

Description of Population Demographics and General Health Status New York State, 2012

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Executive Summary

Population and Demographics

New York State's population, the third-largest in the United States, increased by 2.1 percent between 2000 (18,976,457) and 2010 (19,378,102). The most populous racial and ethnic groups in New York are White non-Hispanics (58 percent), Hispanics (18 percent), Black non-Hispanics (14 percent) and Asian non-Hispanics (7 percent).

Between 2000 and 2010, New York State's racial and ethnic minorities continued to increase as a percentage of its total population. In 2000, 38 percent of New Yorkers were minorities. By 2010, the percentage of New Yorkers reported to be minorities had increased to 42 percent. Asian non-Hispanics experienced the largest percentage increase (35.7 percent) during this period, followed by Hispanics (19.2 percent). Both White and Black non-Hispanics represented a slightly smaller percentage of New York State's population in 2010 as compared to 2000.

In 2010, about 30 percent of New York State residents lived in homes where English was not the language spoken, and 22 percent were not born in the United States. Nationally, 21 percent of residents lived in homes where English was not the spoken language and 13 percent were born outside the country.

Almost 18 percent of families with children lived at or below the federal poverty level in both New York State and the nation in 2010. Among all families in poverty, 11.2 percent lived in New York State and 11.5 percent nationally.

Eighty-five percent of New York State residents 25 years or older had high school diplomas in 2010. While New York State has improved its four-year high school graduation rate from 60.5 percent in 2000 to 70.8 percent in 2010, the State is still below the 2010 national average of 74.9 percent.

In 2010, the percentage of uninsured children under age 18 increased for the second year in a row in both New York State and the nation – at 9.8 percent nationally and 7.9 percent in New York. The rate of uninsured among adults under age 65 has also increased, to 18.4 percent in the nation and 16.7 percent in New York in 2010.

Mortality

The life expectancy of New York State residents, at 80 years for residents born in 2009, was higher than the national average (78 years) and has been improving steadily.

The leading causes of death in New York State between 2000 and 2009 were heart diseases, followed by cancer. The death rates for both causes have declined since 2000. In 2009, 207 of every 100,000 New Yorkers died from heart diseases, and 160 of every 100,000 died from cancer.

While death due to heart diseases is the No. 1 cause of death in New York State and the nation, its rate of death has been declining steadily among all racial and ethnic groups in New York State.

More than 4 percent of adult New Yorkers have been diagnosed with cardiovascular disease. The rate has not changed significantly since 2005 when these data were first collected, and is similar to the national rate of cardiovascular disease.

In 2008, lung cancer was the leading cancer-related death. The lung cancer death rate of 42.8 per 100,000 New York residents was double the rate for female breast cancer (21.4 per 100,000 females) and prostate cancer (21.2 per 100,000 males), the next two most common causes of cancer deaths.

During 2008, colorectal cancer was responsible for 15.7 deaths per 100,000 population in New York. During this same period, cervical cancer caused 2.1 deaths per 100,000 females and melanoma caused 2.1 deaths per 100,000 population.

The HIV/AIDS epidemic has had a great impact on New Yorkers. However, over the past decade, the HIV/AIDS death rate has declined considerably and disparities have been reduced, although marked gaps between groups still exist. The most striking decreases in HIV/AIDS mortality rates from 2000-2009 were among Black non-Hispanics (41.2 to 20.3 per 100,000) and Hispanics (24.6 to 10.7 per 100,000).

In New York State in 2009, the death rate from suicide was more than 6 per 100,000 residents. The death rate from suicide among White non-Hispanics was twice as high as the rate among Black non-Hispanics and Hispanics, and 1.5 times the rate among Asian/Pacific Islander non-Hispanics. The U.S. suicide rate, at 11.8 per 100,000 population, was almost double the New York State rate.

Health Status-Maternal and Infant Health

The Healthy People 2020 objective for infant mortality, overall, is 6.0 deaths per 1,000 live births. New York State's 2010 infant mortality rate of 5.1 per 1,000 live births has declined over the past decade and is already below the Healthy People 2020 objective. However, disparities in infant mortality remained significant between Black non-Hispanic infants and those born to White non-Hispanics and Asian/Pacific Islander non-Hispanics, and Hispanics.

The percentage of babies born at low birthweight to New York State residents was 8.2 percent in 2010. There has been very little improvement in the percentage of low birthweight births over the past decade, and large disparities remain between White non-Hispanic infants and Black non-Hispanic and Hispanic infants.

According to the March of Dimes, premature birth is the leading cause of newborn death in the United States. The March of Dimes has set a goal to reduce premature births to no more than 9.6 percent of births by 2020. In 2010, 11.6 percent of babies born to New York State residents were born prematurely, defined as less than 37 weeks gestation. After increasing during the early part of the past decade, the percentage of premature births has declined each year since 2007. New York State's premature birth rate of 11.6 percent is lower than the national 2010 rate of 12.0 percent. Similar to infant mortality and low birthweight rates, rates of premature births were disproportionately higher among Black non-Hispanic and Hispanic women.

Maternal mortality in New York State has increased during the past decade to 23.1 per 100,000 live births in 2010. The rate is more than two times the Healthy People 2020 objective of 11.4 per 100,000 and higher than the 2010 national rate of 12.7 per 100,000 live births. Racial disparities in maternal death are significant and exceed any disparity noted in infant mortality and low birthweight.

The percentage of New York children aged 19 to 36 months who were fully immunized (4DTP, 3 Polio, 1 MMR, 3 Hib, 3 HepB), was 72.2 percent in 2009, down from 76.2 percent in 2008 and the decade high rate of 83.0 percent in 2007.

Disease Prevalence

Asthma prevalence among adult New Yorkers increased from 7.6 percent in 2001-2003 to 9.0 percent in 2007-2009. Similar increases occurred among all racial and ethnic groups except Black non-Hispanics. While the national rate has also been increasing, New York State's rate was higher than the national adult asthma rate in 2010.

Eight percent of New York State residents have been diagnosed with diabetes (2007-2009). Between 2001 and 2009, all racial and ethnic groups experienced increases in diabetes prevalence with the exception of Hispanics, whose rate stayed the same. Prevalence among Black non-Hispanics was the highest among all racial and ethnic groups at 12.2 percent (2007-2009).

In 2010, 99,821 cases of chlamydia were reported in New York State, making it the most commonly reported communicable disease. In 2010, the chlamydia rate among women (681.1 per 100,000 females) was more than twice the rate among men (332.7 per 100,000 males), likely reflecting more screening among women. Nationally, the chlamydia rate among women was 610.6 per 100,000 females and among men, 233.7 per 100,000 males.

Between 2005 and 2009, the HIV new case rate in New York State declined 21 percent to 21.3 per 100,000. While declines were seen among all racial and ethnic groups, Black non-Hispanics and Hispanics had new HIV case rates ten and five times, respectively, higher than White non-Hispanics.

Risk Factors

It has been estimated that 46 percent of deaths in New York State are attributable to eight modifiable behaviors (estimates were extrapolated using the results published in "Actual Causes of Death in the United States, 2000," JAMA, March 2004, 291(10) and NYS 2009 death data). This is equivalent to 66,642 deaths among New York State residents in 2009. Tobacco use, poor diet and lack of physical activity, and alcohol consumption are the three most common behaviors linked to these preventable deaths.

In 2010, 15.5 percent of adult New Yorkers were current smokers. Over the past decade, smoking rates have declined among all racial and ethnic groups. Current smoking was highest among White non-Hispanics and Black non-Hispanics, and lowest among Asian non-Hispanics.

About 25 percent of adult New York State residents were obese in 2010, below the national average of 27.5 percent. Unlike the national average, which has been increasing, the New York rate has declined for the past three years. Obesity rates in New York State were highest among Black non-Hispanics and Hispanics and lowest among Asian non-Hispanics.

Among New York State children ages 2 to 4 years enrolled in the WIC program in 2010, 14.5 percent were obese. The percentage has been relatively unchanged since 2005 and is similar to the corresponding national rate.

Among school-age children residing in New York State, excluding New York City, 15 percent were overweight and 17 percent were obese (2008-2010). Among pre-K and kindergarten pupils in New York State, excluding New York City, 13 percent were overweight and 13 percent were obese (2008-2010).

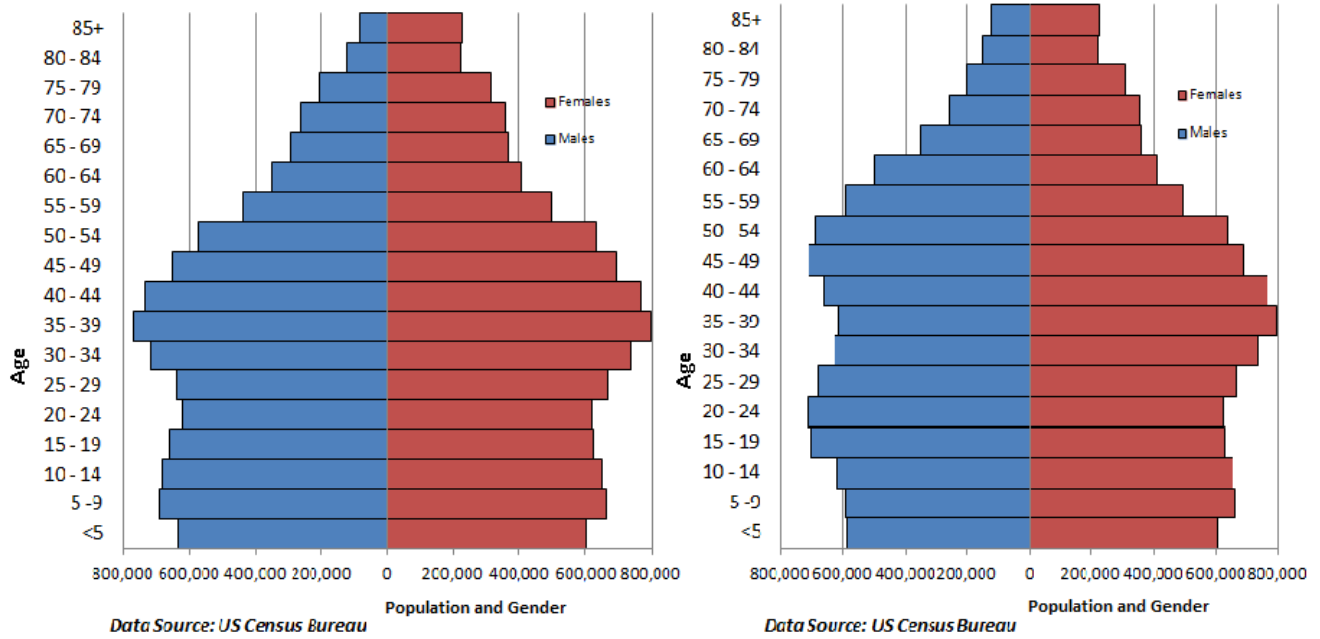
Current research indicates that infants who are breastfed are less likely to become obese. Among infants born in 2010 in New York State, 43.5 percent were exclusively fed breast milk in the delivery hospital. Infants born in New York City were less likely to be exclusively breastfed in the delivery hospital as compared to infants born in the rest of the state (34.4 percent and 52.3 percent, respectively). Delivery hospital

breastfeeding rates among White non-Hispanics were more than 50 percent higher than rates among all other racial and ethnic groups.

During 2007-2009, 9.7 percent of New Yorkers reported poor mental health for at least 14 days during the past month. Since 2001-2003, the percentage of New Yorkers with poor mental health has been relatively unchanged. Black non-Hispanic and Hispanic New Yorkers reported the highest percentage – both at 11.5 percent.

Description of population demographics and health-related environment

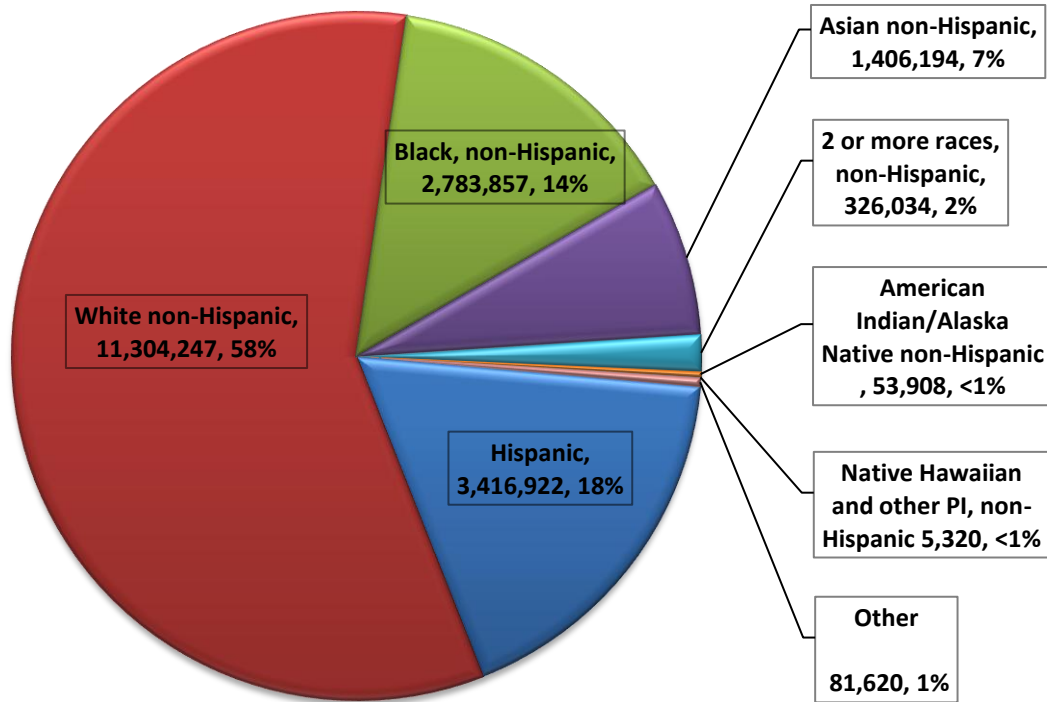
Figure 1. Population Distribution by Age and Gender, New York State, 2000 and 2010



New York State’s population is the third largest in the United States. The total New York State population increased 2.1 percent between 2000 (18,976,457) and 2010 (19,378,102).

The 2010 median age in New York State was 38 years, up from 35.9 years in 2000. Over the decade, the percentage of the population aged 65 and over increased from 12.9 percent to 13.5 percent while the percentage of persons under 18 years decreased from 24.7 percent to 23.3 percent.

Figure 2. Population by Race and Hispanic Origin, New York State, 2010



Source: U.S Census Bureau

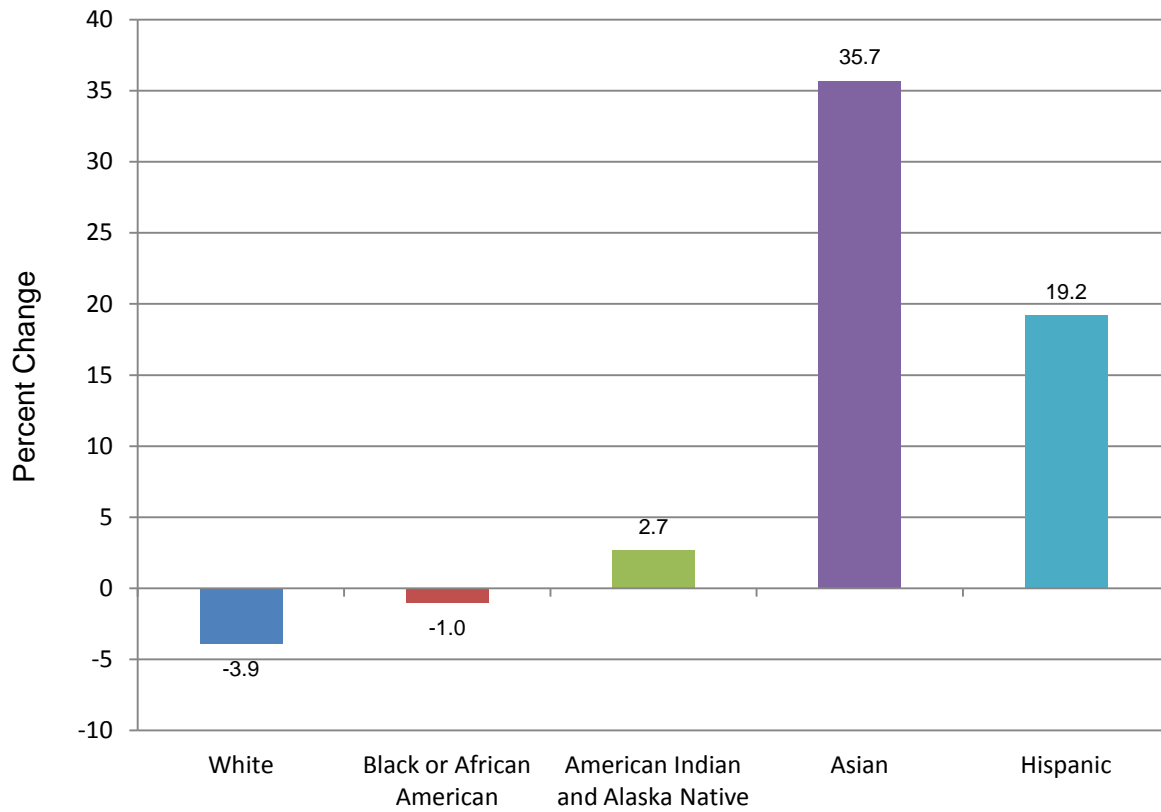
In 2010, New York’s population was estimated at 19,378,102 residents. The State’s most populous racial and ethnic groups are White non-Hispanics (58 percent), Hispanics (18 percent), Black non-Hispanics (14 percent) and Asian non-Hispanics (7 percent).

People who are not Hispanic and reported being of two or more races make up nearly 2 percent of the population.

American Indian and Alaska Natives constitute less than 1 percent of New York State's population.

Compared to the U.S. population, New York has a greater proportion of Black non-Hispanics (14 percent vs. 12 percent), Hispanics (18 percent vs. 16 percent) and Asians (7 percent vs. 5 percent). Accordingly, the proportion of the population that is White non-Hispanic is lower in New York State than among all Americans (58 percent vs. 64 percent).

Figure 3. Percentage Change in Population by Race and Ethnicity, New York State, 2000 and 2010



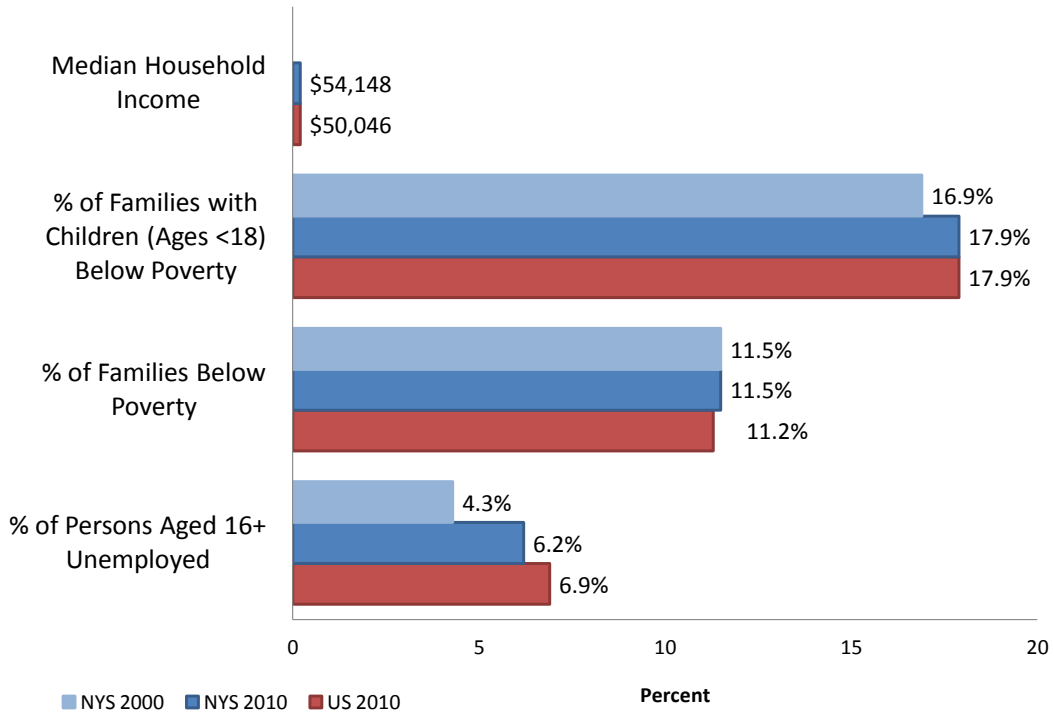
Source: U.S. Census Bureau

New York's minority populations continued to increase as a percentage of the total population. In 2000, 38 percent of New Yorkers were minorities. By 2010, that percentage increased to 42 percent.

Asian non-Hispanics experienced the largest percentage increase between 2000 and 2010 (35.7 percent), followed by Hispanics (19.2 percent). The number of American Indian/Alaskan Native non-Hispanics in New York State increased by 2.7 percent between 2000 and 2010.

The Black non-Hispanic population declined by 1.0 percent, and White non-Hispanics dropped by 3.9 percent since the 2000 Census.

Figure 4. Income and Poverty, New York State and United States, 2010



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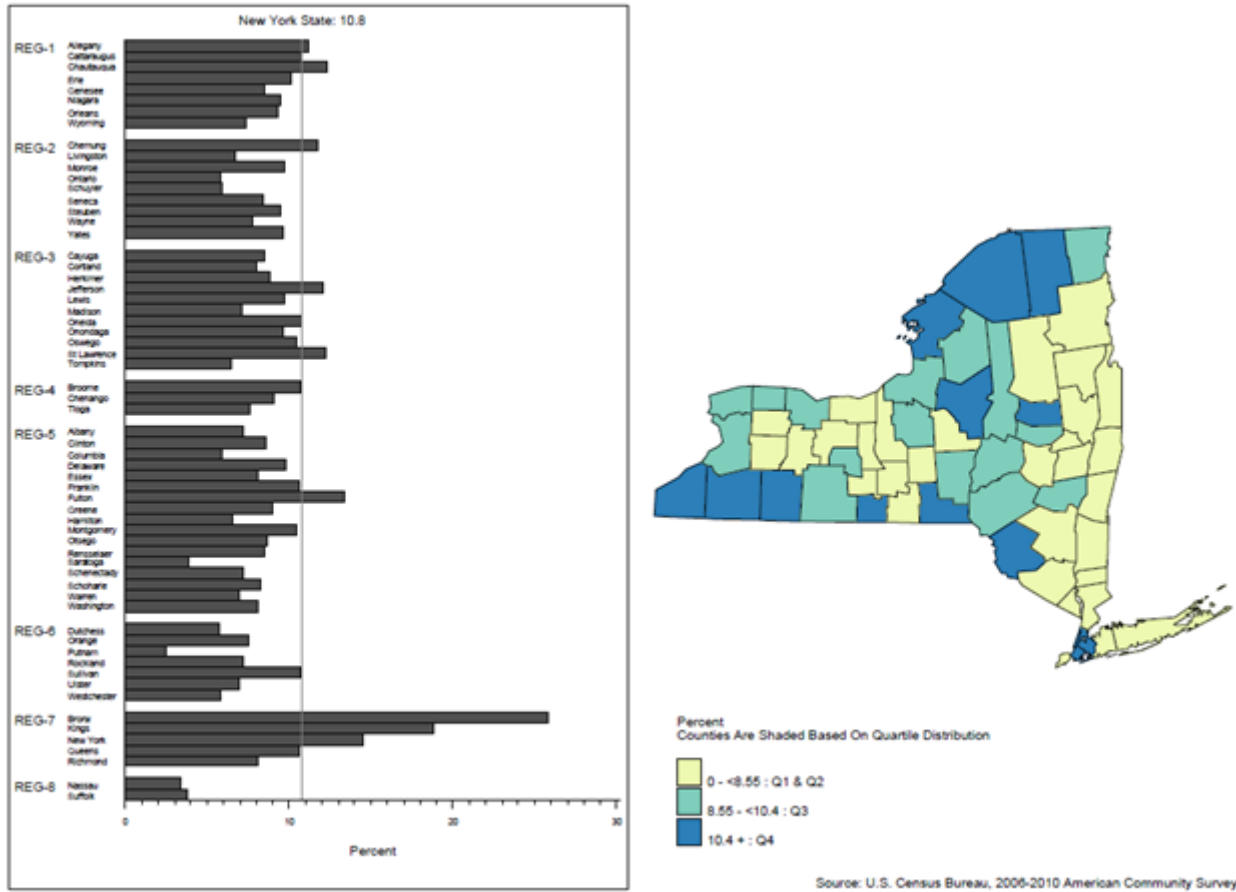
Source: U.S. Census Bureau

Note: Median Income in 2010 Inflation-adjusted dollars

The median income in New York State was \$54,148 in 2010, more than \$4,000 higher than the national median. During 2010, almost 18 percent of families with children lived at or below the federal poverty level in both New York State and the nation. Among all families, 11.2 percent in New York State and 11.5 percent nationally lived at or below poverty level.

Unemployment in New York State in 2010, at 6.2 percent, was slightly below the national rate of 6.9 percent.

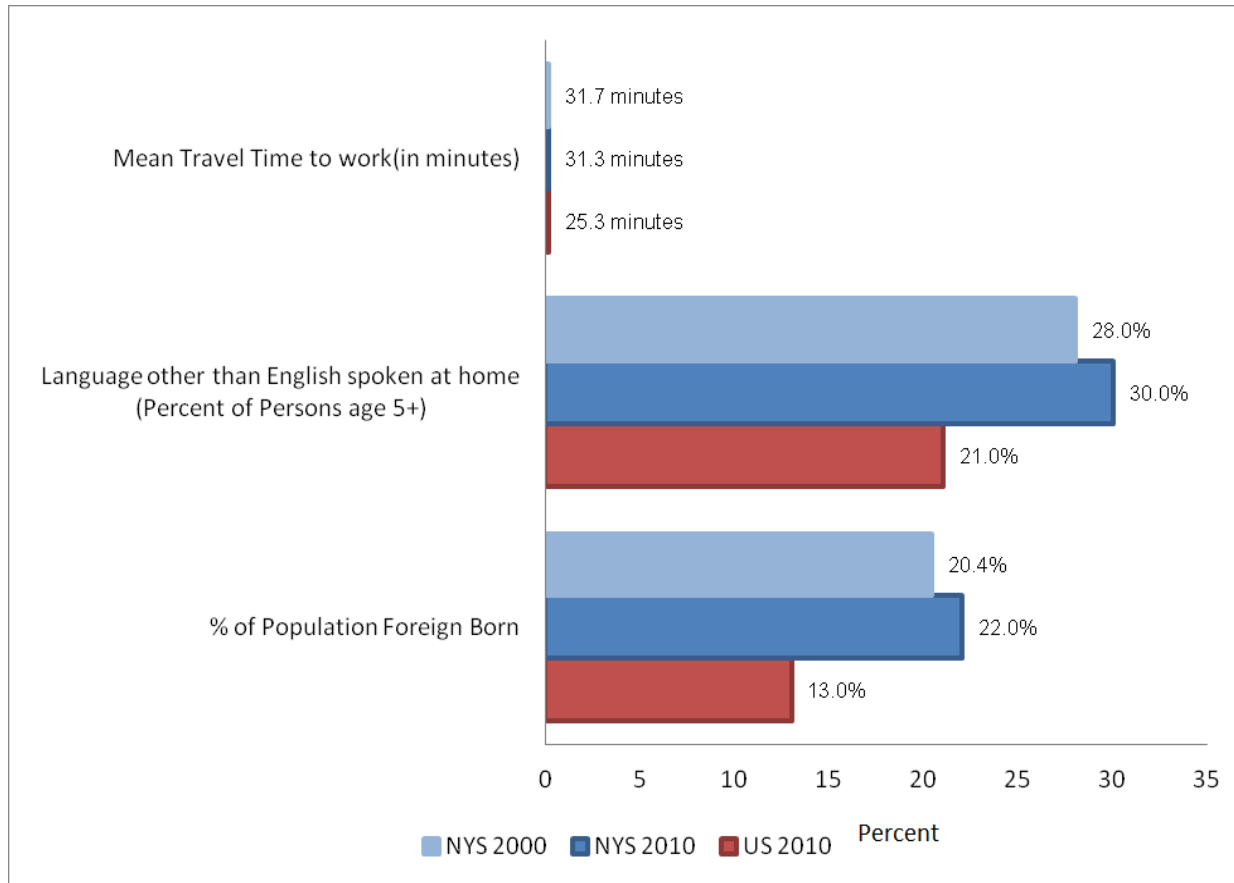
Figure 5. Percentage of Families Living in Poverty by Region and County, New York State, 2006-2010



Between 2006 and 2010, the percentage of families in New York State living below the poverty level was 10.8 percent, with varying rates from county to county. Three New York City counties (Bronx, New York and Queens counties) had the highest percentage of families living below poverty during this time period. Several counties outside New York City also had a high percentage of families living below the poverty level (Fulton, St. Lawrence, Chautauqua, Chemung and Jefferson).

Counties with the lowest percentage of families living below poverty were Putnam, Nassau and Suffolk counties.

Figure 6. Population Characteristics, New York State and United States, 2000 and 2010



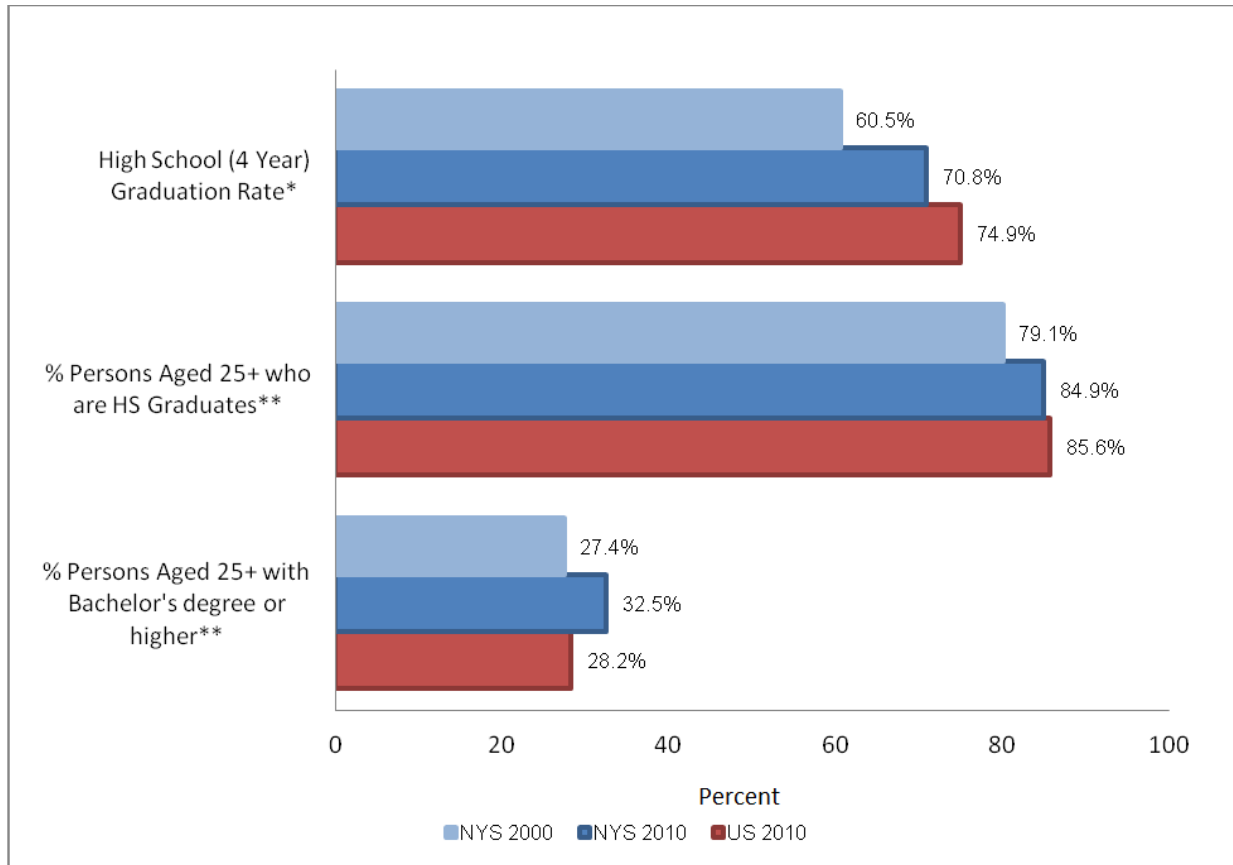
Source: U.S. Census Bureau

Since 2000, the time New Yorkers spend traveling to work has remained at about 32 minutes, slightly higher than the 25 minutes reported nationally.

About 30 percent of New York State residents lived in homes where English was not the language spoken. This is slightly higher than the 2000 rate of 28 percent. Nationally in 2010, 21 percent of U.S. residents lived in homes where English was not the spoken language.

About 22 percent of New York State residents were not born in the United States, almost double the national percentage of all residents not born in this country.

Figure 7. Level of Education, New York State and United States, 2000 and 2010



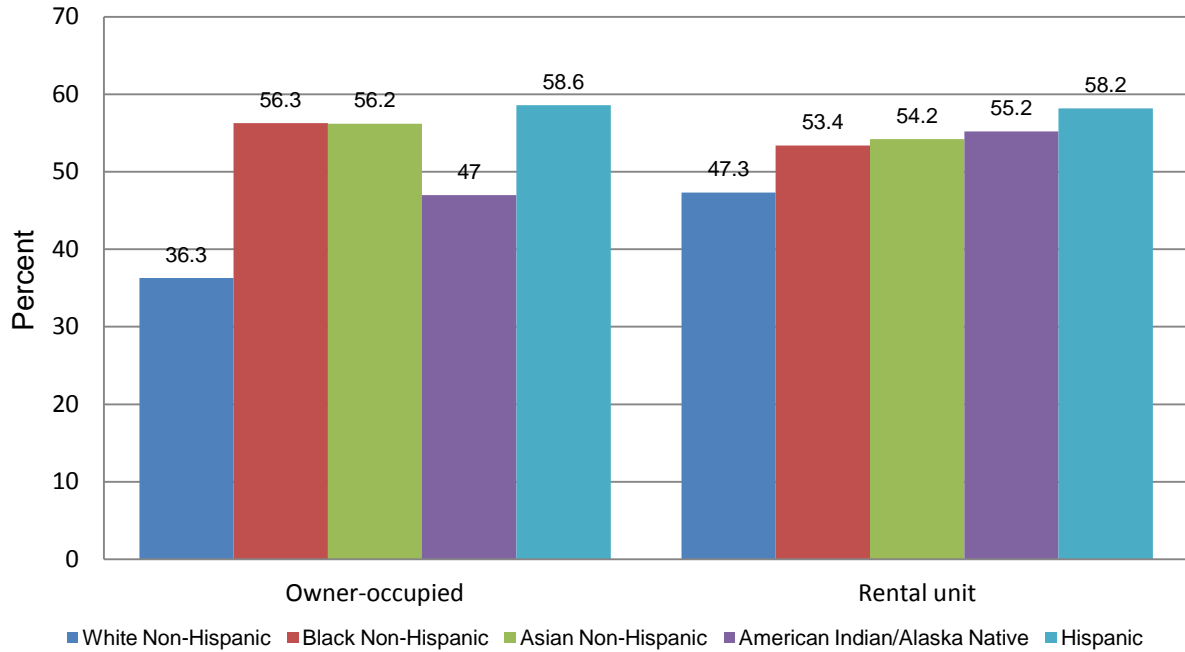
* Source: National Center for Education Statistics; data for school years 2001-2002 and 2007-2008

** Source: U.S. Census Bureau

While New York State has improved its four-year high school graduation rate from 60.5 percent in 2000 to 70.8 percent in 2010, the State remains below the 2010 national average of 74.9 percent. During 2010, 85 percent of New York State residents who were 25 years or older had a high school diploma.

The percentage of New York State residents aged 25 or older who had a four-year college degree was 32.5 percent, an improvement over the 27.4 percent in 2000 and higher than the national average of 28.2 percent.

Figure 8. Percentage of Households With Monthly Housing Costs at Least 30% of Total Household Income by Race and Ethnicity and Ownership, New York State, 2009



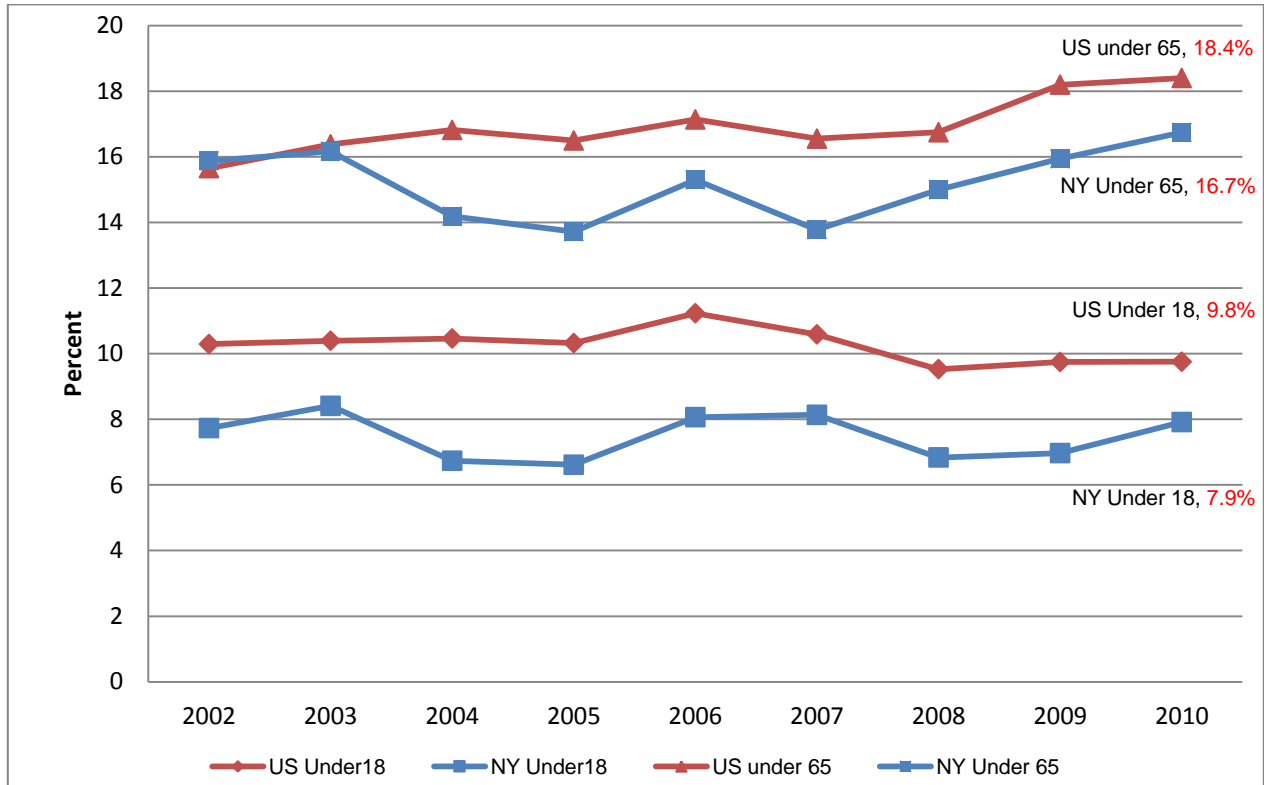
Source: American Community Survey, U.S. Census Bureau.

The percentage of income used to pay monthly housing costs provides a crude measure of economic stress for a household. In 2009, the percentage of New York State households with monthly housing costs at least 30 percent of total household income was determined separately for families occupying their own homes or living in rental units.

The percentage of households with monthly housing costs at least 30 percent of their total incomes was highest among Hispanics (exceeding 58 percent), regardless of the type of occupancy. Among non-Hispanics in their own homes, the percentages whose monthly housing costs were at least 30 percent of their total incomes were 36.3 percent in Whites, 56.2 percent in Asians and 56.3 percent in Blacks. Forty-seven percent of American Indian/Alaskan Natives in their own homes had monthly housing costs of at least 30 percent of total incomes.

Among non-Hispanics in rental units, the percentages with monthly housing costs at 30 percent or more of total income were 47.3 percent in Whites, 53.4 percent in Blacks, and 54.2 percent in Asians. Among American Indian/Alaskan Natives living in rental units, the percentage was 55.2 percent.

Figure 9. Percentage of Children Under age 18 and Persons under Age 65 Who Were Uninsured, New York State and United States, 2002 – 2010

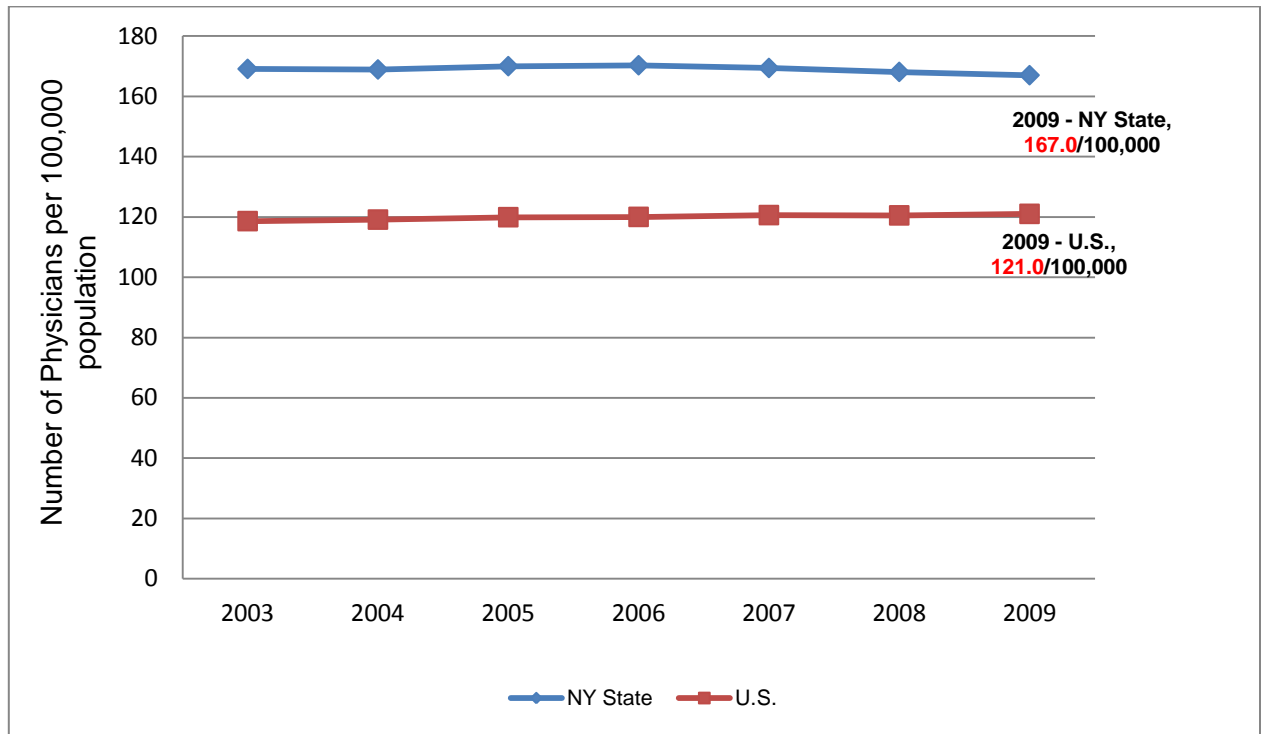


Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement (CPS ASEC) Health Insurance Historical Tables, HIB 5 and 6

Nationally, 9.8 percent, and in New York State, 7.9 percent, of children under age 18 were uninsured in 2010. The percentage of children without health insurance in New York State and in the nation increased for the second year in a row. In fact, the percentage of uninsured New York State children was higher in 2010 than it was in 2002.

The 2010 rate of uninsured New York State residents under the age of 65 increased for the third year in a row to 16.7 percent. Even though the State rate has been increasing, it still compares favorably with the national 2010 rate of 18.4 percent.

Figure 10. Number of Primary Care Physicians per 100,000 Population: New York State and United States, 2003-2009



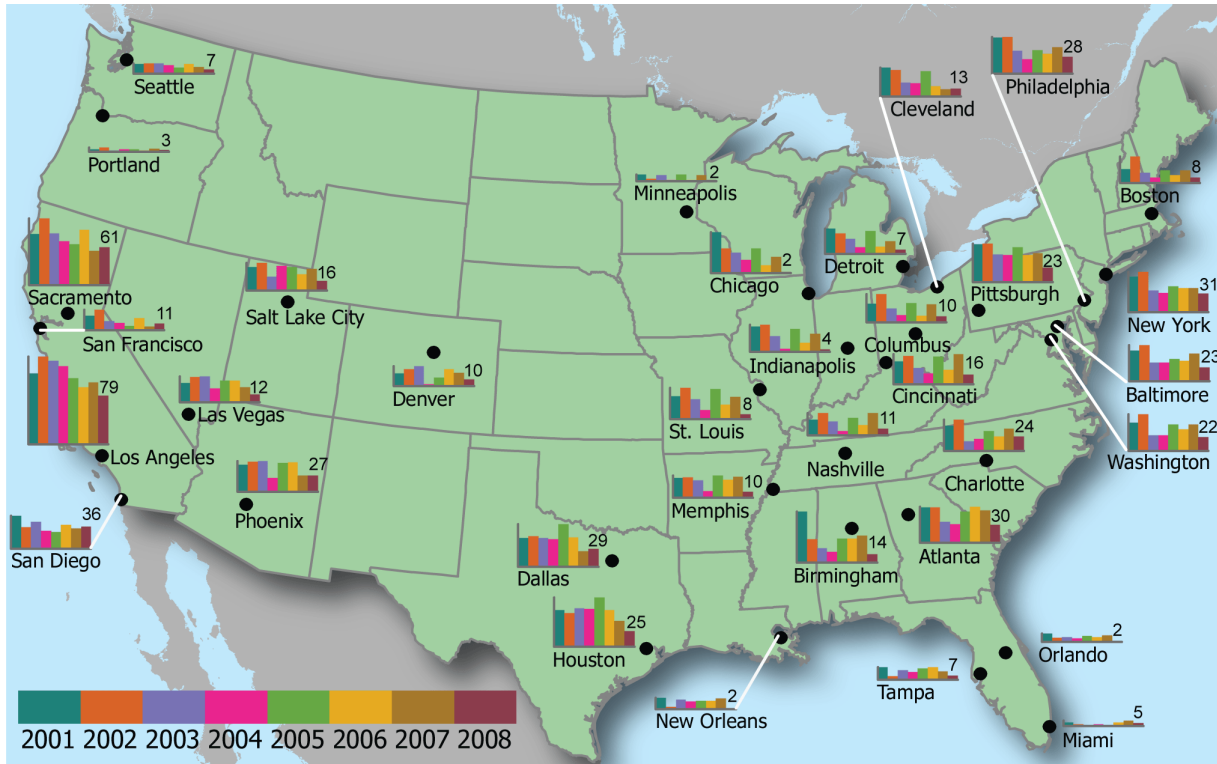
Source: America’s Health Rankings, 2011, American Medical Association

Note: Primary Care Physicians includes general practice, family practice, OB-GYN, pediatrics and internal medicine.

The number of available primary care physicians is a measure of access to primary care. According to the 2011 America’s Health Rankings, New York State ranked fifth out of 50 states for the number of primary care physicians per 100,000 population. In 2009, New York State had 167 primary care physicians per 100,000 population compared to the national average of 121 per 100,000.

Since 2003, the rate of available primary care physicians has been virtually unchanged in New York State.

Figure 11. Number of Days Air Quality Index Was at an Unhealthy Level* for Selected Cities: United States, 2001-2008

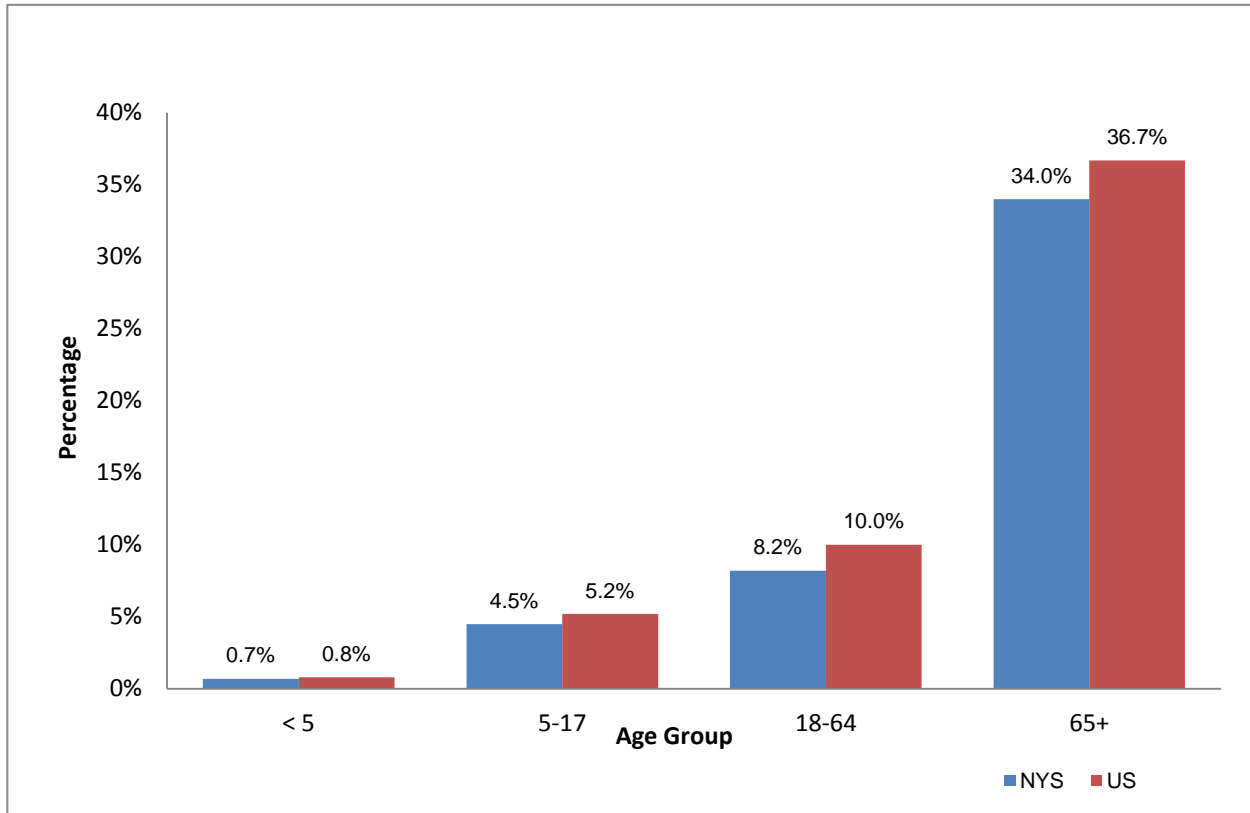


*Air Quality Index > 100 is considered unhealthy

Source: U.S. Environmental Protection Agency, Our Nation's Air - Status and Trends through 2008.

Air quality data are available from the U.S. Environmental Protection Agency for 35 selected American cities, including New York City. According to these data, air quality in New York City has improved since 2001. However, in 2008, residents of New York City experienced 31 days when the air quality was unhealthy. Among the 35 large cities with data available, only three (Sacramento, Los Angeles and San Diego) had more than 31 days of unhealthy air quality during 2008.

Figure 12. Percentage of Population with Disability by Age: New York State and United States: 2010

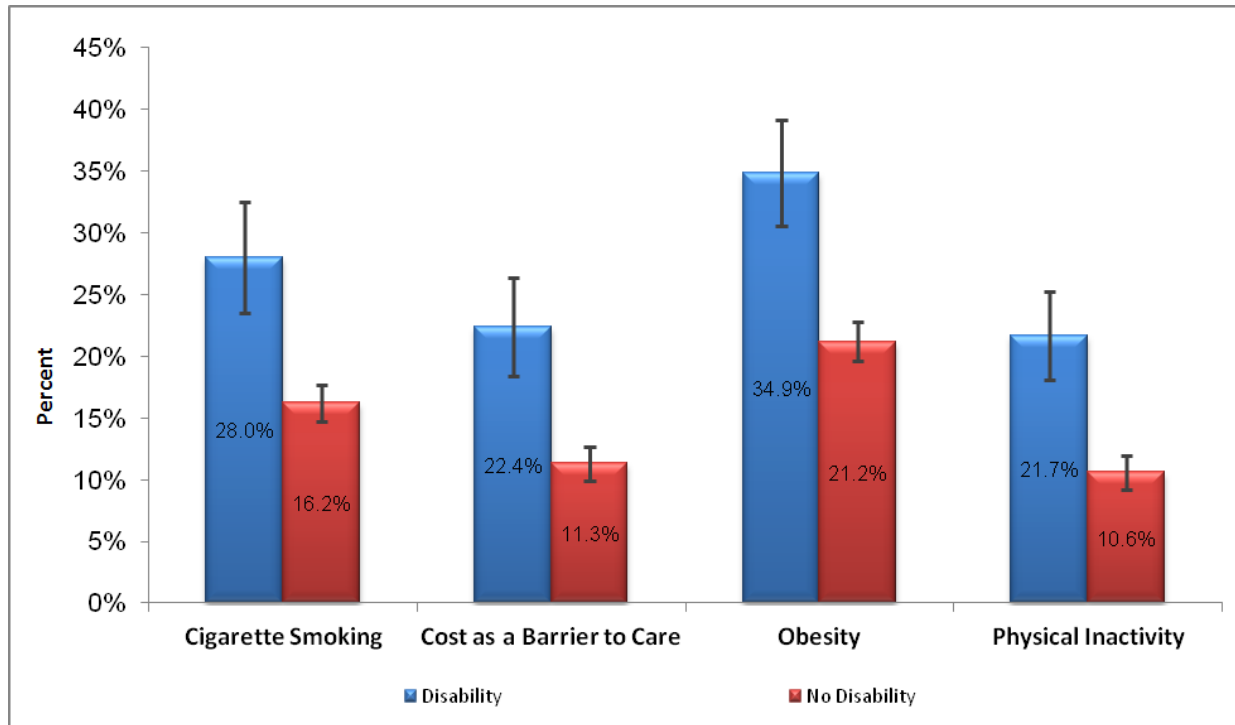


Source: American Community Survey, U.S. Census Bureau

The percentage of New York State residents with a disability was under 10 percent among persons who were less than 65 years of age. Among persons aged 65 and older, the percentage was 34 percent.

When compared to similar age groups nationally, the percentage of New Yorkers with a disability was slightly lower than for the nation.

Figure 13. Selected Health Indicators Among Disability and No Disability Population, New York State, 2009

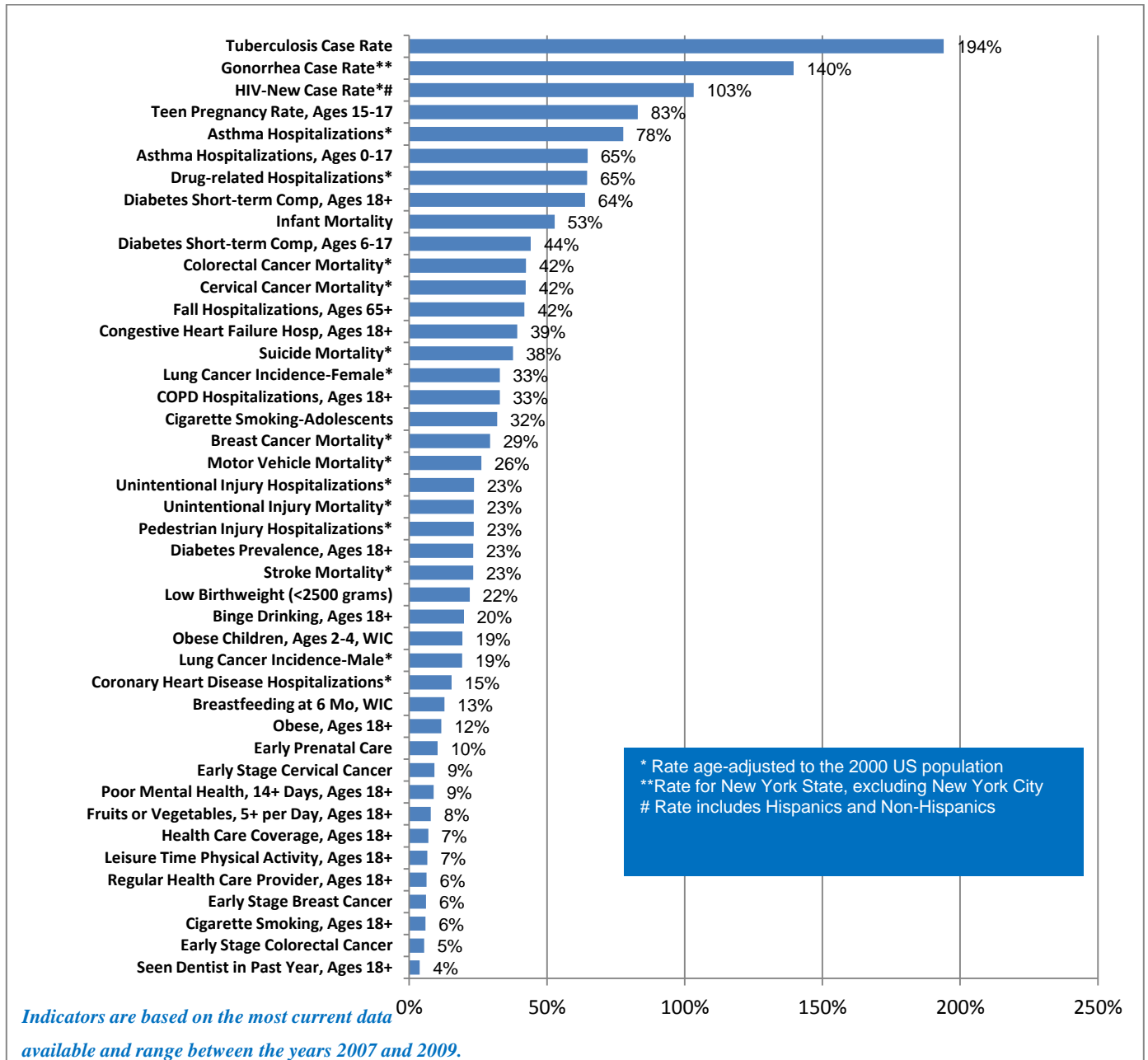


Source: Behavioral Risk Factor Surveillance System

Persons with disabilities in New York State are significantly more likely to report cigarette smoking, did not receive health care due to the cost, have body mass indices in the obese category and be physically inactive.

Description of General Health Status

Figure 14. Index of Disparity* for Public Health Priority Areas, New York State, 2007-2009



* The largest percentages represent the greatest disparities. For more information on the method of calculating the index of disparity, see Appendix B, Description of Data Sources.

Computing an index allows researchers to compare the level of disparity among many unrelated indicators. In this case, the index estimates the total disparity attributable to racial and ethnic differences for each measure.

Figure 14 illustrates that in New York State, the five health outcome areas with the largest racial and ethnic disparities are the tuberculosis case rate, HIV new case rate, asthma hospitalization rate, drug-related hospitalization rate and the infant mortality rate.

Figure 15. Rates of Selected Indicators with Large Racial and Ethnic Disparities, New York State, 2007-2009

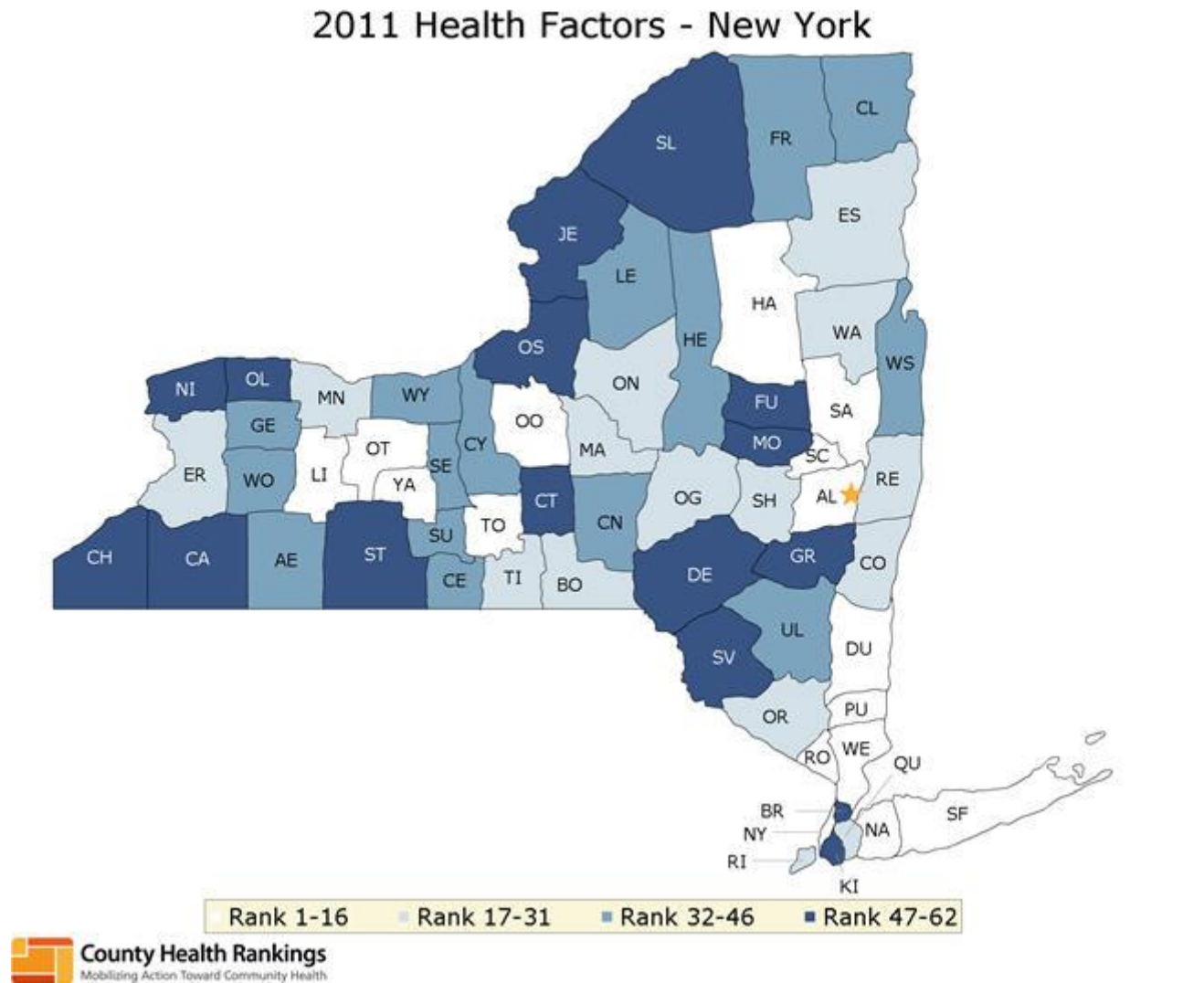
Indicators	NYS	White NH	Black NH	Asian NH	Hispanic	Index of Disparity
Newly diagnosed HIV case rate (per 100,000 population)**#	23.2	7.6	71.8	7.1	38.7	103%
Gonorrhea case rate (per 100,000 population)***	99.1	11.8	436.7	8.1	61.9	140%
Tuberculosis case rate (per 100,000 population)	6.3	1.2	9.8	39.1	13.8	194%
Pregnancy rate among females aged 15-17 years (per 1,000 population of females 15-17)	33.3	11.4	67.3	9.7	64.3	83%
Infant mortality (per 1,000 live births)	5.4	4.2	11.8	2.5	4.5	53%

 Best group  Worst group

* Rate age-adjusted to the 2000 U.S. population
 *** Rate for New York State, excluding New York City
 # Rate includes Hispanics and Non-Hispanics

The table above illustrates several indicators with large racial and ethnic disparities in their rates with the corresponding indices of disparity.

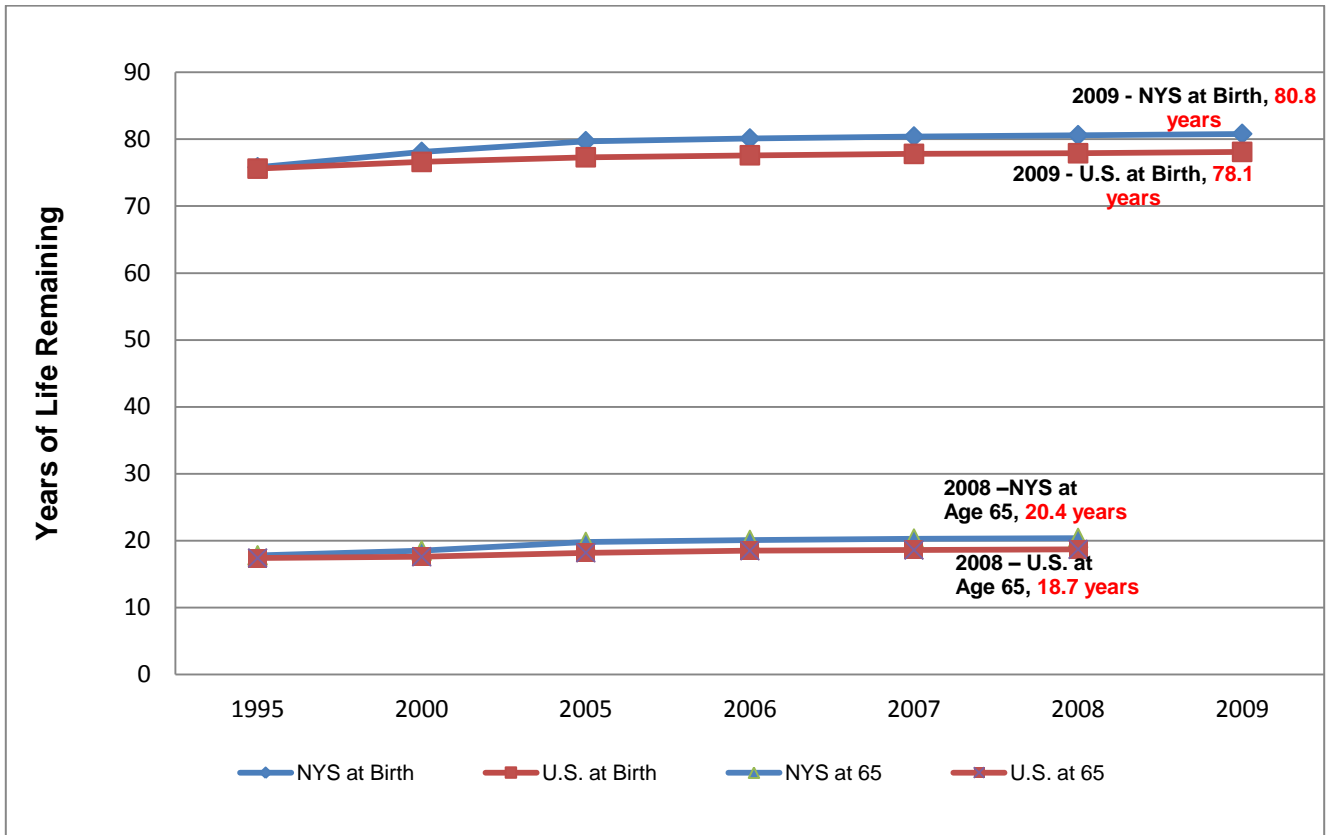
Figure 16. County Health Rankings, Health Factor Rankings by County – New York State, 2011



The County Health Rankings & Roadmaps program is the result of collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Counties within all 50 states were ranked based on health outcomes (mortality and morbidity) and health factors (health behaviors, clinical care, social and economic factors and physical environment). The map above illustrates the health rankings received by New York State counties in the health factor category. A ranking of 1 is considered the best and 62 the worst.

The map shows geographic variation in health factors for New York State. Other maps throughout this assessment illustrate local variation in health status and factors associated with health status among residents from different communities. Further assessment at the local level is needed to identify modifiable factors to improve health outcomes for all New Yorkers.

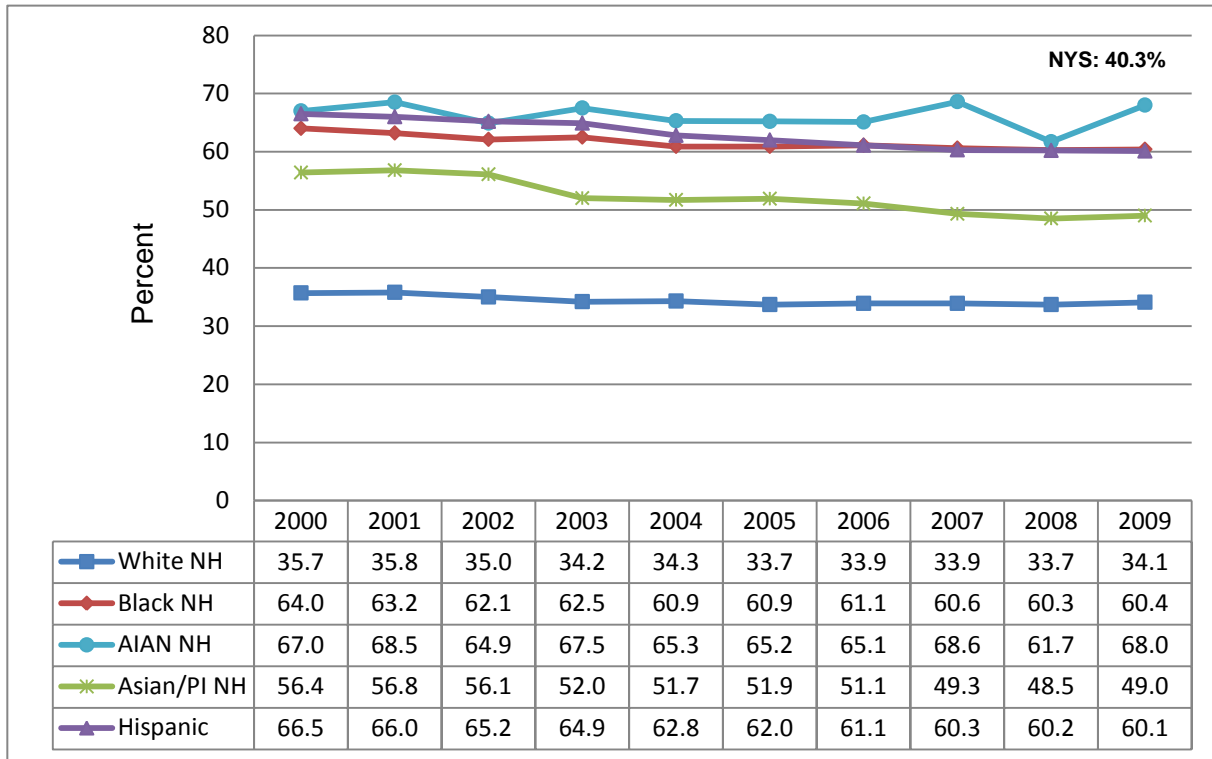
Figure 17. Life Expectancy at Birth and at Age 65 Years, New York State and United States, 1995-2009



NYS Source: NYSDOH, Bureau of Biometrics and Health Statistics
 U.S. Source: Health, United States, 2010, Table 22

Life expectancy in New York State is higher than in the nation as a whole from birth and among persons aged 65 and older. New York State residents born in 2009 are expected to live more than 80 years. The life expectancy of New York residents has improved at a faster pace than that for the nation as a whole.

Figure 18. Percentage of Deaths that Were Premature (Deaths of Persons <75 Years Old) by Race and Ethnicity, New York State, 2000-2009

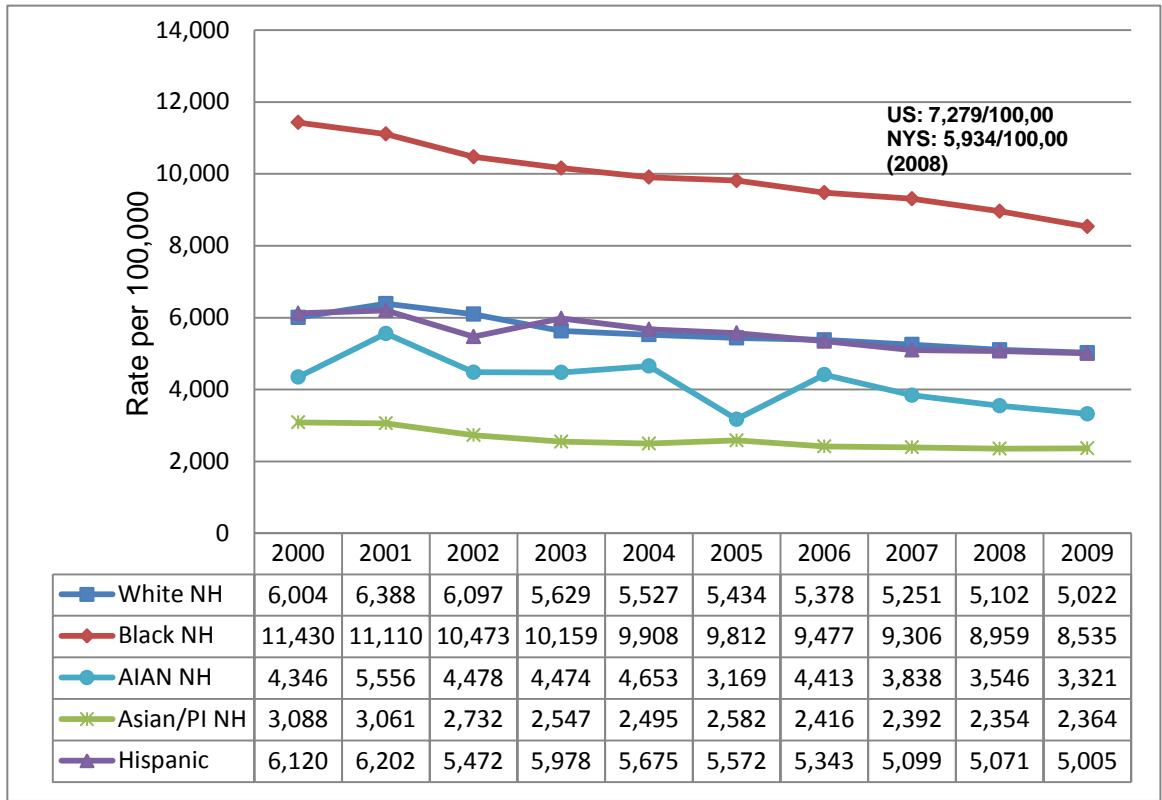


Abbreviations: NH – non-Hispanic; AIAN – American Indian/Alaska Native, PI – Pacific Islander
 Source: NYSDOH Bureau of Biometrics and Health Statistics

Premature deaths are those occurring in persons less than 75 years old. Groups with higher rates of premature mortality are more likely to exhibit mortality patterns that are common in younger populations, such as more deaths from unintentional injury and homicide, and infant deaths.

In New York State, about 40 percent of deaths occur among persons under age 75. Premature death rates for American Indian/Alaska Native non-Hispanic, Black non-Hispanic and Hispanic New Yorkers were nearly twice the rate for White non-Hispanics. For Asian/Pacific Islander non-Hispanics, the rate was almost 1.5 times the rate for White non-Hispanics.

Figure 19. Age-Adjusted Years of Potential Life Lost (YPLL) per 100,000 Population by Race and Ethnicity, New York State, 2000-2009



Rates adjusted to the 2000 U.S. population

Abbreviations: NH – non-Hispanic; AIAN – American Indian/Alaska Native, PI – Pacific Islander

Source (trend chart): NYSDOH Bureau of Biometrics and Health Statistics

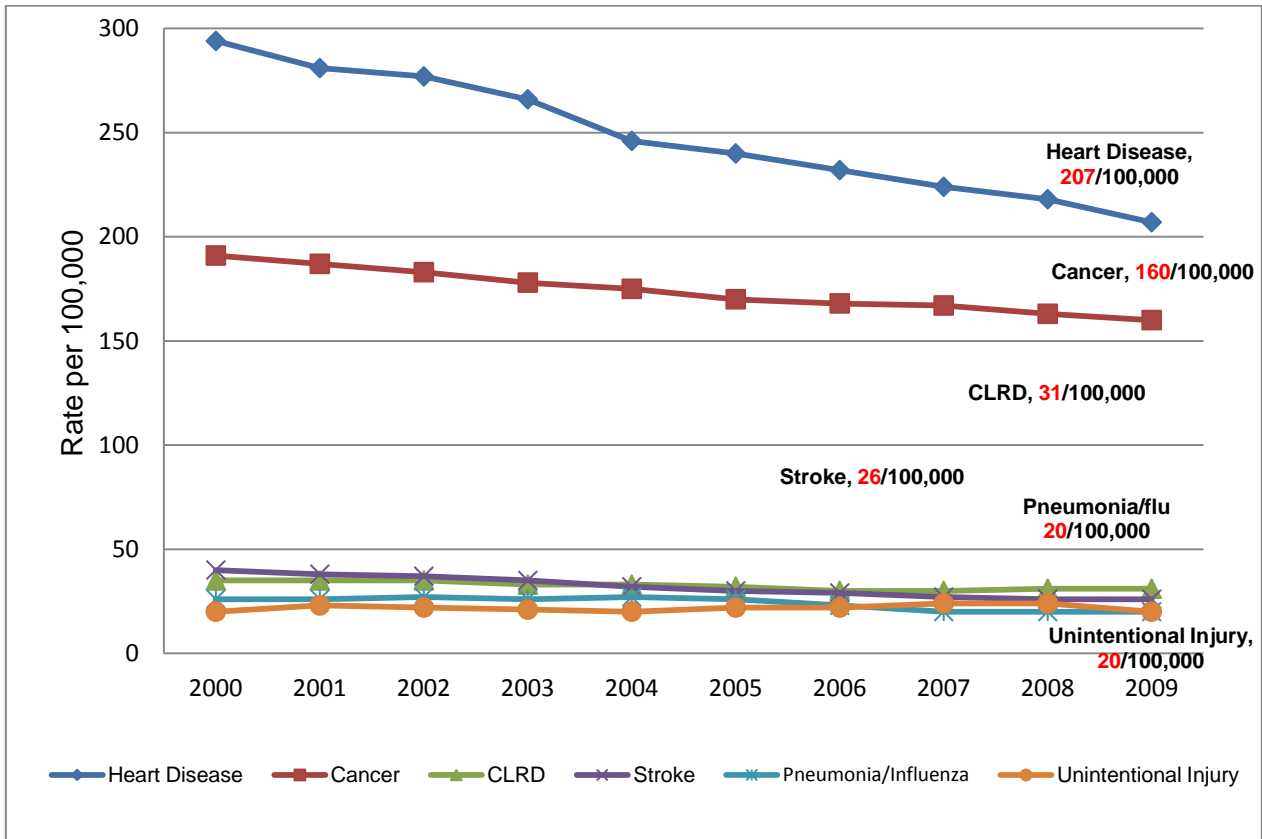
Source (U.S. and NYS total): America’s Health Rankings, 2011

Years of potential life lost (YPLL) measures the loss of years of life due to deaths before age 75. Thus, the death of a 25-year-old would account for 50 years of lost life, while the death of a 60-year-old would account for just 15 years. This measure draws attention to the loss of expected years of life due to deaths in childhood, adolescence and early adulthood

For the past decade, the YPLL have been declining for all racial and ethnic groups. In 2009, Asian/Pacific Islander non-Hispanics and American Indian/Alaska Native non-Hispanics had the lowest YPLL (2,364 and 3,321 per 100,000, respectively). White non-Hispanics and Hispanics had the next lowest (5,022 and 5,005 per 100,000, respectively), and Black non-Hispanics had the highest YPLL (8,535 per 100,000 population).

In 2008, the New York State YPLL rate was 5,934 years per 100,000 population under age 75, 18 percent below the national rate of 7,279 per 100,000.

Figure 20. Leading Causes of Death, New York State, 2000 – 2009

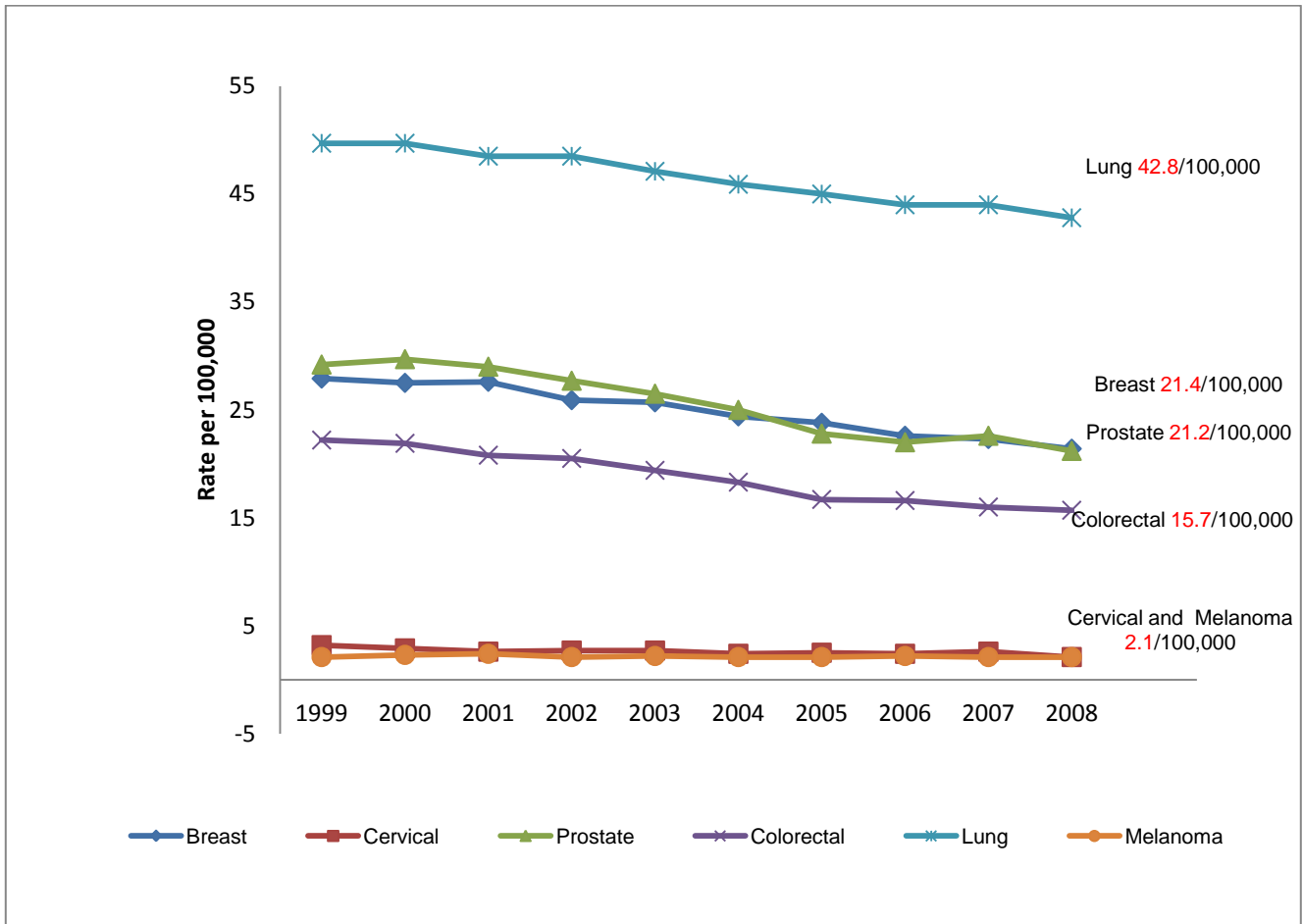


Source: New York State Bureau of Biometrics and Health Statistics, New York State Department of Health

The leading causes of death in New York State between 2000 and 2009 were heart disease followed by cancer. The death rates for both causes have declined since 2000. In 2009, 207 of every 100,000 New Yorkers died from heart disease and 160 died from cancer.

Other leading causes of death were chronic lower respiratory disease (CLRD), stroke, pneumonia/flu and unintentional injury.

Figure 21. Age-Adjusted Cancer Mortality Rates per 100,000 by Type of Cancer, New York State, 1999-2008



* Rates adjusted to the 2000 U.S. population

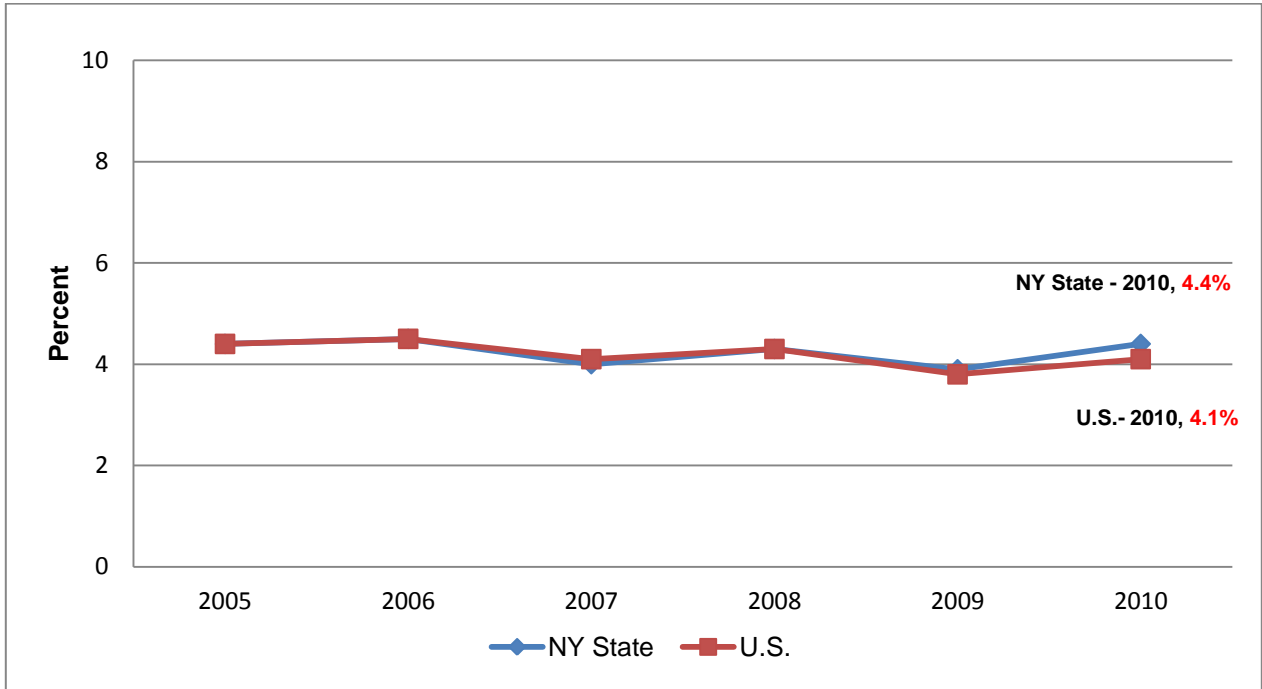
Source: New York State Cancer Registry

Lung cancer is by far the leading cause of cancer death in New York State. In 2008, the lung cancer death rate of 42.8 per 100,000 residents was double the rate for female breast cancer (21.4 per 100,000 females) and prostate cancer (21.2 per 100,000 males), the next two most common causes of cancer deaths.

During 2008, colorectal cancer was responsible for 15.7 deaths per 100,000 population, cervical cancer caused 2.1 deaths per 100,000 females, and melanoma caused 2.1 deaths per 100,000 population.

In 2008, the age-adjusted death rate from all types of cancer in New York State was 163.2 per 100,000 population. This was lower than the national rate of 190.9, but still slightly higher than the Healthy People 2020 goal of no more than 160.6 cancer deaths per 100,000 population.

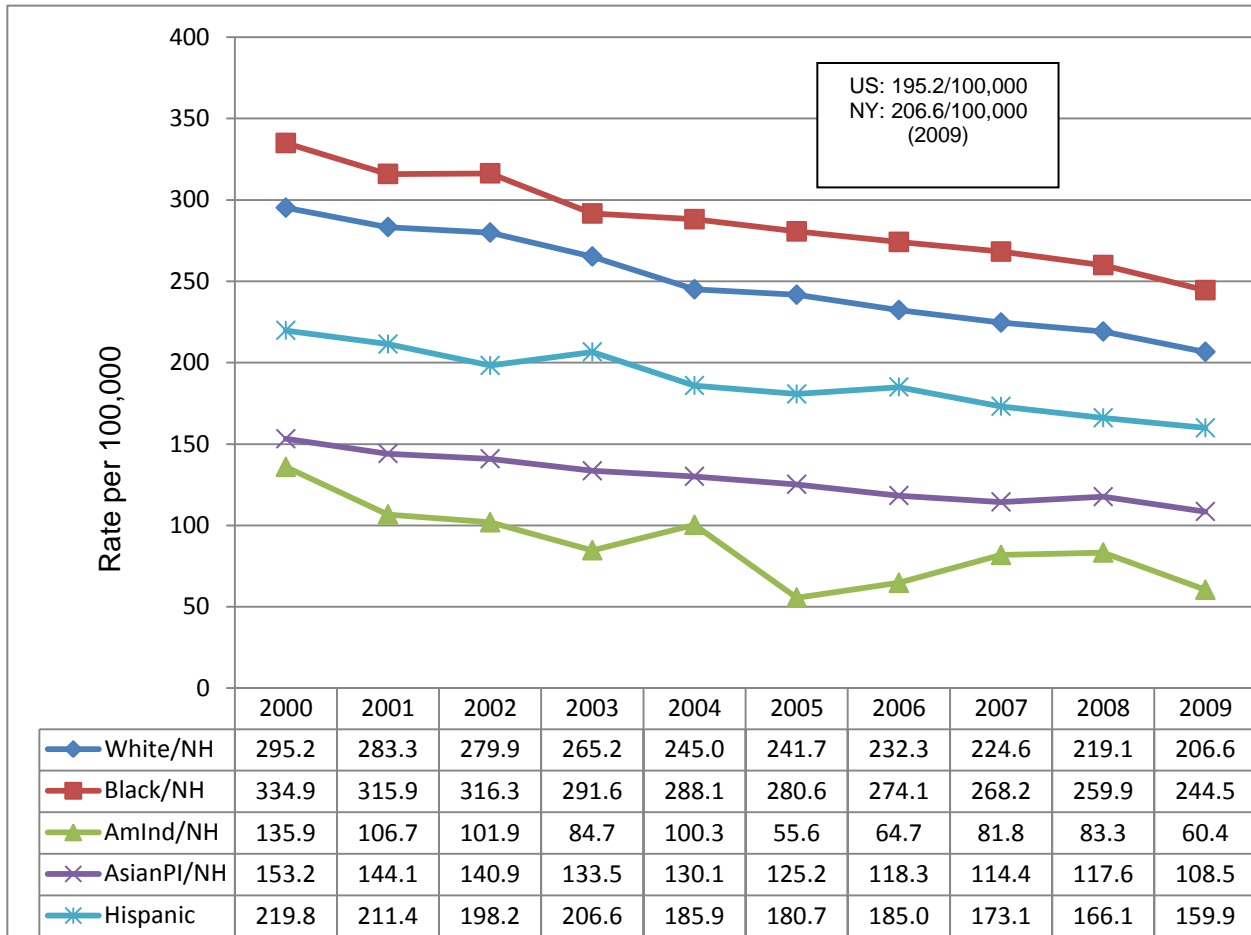
Figure 22. Adult Cardiovascular Disease* Prevalence: New York State and United States, 2005-2010



*Cardiovascular disease includes persons who were ever told they had angina or coronary heart disease
Source: CDC, Behavioral Risk Factor Surveillance System

In New York State, similar to the nation, 4.4 percent of adults reported in 2010 that they have cardiovascular disease. The percentage has been basically unchanged since 2005, when data were first collected.

Figure 23. Age-Adjusted* Heart Disease Death Rates per 100,000 by Race and Ethnicity, New York State, 2000-2009

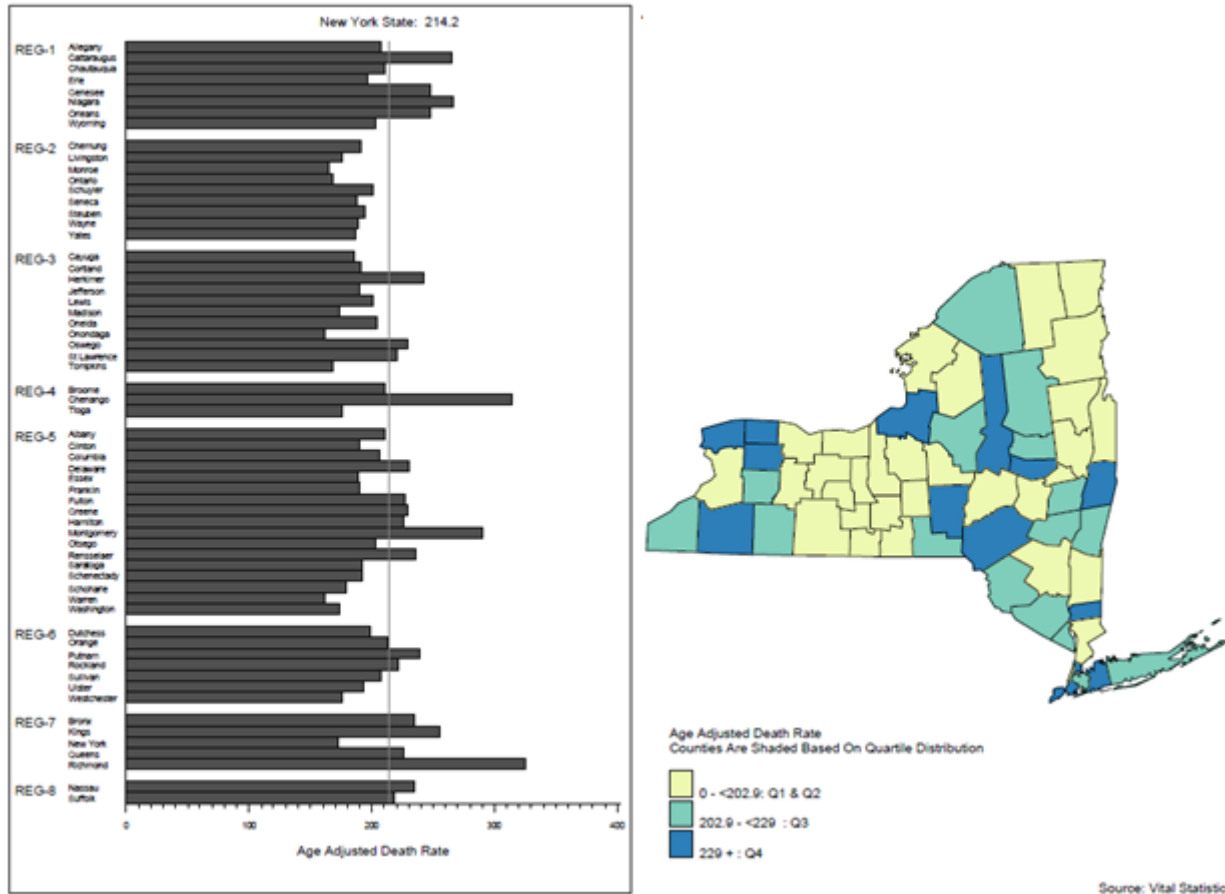


*Age-adjusted to U.S. Census 2000 population

Between 2000 and 2009, the rate of death from heart disease has been declining steadily among all race and ethnic groups, although heart disease remains the leading cause of death in New York State and the nation. Black non-Hispanics and White non-Hispanics had the highest heart disease death rates (244.5 per 100,000 and 206.6 per 100,000, respectively).

Among Hispanics, the heart disease death rate was 35 percent lower than the rate among Black non-Hispanics; among Asian/Pacific Islanders, the rate was 56 percent lower compared to Black non-Hispanics.

Figure 24. Age-Adjusted Heart Disease Death Rates per 100,000 by Region and County, New York State, 2007-2009

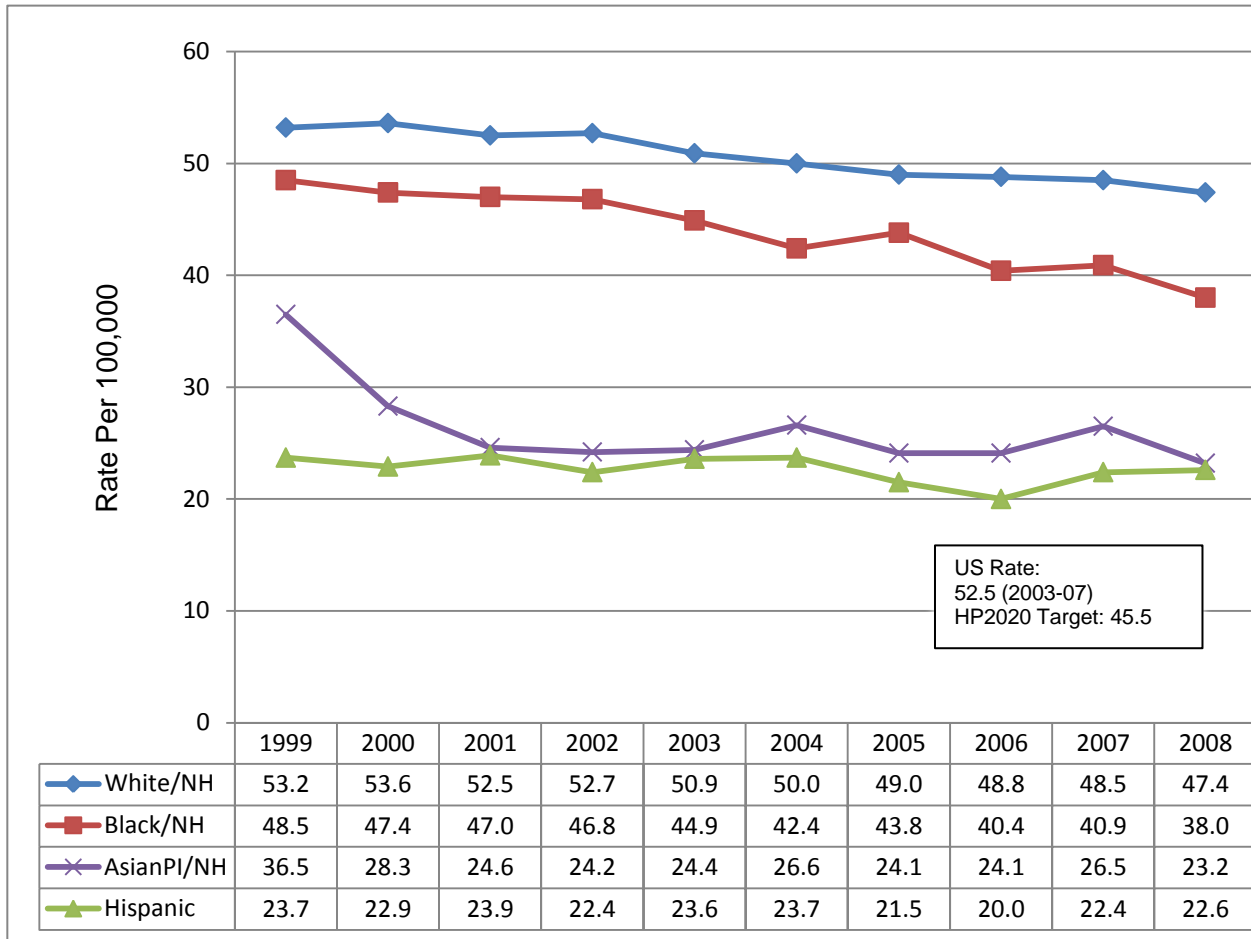


* Rates adjusted to the 2000 U.S. population

Between 2007 and 2009, the New York State age-adjusted death rate for heart diseases was 214.2 per 100,000 persons. Rates among counties ranged from a high of 324.9 per 100,000 population in Richmond County to a low of 161.7 per 100,000 population in Onondaga County.

Other counties with a heart disease death rate of more than 250 per 100,000 population were Kings, Cattaraugus, Niagara, Montgomery and Chenango. Counties with low rates include New York and Warren.

Figure 25. Age-adjusted Lung Cancer Mortality Rates per 100,000 by Race and Ethnicity, New York State, 1999-2008



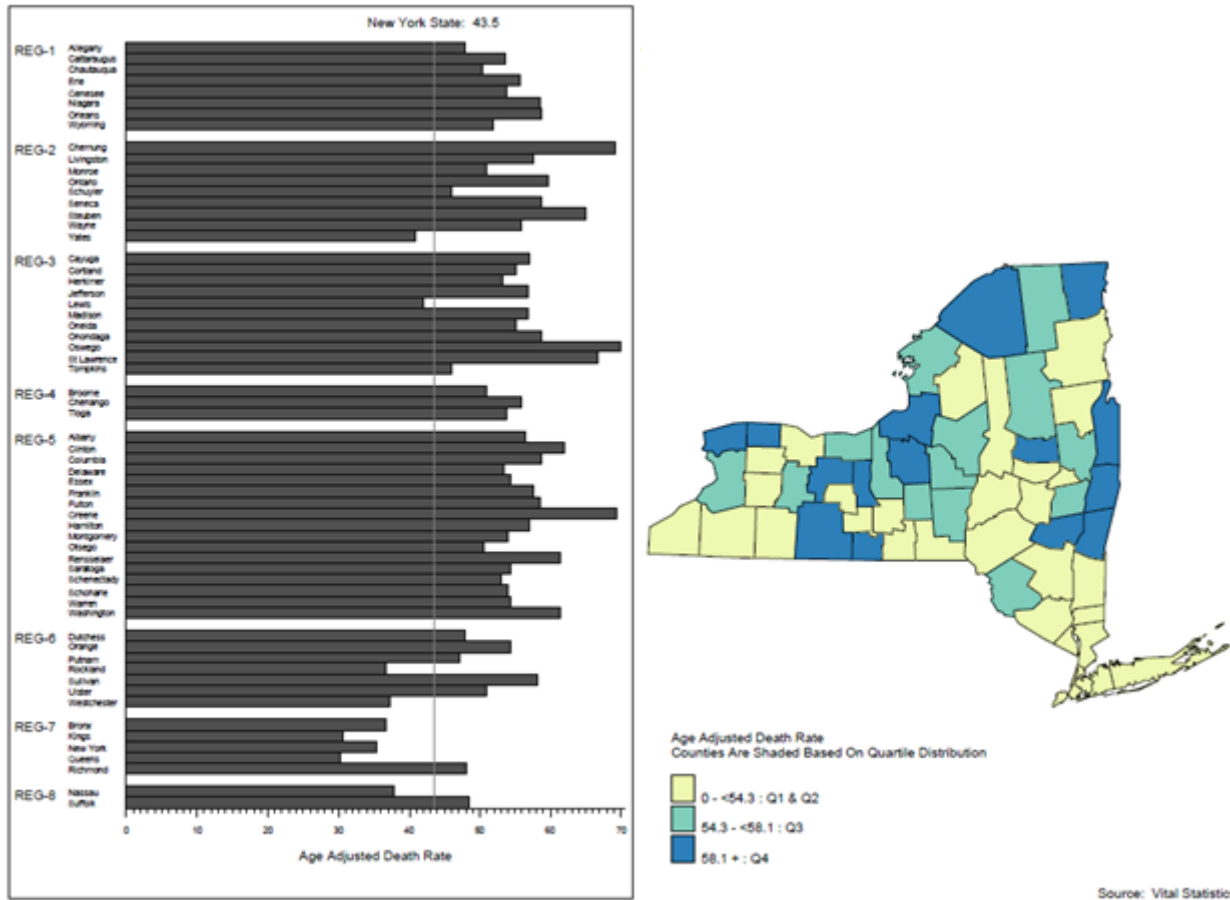
*Age-adjusted to U.S Census 2000
 Source: New York State Cancer Registry

Lung cancer was the leading cause of cancer death in New York State. During 2008, White non-Hispanics experienced the highest lung cancer death rate (47.4 per 100,000) in the state and were the only group above the Healthy People 2020 target of no more than 45.5 deaths per 100,000.

The rate among Black non-Hispanics (38.0 per 100,000) was below the rate among White non-Hispanics but still higher than the rates among Asian/Pacific Islanders (23.2 per 100,000) and Hispanics (22.6 per 100,000).

Between 1999 and 2008, death rates declined among all racial and ethnic groups, although the decline among Hispanics was minimal.

Figure 26. Age-Adjusted Lung Cancer Mortality Rates per 100,000, by Region and County, New York State, 2005-2009

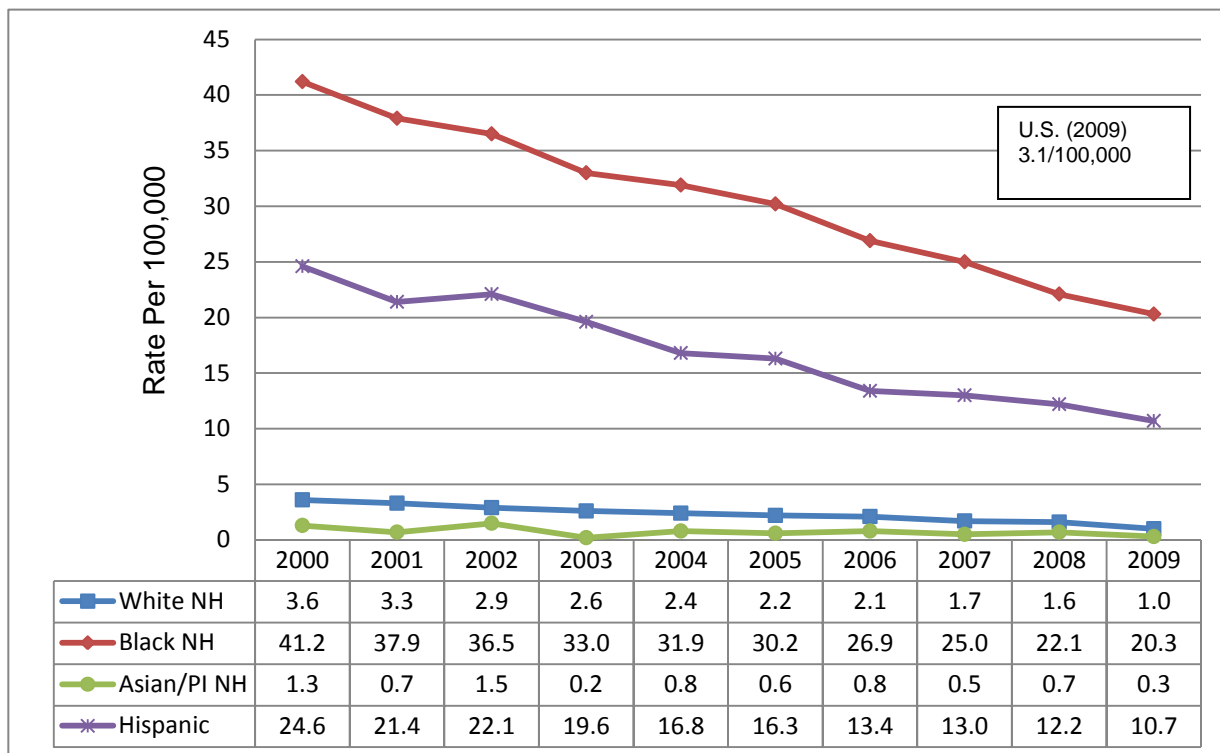


* Rates adjusted to the 2000 U.S. population

During 2005-2009, the New York State age-adjusted death rate for lung and bronchus cancer was 43.5 per 100,000. Rates varied among counties. Residents of counties outside New York City experienced the highest rates. The counties of Oswego, Steuben, St. Lawrence and Chemung all had rates at or above 65 deaths per 100,000 population.

Residents of four of the five New York City counties (Bronx, Kings, New York and Queens) as well as Westchester and Rockland counties had rates below 40 deaths per 100,000 population.

Figure 27. Age-Adjusted* HIV/AIDS Mortality Rates per 100,000 Population by Race and Ethnicity, New York State, 2000-2009

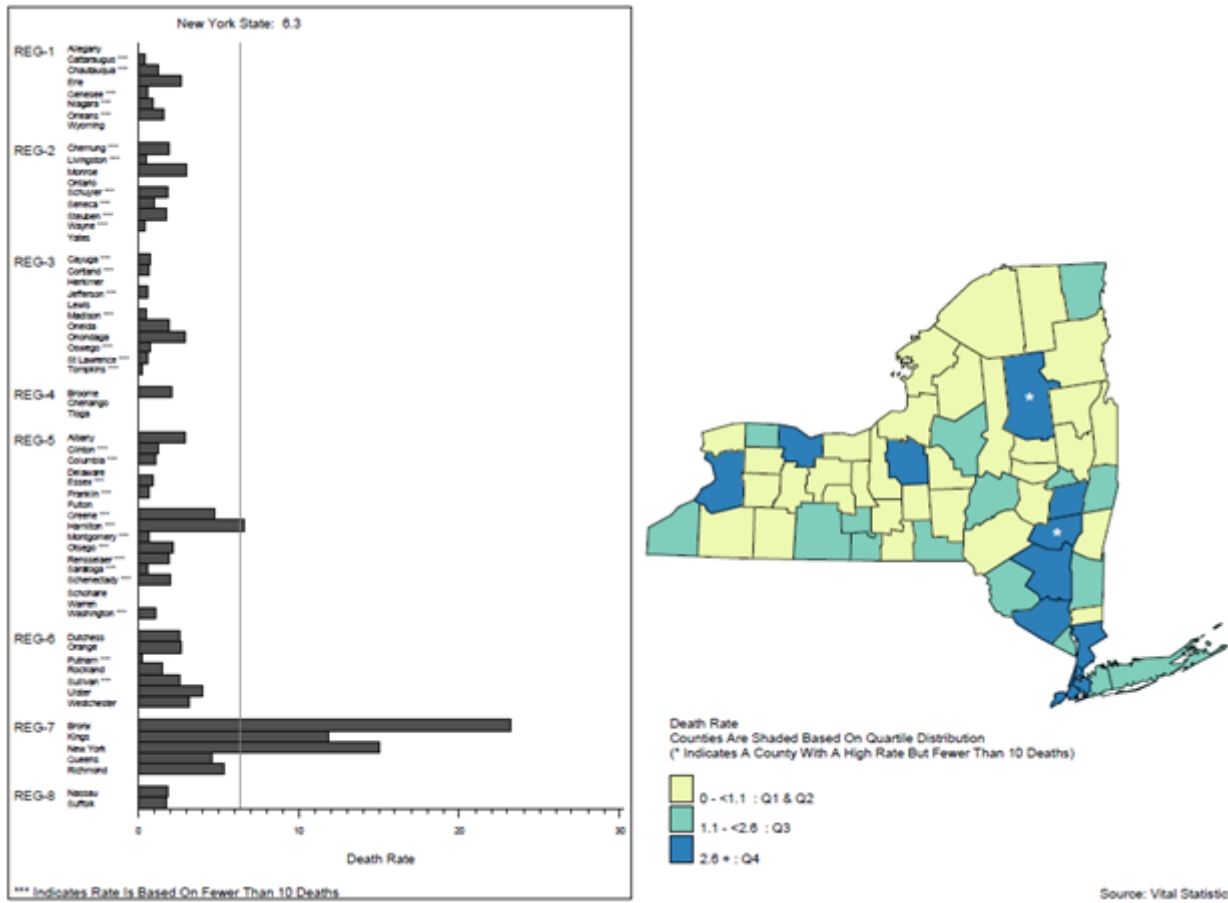


* Rates adjusted to the 2000 U.S. population
 AIDS/HIV mortality rate based on ICD10 codes B20-B24
 Abbreviations: NH – non-Hispanic; PI – Pacific Islander
 Source: NYSDOH Bureau of Biometrics and Health Statistics

The HIV/AIDS epidemic has had a great impact on New Yorkers. A tribute to scientific advancements and the work of public health professionals and communities, the HIV/AIDS death rate has declined considerably and disparities have been reduced, although marked gaps still exist.

The most striking decreases in HIV/AIDS mortality rates from 2000-2009 were among Black non-Hispanics (41.2 to 20.3 per 100,000 population) and Hispanics (24.6 to 10.7 per 100,000). Asian/Pacific Islander non-Hispanics and White non-Hispanic New Yorkers also experienced marked declines in HIV/AIDS death rates (1.3 to 0.3 per 100,000 and 3.6 to 1.0 per 100,000, respectively).

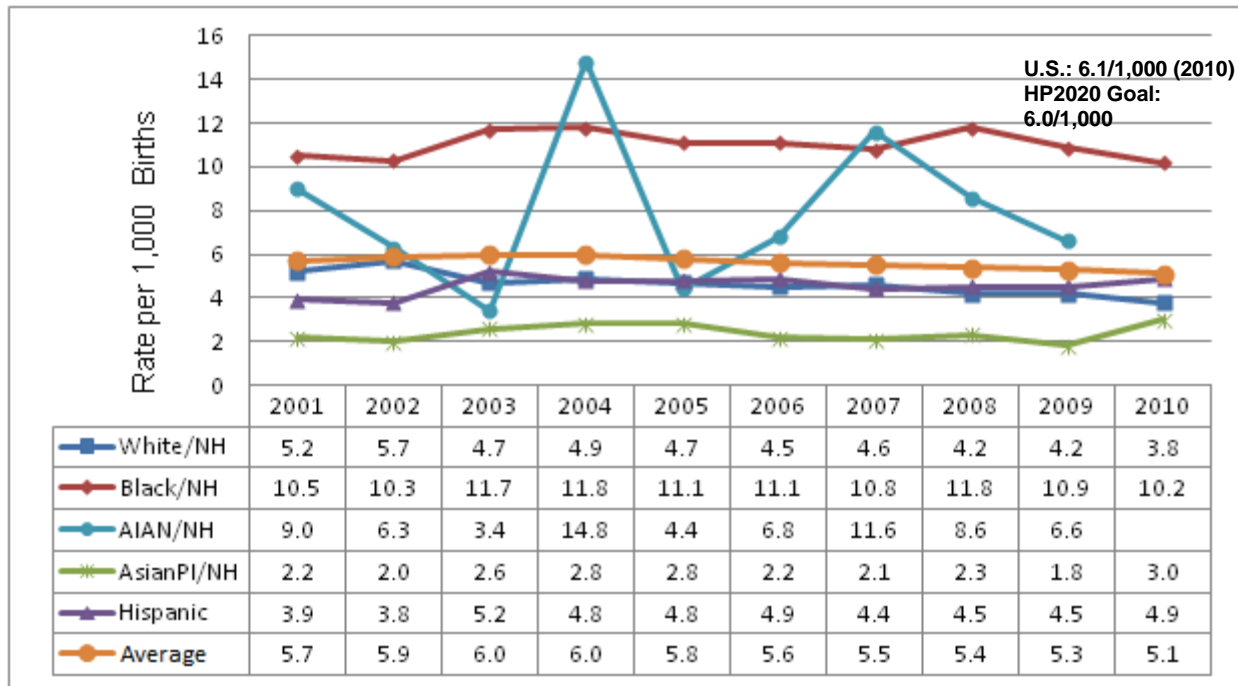
Figure 28. AIDS Death Rates per 100,000 by Region and County, New York State, 2007-2009



In New York State, during 2007-2009, there were 6.3 AIDS-related deaths per 100,000 population. Residents of three New York City counties (Bronx, Kings and New York) experienced the highest rates by far, ranging between 11.9 and 23.2 deaths per 100,000 population.

Rates among counties outside New York City were much lower than rates in New York City.

Figure 29. Infant Mortality Rates per 1,000 Live Births by Race and Ethnicity, New York State, 2001-2010



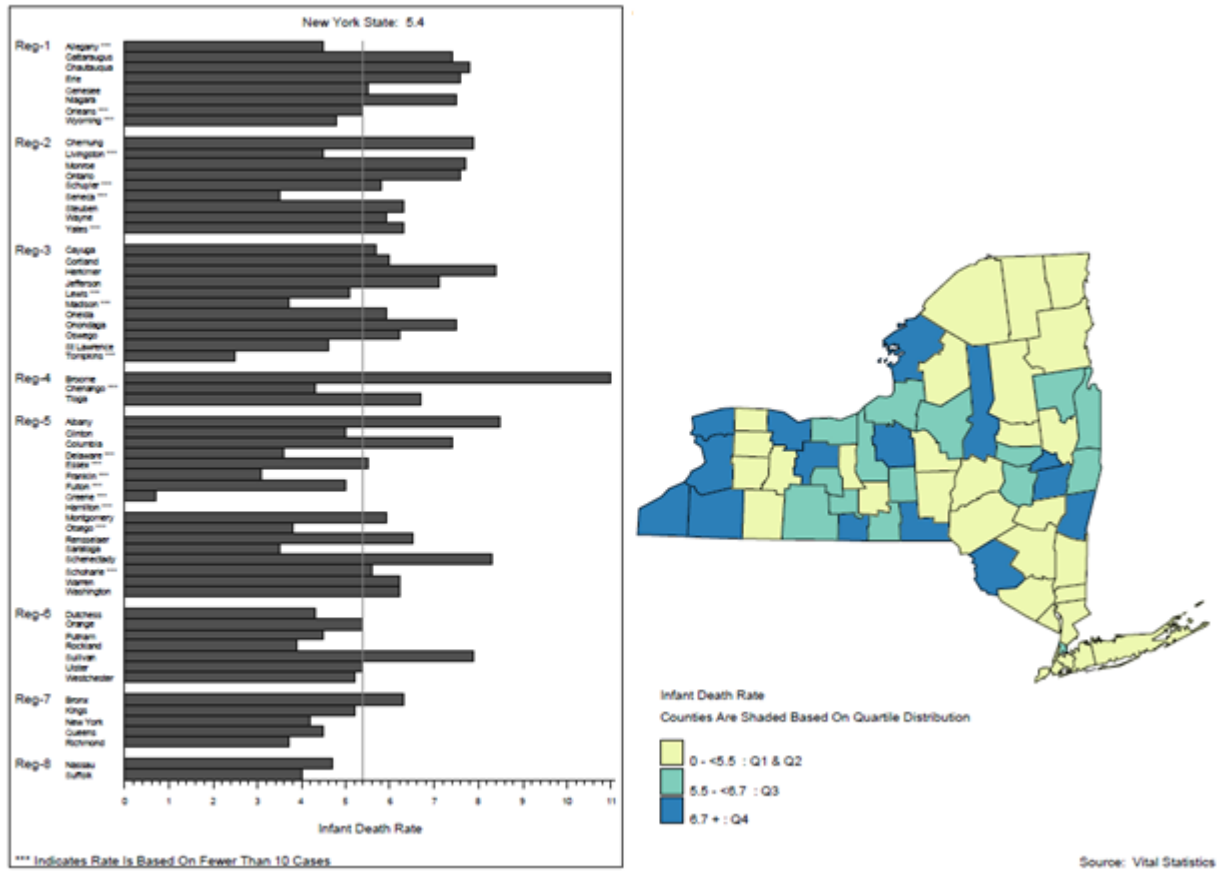
Abbreviations: NH – non-Hispanics; AIAN – American Indian Alaska Native; PI – Pacific Islander
 Source: NYSDOH Bureau of Biometrics and Health Statistics

For the past decade, disparities in infant mortality remained significant between Black non-Hispanic infants and those born to White non-Hispanics and Asian/Pacific Islander non-Hispanics. While the infant mortality rate among the White non-Hispanic population declined steadily, the rate among Black non-Hispanic infants fluctuated.

In 2010, the Black non-Hispanic infant mortality rate (10.2 per 1,000 births) was more than double the rate among White non-Hispanic (3.8 per 1,000) and Hispanic (4.9 per 1,000) infants and three times the rate among Asian/Pacific Islander non-Hispanic infants (3.0 per 1,000). The infant mortality rate among American Indian/Alaskan Native non-Hispanics fluctuated during this time period, reaching a high of 14.8 per 1,000 in 2004, but then declining to 6.6 per 1,000 in 2009.

The Healthy People 2020 goal for infant mortality, overall, is 6.0 per 1,000 live births. With a rate of 5.4 per 1,000 live births, New York State has already exceeded this goal and is also lower than the national 2010 rate of 6.1 per 1,000 live births. However, among Black non-Hispanics in New York State, the infant mortality rate remains above the Healthy People 2020 goal.

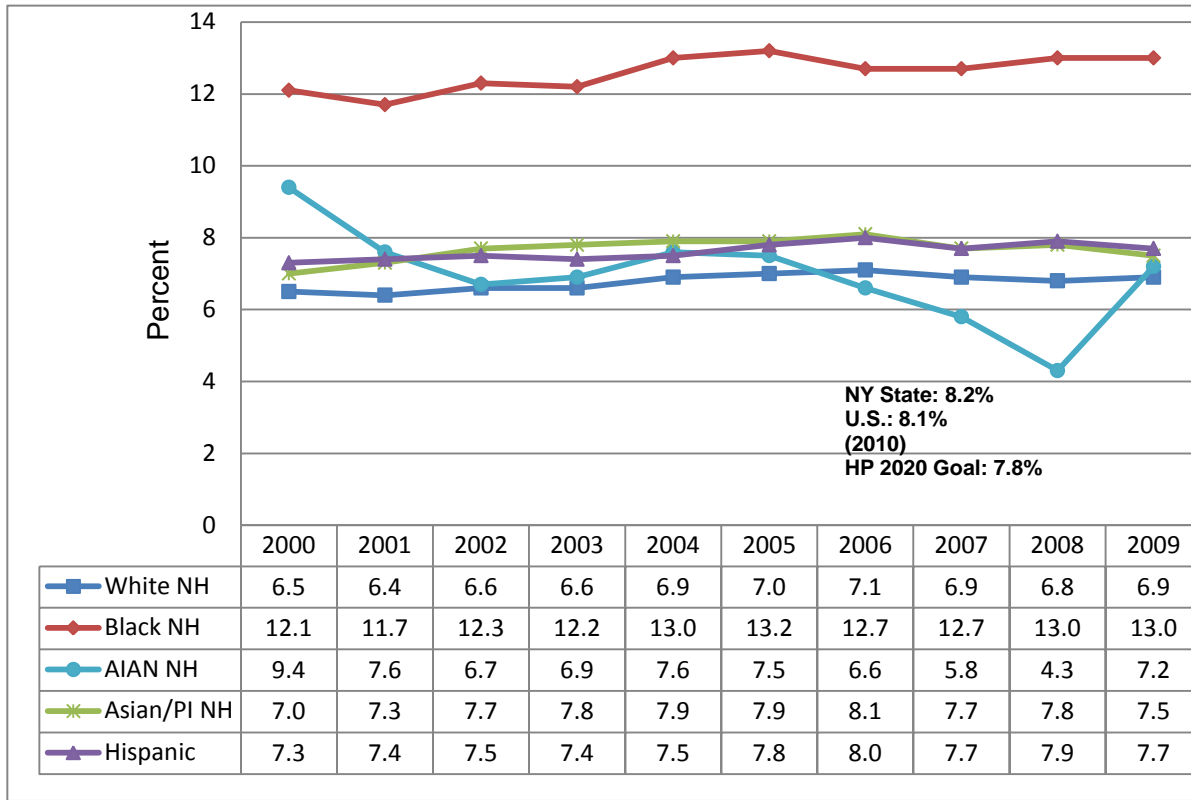
Figure 30. Infant Mortality Rates per 1,000 Live Births by Region and County, New York State, 2007-2009



During 2007-2009 in New York State, the infant mortality rate was 5.4 deaths per 1,000 births. Infant mortality rates vary widely among New York State counties. Some variation is due to unstable rates (caused by small numbers) in many of the less populous counties outside New York City.

The infant mortality rate in New York City was 5.0 deaths per 1,000 births. Rates within New York City counties ranged from a high of 6.3 per 1,000 in Bronx County to a low of 3.7 per 1,000 in Richmond County. Among counties outside New York City, infant mortality averaged 5.8 deaths per 1,000 births. Broome County had the highest rate at 11.0 deaths per 1,000 births. Saratoga, Hamilton, Franklin and Seneca counties had infant death rates at or below 3.5 deaths per 1,000 births.

Figure 31. Percentage of Births with Birthweights Under 2,500 Grams by Race and Ethnicity, New York State, 2000-2009



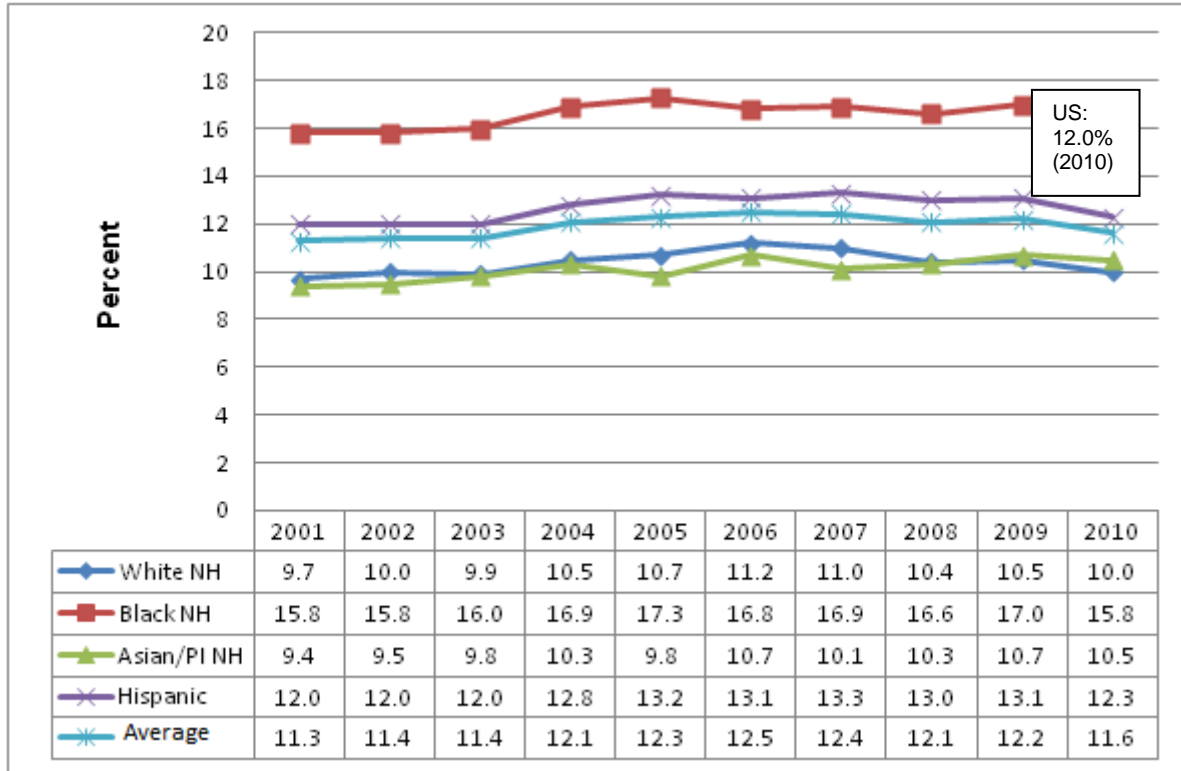
Abbreviations: NH – non-Hispanics; AIAN – American Indian Alaska Native; PI – Pacific Islander

Source: NYSDOH Bureau of Biometrics and Health Statistics; National Vital Statistics System, Births: Final Data for 2010.

Over the past decade, the percentage of births that were infants of low birthweight among Black non-Hispanic mothers was the highest of all racial and ethnic groups, and rose from 12.1 percent in 2000 to 13.0 percent in 2009. In 2009, Black non-Hispanics had nearly twice the percentage (13.0 percent) of births at low birthweight than White non-Hispanics, Asian/Pacific Islander non-Hispanics, American Indian/Alaskan Native non-Hispanics and Hispanics (6.9 percent, 7.5 percent, 7.2 percent and 7.7 percent, respectively).

New York State’s low birthweight rate was 8.2 percent in 2010 while the U.S. rate was 8.1 percent – both above the Healthy People 2020 goal of 7.8 percent.

Figure 33. Percentage of Births that were Premature Births (<37 Weeks Gestation) by Race and Ethnicity, New York State Residents, 2001-2010

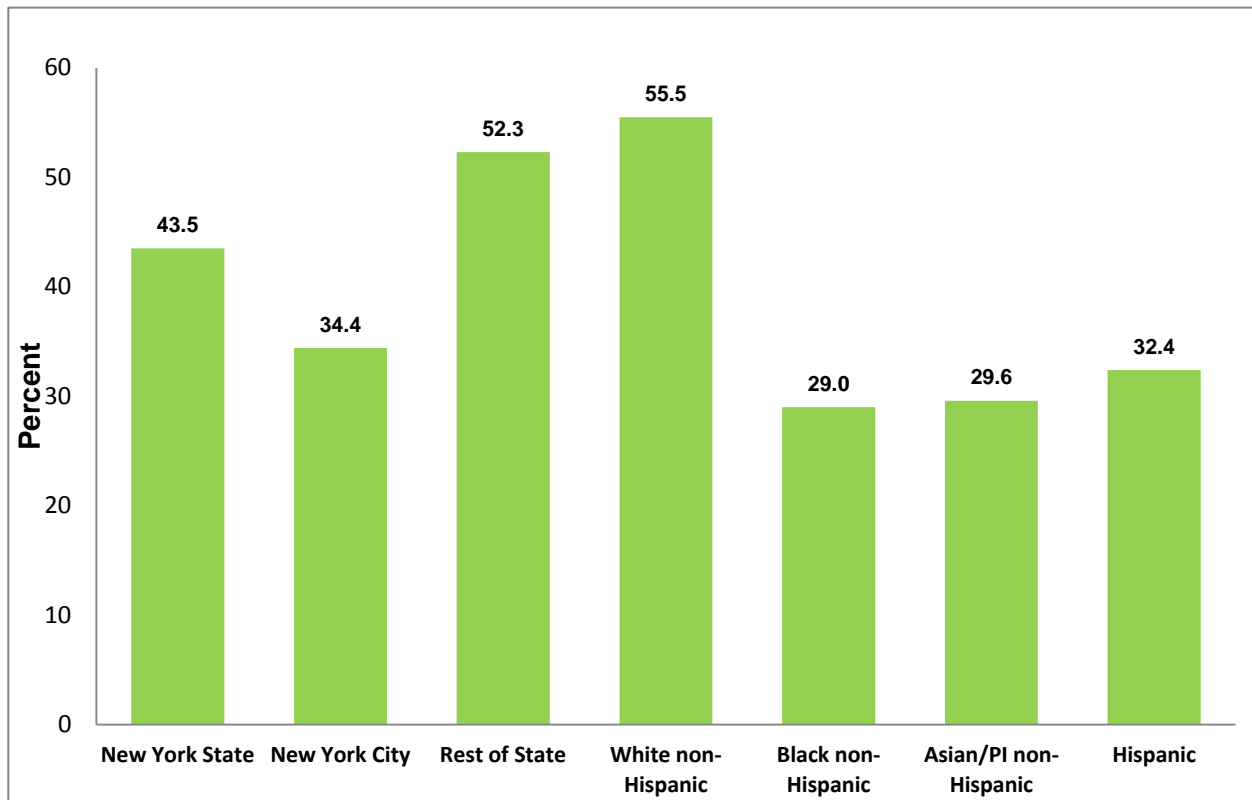


Source: New York State DOH, Bureau of Biometrics and Health Statistics

The percentage of babies that were born prematurely (less than 37 weeks gestation) in New York State went down between 2009 and 2010 from 12.2 percent to 11.6 percent. New York State’s premature birth rate of 11.6 percent is lower than the national 2010 rate of 12.0 percent.

The percentage of Black non-Hispanic premature babies was 15.8 percent in 2010, 58 percent higher than the 10.0 percent among White non-Hispanic births. Hispanic babies were born prematurely 12.3 percent of the time in 2010. This was 23 percent higher than the rate among White non-Hispanic women but 22 percent lower than the rate for Black non-Hispanic women. Among Asian/Pacific Islander non-Hispanic babies, 10.5 percent were born prematurely in 2010. Over the past decade, White non-Hispanic and Asian/Pacific Islander non-Hispanic women had the lowest rates of premature births. Disparities between racial and ethnic groups have persisted over the past 10 years.

Figure 34. Percentage of Infants Fed Breast Milk Exclusively in the Delivery Hospital by Region Race and Ethnicity New York State, 2010



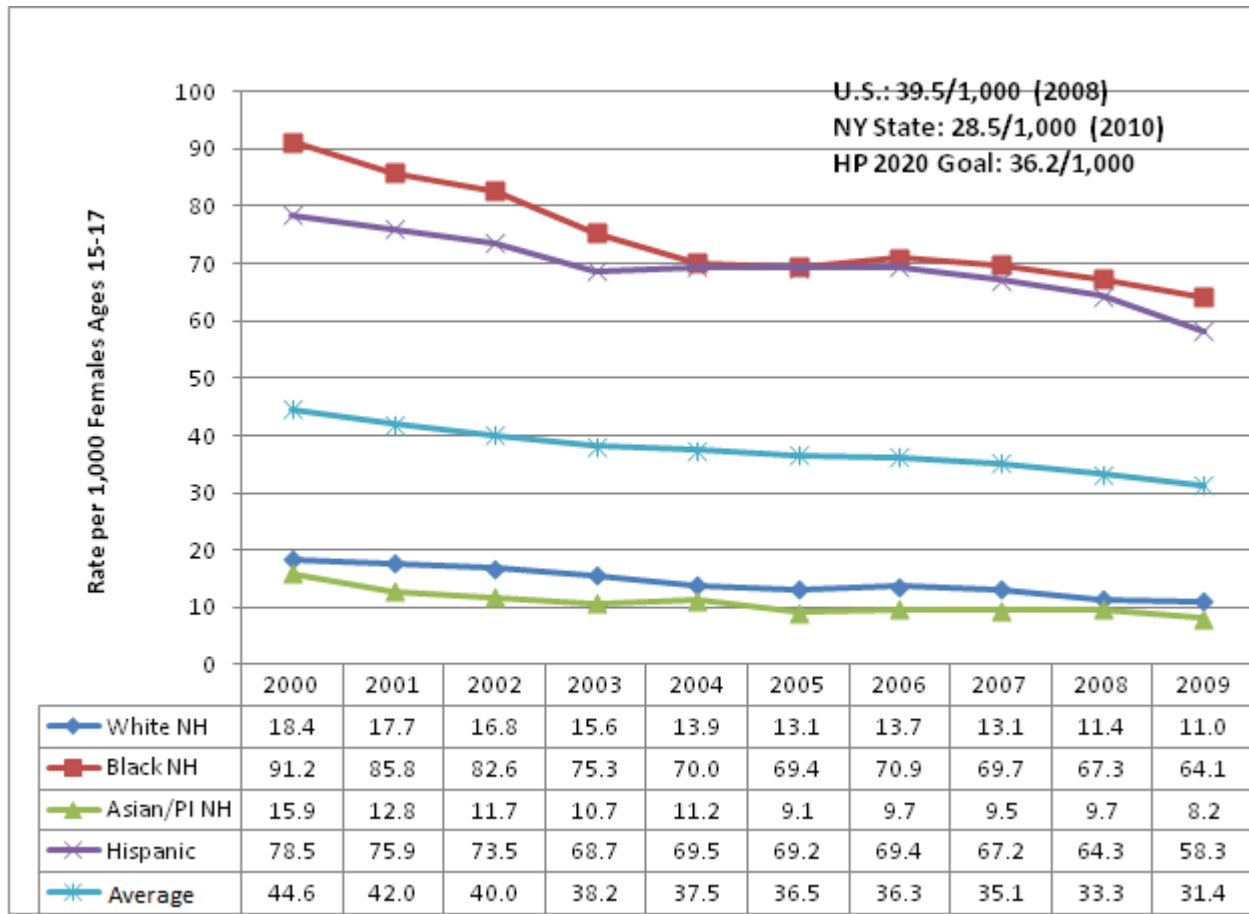
Source: NYSDOH Bureau of Biometrics and Health Statistics

Note: Excludes infants who were admitted to the neonatal intensive care unit or transferred to or from another hospital.

Current research indicates that breastfed infants are less likely to become obese and more likely to have other positive health outcomes. Among infants born in 2010 in New York State, 43.5 percent were exclusively fed breast milk in the delivery hospital. Infants born in New York City were less likely to be exclusively breastfed in the delivery hospital as compared to infants born in the rest of the State (34.4 percent and 52.3 percent, respectively).

White non-Hispanic women exclusively breastfed in the delivery hospital at a higher rate (55.5 percent) than Black non-Hispanic, Asian/Pacific Islander non-Hispanic and Hispanic women who breastfed in the delivery hospital at rates of 29.0 percent, 29.6 percent and 32.4 percent, respectively.

Figure 35. Teen Pregnancy Rates per 1,000 Females Aged 15-17 by Race and Ethnicity, New York State, 2000-2009



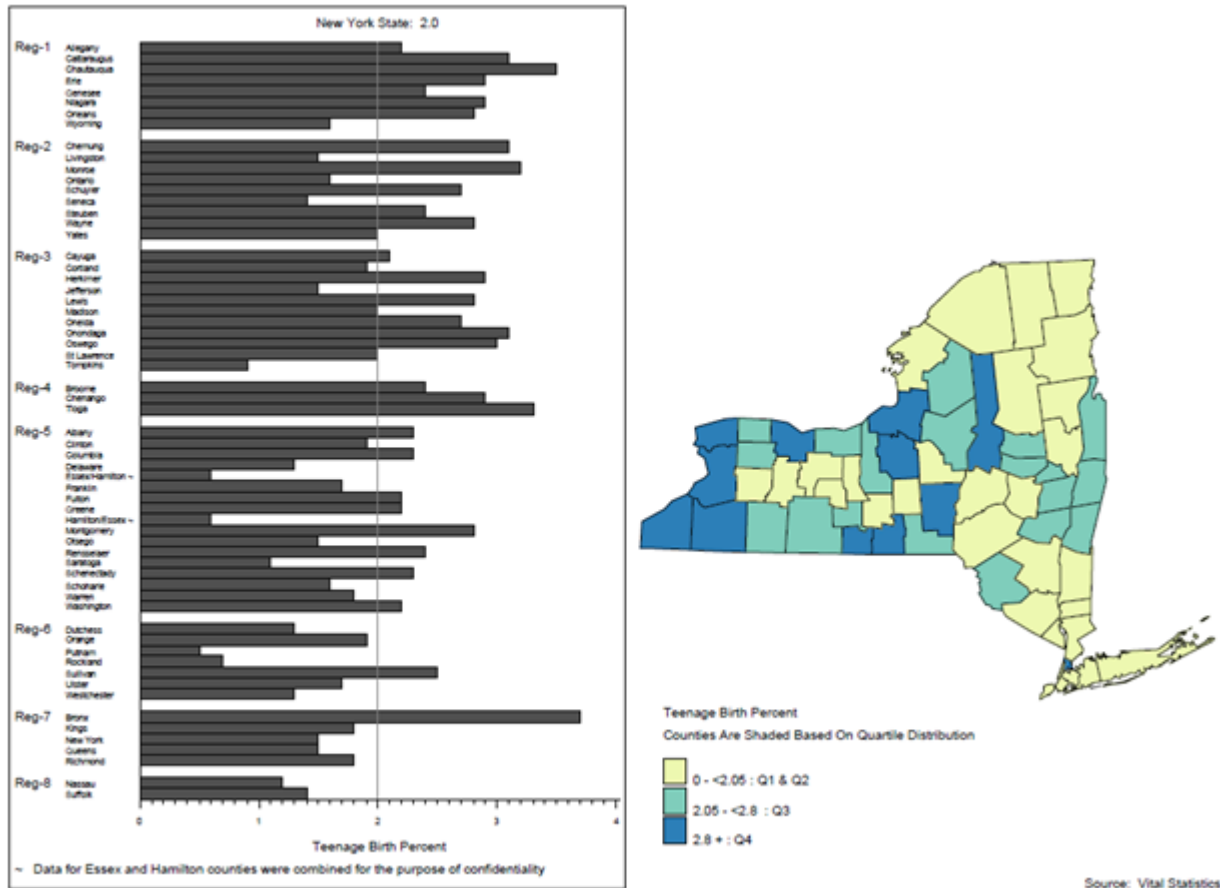
Abbreviations: NH – non-Hispanic; PI – Pacific Islander
 Source: NYSDOH Bureau of Biometrics and Health Statistics

New York’s teen pregnancy rate remains lower than the national average, but racial and ethnic disparities continue. In New York State, 46 percent of births in 2009 were to women enrolled in Medicaid or Family Health Plus health care programs. Births to women less than 20 years of age represented 6.7 percent of all New York State births.

For the past decade, teen pregnancy rates have decreased for all racial and ethnic groups. Teen pregnancy rates were the highest among Black non-Hispanics and Hispanics (64.1 and 58.3 per 1,000, respectively), compared to White non-Hispanics and Asian/Pacific Islander non-Hispanics (11.0 and 8.2 per 1,000, respectively). Though Black non-Hispanics and Hispanics have shown large declines in teen pregnancy rates, considerable disparities remain between these groups and Asian/Pacific Islanders and White non-Hispanics.

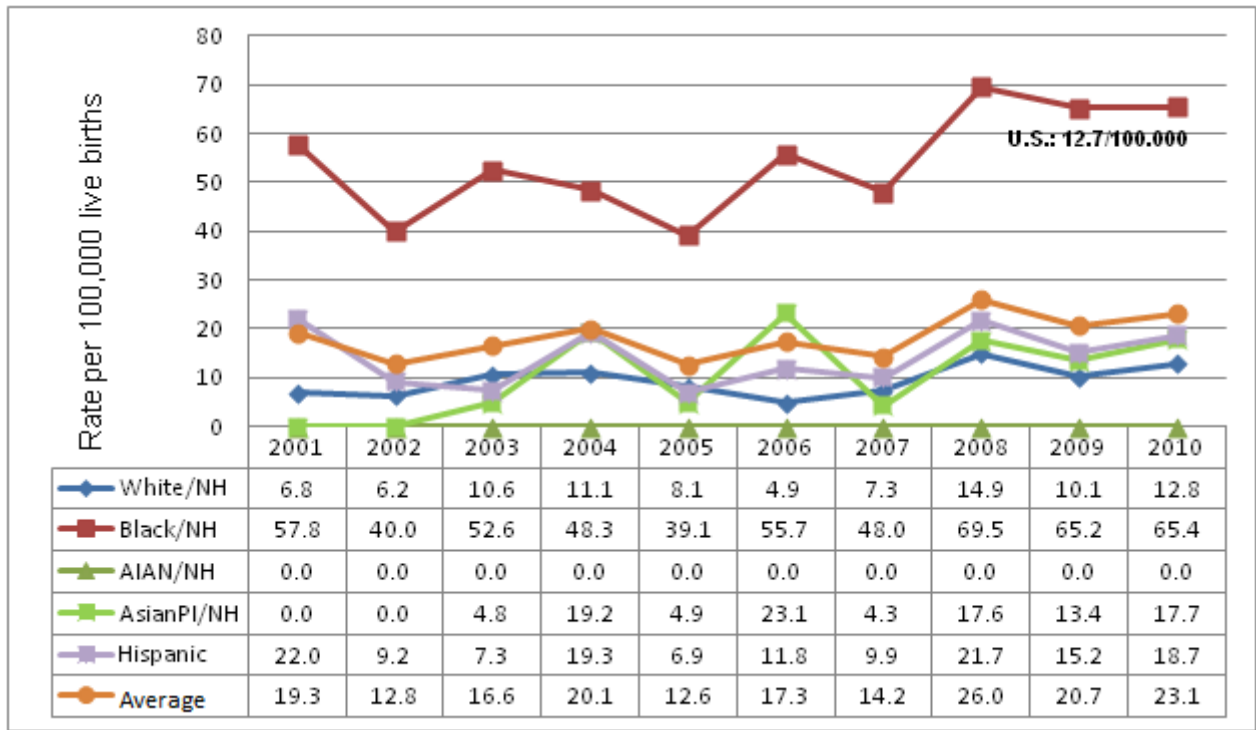
The 2010 New York State teen pregnancy rate of 28.5 was below the national rate of 39.5 (2008 data are the latest available) and the Healthy People 2020 goal of 36.2 per 1,000.

Figure 36. Percentage of Total Births to Teens (Ages 15-17) by Region and County, New York State, 2007-2009



During 2007-2009, the percentage of New York infants born to teens (aged 15-17) was 2.0 percent. In several counties, including Bronx, Cattaraugus, Chemung, Monroe, Onondaga, Oswego, Tioga and Chautauqua, at least 3.0 percent of all births were to teens.

Figure 37. Maternal Mortality Rates per 100,000 Live Births by Race and Ethnicity, New York State, 2001-2010



Maternal mortality rates are based on ICD-10 codes O00-95, O98-099, and A34
 Abbreviations: NH – non-Hispanic; AIAN – American Indian Alaska Native; PI – Pacific Islander
 Source: NYSDOH Bureau of Biometrics and Health Statistics; U.S. Centers for Disease Control

The New York State maternal mortality rate increased from 20.7 per 100,000 births in 2009 to 23.1 per 100,000 in 2010. This rate is higher than rates during 2001-2007, which ranged from 12.6 to 20.1 per 100,000. The rate was also more than double the Healthy People 2020 goal of 11.4 per 100,000 and higher than the 2010 national rate of 12.7 per 100,000 live births.

Racial disparity in maternal death is significant and exceeds the disparities noted in infant mortality and low birthweight.

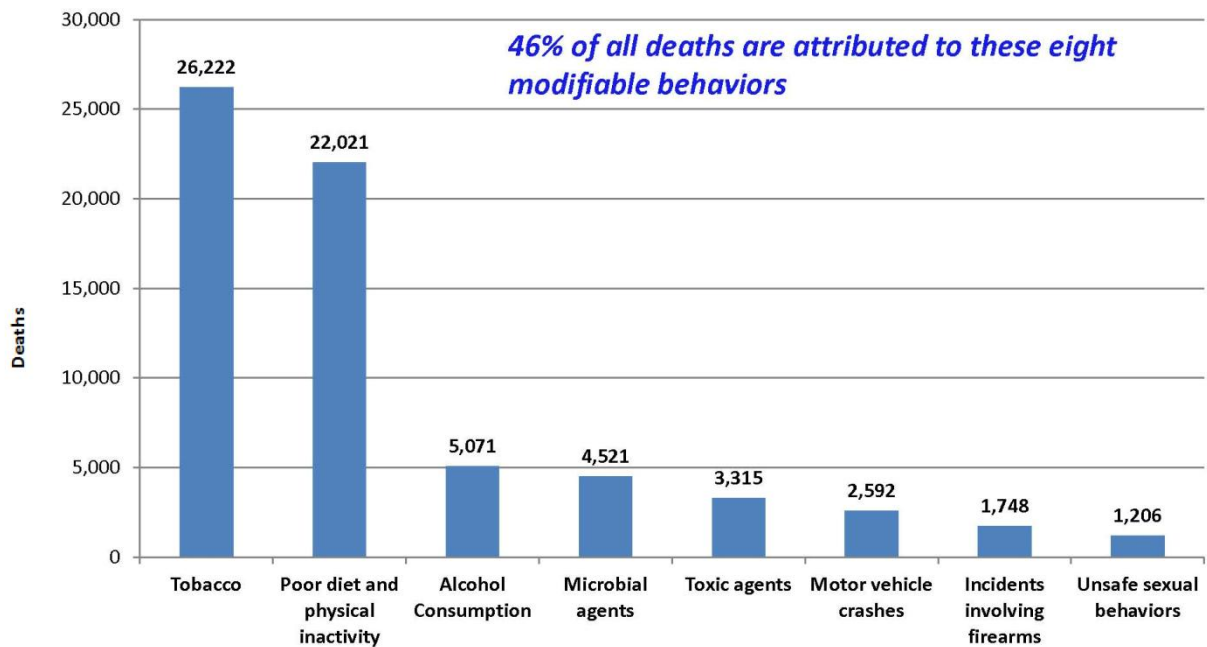
For the past decade, maternal mortality among Black non-Hispanics has been consistently higher than other racial and ethnic groups. Further, maternal mortality rates have increased for all groups. The rate among White non-Hispanics was almost two times higher in 2010 (12.8 per 100,000 live births) than in 2001 (6.8 per 100,000 live births). Among Black non-Hispanics, the rate increased by about 13 percent from 57.8 per 100,000 live births in 2001 to 65.4 per 100,000 live births in 2010.

In New York during 2010, the maternal mortality rate for Black non-Hispanics (65.4 per 100,000 births) was more than three times the rate for Asian/Pacific Islander non-Hispanics (17.7 per 100,000 births) and Hispanics (18.7 per 100,000 births) and more than five times the rate for White non-Hispanics (12.8 per 100,000 births).

Because maternal deaths are rare, rates are based on very small numbers. Small changes in numbers cause large fluctuations in rates. There are also many reporting issues related to maternal mortality that contribute

to inconsistent rates. For example, if investigators rely solely on death certificates to identify maternal deaths, the relationship of certain conditions to pregnancy may not be clear, and the death may never be classified as a maternal death. Data included in this report were generated from the death certificate data.

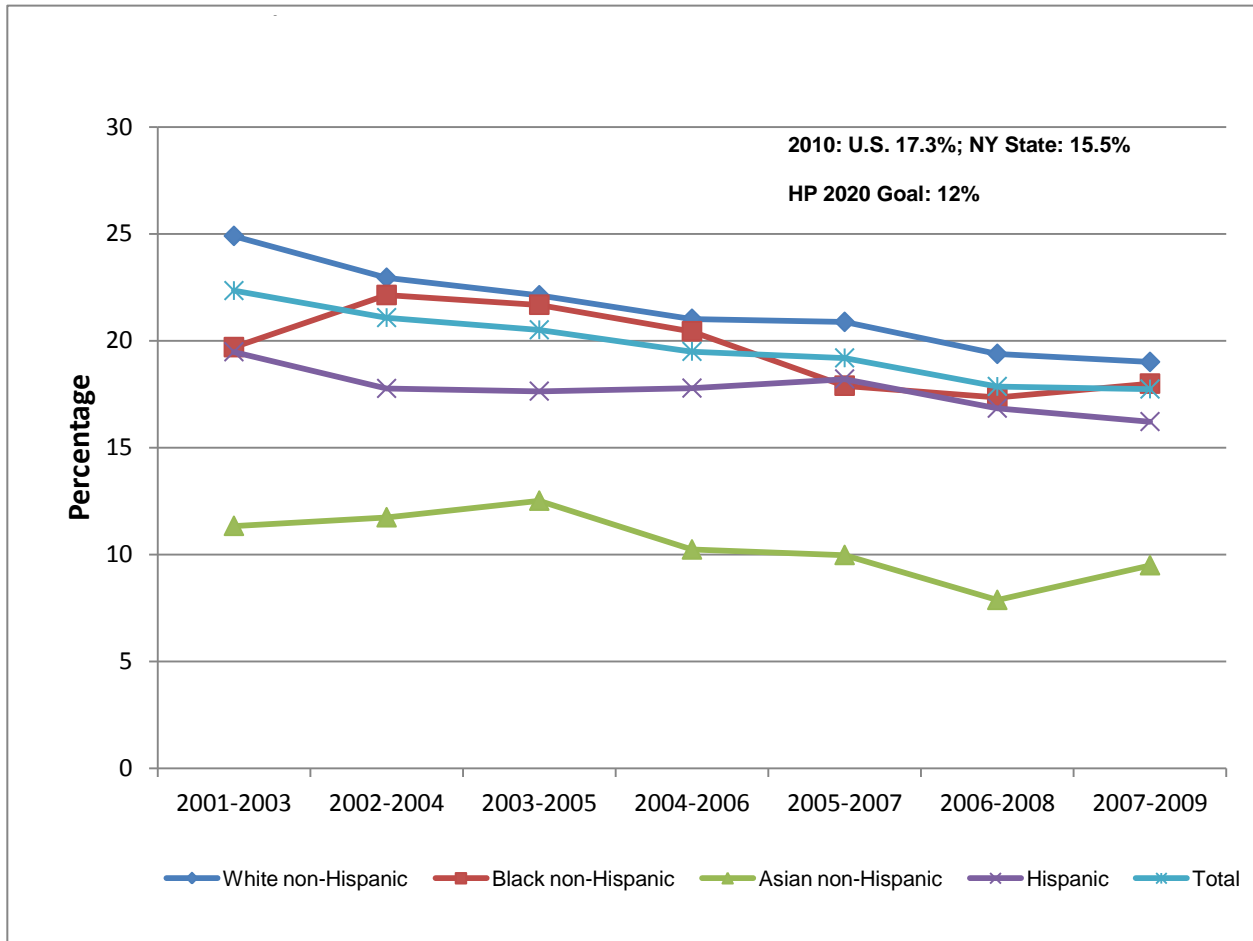
Figure 38. Estimated Number of Deaths Due to Modifiable Behaviors, New York State, 2009



Estimates were extrapolated using the results published in "Actual Causes of Death in the United States, 2000", JAMA, March 2004, 291 (10) and NYS 2009 death data

In New York State during 2009, 46 percent of all deaths are attributable to eight modifiable behaviors. Tobacco use, poor diet, physical inactivity and alcohol consumption are the three most common behaviors linked to these preventable deaths. Exposure to microbial and toxic agents, which include bacteria, radiation and drugs, is also responsible for behavior-related deaths. Accidents involving motor vehicles and firearms as well as unsafe sexual behaviors are the other causes of deaths associated with modifiable behaviors.

Figure 39. Age-adjusted Percentage of Adults 18 Years and Older Who Were Current Smokers by Race and Ethnicity, New York State, 2001-2009



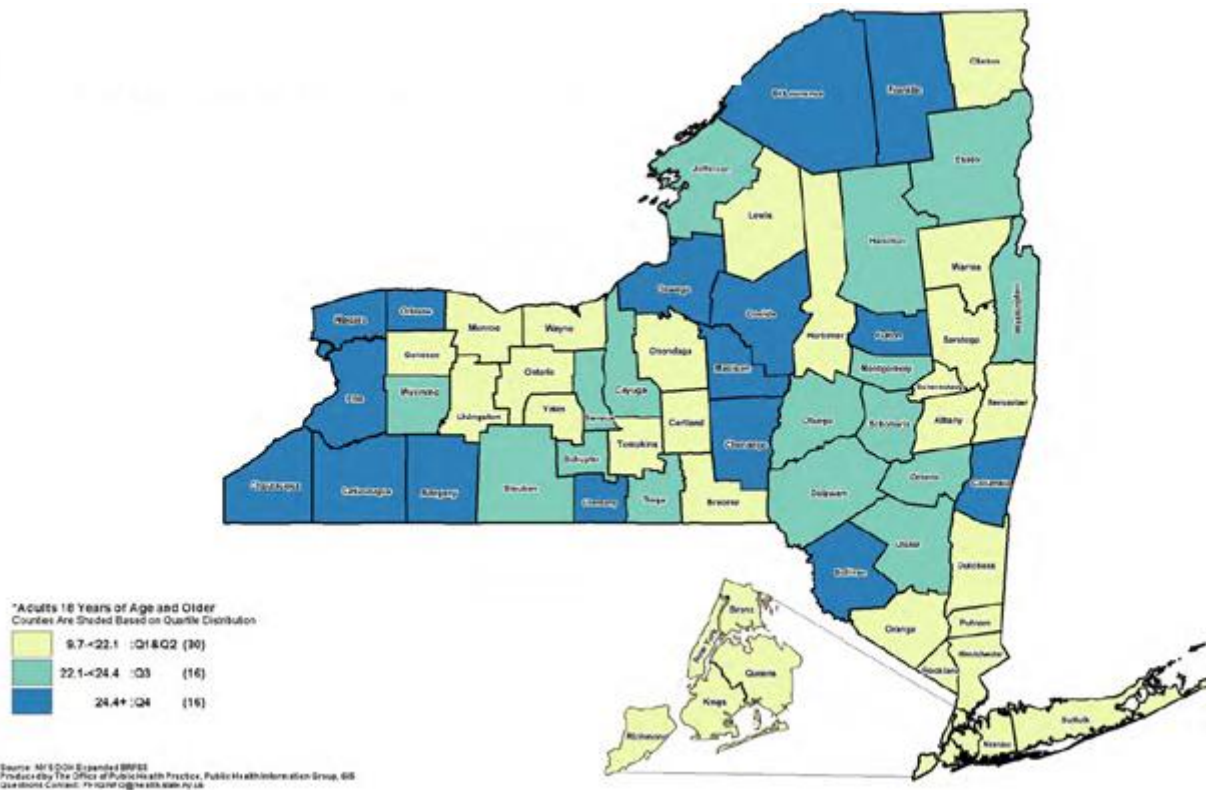
* Rates adjusted to the 2000 U.S. population
Source: Behavioral Risk Factor Surveillance System

Between 2001-2003 and 2007-2009, smoking rates declined among all racial and ethnic groups. Throughout the nine-year period, White non-Hispanics reported the highest smoking rate but also experienced a large decline – from 24.9 percent to 19.0 percent. Among Hispanic New Yorkers, smoking declined from 19.5 percent to 16.2 percent during 2007-2009.

Current smoking among Black non-Hispanics and Asian non-Hispanics fluctuated over the reporting period but were lower during 2007-2009 (18.0 percent and 9.5 percent, respectively) than in 2001-2003 (19.7 percent and 11.3 percent, respectively).

In 2010, 15.5 percent of adult New Yorkers and 17.3 percent of adults nationwide were current smokers. These rates are above the Healthy People 2020 goal of no more than 12 percent.

Figure 40. Age-Adjusted Percentage of Adults Who Are Current Smokers by County, New York State, 2009

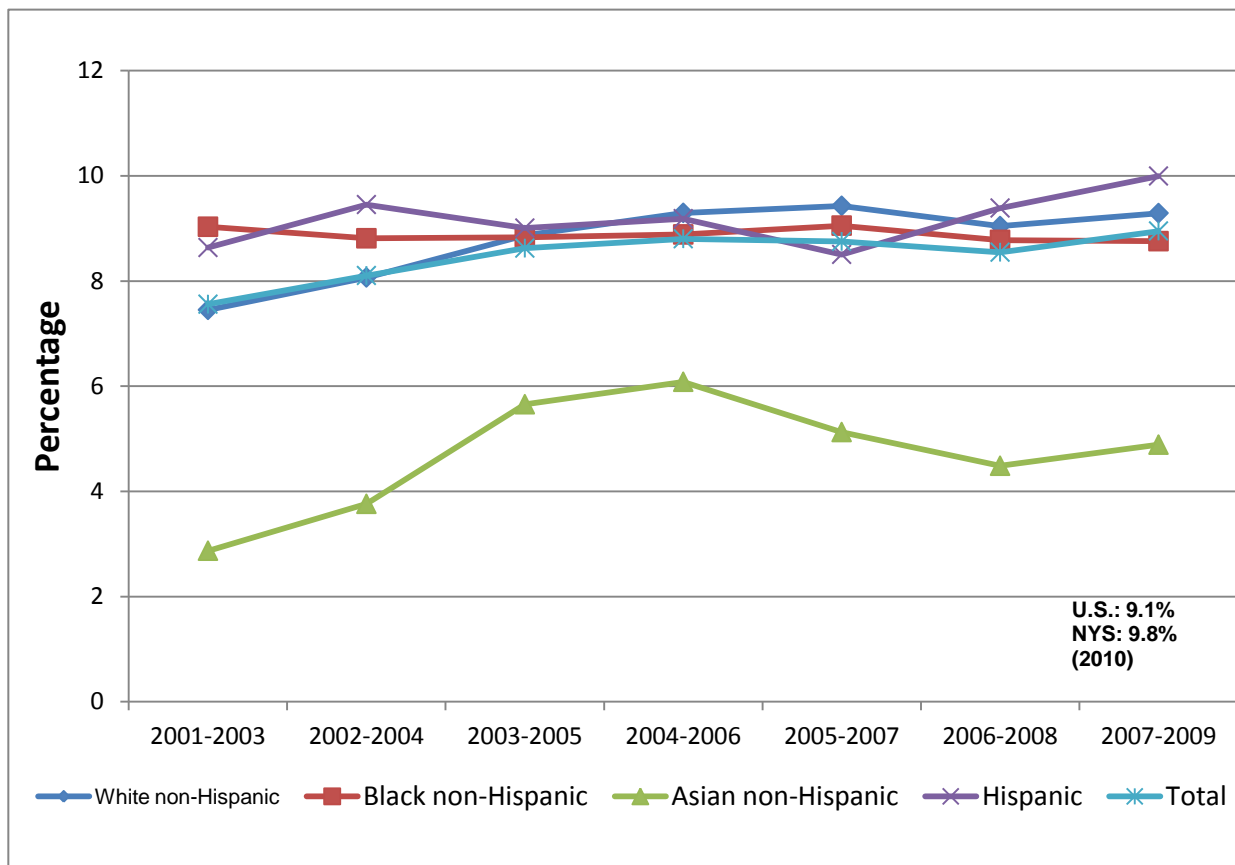


* Rates adjusted to the 2000 U.S. population

The percentage of New York State residents reporting current smoking in 2009 was 17.0 percent. New York City's current smoking rate was 14.5 percent, and the rate in counties outside New York City was 18.9 percent. Counties with the highest current smoking rates were Chemung (30.8 percent), Franklin (30.7 percent), Orleans (29.9 percent) and Sullivan (28.9 percent).

Counties with low rates of current smoking include Rockland (9.7 percent), Nassau (10.1 percent), Westchester (12.3 percent) and Tompkins (12.5 percent).

Figure 41. Age-Adjusted* Percentage of Adults 18 years and Older Diagnosed with Current Asthma by Race and Ethnicity, New York State, 2001-2009

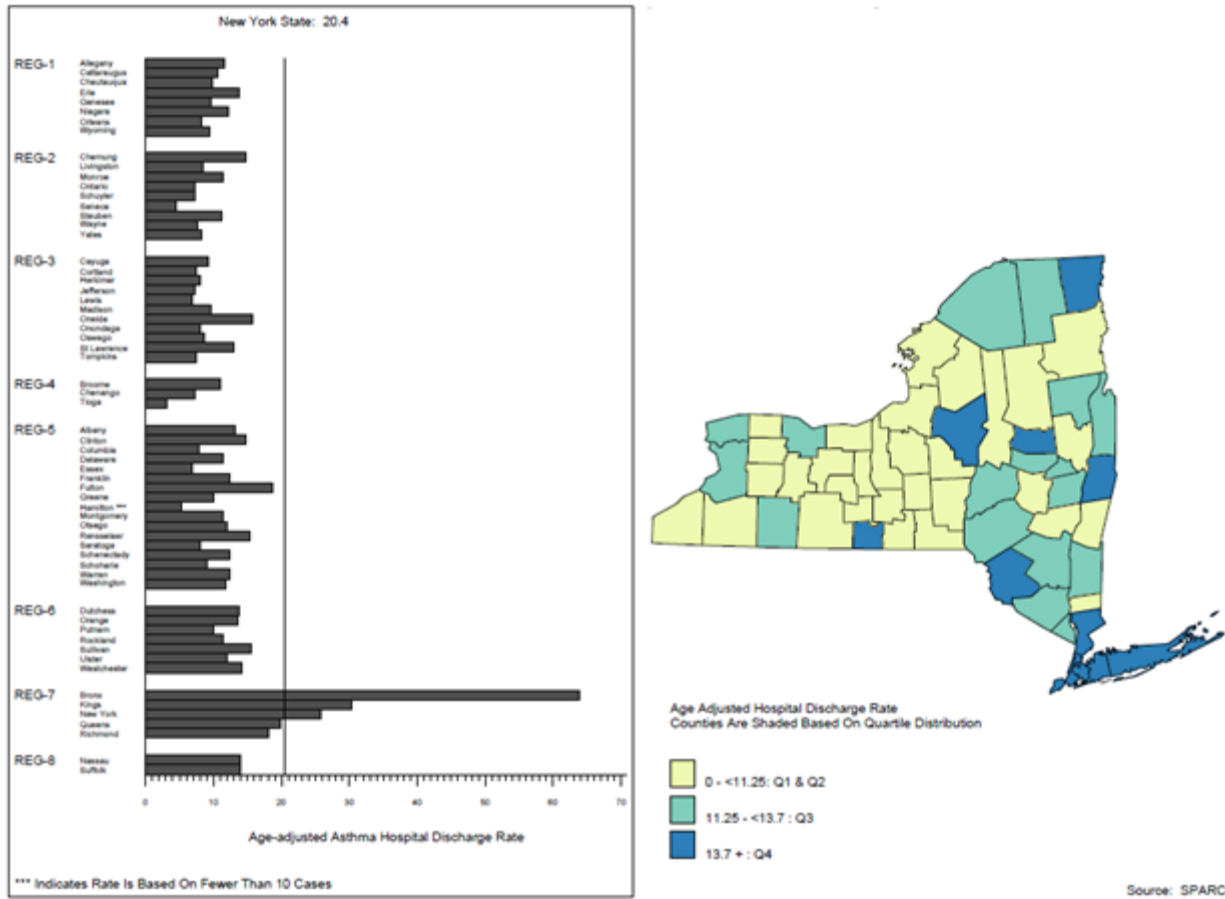


* Age-adjusted to the 2000 U.S. Population
 Source: Behavioral Risk Factor Surveillance System

Asthma prevalence among adult New Yorkers increased from 7.6 percent in 2001-2003 to 9.0 percent in 2007-2009. Similar increases occurred among all racial and ethnic groups except Black non-Hispanics, for whom the rates remained relatively unchanged. The rate for 2007-2009 among Hispanics was 10.0 percent; among White non-Hispanics, 9.3 percent; among Black non-Hispanics, 8.8 percent; and among Asian non-Hispanics, 4.9 percent.

The national rate has also been increasing, but New York State’s rate (9.8 percent in 2010) was higher than the national adult asthma rate of 9.1 percent.

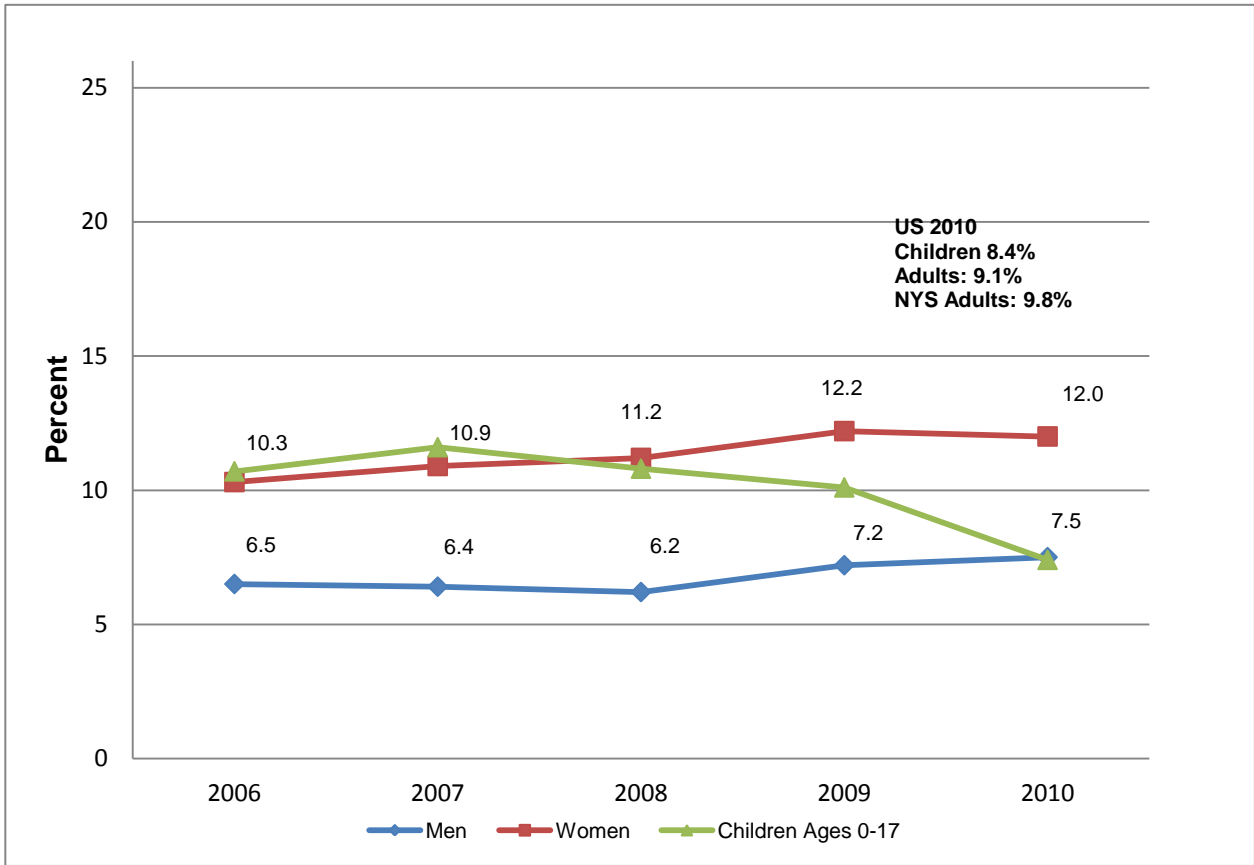
Figure 42. Age-adjusted Asthma Hospital Discharge Rates by County, New York State, 2007-2009



* Rates adjusted to the 2000 U.S. population

During 2007-2009, the New York State age-adjusted asthma hospitalization rate was 20.4 per 100,000 population. Rates varied among New York State counties and were highest among residents of New York City (31.3 per 10,000). During this time period, Bronx residents had the highest rate (63.9 per 10,000) while Seneca County residents experienced the lowest rate (4.5 per 10,000).

Figure 43. Current Asthma Prevalence among Children and Adults by Gender, New York State, 2006-2010

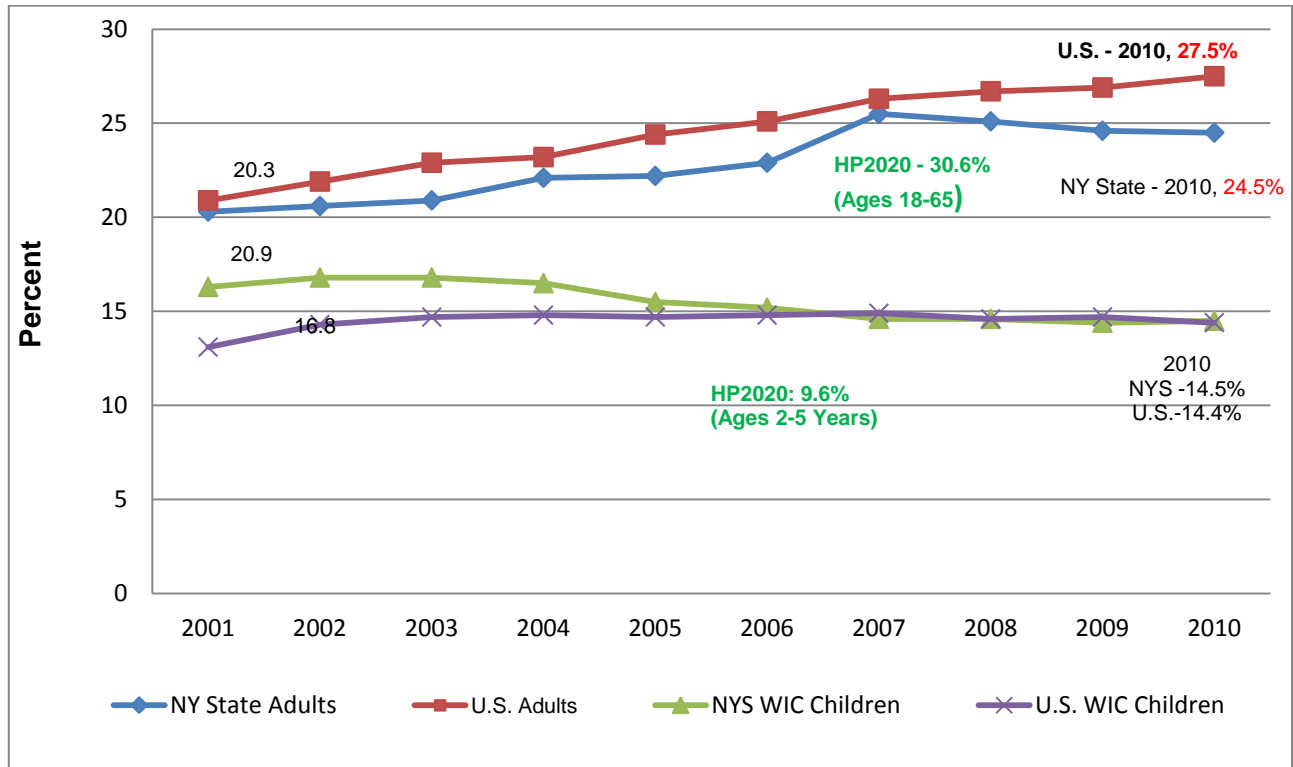


Source: Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System (BRFSS) Prevalence rates available from: <http://www.cdc.gov/asthma/brfss/default.htm>

Current adult asthma prevalence in New York State was 9.8 percent in 2010. Nationally, the rate was 9.1 percent. Adult women continued to experience higher rates of current asthma than men. In New York State in 2010, the percentage of women with current asthma was 12.0 percent, which was 60 percent higher than the 7.5 percentage rate for men. Since 2006, current asthma prevalence has consistently increased among females.

Among children under age 18 in New York State, 7.4 percent had current asthma in 2010. This was a decrease of 27 percent from the 10.1 percent rate in 2009 and a record low for New York State.

Figure 44. Prevalence of Obesity among Children and Adults, New York State and United States, 2001-2010



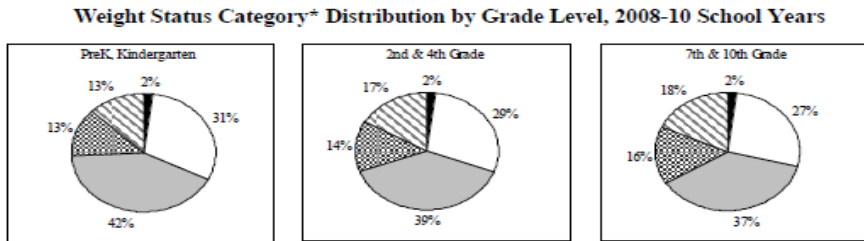
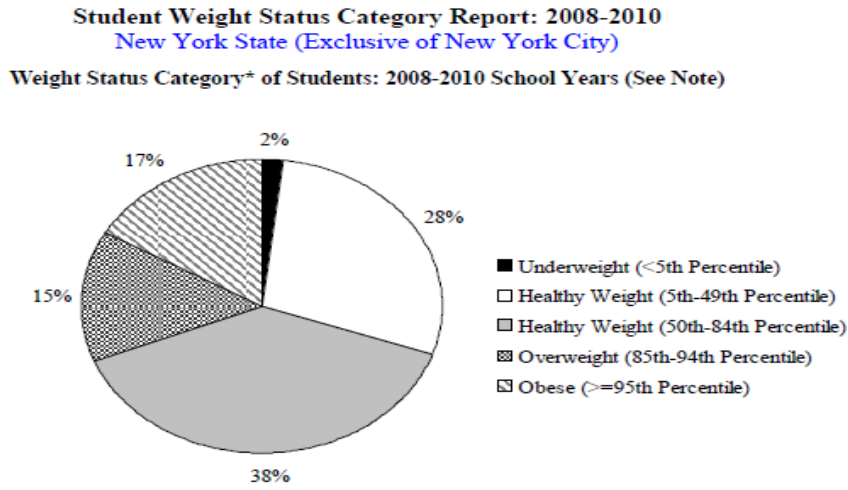
Sources: Behavioral Risk Factor Surveillance System, Adults ages 18+, Pediatric Nutrition Surveillance System, Children ages 2-4 years

Note: Obesity among adults is defined as having a body mass index (BMI) of 30 or greater. (BMI is calculated by dividing weight in pounds by height in inches squared and multiplying by a conversion factor of 703.) Obesity for WIC children ages 2-4 is based on 2000 CDC growth chart percentiles for children 2 years of age and older; obesity is defined as \geq 95th percentile.

The prevalence of adult obesity in both New York State and the nation increased steadily between 2001 and 2007. Between 2008 and 2010, however, obesity prevalence for New York State declined to 24.5 percent, while the nation rate continued to increase to a high of 27.5 percent.

Among children ages 2-4 years who were enrolled in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC program), obesity prevalence was highest between 2001 and 2004. During this time period, New York State children had a higher prevalence of obesity than the national average. By 2005, however, obesity among these children declined to the national rate and has been relatively unchanged at 14.5 percent.

Figure 45. Student Weight Status by School Year, New York State (excluding New York City), 2008-2010



Note: The percentage of students within a weight status category reflects data reported to the Student Weight Status Category Reporting System during the 2008-09 and 2009-10 school years. For the reasons listed below, these data should not be considered to represent all school aged-children in New York State (exclusive of New York City).

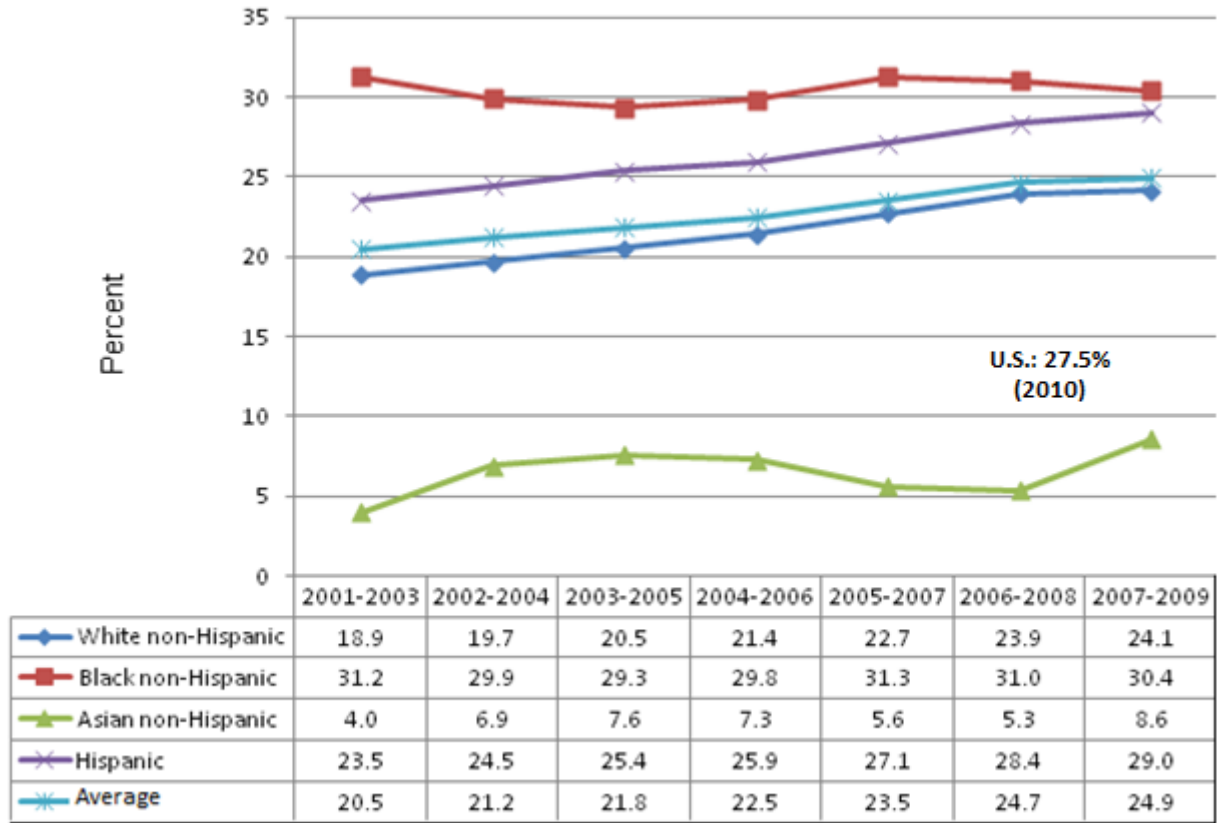
- The federal regulations under the Family Educational Rights and Privacy Act (FERPA) limit data reporting if numbers of students in any particular weight status category are fewer than five. This limitation prevented many small districts and some schools from reporting data.
- Parents/guardians may request that their child’s weight status data be excluded from reporting.
- Children without weight status information recorded on health certificates/appraisals or whose parents did not return a health appraisal are not represented in the percentages.

*Based on sex-specific Body Mass Index-for-age percentile.

**Due to data collection issues, these data are not fully representative of all school-aged children in NYS (exclusive of NYC).

During 2008-2010, 15 percent of New York school-aged children who lived outside New York City were overweight and 17 percent were obese. Among students in pre-K and Kindergarten in New York State outside New York City, 13 percent were overweight and 13 percent were obese.

Figure 46. Age-Adjusted Percentage* of Adults 18 Years and Older who Were Obese by Race and Ethnicity, New York State, 2001-2009**



* Three-year moving average adjusted to the 2000 U.S. population.

** Obesity among adults is defined as having a body mass index (BMI) of 30 or greater. (BMI is calculated by dividing weight in pounds by height in inches squared and multiplying by a conversion factor of 703.)

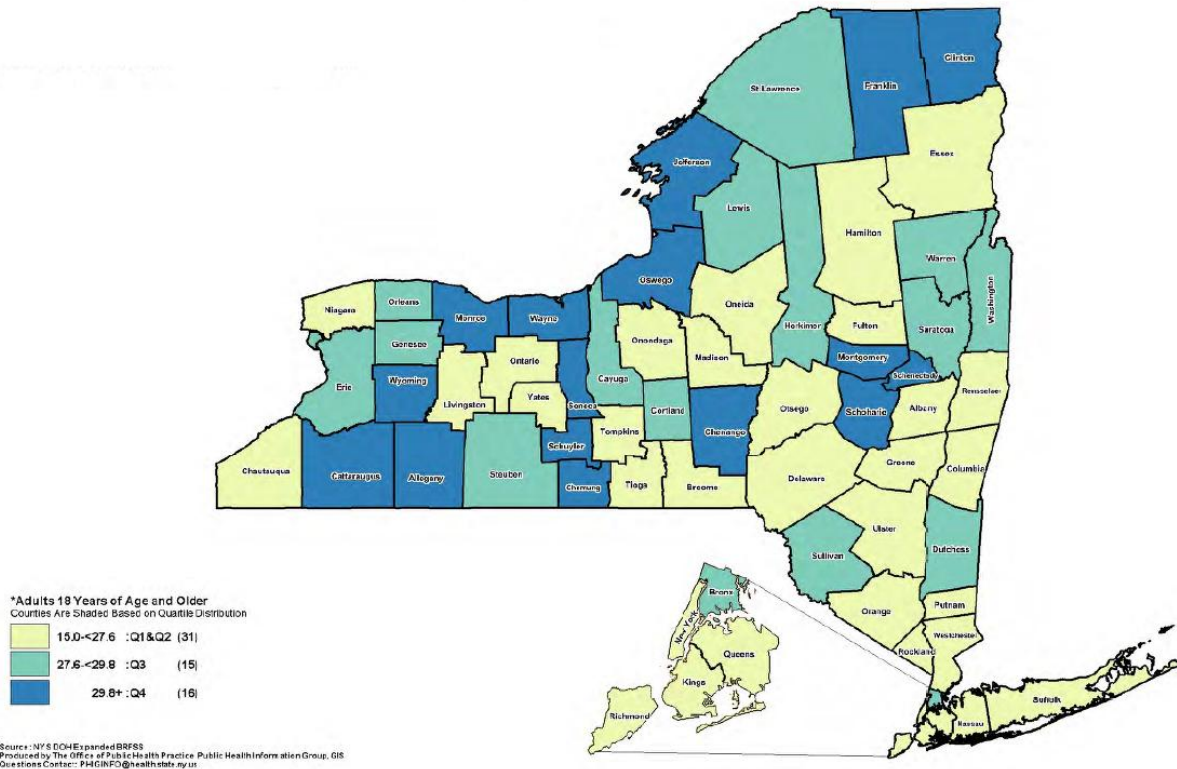
Source: Behavioral Risk Factor Surveillance System

During the past 20 years, obesity among adults has risen significantly in the United States.

The New York State obesity rate of 24.9 percent during 2007-2009 was lower than the national rate of 27.5 percent measured in 2010.

In New York State from 2001-2009, obesity rates increased for all groups except Black non-Hispanics, which maintained a consistently highest rate. The Black non-Hispanic obesity rate changed very little from year to year and was slightly lower in 2007-2009 than in 2001-2003. All other racial/ethnic groups reported steady increases in obesity during this time period.

Figure 47. Age-Adjusted Percentage of Adults Who are Obese by County, New York State, 2009

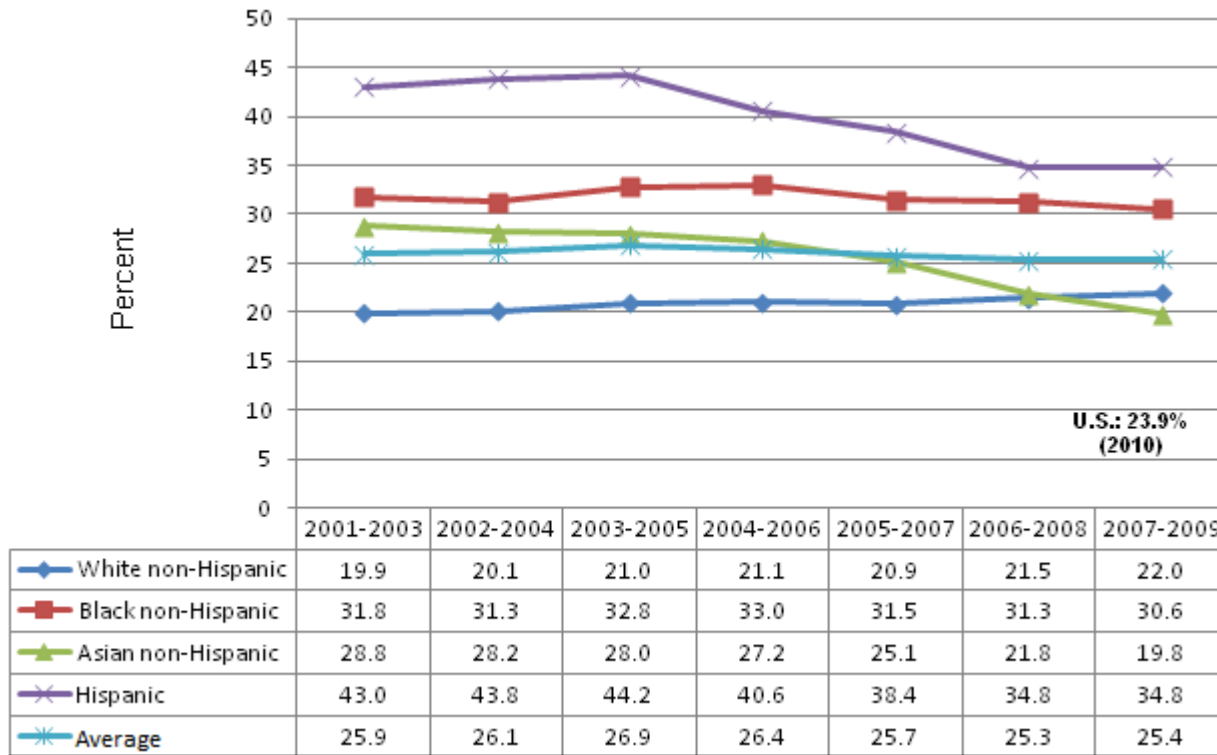


* Rates adjusted to the 2000 U.S. population

During 2009, the age-adjusted percentage of adult residents who were obese was 23.1 percent. In New York City, 21.5 percent of adults were obese, and in counties outside New York City, 24.3 percent.

In Franklin, Chenango and Schuyler counties, more than one-third of adults were obese. The lowest adult obesity rates were in Rockland (9.7 percent), Nassau (16.1 percent) and Westchester (12.3 percent) counties.

Figure 48. Age-Adjusted Percentage* of Adults Aged 18 Years and Older Reporting No Leisure-Time Physical Activity by Race and Ethnicity, New York State, 2001-2009**



* Three-year moving average adjusted to the 2000 U.S. population.

** Leisure-time physical activity is defined as participating in physical activities or exercises (such as running, calisthenics, golf, gardening or walking for exercise) during the past month, excluding activities that are part of a regular job

Source: Behavioral Risk Factor Surveillance System

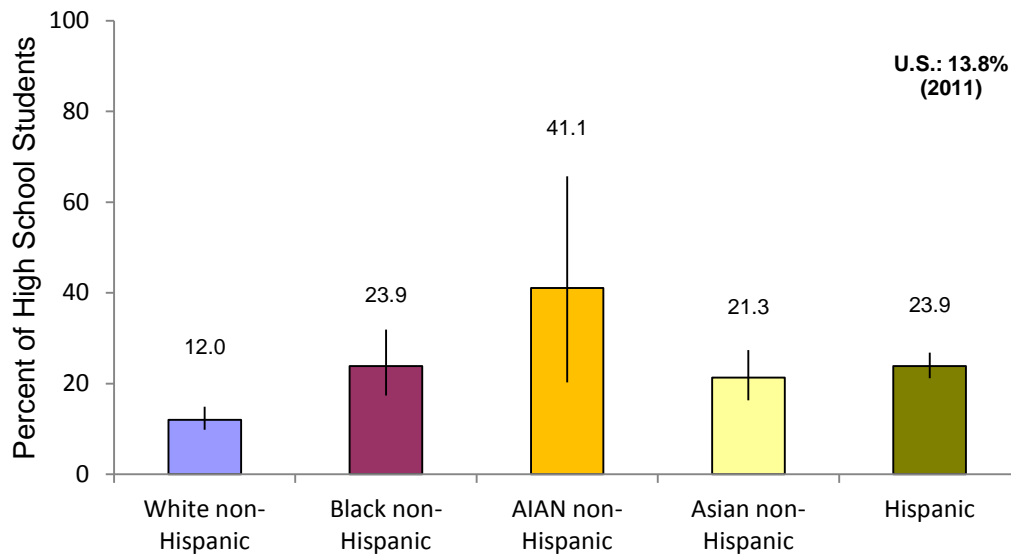
Poor diet and physical inactivity are the second leading causes of preventable death in the United States. Regular physical activity provides significant benefits for people with chronic diseases and disabilities.

During 2007-2009, the percentage of adult Hispanic New Yorkers who did not engage in any regular leisure-time physical activity was nearly 35 percent. Although the percentage declined from the 43.0 percent reported in 2001-2003, Hispanics remain the group with the highest absence of leisure time physical activity.

Asian non-Hispanic (19.8 percent) adults had the lowest percentage of non-participation in leisure time physical activity during 2007-2009, lower than White non-Hispanics (22.0 percent) and Black non-Hispanics (30.6 percent).

Between 2001-2003 and 2007-2009, the percentage of adults reporting no participation in leisure-time physical activity rate declined among Asian non-Hispanics and Black non-Hispanics and increased slightly among White non-Hispanics.

Figure 49. Percentage of High School Students Who Did Not Participate in at Least 60 Minutes of Physical Activity* on Any Day by Race and Ethnicity, New York State, 2009



Abbreviation: AIAN – American Indian Alaska Native.

* Engaging in any physical activities that increased the heart rate and caused hard breathing some of the time during the 7 days before the survey.

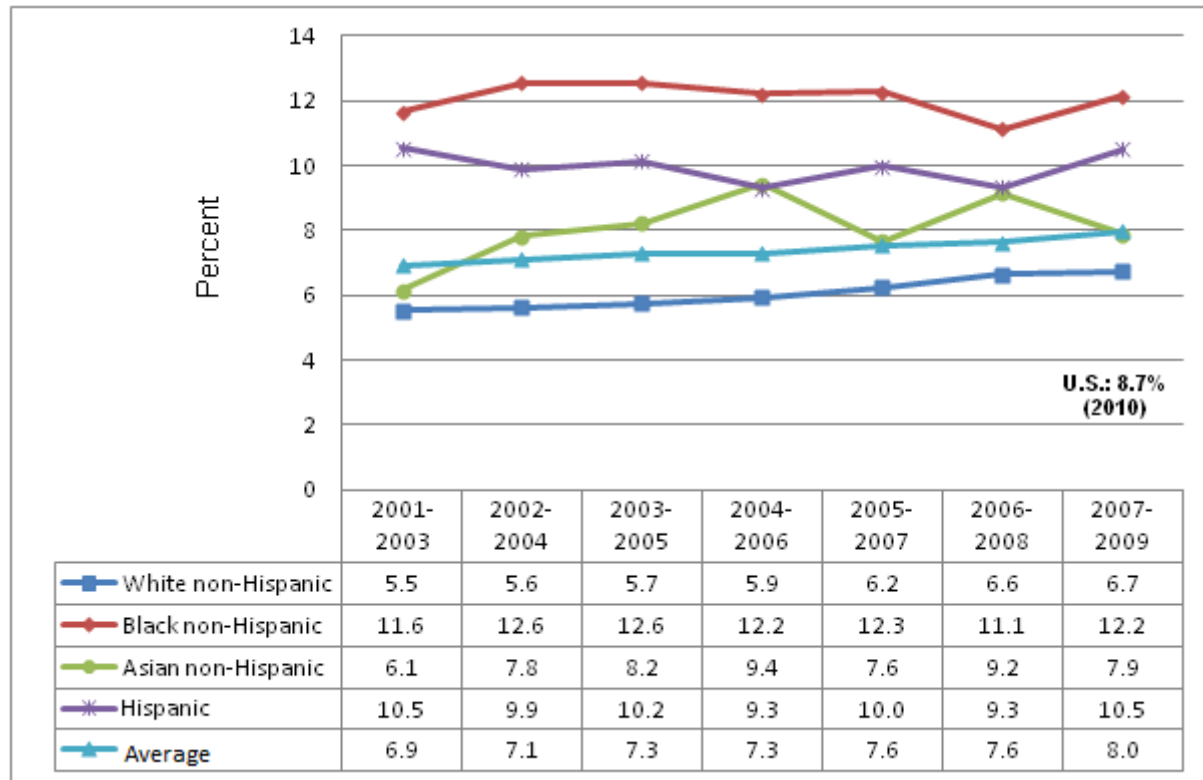
Source: Youth Risk Behavior Survey

The 2005 U.S. Dietary Guidelines recommend that teens get at least one hour of physical activity on most, and preferably, all days of the week.

Only 12.0 percent of White non-Hispanic high school students reported they did not participate in at least 60 minutes of physical activity during the past week, significantly lower than the rates for students from other racial and ethnic groups.

There were no significant differences in the proportion of students who exercised during the past week among Black non-Hispanic (23.9 percent), Asian non-Hispanic (21.3 percent), American Indian/Alaskan Native non-Hispanic (41.1 percent) and Hispanic (23.9 percent) students.

Figure 50. Age-Adjusted Percentage* of Adults aged 18 Years and Older Ever Diagnosed with Diabetes by Race and Ethnicity, New York State, 2001-2009**



* Three-year moving average adjusted to the 2000 U.S. population.

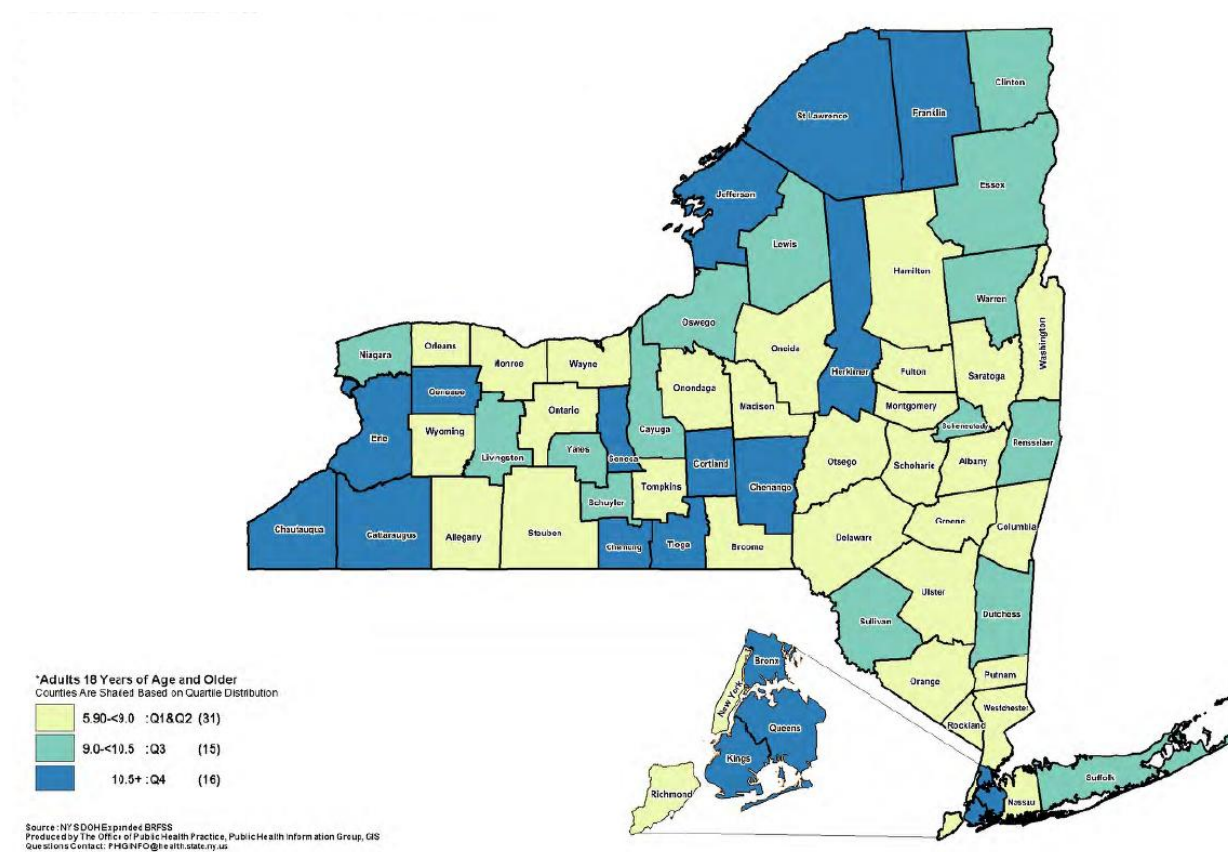
** Diagnosed diabetes is defined as the respondent having ever been told by a doctor, nurse or other health professional that he or she has diabetes (excluding gestational diabetes).

Source: Behavioral Risk Factor Surveillance System

During 2001 through 2009, all racial and ethnic groups reported increases in diabetes prevalence with the exception of Hispanics, whose rate stayed the same.

In the 2007-2009 survey results, diabetes prevalence among adults by ethnic group shows Black non-Hispanics continue to report the highest rate: 12.2 percent. Prevalence among Hispanics was 10.5 percent; among Asian non-Hispanics, 7.9 percent; and among White non-Hispanics, 6.7 percent.

Figure 51. Age-Adjusted Percentage of Adults Who Have Been Diagnosed with Diabetes by County, New York State, 2009

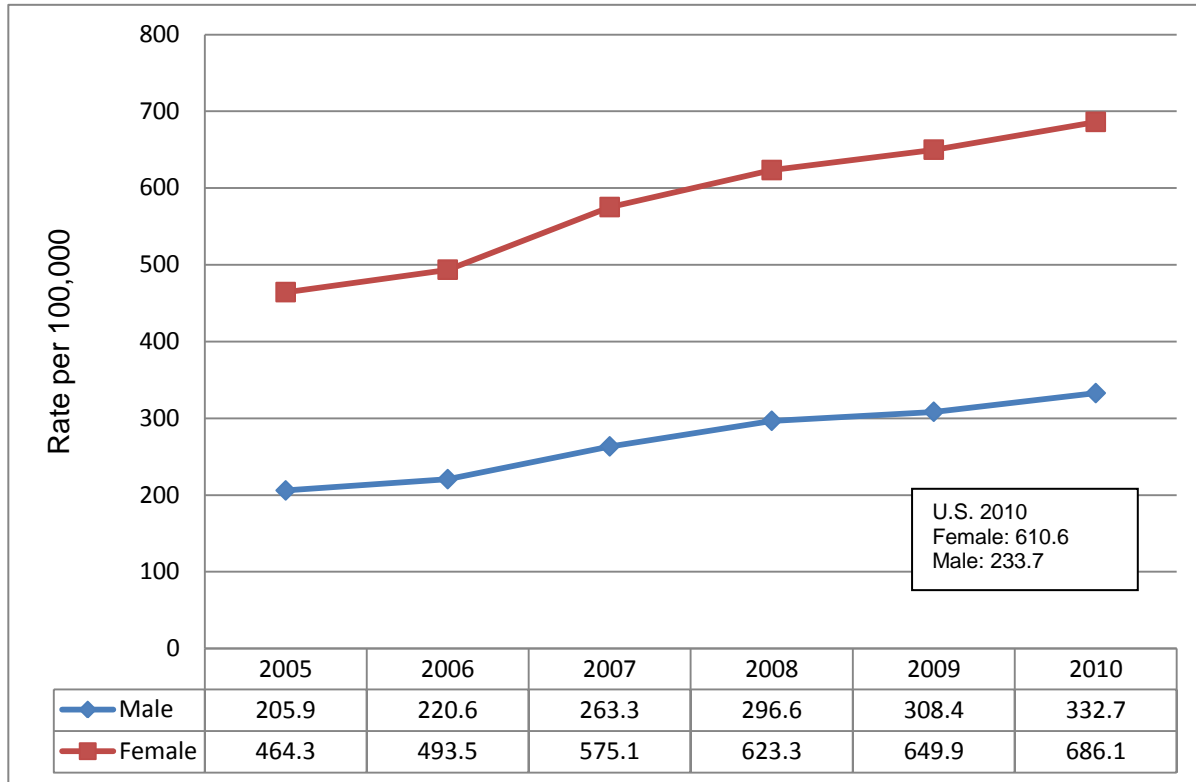


* Rates adjusted to the 2000 U.S. population

During 2009, the age-adjusted percentage of New York State adults who have been diagnosed with diabetes was 9.0 percent. Among New York City adults, 9.7 percent have been diagnosed with diabetes; the rate outside New York City was 8.5 percent.

Counties with the highest percentages of adults with diabetes included Genesee (13.2 percent), Chenango (12.1 percent), Chemung (11.3 percent), Chautauqua (11.2 percent) and Herkimer (11.2 percent). Low percentages of diabetes were reported among adult residents of Nassau (5.9 percent), Putnam (6.4 percent), Otsego (6.6 percent) and Orange (6.9 percent) counties.

Figure 52. Chlamydia Case Rates per 100,000 by Gender, New York State, 2005-2010

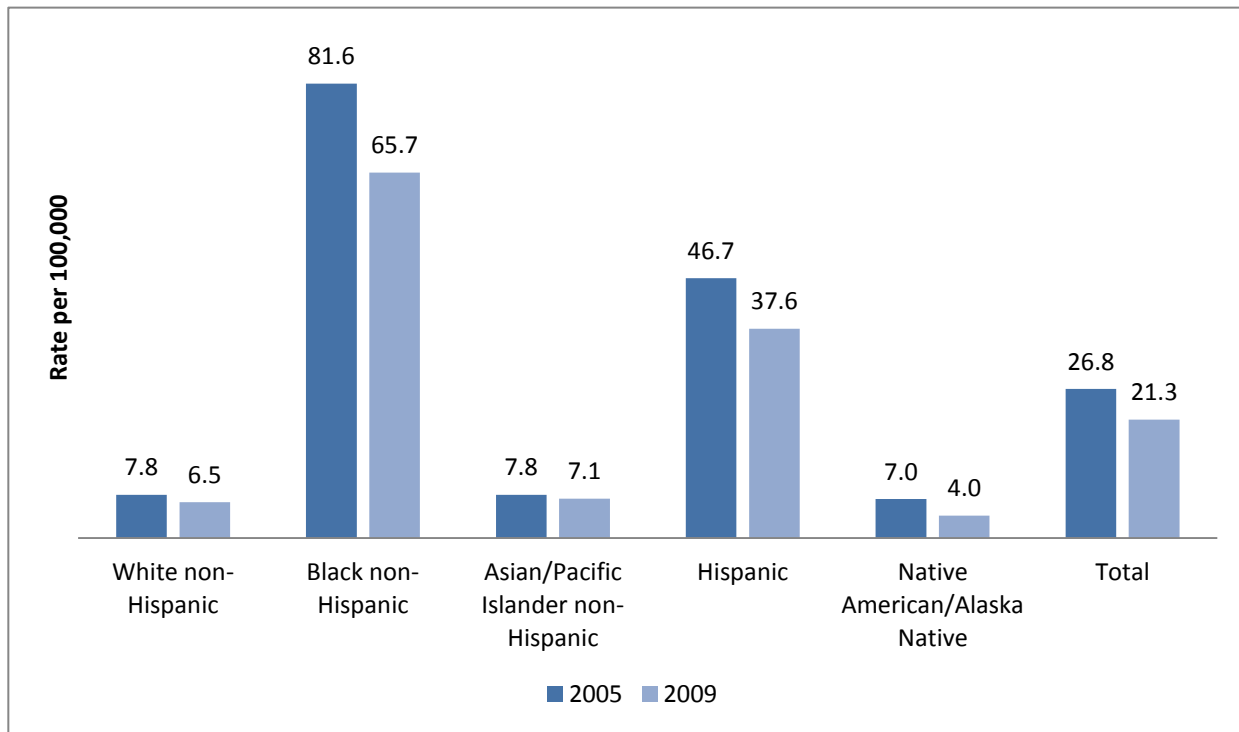


Source: NYSDOH Bureau of Sexually Transmitted Disease Prevention and Epidemiology

In 2010, 99,821 cases of chlamydia were reported in New York State, making it the most commonly reported communicable disease. In 2010, the rate of chlamydia among women (681.1 per 100,000 females) was more than twice the rate among men (332.7 per 100,000 males), likely reflecting more screening among women. Nationally, the chlamydia rate among women was 610.6 per 100,000 females and among men, 233.7 per 100,000 males.

In New York State, chlamydia morbidity has been increasing steadily. Since 2005, the State’s chlamydia rates have increased 48 percent among women and 62 percent among men.

Figure 53. HIV New Case Rate per 100,000 Population by Race and Ethnicity, New York State, 2005 and 2009

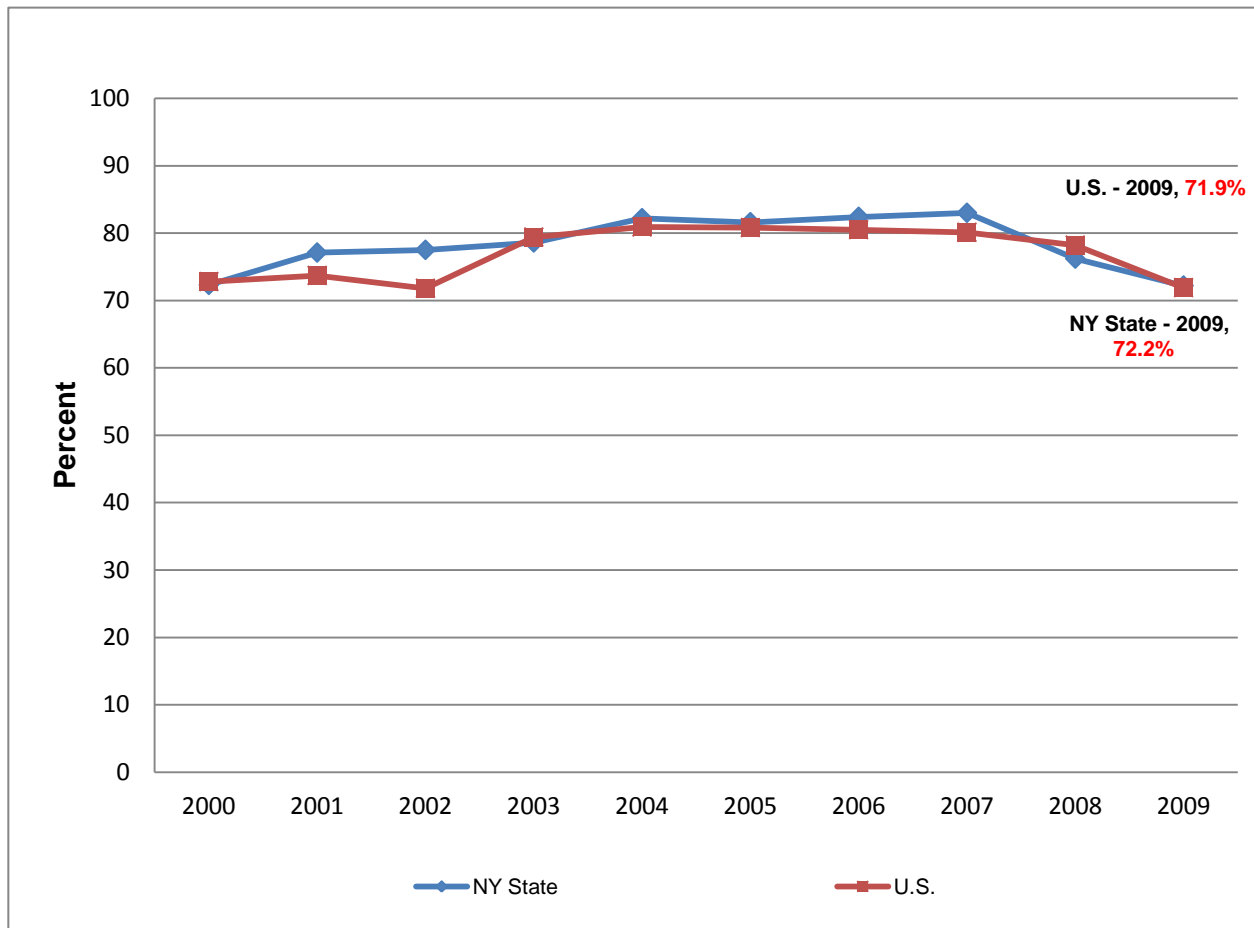


Source: NYSDOH Bureau of HIV/AIDS Epidemiology

Between 2005 and 2009, the HIV new case rate in New York State declined 21 percent to 21.3 per 100,000 population. While reductions in rates occurred among all racial and ethnic groups, large disparities persist.

The HIV new case rates among White non-Hispanic, Asian/Pacific Islander non-Hispanic and Native American/Alaska Native New Yorkers were all below 10 per 100,000 in 2005 and 2009. However, the new case rates were many times higher among Black non-Hispanics and Hispanics. Black non-Hispanic rates were 81.6 per 100,000 in 2005 and 65.7 per 100,000 in 2009. Among Hispanics, rates were 46.7 per 100,000 in 2005 and 37.6 per 100,000 in 2009.

Figure 54. Children Ages 19-35 Months who are Fully Immunized, New York State and United States, 2000 – 2009



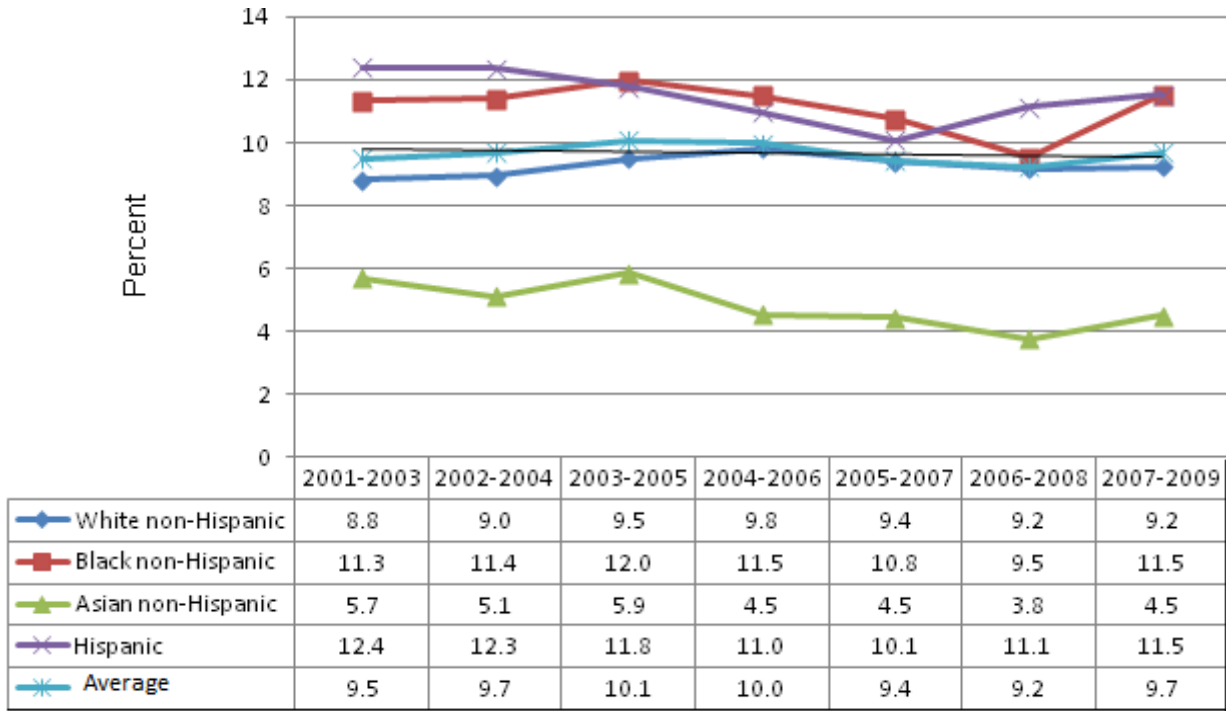
Note: Fully Immunized 4DTaP, 3 Polio, 1 MMR, 3Hib and 3HepB (4:3:1:3:3)

Source: National Immunization Survey

The percentage of New York children aged 19-36 months who were fully immunized (4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 HepB), was 72.2 percent in 2009, down from 76.2 percent in 2008 and the decade-high rate of 83.0 percent in 2007.

New York State’s childhood immunization rate followed a similar nationwide trend, which also declined between 2007 and 2009.

Figure 55. Age-Adjusted Percentage* of Adults Aged 18 Years and Older Reporting Poor Mental Health by Race and Ethnicity, New York State, 2001-2009**



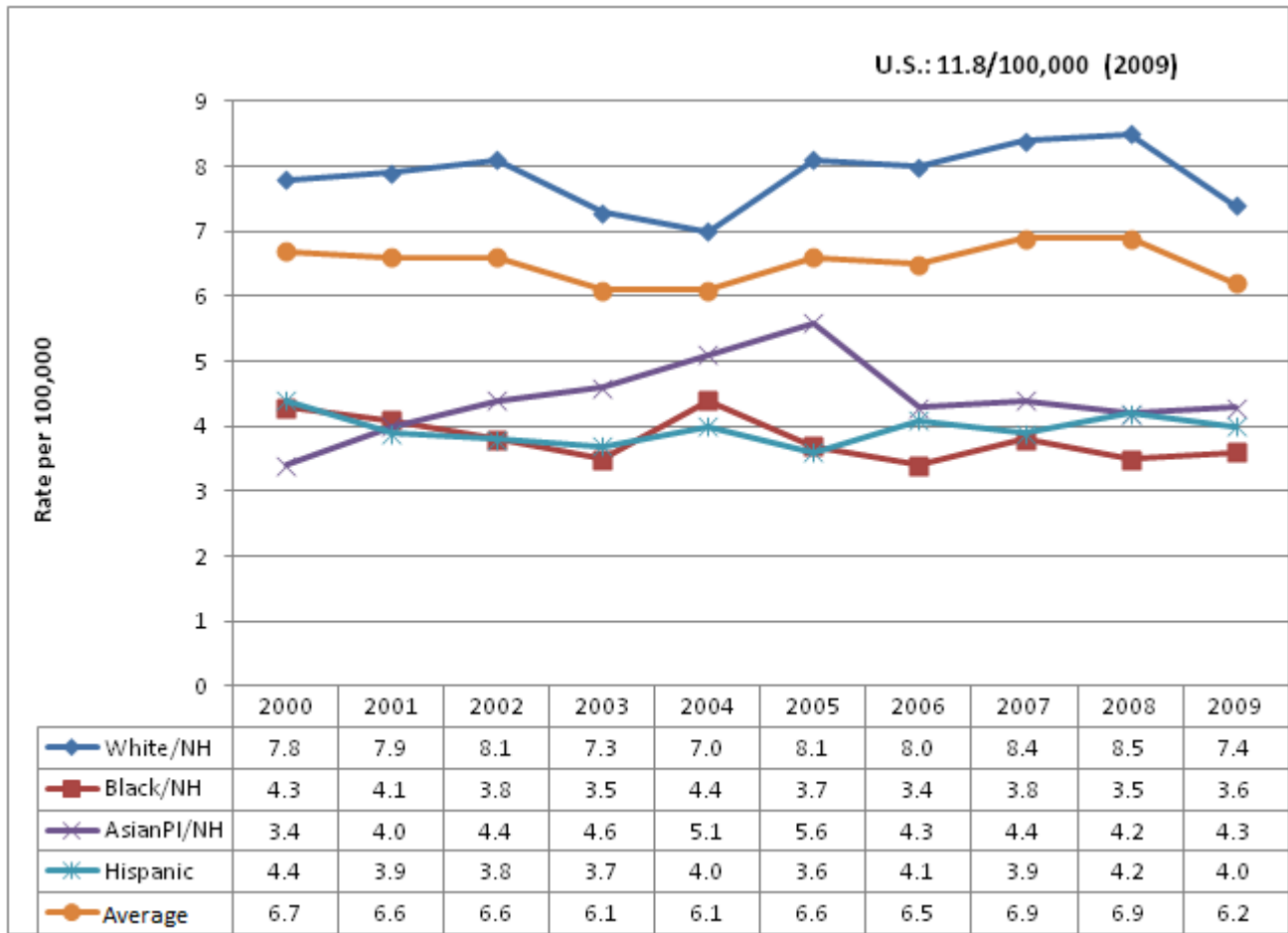
* Three-year moving average adjusted to the 2000 U.S. population.

** Fourteen or more days during the past month

Source: Behavioral Risk Factor Surveillance System

During 2007-2009, 9.7 percent of New Yorkers reported poor mental health for at least 14 days during the past month. Black non-Hispanic and Hispanic New Yorkers reported the highest percentage – both at 11.5 percent. Asian non-Hispanics were the least likely (4.5 percent) to report poor mental health. Between 2001 and 2009, the rates fluctuated for all groups, but the disparities among these racial and ethnic groups persisted.

Figure 56. Age-Adjusted* Suicide Mortality Rate per 100,000 Population by Race and Ethnicity, New York State, 2000-2009



* Rates adjusted to the 2000 U.S. population

Suicide mortality rate is based on ICD10 codes X60-X84, Y87.0.

Abbreviations: NH – non-Hispanic; PI – Pacific Islander

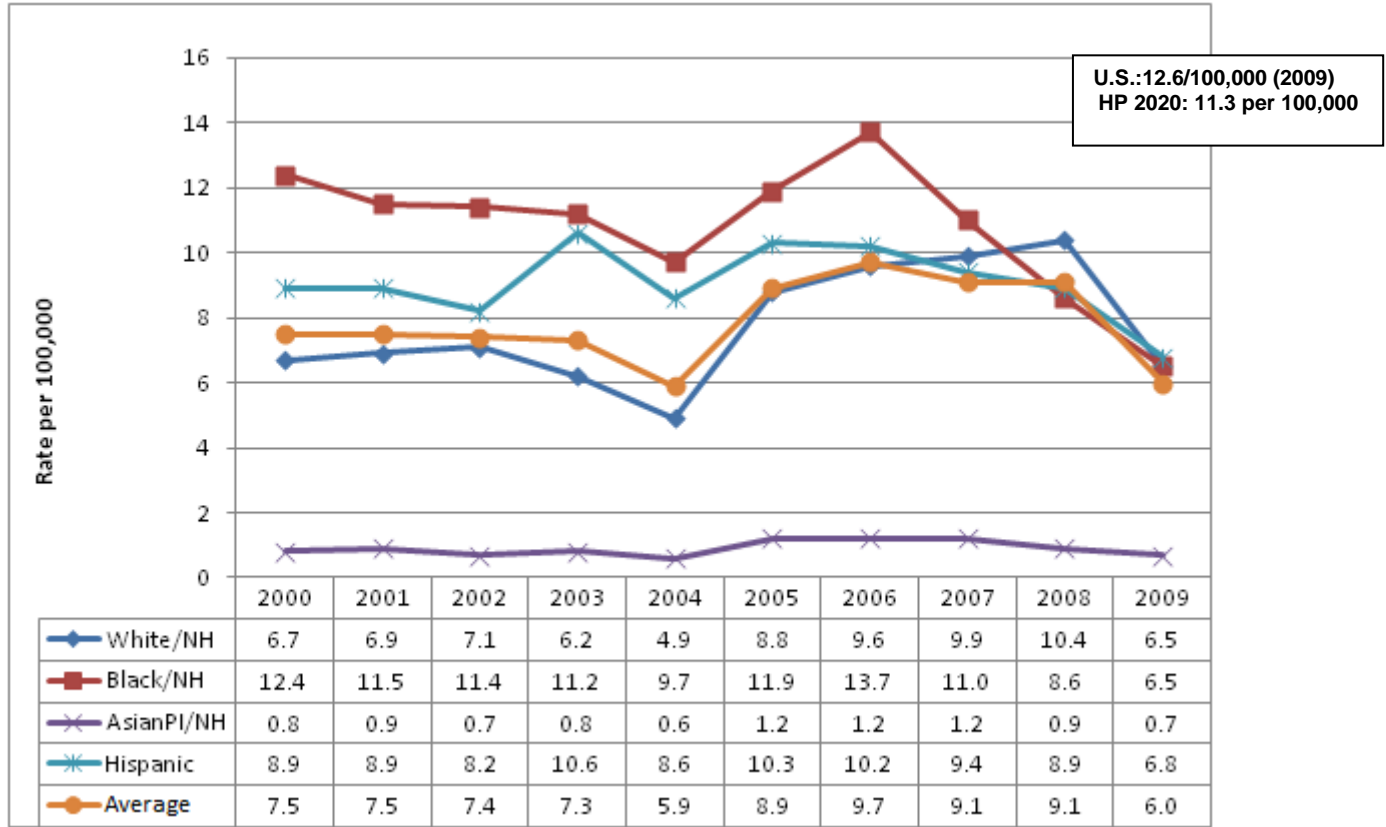
Source: NYSDOH Bureau of Biometrics and Health Statistics; Centers for Disease Control

In New York State in 2009, suicide occurred at a rate of 6.2 deaths per 100,000 population. The U.S. suicide rate, at 11.8 per 100,000, was almost double the New York State rate.

During 2000-2009, suicide in New York continued to be much more prevalent among White non-Hispanics than other racial and ethnic groups, with a rate of 7.8 per 100,000 in 2000 and 7.4 per 100,000 in 2009.

In 2009, death from suicide among White non-Hispanics was twice as high as the rate among Black non-Hispanics and Hispanics and 1.5 times the rate among Asian/Pacific Islander non-Hispanics.

Figure 57. Age-Adjusted* Drug-Induced Mortality Rate per 100,000 Population by Race and Ethnicity, New York State, 2000-2009



* Rates adjusted to the 2000 U.S. population

Drug-induced mortality rate is based on ICD10 codes:

D52.1,D59.0,D59.2,D61.1,D64.2,E06.4,E16.0,E23.1,E24.2,E27.3,E66.1,F11.0-F11.5,F11.7-F11.9,F12.0-F12.5,F12.7-F12.9,F13.0-F13.5,F13.7-F13.9,F14.0-F14.5,F14.7-F14.9,F15.0-F15.5,F15.7-F15.9,F16.0-F16.5,F16.7-F16.9,F17.0,F17.3-F17.5,F17.7-F17.9,F18.0-F18.5,F18.7-18.9,F19.0-F19.5,F19.7-F19.9, G21.1,G24.0,G25.1,G25.4,G25.6,G44.4,G62.0,G72.0,I95.2,J70.2-J70.4, K85.3,L10.5,L27.0-L27.1,M10.2,M32.0,M80.4,M81.4,M83.5,M87.1,R50.2,R78.1-R78.5,X40-X44,X60-X64,X85,Y10-14

Abbreviations: NH – non-Hispanic; PI – Pacific Islander

Source: NYSDOH Bureau of Biometrics and Health Statistics; Centers for Disease Control

In New York State in 2009, 6.0 deaths per 100,000 population were drug-induced. This is about half the national rate of 12.6 per 100,000 (2009) and below the Healthy People goal of 11.3 per 100,000 population. Drug-induced death rates have fluctuated between 2000 and 2006 and declined for all racial and ethnic groups over the past decade. The rate for each group was at its lowest point during 2004 and highest in either 2005 or 2006.

In 2000, large disparities were documented in New York, with Black non-Hispanics and Hispanics experiencing rates that were 85 percent and 33 percent higher, respectively, than White non-Hispanics. In 2009, however, the rates were less than a percentage point apart for the three groups (6.5, 6.5 and 6.8 per 100,000, respectively).

During 2000-2009, Asian/Pacific Islander non-Hispanics had the lowest drug-induced death rate, ranging between 0.6 and 1.2 per 100,000 population.

Appendix A. Data Sources and Indicators

U.S. 2010 Census, U.S. Census Bureau

Population by age and gender
Population by race and Hispanic Origin
Percent change in population by race/ethnicity

U.S. 2000 Census, U.S. Census Bureau

Families with children below poverty
Families below poverty
Unemployed
Mean travel time to work
Language other than English spoken in home
Foreign born
Four year high school graduation rate
High school graduates (ages 25+)
Persons (ages 25+) with bachelor's degree
Percentage change in population by race/ethnicity
Population by age and gender

American Community Survey – 2010, U.S. Census Bureau

Median income
Families with children below poverty
Families below poverty
Unemployed
Mean travel time to work
Language other than English spoken in home
Foreign born
High school graduates (ages 25+)
Persons (ages 25+) with bachelor's degree
Household income spent on housing
Persons with disability by age
Health indicators by disability status

U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement (CPS ASEC) 2003-2011

Uninsured children
Uninsured ages under 65

Health, United States, 2010

Life expectancy - U.S. (1995-2009)

Behavioral Risk Factor Surveillance System (BRFSS)

Cardiovascular disease prevalence (2005-2008)
Adult current smokers 2001 - 2009)
Adult current asthma (2001-2009)
Asthma prevalence (children) (2006-2010)
Adult obesity (2001-2009)
Adults with no leisure time (2001-2009)
Adults diagnosed with diabetes (2001-2009)
Adults with poor mental health (2001-2009)
Selected health indicators by disability status (2009)

Youth Risk Behavior Survey (YRBS), 2009

High school students - less than 60 minutes of physical activity

County Health Rankings, 2011

Primary Care physicians (American Medical Association 2003-2009)
Health factor county rankings

U.S. Environmental Protection Agency

Unhealthy days (2001-2008)

New York State Department of Health

Index of Disparity (2007-2009)
Indicators with large disparities (2007-2009)

National Center for Education Statistics -2001-2002 and 2007-2008

High school 4 year graduation rate

America's Health Rankings, 2011, American Medical Association (2003-2009)

Primary Care physicians per 100,000

Vital Statistics - Deaths

Life expectancy- NYS (1995-2009)
Premature deaths (<75 years) (2000-2009)
Age-adjusted Years of Potential Life Lost (2000-2009)
Age-adjusted heart disease mortality (2000-2009)
Leading causes of death (2000-2009)
Stroke mortality
CLRD mortality
Pneumonia/flu mortality
Unintentional injury mortality
Cancer mortality
Age-adjusted HIV/AIDS mortality (2000-2009)

Infant mortality (2001-2010)
Maternal mortality (2001-2010)
Age-adjusted suicide mortality (2000-2009)
Age-adjusted drug-induced mortality 2000-2009)

Vital Statistics – Pregnancies and Births

Teen pregnancy (2000-2009)
Premature births (2001-2009)
Breast milk in delivery hospital (2010)
Teen birth (2007-2009)

**Statewide Planning and Research Cooperative System (SPARCS),
2007-2009**

Asthma hospital discharges

NYS Cancer Registry - 1999-2008

Age-adjusted lung cancer mortality
Age-adjusted breast cancer mortality
Age-adjusted prostate cancer mortality
Age-adjusted colorectal cancer mortality
Age-adjusted cervical cancer mortality
Age-adjusted melanoma mortality

Pediatric Nutrition Surveillance System (2001-2010)

WIC children (ages 2-4) obesity

Student Weight Status Reporting System (2008-2010)

School age children obesity

Sexually Transmitted Disease Reporting System, 2005-2010

Chlamydia cases by gender

Bureau of HIV/AIDS Surveillance, 2005-2009

HIV new cases

National Immunization Survey, 2000-2009

Children fully immunized

Appendix B. Description of Data Sources

U.S. Census Bureau

The U.S. Census Bureau serves as the leading source of quality data about the nation's population and economy. Since 1790, data on gender, age, race, ethnicity and marital status are collected every ten years.

New York population figures, by race and ethnicity, used for presenting population counts and changes in population over time, are generated from the Census Bureau's decennial census data for the years 2000 and 2010.

Data are presented for the following race/ethnic groups: White non-Hispanic, Black non-Hispanic, Asian non-Hispanic, American Indian/Alaska Native non-Hispanic, Native Hawaiian and Other Pacific Islander non-Hispanic, Hispanic and 2 or more races.

In 2000, information on income, education, housing, occupation and industry was collected from a representative sample of the population.

National Center for Health Statistics Bridged Race Population Estimates

National Center for Health Statistics (NCHS), bridged-race postcensal population estimates are used in the calculation of all population-based rates. These estimates are prepared under a collaborative arrangement with the U.S. Census Bureau. They are generated using the NCHS methodology that redistributes multiple race populations into single race categories.

All rates for indicators presented in this report for the 10-year period 2000-2009 use the corresponding population estimate from the 2000-2009 NCHS bridged-race population estimates files.

American Community Survey

The American Community Survey is part of the Census Bureau's re-engineered census process. It is designed to provide a fresh look at how communities are changing. The survey collects housing, demographic, social and economic information annually from a representative sample of not only the nation, but also of states and large urban counties.

American Community Survey-based indicators contained in this report are from the 2009 and 2010 American Community Survey one-year estimates. Indicators presented by race use the following race/ethnicity groupings: White non-Hispanic, Black non-Hispanic, Asian non-Hispanic, Hispanic and American Indian/Alaska Native.

U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement (CPS ASEC)

The CPS ASEC collects health insurance data on an annual basis at the national and state level geographies and is the most widely used source of health insurance data for states and the United States.

Vital Records

Information on mortality and natality are generated from birth, death and fetal death files that are managed by the NYSDOH Bureau of Biometrics and Health Statistics (BBHS). These files also include records from New York City, a separate vital registration district.

Mortality rates (excluding cancer mortality) in this report are from the BBHS death files from 2000 to 2009. The cause of death is the underlying cause classified according to the International Classification of Diseases (ICD-10). All mortality rates that are not age-specific are age-adjusted using the standard 2000 U.S. population.

Infant mortality rates are presented for the time period 2000-2009, and are based on all live births regardless of birthweight or gestation.

Natality rates are generated from the BBHS birth files from 2000 to 2009. Pregnancy rates also include the 2000 to 2009 fetal death (spontaneous and induced) files.

Mortality and natality indicators in this report use the following race/ethnicity groupings: White non-Hispanic, Black non-Hispanic, Asian/Pacific Islander non-Hispanic, American Indian/Alaska Native non-Hispanic and Hispanic that are not age-specific. Any rate that is based on one or two events has been suppressed.

Statewide Planning and Research Cooperative System (SPARCS)

Hospitalization Inpatient data: Data on hospitalizations are collected through the hospital inpatient discharge data system. Each hospitalization is assigned an ICD-9 code at discharge which indicates the primary reason for the hospitalization and up to 14 other related discharge diagnoses. Data are not available on events that did not result in a hospitalization, such as cases that were only treated in a hospital emergency department.

ED visit-related indicators in this report use the following race/ethnicity groupings: White non-Hispanic, Black non-Hispanic, Asian/Pacific Islander non-Hispanic and Hispanic. Any rate that is based on one or two events has been suppressed.

Behavioral Risk Factor Surveillance System (BRFSS)

The BRFSS is an annual statewide telephone survey system designed by the U.S. Centers for Disease Control and Prevention (CDC). New York State has participated annually since 1985. BRFSS monitors modifiable risk behaviors and other factors contributing to the leading causes of morbidity and mortality. The BRFSS sample represents the non-institutionalized adult household population, aged 18 years and older.

BRFSS race and ethnicity information is collected using two questions:

- Are you Hispanic or Latino? (Yes, No, Don't know/Not Sure, Refused); and
- Which one or more of the following would you say is your race? (White, Black or African American, Asian, Native Hawaiian or other Pacific Islander, American Indian or Alaska Native, Other, Don't know/Not sure, Refused).

BRFSS-based charts contained in this report use the following race/ethnicity groupings: White non-Hispanic, Black non-Hispanic, Asian non-Hispanic and Hispanic. The "Other" category, which includes multiple races, is excluded from the report because the mix of racial/ethnic groups does not lend itself to interpretation.

Results are suppressed if they do not meet reporting criteria: the confidence intervals have a half-width greater than 10, the cell size (denominator) is less than 50, or the numerator is less than 10.

New York State Cancer Registry

The New York State Cancer Registry collects, processes and reports cancer statistics on incidence, mortality and stages of diagnoses by site. In addition to collecting information on the anatomic site of the tumor and stage of diagnosis, the registry also collects socio-demographic information, such as age, gender, ethnicity, race and residence for each individual diagnosed with cancer.

Cancer Registry-based indicators in this report use the same race/ethnicity groupings used for the natality and mortality data: White non-Hispanic, Black non-Hispanic, Asian Pacific Islander non-Hispanic and Hispanic.

Youth Risk Behavior Survey (YRBS)

The YRBS is a survey of public high school students using a methodology and questionnaire designed by the federal Centers for Disease Control and Prevention (CDC). The YRBS collects information on risk factors and behaviors for this adolescent population using an anonymous self-administered questionnaire. It is conducted every two years in New York State and is administered by the New York State Education Department.

YRBS race and ethnicity information is collected using two questions:

- Are you Hispanic or Latino? (Yes, No); and
- What is your race? Select one or more responses (American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, White).

YRBS-based graphs in the report use the following race/ethnicity groupings: White non-Hispanic, Black non-Hispanic, Asian non-Hispanic, American Indian non-Hispanic and Hispanic. Because of small numbers, the “Other” category, which includes multiple races, is excluded from the analysis. All YRBS-based prevalence rates are presented with their 95 percent confidence intervals. (Since the YRBS information is based on a sample, the confidence interval is the range where the true prevalence is likely to fall with a 95 percent degree of assurance). YRBS data in this report are from the 2009 survey.

Pediatric Nutrition Surveillance System

The Pediatric Nutrition Surveillance System provides nutrition-related information on low-income infants and children served by the New York State Special Supplemental Nutrition Program for Women, Infants and Children (WIC). The Pediatric Nutrition Surveillance System is maintained by the New York State Department of Health’s Division of Nutrition.

This report contains a graph of the annual percentage of obese children aged 2-4 four years among WIC participants from 2000-2009. Obesity is defined as at or above the 95th percentile sex-specified body mass index (BMI) for age based on the 2000 NCHS/CDC growth charts. The racial/ethnic groupings used are: White non-Hispanic, Black non-Hispanic, Asian/Pacific Islander non-Hispanic, American Indian non-Hispanic and Hispanic.

HIV/AIDS Surveillance

Information on new cases of HIV in this report was generated from data collected and maintained by the NYS Department of Health Bureau of HIV/AIDS Epidemiology and the HIV Epidemiology and Field Services (HEFS) Program of the NYC Department of Health and Mental Hygiene. All HIV cases newly diagnosed during the reporting period are counted, regardless of concurrent or subsequent AIDS diagnosis or vital status. Data are presented for the years 2005 and 2009.

The racial/ethnic groupings available from the HIV/AIDS Surveillance System are: White non-Hispanic, Black non-Hispanic Asian/Pacific Islander non-Hispanic, Hispanic and American Indian/Alaska Native.

Student Weight Status Reporting System (2008-2010)

The Student Weight Status Category Reporting System was established by amendments to New York State Education Law in 2007. Currently, students in Kindergarten and grades 2, 4, 7 and 10 are required to have a student health certificate completed based on a physical examination (usually performed by the student's personal physician). Information, including BMI and weight status category – underweight, healthy weight, overweight or obese (based on BMI determined from measured height and weight) – is collected by each school from student health certificate forms. A summary from each school is reported to the school district and then to the New York State Department of Health, using a secure reporting system.

Sexually Transmitted Disease Reports

Sexually transmitted disease data for New York State exclusive of New York City are obtained from the cases reported to New York State Department of Health through the Communicable Disease Electronic Surveillance System (CDESS). The New York City STD data are obtained from the New York City Department of Health and Mental Hygiene Bureau of STD Control. Data from these two sources are combined by the New York State Department of Health Bureau of Sexually Transmitted Disease Prevention and Epidemiology to report statewide numbers and rates.

Methodology for the calculation of the Index of Disparity and Cautions

Index of Disparity (Pearcy and Keppel ¹)

This is a simple summary measure of disparity across population groups: where groups can be defined by any characteristic of interest. The common characteristics that are usually assessed are race/ethnicity, education, gender, and/or income. This measure can be used for a quick comparison of disparity for multiple outcomes /indicators or for tracking trends overtime in disparities for a specific outcome/indicator.

The Index of Disparity (ID) is defined as the average of the absolute differences between rates for specific groups within a population and the overall population rate, divided by the rate of the overall population and expressed as a percentage (formula below):

$$\text{Index of Disparity} = (\sum |r_{(1 \rightarrow n)} - R| / n) / R * 100$$

Where **r** = specific group rate and **R** = total population rate

Populations are subdivided based on characteristics of individuals within a population. These types of subdivisions are referred to as groups (**n**)

Cautions:

Comparisons between outcomes/indicators with high overall population rates (prevalence) versus outcomes/indicators with smaller prevalence rates will be less informative. This is due to the methodology used to calculate the ID: to stabilize the ID, the average of the absolute differences between specific group

rates and the overall population rate is divided by the rate of the overall population. Therefore, the ID value could potentially be larger for the outcomes/indicators with smaller prevalence rates.

The following is an example of the impact of prevalence on the ID values for the percentage of persons with health insurance (88 percent overall prevalence) vs. the percentage of persons without health insurance (12 percent). Even though both indicators are used to assess the health insurance status of the NYS adult population, their disparity indexes are very different.

Example for ID by race/ethnicity:

Disparity index percentage for the **percentage of persons with health insurance = 6.97 percent**

Disparity index percentage for the **percentage of persons without health insurance = 49.17 percent**

ID is a quick tool for identifying the magnitude of disparity. When making decisions to focus on a public health problem with a large index of disparity, one must consider the number of people affected by the problem, the severity of the problem and the likelihood of having solutions that have a positive impact on the problem.

1. Jeffrey Percy, Kenneth Keppel. A Summary Measure of Health Disparity, Public Health Reports. May-June 2002, 117:273-280.