# CONTENTS

- Introduction .................................................................................................................. 2
- Key Findings ................................................................................................................ 3
- What Is Asthma? ............................................................................................................ 4
- Types of Asthma ........................................................................................................... 4
- Who Is at Risk for Asthma? ........................................................................................ 5
- Factors that Affect or Trigger Asthma ........................................................................ 5
- Adolescents with Asthma ............................................................................................ 6
- Adults with Asthma ....................................................................................................... 8
- Asthma Emergency Room Visits ................................................................................ 10
- Asthma Hospitalizations .............................................................................................. 12
- Asthma Deaths ............................................................................................................. 14
- Fighting Asthma .......................................................................................................... 15
- Technical Notes .......................................................................................................... 15
Asthma is one of the fastest growing chronic diseases, affecting more than 25 million Americans. It causes adults to miss days from work and children to miss school. When medical bills are factored in, asthma costs are estimated to be more that $3,000 per person each year.

While overall asthma rates have more than doubled since the 1980s, childhood asthma has increased more than 160 percent; the greatest increase is among African American children. Because of their smaller size and developing lungs, children are more vulnerable to the allergens and irritants that can trigger asthma. The elderly, too, have a higher risk, especially those with other respiratory conditions, such as pneumonia and the flu.

Recent studies point to a strong connection between high asthma rates and socioeconomic status. In a cluster of neighborhoods known as Asthma Alley in North-Central Brooklyn, the South Bronx, Harlem, and parts of Queens, asthma rates are unusually high. What many of these neighborhoods have in common is that they are near factories, sanitation transfer stations, and busy roadways that produce high levels of air pollution. Poor housing conditions in stressed communities also put residents at greater risk for asthma from encounters with vermin, roaches, and mold.

As shown in this Health Report on Asthma, several Brooklyn neighborhoods, especially three in North-Central Brooklyn—Bedford Stuyvesant-Crown Heights, East New York, and Williamsburg-Bushwick—have far higher rates of emergency room visits and hospitalizations for asthma than the rest of the borough and New York City. Asthma rates are highest among the very young and the elderly. In Williamsburg-Bushwick, people over 65 were hospitalized for asthma at three times the rate of other Brooklyn residents their age. Such widespread need for hospital and emergency care suggests that asthma is not being properly treated and controlled in many parts of Brooklyn.

Eliminating asthma-related health disparities requires a concerted effort among many community partners. As a member of the New York City Asthma Partnership, Downstate is part of a coalition of over 400 government agencies, medical centers, schools, and community groups who have joined together to provide research, education, and improved access to healthcare, while working to also address behavioral and environmental risk factors for asthma.

Public health education has been an effective tool for combating asthma in homes and schools. “I have asthma but asthma doesn’t have me,” an advertising campaign sponsored by the NYC Childhood Asthma Initiative in 1997-2001, helped lower the rate of childhood asthma hospitalizations by more than a third. Similarly, the Asthma Friendly Schools Campaign, begun in 2011, is making strides in reducing absenteeism in city schools.

Though it’s not yet possible to cure or prevent asthma, it can be treated and controlled so that communities are not burdened by the disease and people can lead more active, purposeful lives.
COMMUNITY HEALTH SURVEYS ON ASTHMA

Among adolescents:
- More high school students living in the north-central neighborhoods of Brooklyn reported that they had asthma than those from other neighborhoods.
- More Black and Hispanic than White and Asian students in Brooklyn and New York City reported that they had asthma.
- More adolescent males than females said they had asthma.

Among adults:
- More women than men in every locale reported they had asthma.
- A greater percentage of Blacks and Hispanics than Whites in Brooklyn and New York City reported having asthma.
- Williamsburg-Bushwick, Downtown-Brooklyn Heights-Park Slope, Greenpoint, East New York, Bedford Stuyvesant-Crown Heights, and Canarsie-Flatlands had a higher percentage of residents who report that they had asthma than the borough.

ASTHMA EMERGENCY ROOM VISITS AND HOSPITALIZATIONS

The rate of emergency room visits for asthma in Brooklyn was much higher than for asthma hospitalizations. While Children had much higher ER rates than adults, children younger than 5 and adults over 65 had the most emergency room visits and hospitalizations.

Emergency Room Visits
- Children under the age of 5 in Bedford Stuyvesant-Crown Heights, East New York, and Williamsburg-Bushwick had much higher rates of emergency room visits compared to children in other Brooklyn neighborhoods, Brooklyn as a whole, and the rest of New York City.
- Adults living in Williamsburg-Bushwick, Bedford Stuyvesant-Crown Heights, and East New York had higher rates of emergency room visits than residents in other Brooklyn neighborhoods, the borough, and the rest of the city.

Hospitalizations
- Children under 5 in East Flatbush-Flatbush, Bedford Stuyvesant-Crown Heights, East New York, and Williamsburg-Bushwick were hospitalized for asthma at higher rates than those in Brooklyn as a whole and the rest of the city.
- The communities of Greenpoint, East New York, Sunset Park, Bedford Stuyvesant-Crown Heights, and Williamsburg-Bushwick had higher asthma hospitalization rates for adults over 65 than Brooklyn and the rest of the city.
- The elderly in Williamsburg-Bushwick had hospitalization rates for asthma that were three times higher than the rate for seniors in the borough.
WHAT IS ASTHMA?

Asthma is a disease that affects the airways of the lungs, causing them to become swollen, narrow, and filled with mucus. Mucus build-up makes breathing difficult and can lead to an asthma attack. A very serious attack requires medical attention.

An asthma attack can be triggered by contact with substances that irritate the lungs. Pollen, mold, cockroaches, and house dust mites can cause a reaction in people who have allergic asthma—about 60 percent of all asthma cases.

Other types of asthma can be triggered by tobacco smoke or exercise. A list of asthma triggers can be found on page 5.

TYPES OF ASTHMA BY SEVERITY OF SYMPTOMS
There are many types of asthma and affect people differently.

Asthma that comes and goes over time is known as intermittent asthma. Asthma that occurs frequently is known as persistent asthma. Persistent asthma symptoms can be mild, moderate or severe, and these determine the type and level of treatment.

TYPES OF ASTHMA BY FACTORS THAT PRODUCE SYMPTOMS
Knowing the kind of asthma you have and what triggers symptoms can help you manage your asthma and lessen its severity.

Allergic asthma – occurs after repeated exposure to allergens such as chemical fumes, dust, and animal dander.

Cough-variant asthma – when a dry cough is the only symptom.

Occupational asthma – occurs from exposure to irritants on the job or at the workplace.

Exercise-induced asthma – occurs during or following exercise.

Medication-induced asthma – occurs when some medications taken for other health conditions can cause severe bouts or worsening of asthma.

Nocturnal (nighttime) asthma – occurs when the amount of air you breathe during sleep falls and causes coughing, wheezing, and shortness of breath that disrupt sleep.

Source: Guidelines for the Diagnosis and Management of Asthma. National Heart, Lung, and Blood Institute, 2010

SOME COMMON ASTHMA SYMPTOMS
- Wheezing (a whistling sound when you breathe)
- Tightness in the chest
- Shortness of breath
- Coughing
WHO IS AT RISK FOR ASTHMA?
Asthma often starts in childhood but can happen at any age. It can run in families but many people with asthma may have no other family members with it.

Persons who have pneumonia and influenza or have other chronic pulmonary diseases are more likely to get asthma.

Persons living or working near the World Trade Center at the time and immediate aftermath of the attack may be at greater risk for asthma and other chronic respiratory diseases.

FACTORS THAT AFFECT OR TRIGGER ASTHMA
Many things affect whether a person has asthma and how severe it will be. Family history or genetics may make a person more likely to develop asthma. Indoor and outdoor factors, such as tobacco smoke and rapid changes in temperature may increase the chances of getting asthma. In cities and large urban areas like Brooklyn, dust mites, cockroaches and chemicals used to kill or clean areas are probable factors. The diagram below shows the many different factors that are associated with asthma. However, not all factors that affect asthma are well understood.

Indoor Factors
Cockroaches and Dust Mites
Second-hand or Cigarette Smoke
Cat and Pet Hair
Fungi and Molds
Fumes from Stoves and Heaters
Additives and Preservatives
Cleaning Products

Outdoor Factors
Smoke and Dust
Ozone and Sulphur Dioxide
Automotive and Factory Fumes
Very Cold Temperatures
Pollen and Grasses

Other Factors
Viruses & Bacteria
Pain Medications: Aspirin, Ibuprofen, etc
Beta-blockers
Foods: Fish/Shellfish, Soy, Nuts, Eggs, Wheat
Stress & Psychological Factors
Work-Related or Occupational Hazards

EVERY DAY IN THE UNITED STATES
- 40,000 people will miss school or work because of asthma;
- 30,000 people will have an asthma attack;
- 5,000 people will go to the ER because of their asthma;
- 1,000 people will be admitted to the hospital because of their asthma; and
- 11 people will die due to asthma.

Source: Asthma and Allergy Foundation of America, 2011

ASTHMA AND THE USE OF ACETAMINOPHEN
Research published in Pediatrics (2011), Chest (2009), Lancet (2008), and Annals of Allergy and Asthma Immunology (1998) suggest that acetaminophen (Tylenol, etc.) may be linked to an increased risk of asthma in children and adults. Until more research is completed on whether it is the dose or other factors, medical recommendations are to continue the use of acetaminophen in asthma treatment but under the guidance of a doctor.
To find out how common asthma is among adults and children, the New York City department of Health and Mental Hygiene periodically conducts surveys asking, “Have you ever been told that you have asthma?”

- Roughly 20 percent of high school students surveyed said they had been told they have asthma. There was little difference between male and female high school students among those surveyed.
- A slightly lower percentage of Brooklyn students reported that they had asthma than their counterparts in the city, state, and nation.
- A greater percentage of students in the north-central part of Brooklyn reported having asthma than in the borough as a whole.
- Brooklyn compares favorably with other boroughs in New York City for the percentage of adolescents who said they had asthma.

### Adolescents Ever Told They Had Asthma, by Residence, 2009

<table>
<thead>
<tr>
<th>Residence</th>
<th>Percent of Adolescents Surveys</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brooklyn</td>
<td>20.5</td>
</tr>
<tr>
<td>North &amp; Central</td>
<td>27.2</td>
</tr>
<tr>
<td>Bronx</td>
<td>26.9</td>
</tr>
<tr>
<td>Manhattan</td>
<td>23.3</td>
</tr>
<tr>
<td>Queens</td>
<td>19.9</td>
</tr>
<tr>
<td>Staten Island</td>
<td>21.9</td>
</tr>
</tbody>
</table>

Source: 2009 YRBS - Epquery, NYCDOHM, 2011

### Adolescents Ever Told They Had Asthma, by Sex, 2009

<table>
<thead>
<tr>
<th>Ever Told Had Asthma</th>
<th>BROOKLYN (%)</th>
<th>New York City (%)</th>
<th>New York State (%)</th>
<th>United States (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>20.4</td>
<td>23.6</td>
<td>24.0</td>
<td>22.8</td>
</tr>
<tr>
<td>Female</td>
<td>20.6</td>
<td>21.1</td>
<td>22.5</td>
<td>21.1</td>
</tr>
</tbody>
</table>
The racial and ethnic profile of high school students who reported that they had asthma was different for Brooklyn and the city compared to the state and nation.

- More Black and Hispanic adolescent students in Brooklyn and New York City said they had asthma those who were White or Asian.
- More White adolescents in New York State and the nation reported being told they had asthma than those in Brooklyn or New York City.

**IN THE UNITED STATES**
- Nearly 5 million children under 18 have asthma.
- Asthma is the most common childhood disease.
- 7-10 percent of children have asthma compared to 3-5 percent of adults.
- Asthma is the #1 cause of school absenteeism among children ages 5 to 17.

Source: Asthma and Allergy Foundation of America, 2011

**Adolescents Ever Told They Had Asthma, by Race/Ethnicity, 2009**

A lower percentage of adults in Brooklyn reported that they had asthma compared to the city, state and nation.

A higher percentage of women than men reported being told they had asthma.

More Black and Hispanic residents reported having asthma than whites.

Lower proportions of Whites, Blacks, and Hispanics in Brooklyn reported having asthma than those in the city, state, or nation.

IN THE UNITED STATES

- Asthma is the 4th leading cause of absenteeism and presenteeism (going to work sick).
- 15 million missed or lost workdays each year are due to asthma.
- $8 billion in lost earnings due to illness or death annually is due to asthma.

Source: Asthma and Allergy Foundation of America, 2011

Adults Ever Told They Had Asthma, by Sex, 2009

<table>
<thead>
<tr>
<th></th>
<th>BROOKLYN (%)</th>
<th>New York City (%)</th>
<th>New York State (%)</th>
<th>United States (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever Told Had Asthma</td>
<td>9.7</td>
<td>11.5</td>
<td>14.4</td>
<td>13.5</td>
</tr>
<tr>
<td>Male</td>
<td>7.4</td>
<td>9.5</td>
<td>12.0</td>
<td>11.8</td>
</tr>
<tr>
<td>Female</td>
<td>11.5</td>
<td>13.1</td>
<td>16.6</td>
<td>15.1</td>
</tr>
</tbody>
</table>

Adults Ever Told They Had Asthma, by Race/Ethnicity, 2009


Note: Estimates for Brooklyn Asian & Pacific Islanders should be viewed with caution due to low response rate. Asian & Pacific Islander data not available for NYS or US.
In 2009, 1 out of 10 Brooklyn adults reported being told they had asthma. However, the percentages varied by neighborhood.

- Two neighborhoods—Williamsburg-Bushwick and Downtown-Heights-Slope—reported much higher percentages of adults with asthma than the borough or city.
- Williamsburg-Bushwick, Downtown-Heights-Slope, Greenpoint, East New York, Bedford Stuyvesant-Crown Heights, and Canarsie-Flatlands had a higher percentage of adults who reported they ever had asthma than the borough.

**Adults Ever Told They Had Asthma, by UHF Neighborhood, 2009**

<table>
<thead>
<tr>
<th>Neighborhood</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Borough Park</td>
<td>4.1</td>
</tr>
<tr>
<td>East Flatbush-Flatbush</td>
<td>4.9</td>
</tr>
<tr>
<td>Bensonhurst-Bay Ridge</td>
<td>6.6</td>
</tr>
<tr>
<td>Sunset Park</td>
<td>8.4</td>
</tr>
<tr>
<td>Coney Island-Sheepshead Bay</td>
<td>9.1</td>
</tr>
<tr>
<td>Canarsie-Flatlands</td>
<td>10.5</td>
</tr>
<tr>
<td>Bedford Stuyvesant-Crown Heights</td>
<td>11.6</td>
</tr>
<tr>
<td>East New York</td>
<td>12.2</td>
</tr>
<tr>
<td>Greenpoint</td>
<td>12.6</td>
</tr>
<tr>
<td>Williamsburg-Bushwick</td>
<td>16.1</td>
</tr>
<tr>
<td>Downtown-Heights-Slope</td>
<td>19.1</td>
</tr>
<tr>
<td>Brooklyn</td>
<td>9.7</td>
</tr>
<tr>
<td>New York City</td>
<td>11.5</td>
</tr>
<tr>
<td>New York State</td>
<td>14.4</td>
</tr>
<tr>
<td>United States</td>
<td>13.5</td>
</tr>
</tbody>
</table>

The rate of emergency room visits for children with asthma is far greater than for adults, and it is especially high for children under the age of 5.

- Children under 5 living in three Brooklyn neighborhoods—Williamsburg-Bushwick, East New York, and Bedford Stuyvesant-Crown Heights—had far higher rates of emergency room visits than children in other Brooklyn neighborhoods, Brooklyn and the rest of the city.
- Children in most Brooklyn neighborhoods had higher rates of ER visits than in the rest of the state.

These higher rates may show that children in these neighborhoods are not receiving the care they need to manage their asthma. Or it may be that these communities have a greater burden of pollutants and other factors (as shown on page 6) that contribute to asthma.

Emergency Room Visits for Children with Asthma, 2006-2008

<table>
<thead>
<tr>
<th>Neighborhood</th>
<th>Age 5-17</th>
<th>Age 0-4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Borough Park</td>
<td>26.4</td>
<td>39.4</td>
</tr>
<tr>
<td>Bensonhurst-Bay Ridge</td>
<td>28.4</td>
<td>49.8</td>
</tr>
<tr>
<td>Coney Island-Sheepshead Bay</td>
<td>70.1</td>
<td>98.3</td>
</tr>
<tr>
<td>Sunset Park</td>
<td>71.7</td>
<td>120.2</td>
</tr>
<tr>
<td>Greenpoint</td>
<td>76.5</td>
<td>151.4</td>
</tr>
<tr>
<td>Downtown-Heights-Slope</td>
<td>120.7</td>
<td>244.2</td>
</tr>
<tr>
<td>East Flatbush-Flatbush</td>
<td>167.3</td>
<td>287.6</td>
</tr>
<tr>
<td>Canarsie-Flatlands</td>
<td>137.7</td>
<td>292.4</td>
</tr>
<tr>
<td>Williamsburg-Bushwick</td>
<td>273.6</td>
<td>472.5</td>
</tr>
<tr>
<td>East New York</td>
<td>261.9</td>
<td>498.8</td>
</tr>
<tr>
<td>Bedford Stuyvesant-Crown Heights</td>
<td>271.8</td>
<td>502.9</td>
</tr>
<tr>
<td>Brooklyn</td>
<td>154.4</td>
<td>271.4</td>
</tr>
<tr>
<td>New York City exc Brooklyn</td>
<td>207.5</td>
<td>373.9</td>
</tr>
<tr>
<td>New York State exc NYC</td>
<td>61.2</td>
<td>122.4</td>
</tr>
</tbody>
</table>

Adults have a lower rate of emergency room visits for asthma than children.

- Williamsburg-Bushwick, Bedford Stuyvesant-Crown Heights, and East New York had higher rates of emergency room visits for adult asthma than other Brooklyn neighborhoods, Brooklyn and the rest of the city.
- Adults in most Brooklyn neighborhoods had higher ER visit rates than the rest of the state. Higher rates may indicate that adult asthma is not being treated properly or that these communities have a greater share of factors that worsen asthma.
- Adults between the ages of 18 and 64 years have higher ER asthma rates than those over 65. This age group may not have their asthma treated properly compared to those over 65.

### Emergency Room Visits for Asthma in Adults, 2006-2008

<table>
<thead>
<tr>
<th>Neighborhood</th>
<th>Age 65+</th>
<th>Age 18-64</th>
</tr>
</thead>
<tbody>
<tr>
<td>Borough Park</td>
<td>16.9</td>
<td>27.7</td>
</tr>
<tr>
<td>Bensonhurst-Bay Ridge</td>
<td>13.2</td>
<td>28.2</td>
</tr>
<tr>
<td>Coney Island-Sheepshead Bay</td>
<td>24.1</td>
<td>53.8</td>
</tr>
<tr>
<td>Greenpoint</td>
<td>65.8</td>
<td>55.7</td>
</tr>
<tr>
<td>Sunset Park</td>
<td>79.0</td>
<td>82.6</td>
</tr>
<tr>
<td>Canarsie-Flatlands</td>
<td>43.5</td>
<td>87.8</td>
</tr>
<tr>
<td>Downtown-Heights-Slope</td>
<td>50.3</td>
<td>104.8</td>
</tr>
<tr>
<td>East Flatbush-Flatbush</td>
<td>56.9</td>
<td>112.1</td>
</tr>
<tr>
<td>East New York</td>
<td></td>
<td>196.4</td>
</tr>
<tr>
<td>Bedford Stuyvesant-Crown Heights</td>
<td></td>
<td>210.5</td>
</tr>
<tr>
<td>Williamsburg-Bushwick</td>
<td></td>
<td>223.4</td>
</tr>
<tr>
<td>Brooklyn</td>
<td>56.4</td>
<td>106.8</td>
</tr>
<tr>
<td>New York City exc Brooklyn</td>
<td>59.9</td>
<td>108.7</td>
</tr>
<tr>
<td>New York State exc NYC</td>
<td>24.4</td>
<td>49.8</td>
</tr>
</tbody>
</table>

Children usually have higher hospitalization rates for asthma than adults. If their asthma were treated effectively or managed continuously the need for hospital care would be much lower and less costly.

- Children under the age of 5 had far higher hospital discharge rates than those between the ages of 5 and 17.
- East Flatbush-Flatbush, Bedford Stuyvesant-Crown Heights, East New York, and Williamsburg-Bushwick had higher asthma hospitalization rates for children under 5 compared to Brooklyn and the rest of New York City.

Asthma Hospitalizations for Children, 2006-2008


IN THE UNITED STATES

- Children account for nearly half (44 percent) of all asthma hospitalizations.
- Asthma is the third leading cause of hospitalizations for children.

Source: Asthma and Allergy Foundation of America, 2011
Asthma hospitalization rates tend to be lower for people between the ages of 18 and 64 than for older adults over 65. In five Brooklyn neighborhoods—Greenpoint, East New York, Sunset Park, Bedford Stuyvesant-Crown Heights, and Williamsburg-Bushwick—residents over the age of 65 had higher asthma hospitalization rates than those for Brooklyn and the rest of the city. The elderly in Williamsburg-Bushwick had rates three times the rate for the borough. This may suggest that asthma in this population is not being well managed and controlled.

Adults, especially those over 65, also have a higher risk for other respiratory illnesses, such as influenza, pneumonia, and chronic obstructive pulmonary disease (COPD), which can further complicate asthma.

### Asthma Hospitalizations for Adults, 2006-2008

<table>
<thead>
<tr>
<th>Neighborhood</th>
<th>Age 18-64</th>
<th>Age 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bensonhurst-Bay Ridge</td>
<td>6.8</td>
<td>16.8</td>
</tr>
<tr>
<td>Borough Park</td>
<td>8.5</td>
<td>27.1</td>
</tr>
<tr>
<td>Coney Island-Sheepshead Bay</td>
<td>16.0</td>
<td>31.3</td>
</tr>
<tr>
<td>Canarsie-Flatlands</td>
<td>17.4</td>
<td>36.1</td>
</tr>
<tr>
<td>East Flatbush-Flatbush</td>
<td>20.1</td>
<td>37.3</td>
</tr>
<tr>
<td>Downtown-Heights-Slope</td>
<td>25.3</td>
<td>46.7</td>
</tr>
<tr>
<td>Greenpoint</td>
<td>13.4</td>
<td>54.3</td>
</tr>
<tr>
<td>East New York</td>
<td>17.7</td>
<td>64.5</td>
</tr>
<tr>
<td>Sunset Park</td>
<td>19.3</td>
<td>59.6</td>
</tr>
<tr>
<td>Bedford Stuyvesant-Crown Heights</td>
<td>43.9</td>
<td>84.5</td>
</tr>
<tr>
<td>Williamsburg-Bushwick</td>
<td>54.1</td>
<td>121.4</td>
</tr>
</tbody>
</table>

Deaths due to asthma are not as common as for other respiratory conditions but serious complications can occur in persons with severe asthma. Brooklyn had slightly higher age-adjusted death rates compared to the city, state, and nation.

**IN THE UNITED STATES**

- Persons over 65 account for nearly half of deaths due to asthma.
- African Americans are three times more likely to die from asthma than people of other races/ethnicities.

Source: Asthma and Allergy Foundation of America, 2011

---

### Age-adjusted Death Rate for Asthma, 2006-2008

<table>
<thead>
<tr>
<th></th>
<th>Brooklyn</th>
<th>New York City</th>
<th>New York State</th>
<th>United States*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2.0</td>
<td>1.7</td>
<td>1.2</td>
<td>1.1</td>
</tr>
</tbody>
</table>

* age-adjusted rates per 100,000 population


* US deaths reported for 2007.

Death rates due to asthma increased prior to the mid-1990s but have declined gradually for the past decade or more.

### Age-adjusted Asthma Death Rates in Brooklyn and NYC, 1993–2007

![Graph showing age-adjusted asthma death rates in Brooklyn and NYC, 1993–2007](image)

Source: NYCDOHMH

Note: 1998 and 1999 death data adjusted by 2000 census
While there is no cure for asthma, over the past few decades major strides have been made in treating it. In 1999, the Departments of Health for New York State and New York City established the New York City Asthma Initiative and New York City Asthma Partnership (NYCAP) to combat asthma through education, better access to care, research, and reducing behavioral and environmental risk factors.

The New York City Asthma Partnership (NYCAP) is a city-wide coalition of over 400 organizations with representatives from schools, health care institutions, community based organizations, persons with asthma and their families, government, and other groups committed to combating the asthma epidemic in New York City.

For more information and to get involved in your community’s effort to eliminate asthma, contact the partnership at:

New York City Asthma Partnership
New York City Department of Health and Mental Hygiene
161-169 East 110th Street
New York, NY 10029

Tel: 212-996-8747
Fax: 212-996-8753
Email: nycap@health.nyc.gov

Contact the New York City Asthma Partnership for the groups or organizations in your community or Brooklyn that are involved in asthma prevention, care and services.


Emergency room visits and hospitalizations for asthma were generated from the Statewide Planning and Research Cooperative System (SPARCS) and provided by the Bureau of Biometry, New York State Department of Health. Definitions for Asthma are based on the ICD 9 and 10 codes used by the Office of Vital Statistics, New York City Department of Health and Mental Hygiene, New York State Department of Health, and the Centers for Disease Control and Prevention when compiling and reporting on disease hospitalizations and mortality.

Survey data on asthma were obtained online from the 2009 Community Health Surveys (CHS) and Youth Risk Behavior Survey located at Epiquery – an interactive health data system of the NYCDOHMH. Asthma survey data for the United States was obtained from the 2009 Behavioral Risk Factor Surveillance System and Youth Risk Behavior Survey at the Centers for Disease Control and Prevention. The CHS is a randomized, telephone survey conducted annually by the Bureau of Epidemiology Services, Division of Epidemiology, NYCDOHMH that estimates a wide range of chronic diseases and behavioral risk factors. It is a cross-sectional survey that samples approximately 10,000 adults age 18 and older from all five boroughs of New York City. The survey data are self-reported by NYC residents and provide insights and better understanding of the health status and behaviors of persons residing in the UHF neighborhoods. All results are age-adjusted and restricted to persons over 50 years old. Specifics regarding the exact wording and explanation for the CHS survey questions can be found at the http://nyc.gov/health/epiquery.

Age-specific rates and other demographic indicators were obtained using data from the 2000 U.S. Census. In instances when the hospitalization and mortality counts are too small, the calculated rates are unstable and should be viewed with caution. These findings are highlighted and noted in the document. All disease outcomes are age-adjusted when possible. An age-adjusted rate takes into consideration the differences in the distribution of age in a population and the impact it may have on disease outcomes. This is important when comparing the prevalence of disease in different geographic areas if the age distribution within the areas is not the same.
SUNY Downstate Medical Center would like to thank the following individuals for their help in preparing the Report on Chronic Obstructive Pulmonary Disease:

RESEARCH
Steven D. Ritzel, MPH, MIA
Director for Regional Planning and Public Health Research, Office of Planning, and Clinical Assistant Professor, School of Public Health

ADVISORY COMMITTEE
Judith LaRosa, PhD, RN
Professor of Policy and Management and Vice Dean, School of Public Health

Michael A. Joseph, PhD, MPH
Assistant Professor of Epidemiology and Biostatistics, School of Public Health

Mira Grice Sheff, PhD
Assistant Professor of Environmental and Occupational Health Sciences, School of Public Health

Denise M. Bruno, MD, MPH
Assistant Professor of Community Health Sciences, School of Public Health

Maria E. Yomtov, RN MSN CDE
Associate Director of Nursing and Director, Center for Community Health Promotion and Wellness, SUNY Downstate Patient Education Department

Michael Harrell, MPA
Assistant Vice President for Community and Governmental Relations

Doris Youdelman
Senior Editor/Writer, Office of Institutional Advancement

REVIEWERS
Pascal James Imperato, MD, MPH & TM
SUNY Distinguished Service Professor and Dean, School of Public Health

Madu Rao, MD
Professor Emeritus of Pediatrics

Ellen Watson
Assistant Vice President for Institutional Advancement

Design: Bruce Kuo
Cover Design: Bruce Kuo
Division of Biomedical Communications

Published by the Office of Institutional Advancement and the Office of Planning
SUNY Downstate Medical Center, 2011

For other Health Reports in this series,
go to: www.downstate.edu/bhr/