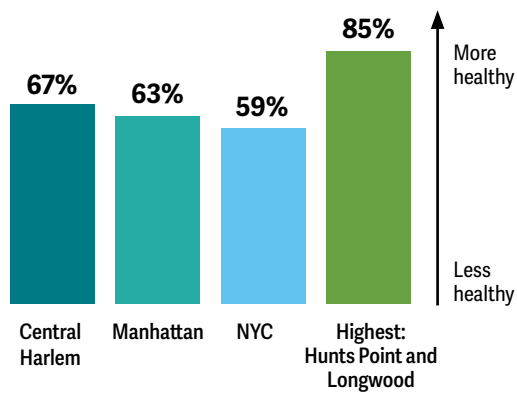
Vaccinations

The human papillomavirus (HPV) vaccine protects against cancers caused by HPV. The vaccine is recommended for all children between the ages of 11 and 12. Sixty-seven percent of teens ages 13 to 17 in **Central Harlem** receive all recommended doses of the HPV vaccine. Two out of five **Central Harlem** adults report getting a flu vaccine in the past 12 months, similar to the rest of NYC.



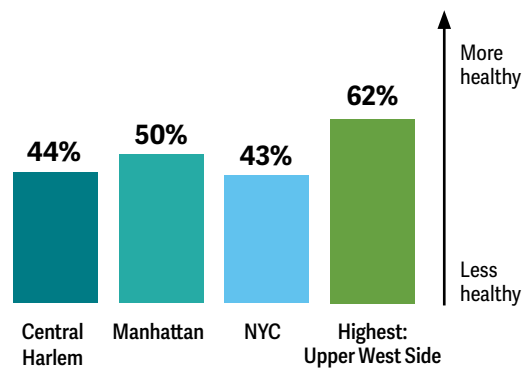
HPV VACCINATION

(percent of teens ages 13 to 17 who received all recommended doses of the vaccine)



FLU VACCINATION

(percent of adults)



Sources: HPV Vaccination: NYC DOHMH, Citywide Immunization Registry, 2017; Flu Vaccination: NYC DOHMH, Community Health Survey, 2015-2016



Health Outcomes

Obesity, diabetes and hypertension

Central Harlem's adult obesity rate is 34%, which is higher than the rest of NYC. The TCNY 2020 goal is to reduce the obesity rate to less than 23% citywide. More than 700,000 adult New Yorkers have been told they have diabetes. An additional 164,000 are estimated to have diabetes but not be aware. Twelve percent of **Central Harlem** adults have been diagnosed with diabetes and 35% of adults have been told they have hypertension. The rate of diabetes in this community is similar to the NYC average, while the rate of hypertension is higher.

OBESITY, DIABETES AND HYPERTENSION (percent of adults)

	Central Harlem	Manhattan	NYC	Lowest %
Obesity	34%	15%	24%	4% Financial District, Greenwich Village-Soho
Diabetes	12%	8%	11%	3% Financial District, Greenwich Village-Soho
Hypertension	35%	23%	28%	15% Financial District, Greenwich Village-Soho

Obesity can lead to diabetes, high blood pressure and other health conditions.

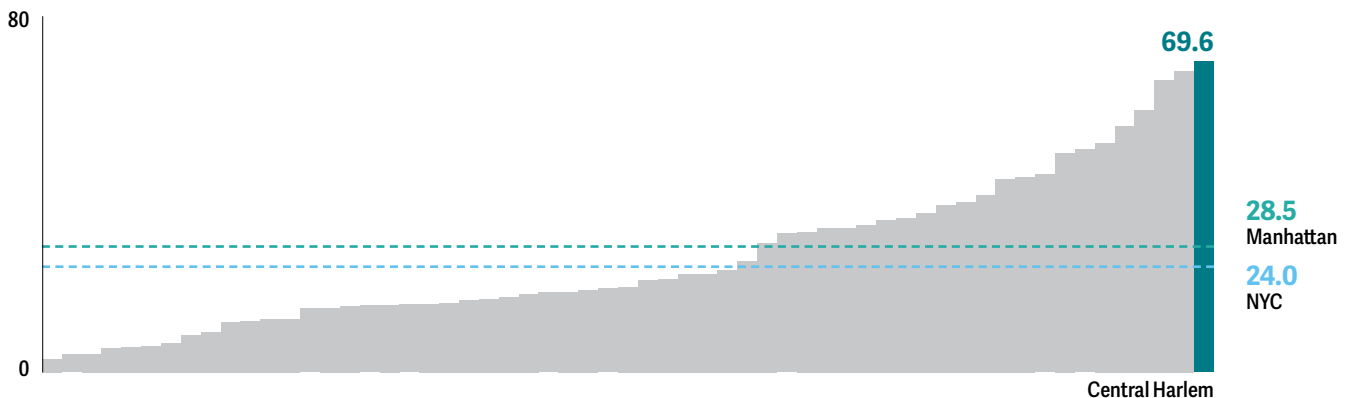
Hypertension, also known as high blood pressure, is a leading risk factor for heart disease and stroke.

Source: NYC DOHMH, Community Health Survey, 2015-2016

New HIV diagnoses

Getting an HIV test is the first step to accessing treatment if you are positive or developing an HIV prevention strategy if you are negative.

NEW HIV DIAGNOSES (per 100,000 people)



Source: NYC DOHMH, HIV/AIDS Surveillance Registry, 2016

Take Care New York 2020 (TCNY 2020) is the City's blueprint for giving everyone the chance to live a healthier life. For more information, visit nyc.gov/health and search for **TCNY**.

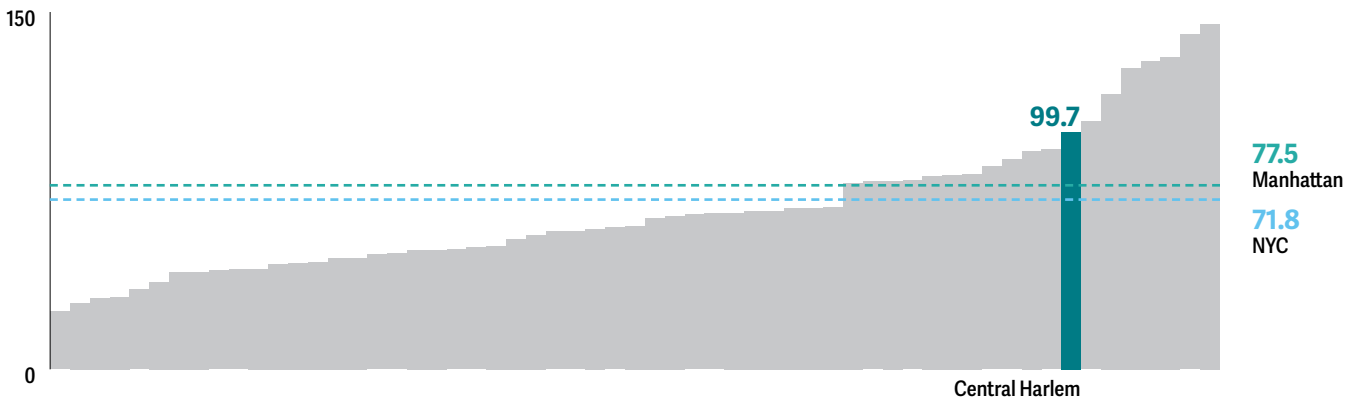


Health Outcomes

New hepatitis C reports

Hepatitis C is a virus that damages the liver. New Yorkers born between 1945 and 1965 and people who have ever injected drugs should be tested because hepatitis C can be cured.

NEW HEPATITIS C REPORTS (per 100,000 people)

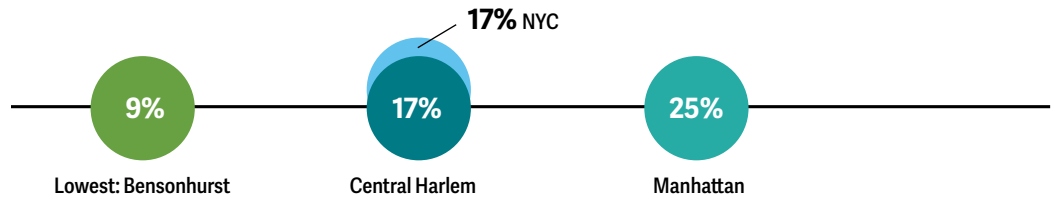


Source: NYC DOHMH, Communicable Disease Surveillance Registry, 2016

Binge drinking

Binge drinking is linked to high-risk behaviors and chronic health problems. The binge drinking rate in **Central Harlem** is similar to the rest of NYC. The TCNY 2020 goal is to reduce binge drinking to less than 17% citywide.

BINGE DRINKING (percent of adults)



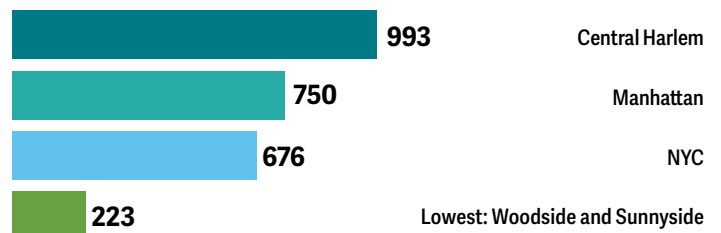
Note: Binge drinking is defined as five or more drinks for men and four or more drinks for women on one occasion during the past 30 days. Source: NYC DOHMH, Community Health Survey, 2015-2016

Psychiatric hospitalizations

The rate of adult psychiatric hospitalization in **Central Harlem** is higher than the citywide rate.

High psychiatric hospitalization rates likely reflect the challenges residents in underresourced neighborhoods face, including difficulty accessing preventive services and early care, greater exposure to stressors and interruptions in health insurance coverage.

PSYCHIATRIC HOSPITALIZATIONS (per 100,000 adults)



Source: New York State Department of Health, Statewide Planning and Research Cooperative System, 2015

Take Care New York 2020 (TCNY 2020) is the City's blueprint for giving everyone the chance to live a healthier life. For more information, visit nyc.gov/health and search for TCNY.

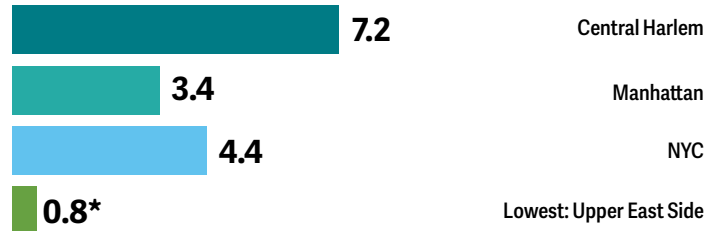


Health Outcomes

Infant mortality

NYC's infant mortality rate has declined in recent years. In **Central Harlem** the infant mortality rate is higher than the citywide rate. The TCNY 2020 goal is a citywide rate of less than 4.4 per 1,000 live births. ^o

INFANT MORTALITY (per 1,000 live births)



*Interpret estimate with caution due to small number of events.
Source: NYC DOHMH, Bureau of Vital Statistics, 2013-2015

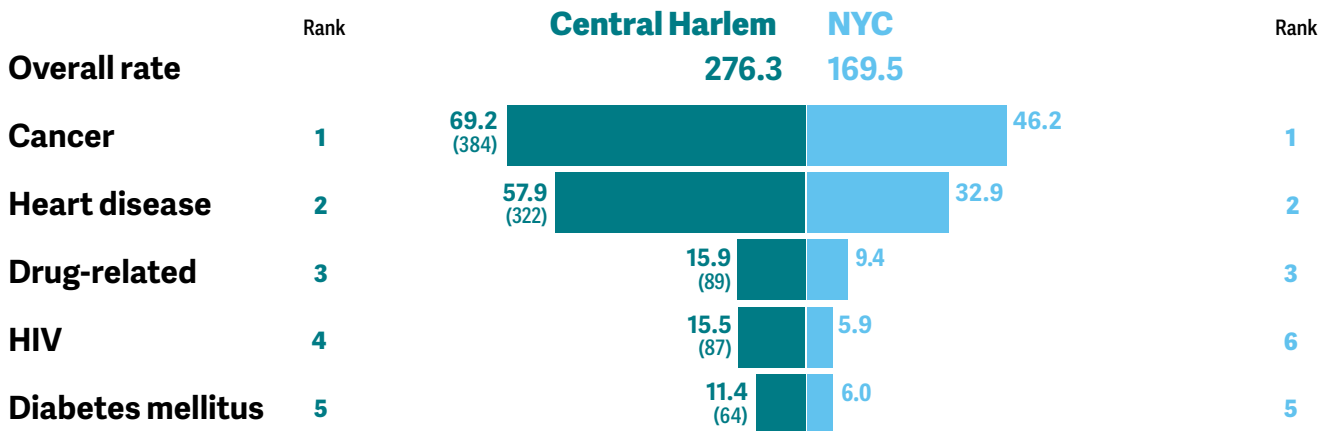
Premature death

Cancer and heart disease are the leading causes of premature death (death before the age of 65) in **Central Harlem**, similar to the rest of NYC. However, **Central Harlem** residents die prematurely at a higher rate. Lung cancer, colorectal cancer and breast (among women) cancer are the three leading causes of cancer-related premature death in **Central Harlem**.

NYC's premature mortality rate (death before age 65) decreased 19% from 2006 to 2015. However, longstanding disparities persist. People living in high-poverty neighborhoods and Black New Yorkers are dying before age 65 at higher rates.

TOP CAUSES OF PREMATURE DEATH

rate of death before age 65 per 100,000 people
(number of deaths)



Note: NYC rate includes premature deaths among NYC residents only and will differ from other published sources.

Source: NYC DOHMH, Bureau of Vital Statistics, 2011-2015

^o Take Care New York 2020 (TCNY 2020) is the City's blueprint for giving everyone the chance to live a healthier life. For more information, visit nyc.gov/health and search for **TCNY**.



Notes

Neighborhood Definitions

The 59 Community Districts (CDs) were established citywide by local law in 1975. For a complete listing of all CDs and their boundaries, visit communityprofiles.planning.nyc.gov. The CDs correspond to 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.

Analyses

For most data, 95% confidence intervals were calculated for CD, borough and NYC estimates. If the confidence intervals did not overlap, a significant difference was inferred. This is a conservative measure of statistical difference. For most population-level data, if a CD rate was within 5% of the NYC estimate, the CD was considered similar to NYC, otherwise the CD rate was considered higher or lower than the NYC estimate. For Community Health Survey data, a t-test comparing the CD with the rest of NYC and the rest of the borough was conducted where p-values ≤ 0.05 were considered an indication of statistical significance. Report text highlights significant findings but does not include all significant results. The [public use dataset](#) contains additional data.

For a complete dataset including numbers, rates and confidence intervals, as well as more technical notes on neighborhood definitions, analyses and data sources with complete citations, visit nyc.gov/health and search for Community Health Profiles or visit on.nyc.gov/chp.

Most estimates were evaluated for statistical stability. Estimates with a relative standard error (RSE) $> 30\%$ or with a small sample size or small numbers of events (≤ 10) are flagged as follows: "Interpret estimate with caution due to small number of events or small sample size."

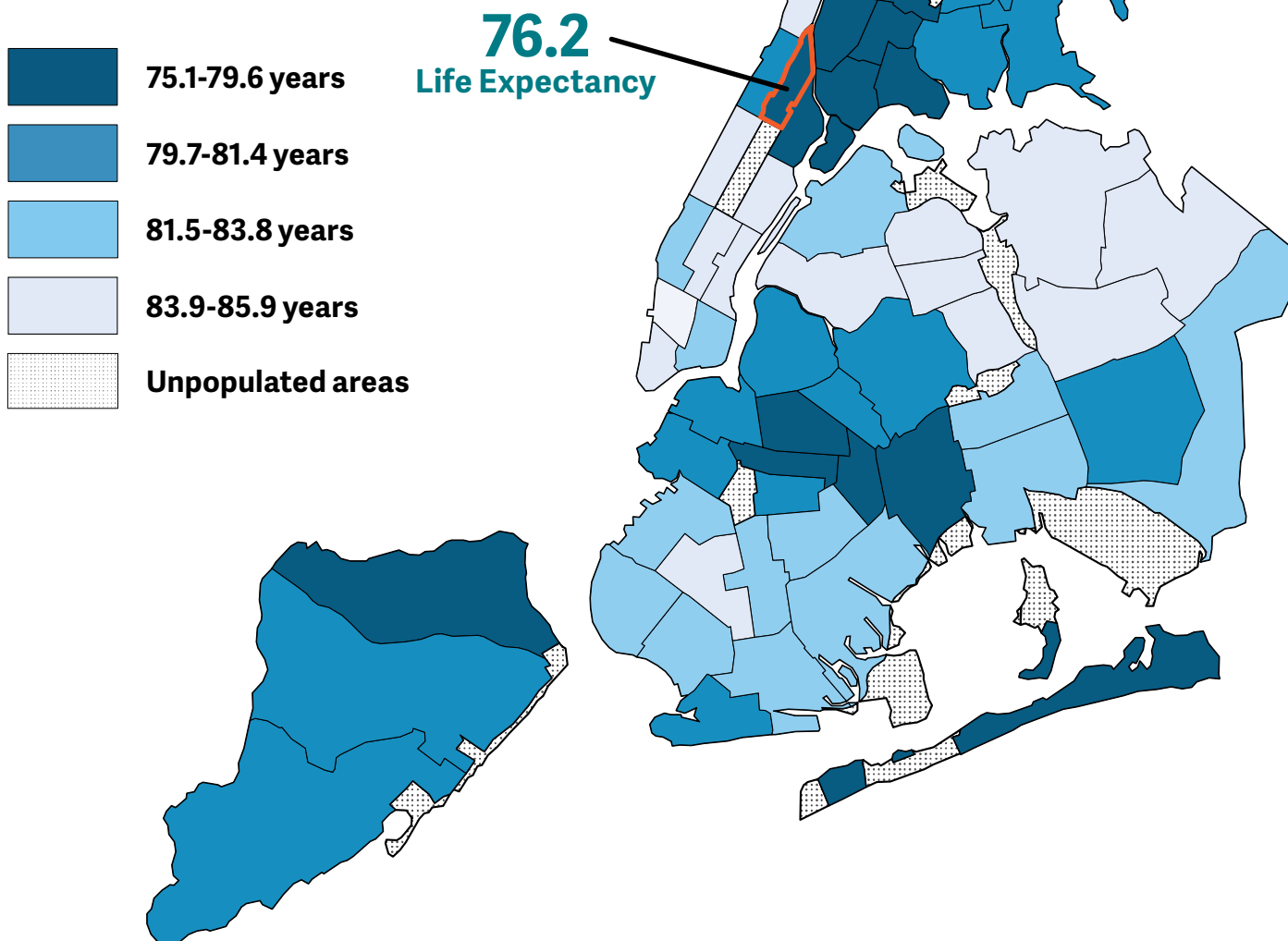
Acknowledgements

Thank you to all the individuals who contributed to these reports: Loren Adams, Nellie Afshar, Tracy Agerton, Tejumadé Ajaiyeoba, Amaka Anekwe, Sonia Angell, Andrea Archer, Hannah Arnett, George Askew, Zinzi Bailey, María Baquero, Katherine Bartley, Gary Belkin, Oni Blackstock, Angelica Bocour, Sarah Braunstein, Shadi Chamany, Kuen (Iris) Cheng, Aldo Crossa, Gretchen Culp, Kisha Cummings, Sophia Day, Danielle De Souza, Regan Deming, MaryAnn Dogo-Isonagie, Christine Dominianni, Carlos Espada, Stephanie Evergreen, Shannon Farley, Stephanie Farquhar, Pauline Ferrante, Alison Frazzini, Lawrence Fung, Patrick Germain, Sasha Gibbel, Olivia Giordano, Sharon Greene, Sophia Greer, Danielle Gurr, Samson Hadush Mesfin, Myla Harrison, Fangtao He, Charisma Hooda, Seth Hostetter, Mary Huynh, Stephen Immerwahr, John Jasek, Jillian Jessup, Sarah Johnson, Kim Kessler, Kevin Konty, Hillary Kunins, Kathryn Lane, Marisa Langdon-Embry, Michael Larkin, Rachael Lazar, Carl Letamendi, Wenhui Li, Sungwoo Lim, Constance Lopez, Joseph Lormel, David Lucero, Nneka Lundy De La Cruz, Chantol Manning, Karen Aletha Maybank, Alejandra McDonough, Wendy Mckelvey, Katharine McVeigh, Aaron Mettey, Chris Miller, Caroline Mills, Tanicha Miranda, Brent Morita, Julia Morrill, Christina Norman, Carolyn Olson, Emiko Otsubo, Denise Paone, Vassiliki Papadouka, Sneha Patel, Sarah Perl, Parppim Pimmaratana, Roger Platt, Angeline Protacio, Lisa Ramadhar, Kathleen Reilly, Susan Resnick, Sojourner Rivers, Rebekkah Robbins, Subir Saha, Hannah Searing, Amber Levanon Seligson, Sophie Sharps, Tejinder Singh, Ariel Spira-Cohen, Catherine Stayton, Ying Sun, Cassiopeia Toner, Kadiatou Traore, Maryellen Tria, Tsu-Yu Tsao, Ellenie Tuazon, Rugile Tuskeviciute, Mary-Elizabeth Vachon, Gretchen Van Wye, Ashwin Vasani, Aishwarya Viswanath, Sarah Walters, Amy Wang, Jeannette Williams, Ricky Wong, Yihong Zhao, Jane Zucker and Kimberly Zweig.



Life Expectancy by Community District

Central Harlem's average life expectancy is **five years shorter** than NYC overall.



Source: NYC DOHMH,
Bureau of Vital Statistics, 2006-2015

Want more maps? Please visit nyc.gov and search for [Community Health Profiles Atlas](#).

Contact information:

For reports on the other 58 Community Districts, please visit nyc.gov and search for [Community Health Profiles](#) or email profiles@health.nyc.gov.
Copyright©2018 The New York City Department of Health and Mental Hygiene.

The NYC Community Health Profiles feature information about 59 neighborhoods in NYC.

Suggested citation: Hinterland K, Naidoo M, King L, Lewin V, Myerson G, Noubissi B, Woodward M, Gould LH, Gwynn RC, Barbot O, Bassett MT. Community Health Profiles 2018, Manhattan Community District 10: Central Harlem; 2018; 10(59):1-20.