



REPORT CARD ON BROOKLYN'S HEALTH

SUNY DOWNSTATE MEDICAL CENTER

RESEARCH

Steven Ritzel, MPH, MIA

Director for Regional Planning
and Research, Office of Planning
SUNY Downstate Medical Center

ADVISORY COMMITTEE

Karen Benker, MD, MPH

Assistant Professor of Family Practice
and Assistant Clinical Professor of
Preventive Medicine and
Community Health

Judith LaRosa, PhD, RN

Professor of Preventive Medicine
and Community Health

Brian Kell

Assistant Vice President
of Institutional Advancement

LETTER FROM THE PRESIDENT

This report card is the first in a series that will describe Brooklyn's health status and some of the ways the health issues raised could be addressed.

Fellow residents and friends of Brooklyn:

Many factors determine the quality of life of a community. None, though, is more important than the health of its citizens. Without good health, children find it difficult to learn, the elderly recover from one illness only to learn that they are beset with another, employees produce less, and hope withers.

The founders of our medical center were very aware of these problems. SUNY Downstate traces its origins to 1860, before there was a Brooklyn Bridge. Concerned about the well-being of the borough's large immigrant community, the founders hoped to make health-care accessible to all those in need. In that way, they nurtured the American Dream and a Brooklyn diaspora that today stretches to every corner of the country.

As Brooklyn's only academic medical center, SUNY Downstate continues to play a unique role in the borough's life. We have trained more physicians practicing in Brooklyn (and New York City) than any medical school in the country. In 1998, one of our researchers, Dr. Robert Furchgott, won the Nobel Prize in Medicine for discoveries holding enormous implications for the treatment of heart and vascular diseases. And our University Hospital of Brooklyn is the borough's leader in providing advanced medical care.

We need to do more, as this report clearly demonstrates. Brooklynites suffer much higher rates of diseases — many of them preventable — than other New Yorkers and Americans. And yet, their access to care — whether it be a visit to a family doctor or a referral to a specialist — is dramatically less.

Two decades ago, the federal government set health goals for the dawn of a new century. Healthy People 2000 has achieved many of its original objectives but it remains a program in progress. This is especially true in Brooklyn, where most health targets remain unmet.

This report card is the first in a series that will describe Brooklyn's health status and some of the ways the health issues raised could be addressed.

Together, we can raise the standard of care in Brooklyn, so that its citizens— whether they were born here in East Flatbush or in a distant village, whether they are young or old, whether they have insurance or not — can lead purposeful and happy lives.

John C. LaRosa, M.D.
President

BROOKLYN: ITS PEOPLE AND THEIR ACCESS TO CARE

Brooklyn is one of the most diverse urban communities in the nation. Tides of immigration have brought the world’s cultures to the borough’s shores. Today, more than a hundred languages are spoken by Brooklynites. These new residents have quickly established themselves and have greatly contributed to American life.

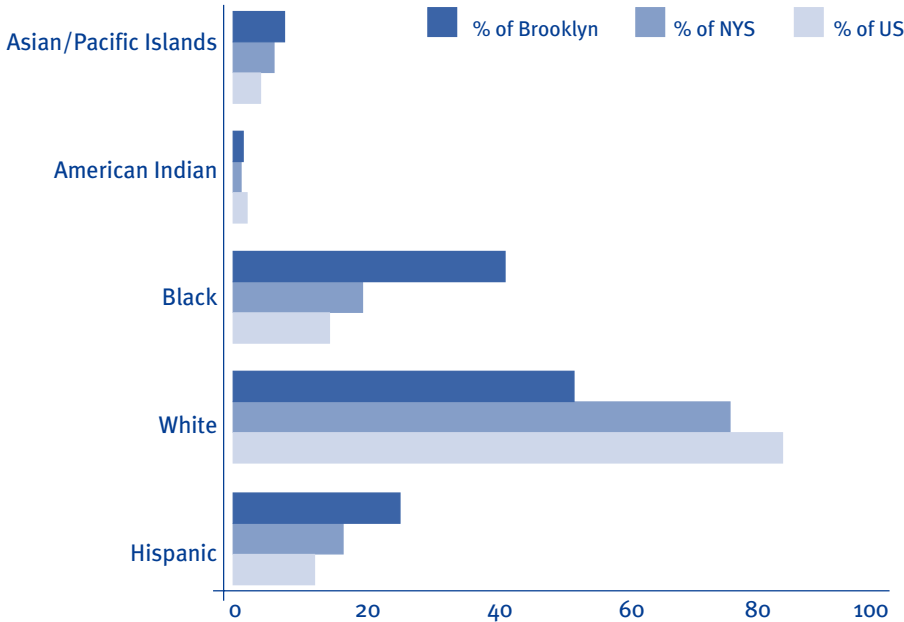
Were it a separate city, Brooklyn would be the nation’s fourth largest. Many of Brooklyn’s neighborhoods, however, are among the poorest in the nation. Nearly a third of Brooklyn families live below the poverty line, others just above that line. Unfortunately, poverty and its cousin, poor health, go hand-in-hand.

Why? It’s impossible to pinpoint a single factor. Many factors contribute to poor health: lack of knowledge, inadequate or no insurance, poor access to care, and linguistic and cultural barriers. Even correcting these problems, however, does not guarantee good health.

RACE AND ETHNICITY

Minorities, particularly African-Americans, Hispanics, and Asian/Pacific Islanders, make up a greater percentage of Brooklyn’s population than they do New York State’s or the nation’s.

Source: 1997 Population Estimates, U.S. Census Bureau.

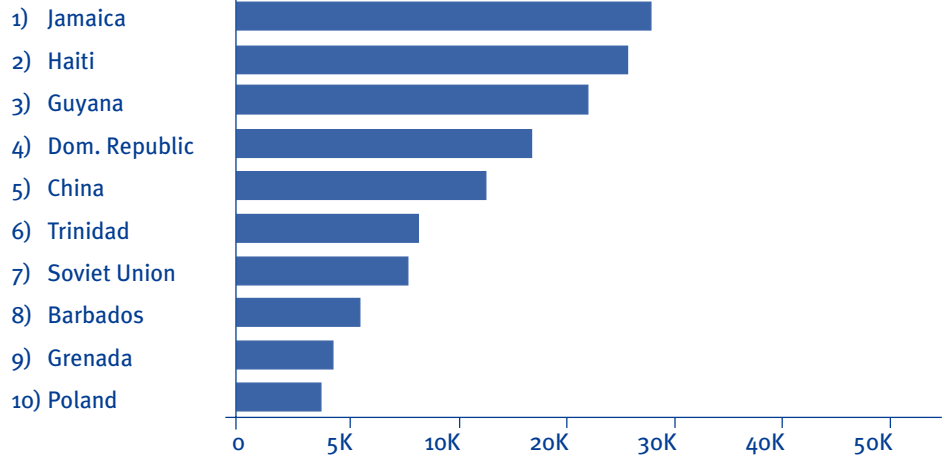


TOP TEN IMMIGRANT GROUPS TO BROOKLYN

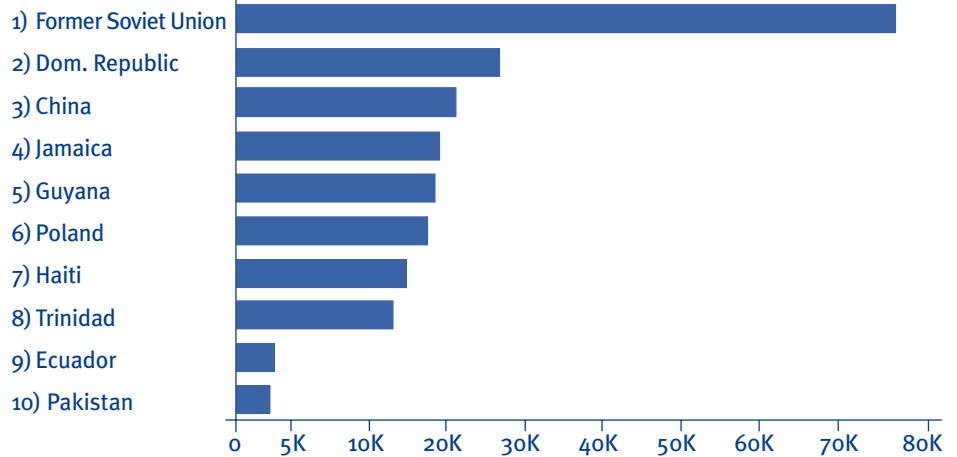
Brooklyn is the borough of immigrants. From 1982 to 1996, immigration to the borough totaled more than 480,000 people. In the '80s, these new immigrants came primarily from the Caribbean; in the '90s from the former Soviet Union and Eastern Europe.

Source: The Newest New Yorkers, New York City Department of City Planning.

1982-1989 • Total Immigration 201,941



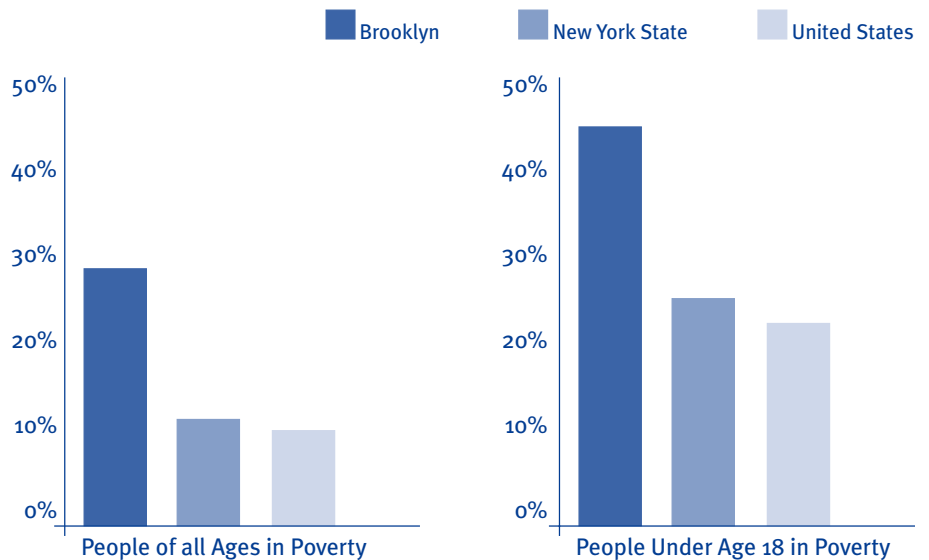
1990-1996 • Total Immigration 282,771



POVERTY IN BROOKLYN, NEW YORK STATE AND THE NATION

Brooklynites are twice as likely to live in poverty as state and U.S. residents, and the median household income in the borough was \$24,034 in 1995, compared to the national average of \$34,076. Brooklyn's children fare worse: nearly half live in poverty.

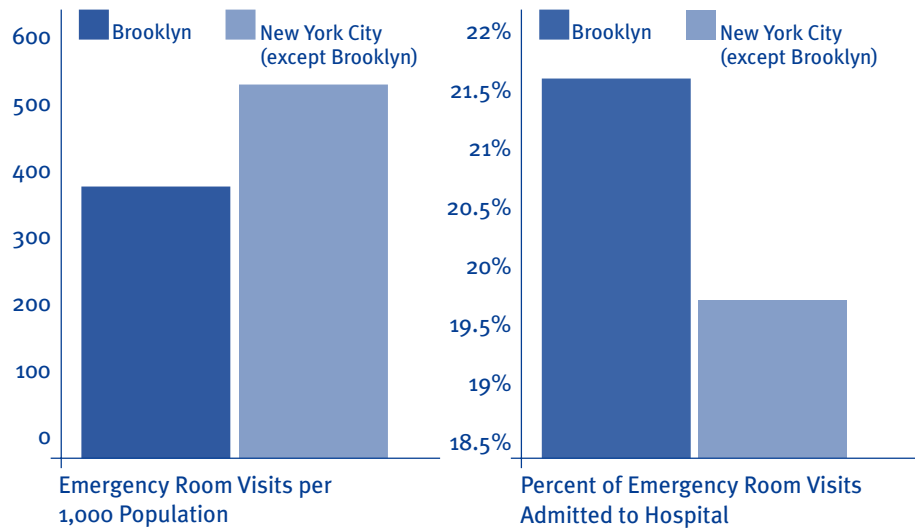
Source: Small Area Income and Poverty Estimates, U.S. Census Bureau.



A COMPARISON OF USAGE OF HOSPITAL-BASED AMBULATORY CARE

Brooklynites are less likely to use the emergency room than other New York City residents. However, they are more likely to be admitted to the hospital following an emergency room visit, suggesting that they are sicker when they do seek care.

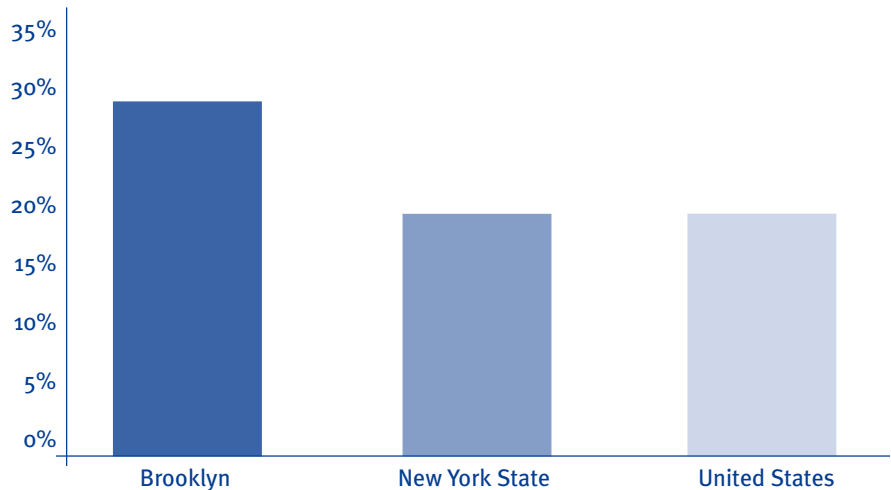
Source: Health Care Annual, 1999 Update, United Hospital Fund of New York



UNINSURED ADULTS LIVING IN BROOKLYN, NEW YORK STATE, AND THE UNITED STATES

While New York State's rate matches the nation's for the percentage of uninsured, Brooklyn's is far greater: nearly 3 in 10 Brooklynites lack insurance.

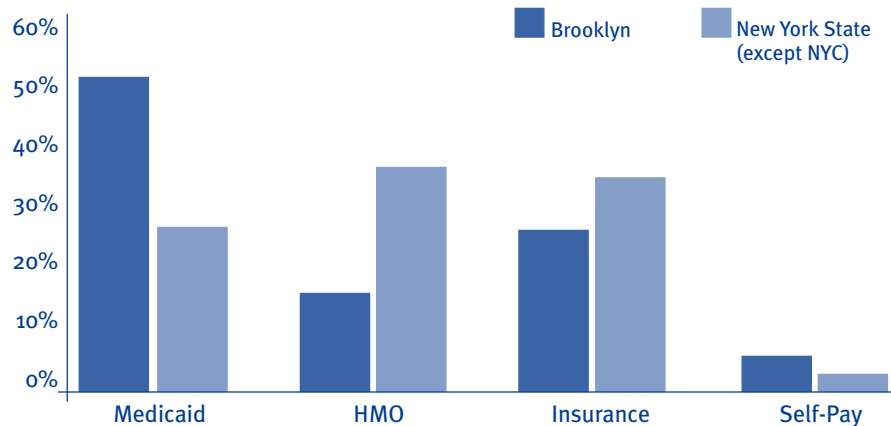
Sources: Survey of Healthcare in NYC, 1997. Five Boroughs, Common Problems in NYC, 2000. The Commonwealth Fund.



PERCENTAGE OF LIVE BIRTHS BY PRIMARY FINANCIAL COVERAGE

More than half of all new mothers in Brooklyn rely upon Medicaid to cover the births of their babies—a far greater percentage than other mothers in New York State. Brooklyn mothers are less likely to be covered by private insurance or an HMO.

Source: Vital Statistics New York State, 1997 NYC Department of Health.



BROOKLYN: LEADING CAUSES OF DEATH AND SICKNESS

Three of the top ten causes of death in Brooklyn — HIV, homicide, and drug dependence — are not leading causes of death across the state or the nation.

With few exceptions, the health of Brooklynites is below state and national standards. It is also below the goals set forth in Healthy People 2000. Begun by the Surgeon General in 1979, Healthy People 2000 is the nation's disease prevention program.

Three of the top ten causes of death in Brooklyn — HIV, homicide, and drug dependence — are not leading causes of death across the state or the nation. And yet, Brooklynites are less likely to receive care in a hospital outpatient department, go to an emergency room, or visit a mental health professional.

While heart disease is the leading killer of all Americans, a much greater percentage die from this disease in Brooklyn. Infant mortality is also much greater in Brooklyn than it is in New York State and the nation.

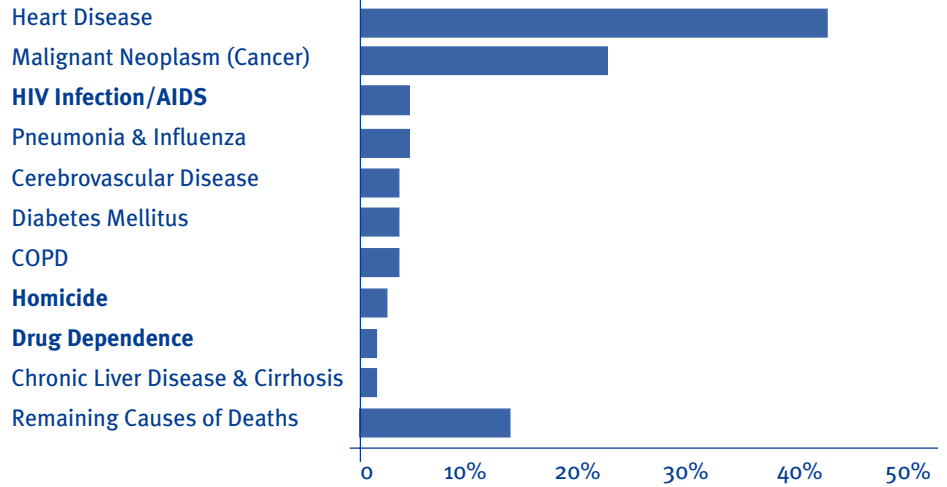
The quality of life of many Brooklynites is seriously impaired by sickness. Brooklyn's adults are more likely to suffer from diabetes, tuberculosis, and pneumonia than other New Yorkers and Americans. And Brooklyn's children are far more likely to suffer from asthma, sickle cell disease, and lead poisoning than children living elsewhere in the country.

TOP TEN CAUSES OF DEATH

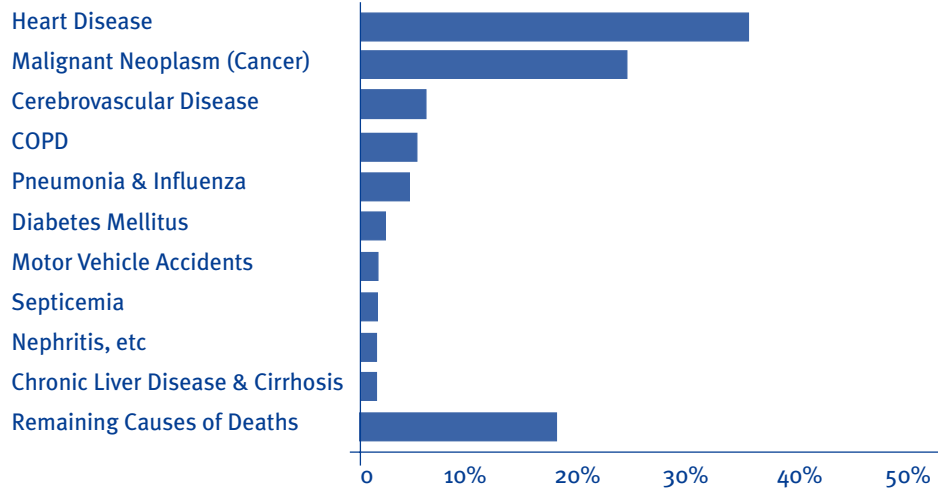
While the leading causes of death in New York State mirror the United States, Brooklyn presents a different picture. Three of the top ten causes of death in Brooklyn—AIDS, homicide, and drug dependence—are not leading causes of death elsewhere. These diseases, which primarily affect younger Brooklynites, could be greatly reduced through public health intervention.

Sources: 1997 Vital Statistics Report, NYSDOH. Deaths: Final Data for 1997, CDC.

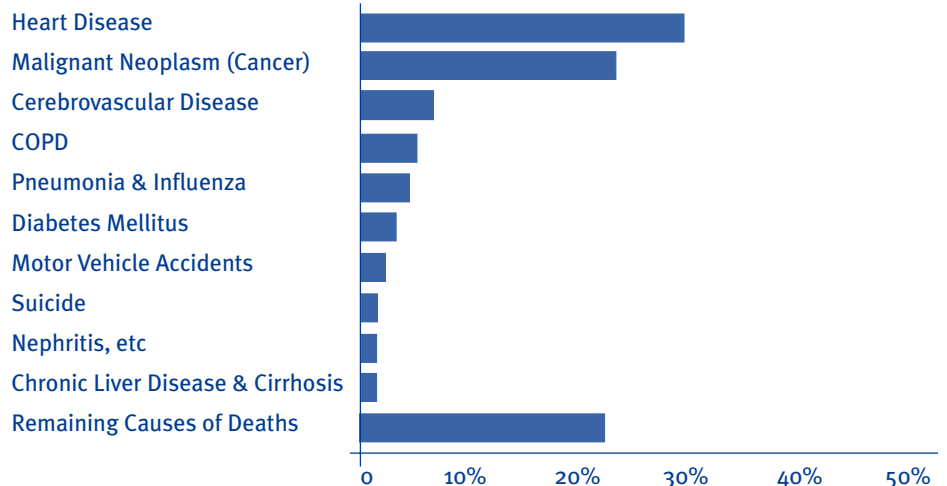
Brooklyn



New York State (excluding NYC)



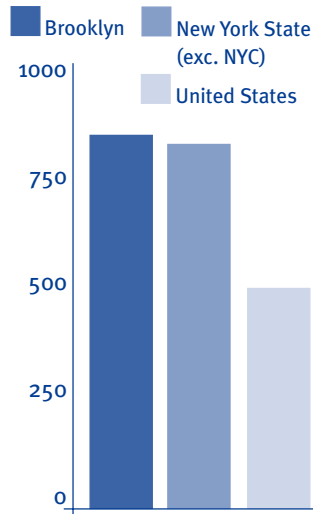
United States



TOTAL DEATH RATES, 1997*

The death rate in Brooklyn is higher than the national average. It is also greater than New York State's average.

Sources: 1997 Vital Statistics Report, NYSDOH. Deaths: Final Data for 1997; CDC.



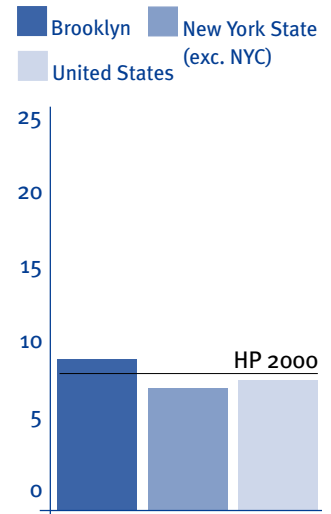
Note: Deaths per 100,000
Brooklyn & NYS death rates adjusted for age and sex. US death rates adjusted for age

INFANT DEATH RATES, 1997*

Infant deaths in Brooklyn far exceed those in New York State, the nation, and the goal of Healthy People (HP) 2000. After declining for much of the 1990s, Brooklyn's infant death rate began to increase in 1996.

Infant Mortality Rate is the number of infant deaths per 1,000 live births

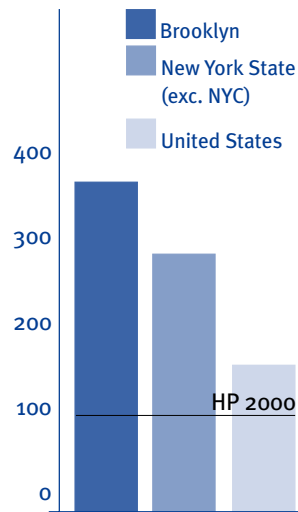
Sources: 1997 Vital Statistics Report, NYSDOH. Deaths: Final Data for 1997, CDC.



HEART DISEASE DEATHS, 1997*

Heart disease is the leading cause of death for residents of Brooklyn, New York State, and the nation. However, heart disease accounts for more deaths in the borough than it does elsewhere in the nation. The Brooklyn rate of 382 deaths per 100,000 compares very unfavorably with the Healthy People (HP) 2000 goal of 100 deaths per 100,000.

Sources: 1997 Vital Statistics Report, NYSDOH. Deaths: Final Data for 1997, CDC.

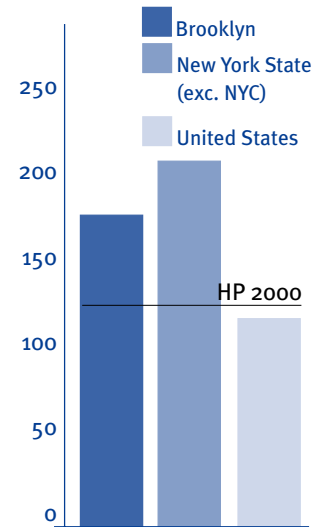


Note: Deaths per 100,000
Brooklyn & NYS death rates adjusted for age and sex. US death rates adjusted for age

ALL CANCER DEATHS, 1997*

Deaths from all cancers in Brooklyn are less than in New York State per 100,000, but higher than the nation's. The Brooklyn rate is also much higher than the Healthy People (HP) 2000 goal of 130 deaths per 100,000.

Sources: 1997 Vital Statistics Report, NYSDOH. Deaths: Final Data for 1997, CDC.



Note: Deaths per 100,000
Brooklyn & NYS death rates adjusted for age and sex. US death rates adjusted for age

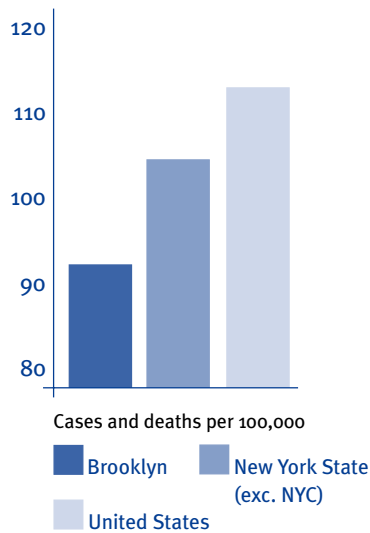
* U.S. data are calculated to different base years and are only roughly comparable to Brooklyn and New York State data.

BREAST CANCER CASES

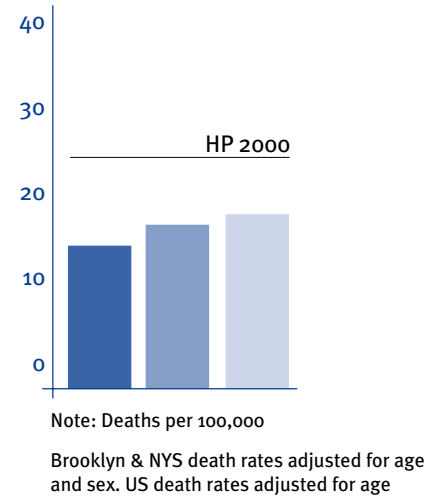
Fewer women living in Brooklyn are diagnosed with breast cancer or die from the disease than women living in New York State and the United States. However, studies have shown that African-American women are less likely to be screened for breast cancer than white women. Consequently, African-American women with breast cancer are more likely to die from the disease than white women.

Sources: 1990-94 Brooklyn & New York State, NYS Cancer Registry. 1992-96 United States, SEER Cancer Statistics Review. 1997 Vital Statistics Report, NYS Dept. of Health, United States, 1999; U.S. Dept. of Health and Human Services.

Diagnosed Breast Cancer Cases



Breast Cancer Deaths, 1997*

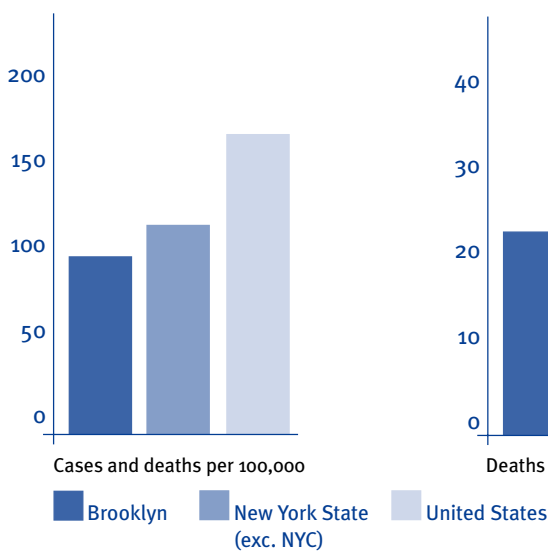


PROSTATE CANCER CASES

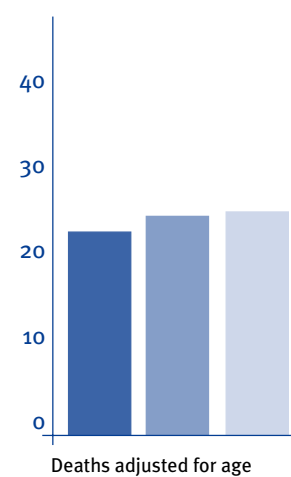
The diagnosed rate of prostate cancer is less in Brooklyn than it is in New York State and the nation — an indication that men living in Brooklyn are less likely to be screened for the disease. Death rates in Brooklyn from prostate cancer are slightly less than the state and national averages. This is an unexpected outcome and needs further research since black men, who make up a much larger percentage of the population in the borough than they do elsewhere, are twice as likely to die of prostate cancer than white men.

Sources: 1990-94 Brooklyn & New York State, NYS Cancer Registry. 1992-96 United States, SEER Cancer Statistics Review. Seminars in Urologic Oncology, Nov. 1998.

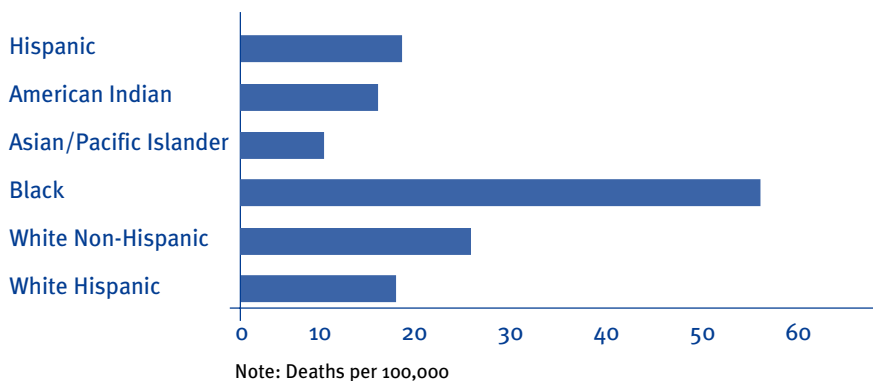
Diagnosed Prostate Cancer Cases



Prostate Cancer Deaths



Prostate Cancer Deaths by Race/Ethnicity, 1990-1995

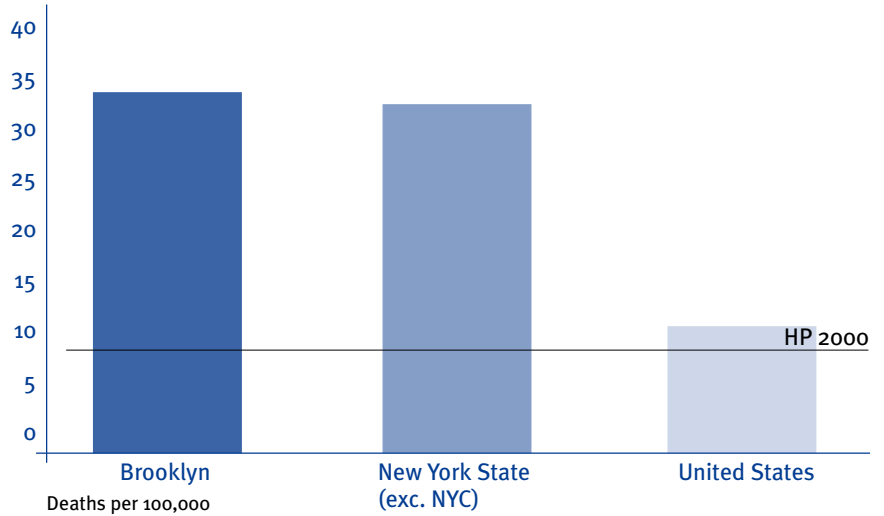


* U.S. data are calculated to different base years and are only roughly comparable to Brooklyn and New York State data.

PNEUMONIA DEATHS, 1997*

Pneumonia deaths are dramatically higher in Brooklyn and New York State than they are in the United States. Occurring primarily in those over 65, most pneumonia deaths are preventable through vaccinations. Brooklyn's rate of nearly 35 far exceeds the Healthy People (HP) 2000 goal of 7.3 deaths per 100,000.

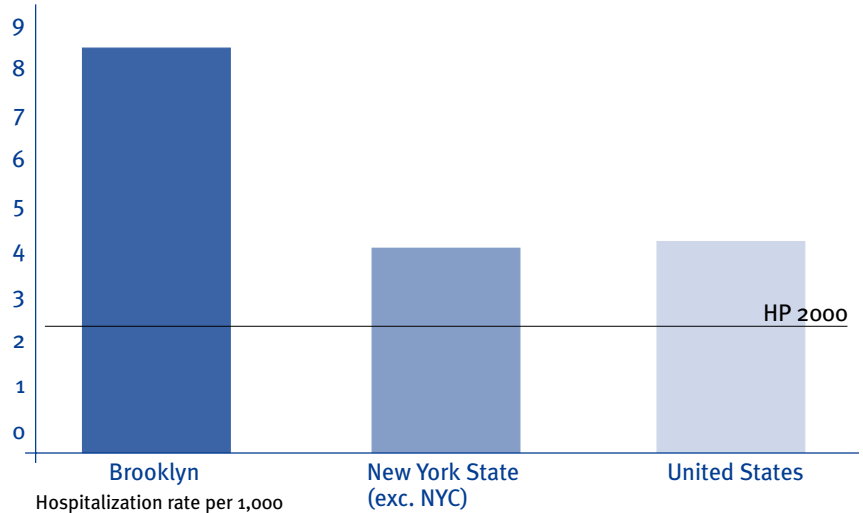
Sources: 1997 Vital Statistics Report, NYSDOH Deaths: Final Data for 1997; Centers for Disease Control & Prevention.



HOSPITALIZATION RATE FOR PEDIATRIC ASTHMA

Children with asthma living in Brooklyn are twice as likely as children living elsewhere in New York and the United States to be hospitalized for asthma. The Brooklyn rate is also much higher than the Healthy People (HP) 2000 goal. With education and proper medication, virtually all these hospitalizations could be prevented.

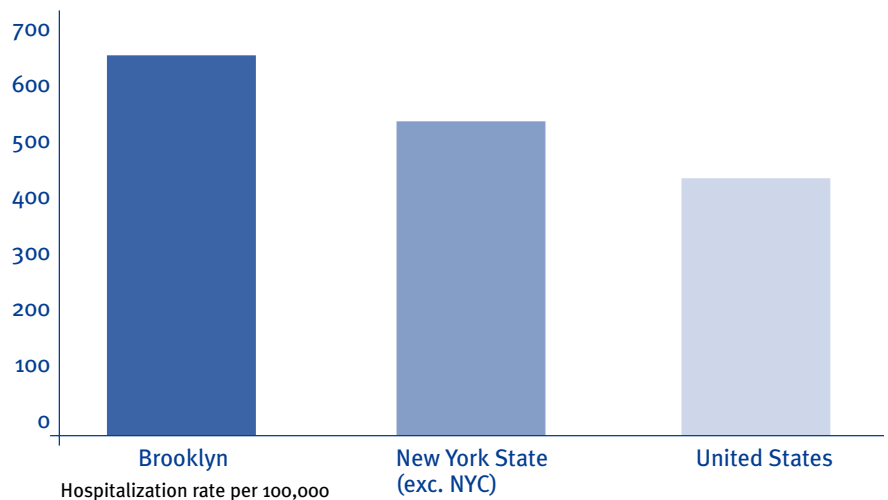
Sources: Asthma Facts [1997], NYCDOH. Public Health Indicators [1997], NYSDOH reports only for ages 0-4. Health, United States, 1999 [1996]; USDHHS.



HOSPITALIZATION RATE FOR DIABETES

Diabetes is often called the “silent killer,” because it greatly increases a person’s chance of heart disease, stroke, and other deadly diseases. In Brooklyn, hospitalization rates for diabetes exceed the New York State and national averages, indicating that Brooklynites are not receiving the medical attention and education they need to fight this debilitating disease.

Sources: Diabetes in New York State [1995], NYSDOH. The Public Health of Diabetes Mellitus in the US [1994], CDC.

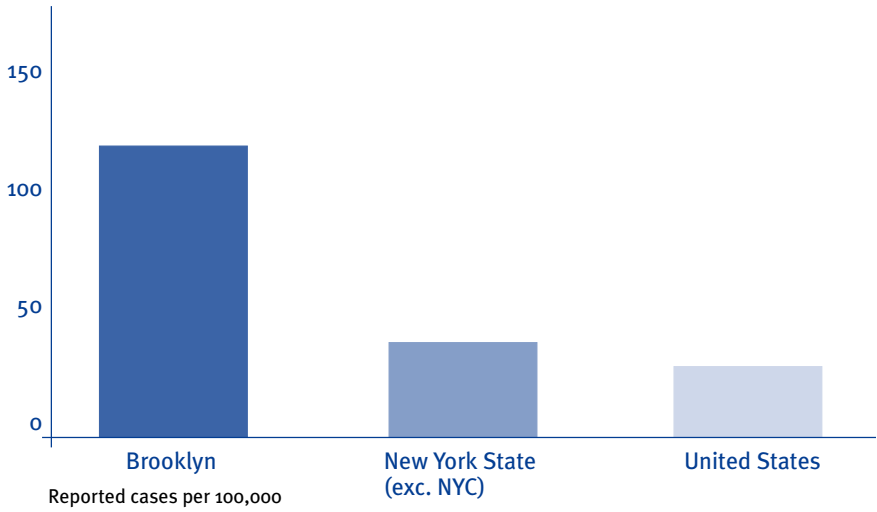


* U.S. data are calculated to different base years and are only roughly comparable to Brooklyn and New York State data.

REPORTED AIDS CASES, 1997

Reported cases of AIDS in Brooklyn are nearly six times the national average and much greater than the New York State average. Since the beginning of the epidemic, women and children in Brooklyn have been disproportionately affected by the disease. Nationally, women and children are now among the fastest growing segments of the population affected by the disease.

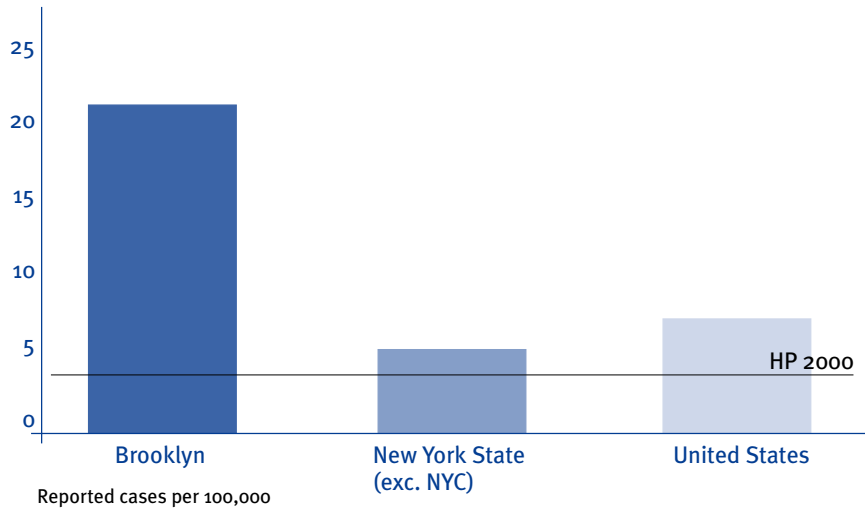
Sources: AIDS Surveillance Report, NYCDOH. Communicable Disease in New York State, NYSDOH. HIV/AIDS Surveillance Report, CDC.



REPORTED TUBERCULOSIS CASES, 1997

Tuberculosis, particularly multiple drug resistant strains, are a major health problem in Brooklyn. Reported cases in the borough are four times the New York State average, which still exceeds the Healthy People (HP) 2000 goal of 3.5 cases per 100,000.

Sources: 1999 Information Summary, NYCDOH. Communicable Disease in New York State, NYSDOH. Reported Tuberculosis in the United States, CDC.



BROOKLYN: A PARTNERSHIP FOR HEALTH

Solutions can come only from bold and creative partnerships among patients, their communities, and their health-care providers.

Brooklyn is the home of dreamers and achievers. We present the information in this booklet to stimulate the search for solutions — solutions that can come only from bold and creative partnerships among patients, their communities, and their health-care providers.

This report represents the beginning of a detailed analysis of the health of the borough. We welcome the involvement of all interested parties in deepening and broadening our shared understanding. If you have information or suggestions to contribute, please contact John C. LaRosa, M.D., President, SUNY Downstate Medical Center, 450 Clarkson Avenue, Brooklyn, NY 11203.