Flatbush and Midwood

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

Community Health Profiles

Explore the health of New York City neighborhoods

Our neighborhoods are segregated by race and wealth. Structural racism and differences in neighborhood resources have led to inequitable health outcomes across the city.

Table of Contents:

Why does health differ by neighborhood?

Some New Yorkers live longer, healthier lives than others. Structural racism contributes to the disproportionate burden of disease in some communities. The New York City Community Health Profiles highlight disparities among neighborhoods. They can be used by policymakers, community groups, health professionals, researchers, and residents to encourage community engagement and action.

Our health starts where we live, work, and play. Interpret these data with an understanding that good health is not only determined by personal choices. Many other factors shape differences in health outcomes, including past and current discrimination based on race, ethnicity, national origin, gender, sexual orientation, and other identities.

Choose your community
Brooklyn 314: Flatbush and Midwood

WHO WE ARE

165,630 people live in **Flatbush and Midwood**.

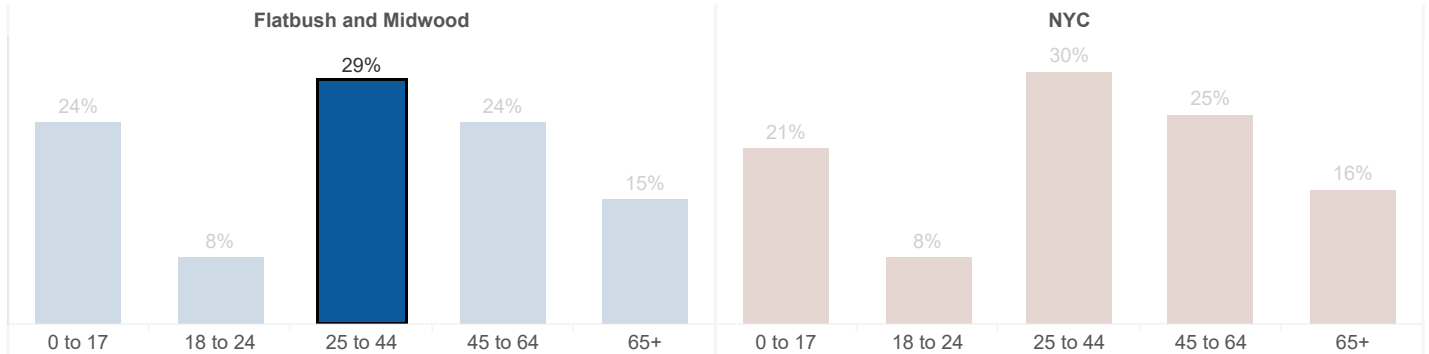**75%** report that their own health is good, very good or excellent.

The life expectancy is **82.7** years.

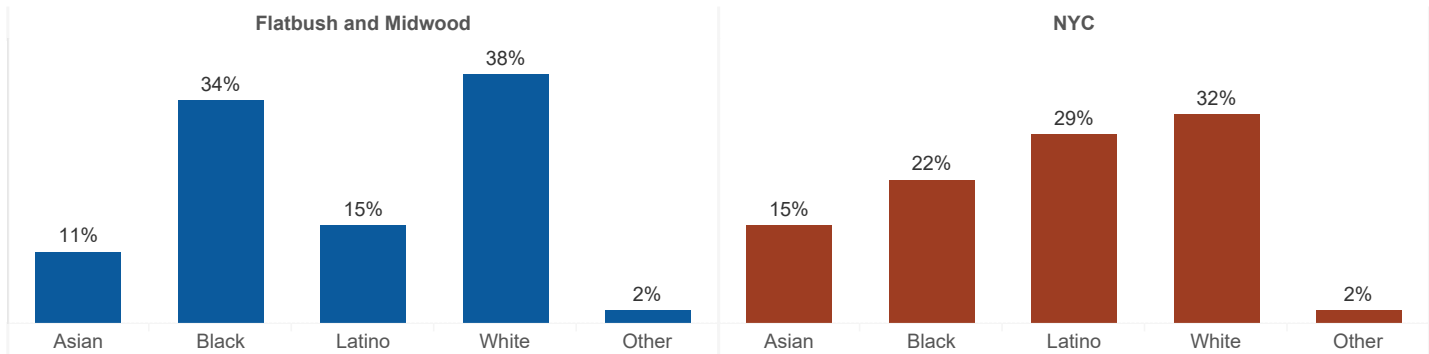**41%** of residents were born outside of the U.S., compared with 37% for all of NYC.

23% of residents have limited English proficiency, compared with 22% for NYC.

© OpenStreetMap

Population by age

Flatbush and Midwood

0 to 17	18 to 24	25 to 44	45 to 64	65+
24%	8%	29%	24%	15%

NYC

0 to 17	18 to 24	25 to 44	45 to 64	65+
21%	8%	30%	25%	16%

Population by race/ethnicity^

Flatbush and Midwood

Asian	Black	Latino	White	Other
11%	34%	15%	38%	2%

NYC

Asian	Black	Latino	White	Other
15%	22%	29%	32%	2%

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

Note: Percentages may not sum to 100% due to rounding.
Sources: Population, race and ethnicity, and age: NYC DOHMH population estimates, modified from US Census Bureau interpolated intercensal population estimates, 2000-2021; updated September 2022. Born outside the U.S. and English proficiency: U.S. Census Bureau, American Community Survey, 2015-2019. Self-reported health: NYC DOHMH Community Health Survey, 2019-2020. Life expectancy: NYC DOHMH Bureau of Vital Statistics, 2010-2019 (community distr..

See the Notes page for information about data and methodology.

Choose your community
Brooklyn 314: Flatbush and Midwood

Choose comparison community
None

Show most favorable rate
No

SOCIAL AND ECONOMIC CONDITIONS

| Education | Economic Stress | Neighborhood | Violence and Incarceration |

NYC | **Brooklyn** | **Flatbush and Midwood**
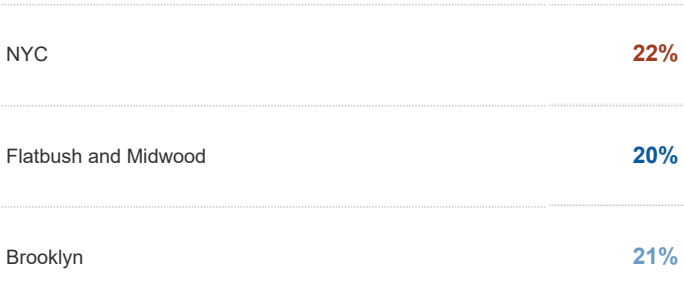
EDUCATION

Higher education levels are associated with better health outcomes. Missing too many days of school can cause students to fall behind and increases their risk of dropping out.

In **Flatbush and Midwood**, the elementary school absenteeism rate is **20%**, which is **lower than** the rate for NYC overall.

Four in five high school students in **Flatbush and Midwood** graduate in four years, **similar to** the citywide rate.
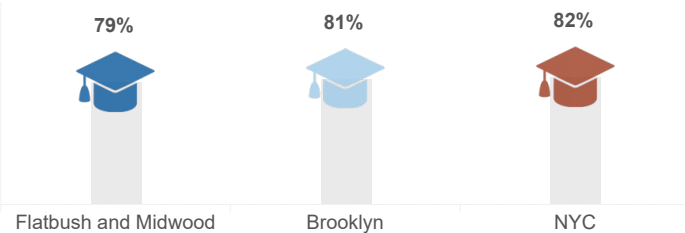
Elementary school absenteeism
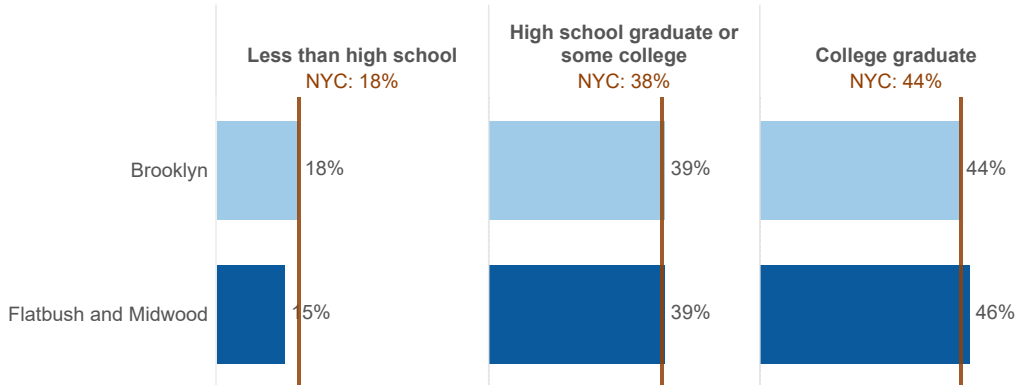percent of public school students in grades K through 5 missing >10% of reported school days

NYC	**22%**
Flatbush and Midwood	**20%**
Brooklyn	**21%**

Source: NYC Department of Education, 2018-2019

On-time high school graduation
(percent of public school students graduating in four years)

Flatbush and Midwood	Brooklyn	NYC
79%	81%	82%

Source: NYC Department of Education graduation data obtained from New York State Department of Education, 2018-2019

Highest level of education achieved (percent of adults 25 years and older)

	Less than high school NYC: 18%	High school graduate or some college NYC: 38%	College graduate NYC: 44%
Brooklyn	18%	39%	44%
Flatbush and Midwood	15%	39%	46%

Nearly half of adults in **Flatbush and Midwood** have a college degree. **15%** of adults have not completed high school, a rate **lower than** the citywide rate.

Source: U.S. Census Bureau, American Community Survey, 2015-2019.

Note: NYC and borough High School On-Time Graduation data may differ from other published sources. See the Notes page for more information about data and methodology.

Choose your community
Brooklyn 314: Flatbush and Midwood

Choose comparison community
None

Show most favorable rate
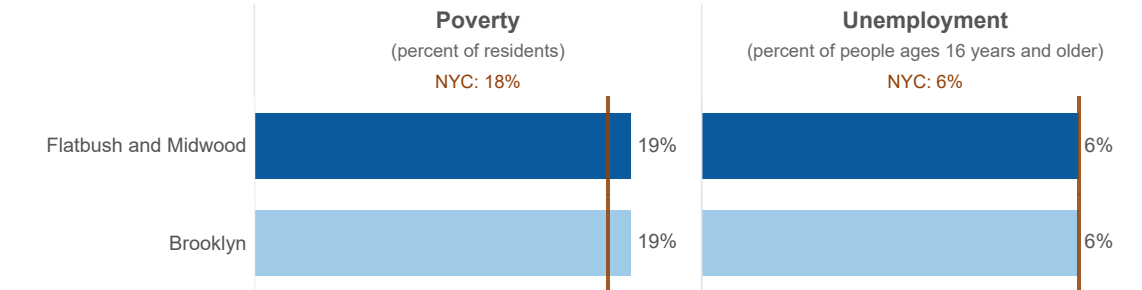No

SOCIAL AND ECONOMIC CONDITIONS

| Education | Economic Stress | Neighborhood | Violence and Incarceration |

NYC | **Brooklyn** | **Flatbush and Midwood**

ECONOMIC STRESS

Living in high-poverty neighborhoods limits healthy options and makes it difficult to access health care and resources that promote health.

In **Flatbush and Midwood**, **19%** of residents live in poverty, compared with 18% of NYC residents.

Access to affordable housing and employment opportunities with fair wages and benefits are also closely associated with good health. **Flatbush and Midwood's** unemployment rate of **6%** is **similar to** the citywide average of 6%.

	Poverty (percent of residents) NYC: 18%	**Unemployment** (percent of people ages 16 years and older) NYC: 6%
Flatbush and Midwood	19%	6%
Brooklyn	19%	6%

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

Sources: Unemployment: U.S. Census Bureau, American Community Survey, 2015-2019; Poverty: American Community Survey Public Use Micro Sample files as augmented by NYC Opportunity, 2015-2019 (community district), 2019 (NYC and borough)

Rent burden (percent of renter-occupied homes)

54%	51%	50%
Flatbush and Midwood	Brooklyn	NYC
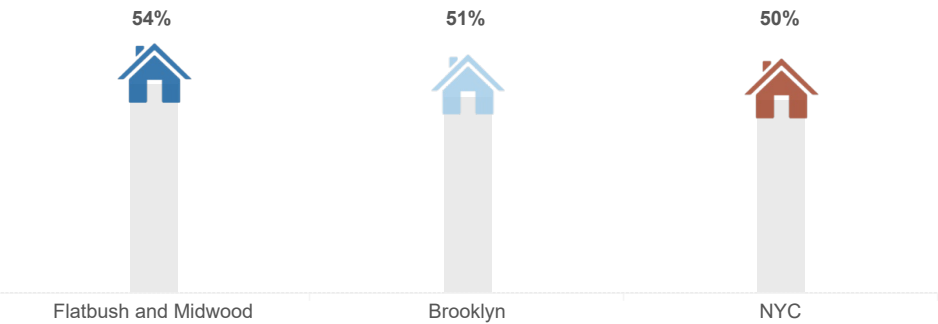
Rent burdened households pay more than 30% of their income for housing and may have difficulty affording food, clothing, transportation and health care. **54%** of **Flatbush and Midwood** residents are rent burdened, a rate **higher than** residents citywide.

Source: U.S. Census Bureau, American Community Survey, 2015-2019

One way to consider the effect of income on health is by comparing death rates among neighborhoods. "Avertable deaths" are those that could have been avoided if each neighborhood had the same death rate as the five wealthiest neighborhoods. Using this measure, **28%** of deaths could have been averted in **Flatbush and Midwood.**

Note: Unemployment data may differ from rates presented in other published sources. See the Notes page for more information about data and methodology.

Choose your community
Brooklyn 314: Flatbush and Midwood

Choose comparison community
None

Show most favorable rate
No

SOCIAL AND ECONOMIC CONDITIONS

| Education | Economic Stress | Neighborhood | Violence and Incarceration |

NYC | **Brooklyn** | **Flatbush and Midwood**

HELPFUL NEIGHBORS

Strong social connections can have a positive impact on the health of community members. Feeling that our neighbors are willing to help each other is one aspect of community connection. In **Flatbush and Midwood**, **80%** of residents think that their neighbors are willing to help one another. This is **similar to** the rest of the city.

Adults reporting that their neighbors are willing to help one another (percent of adults)
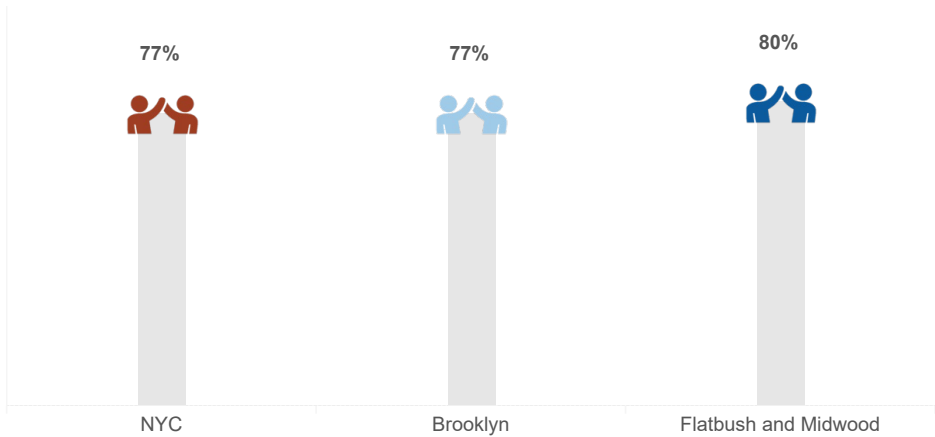
Data source: NYC DOHMH, Community Health Survey, 2017-2018

Is your neighborhood gentrifying?

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

Gentrification can be measured in many ways. One measure that is used in NYC is to determine if a low-income neighborhood (those with the lowest 40% of average household income in 1990) saw higher than median rent growth over the past 20 years. Based on this definition, of 24 neighborhoods that were considered low-income in 1990, 17 were considered to be gentrifying. **Flatbush and Midwood** is one of 35 neighborhoods within the highest 60% of average household income in 1990 and was excluded from the measure.

See the Notes page for information about data and methodology.

Choose your community
Brooklyn 314: Flatbush and Midwood

Choose comparison community
None

Show most favorable rate
No

SOCIAL AND ECONOMIC CONDITIONS

| Education | Economic Stress | Neighborhood | Violence and Incarceration |

NYC | **Brooklyn** | **Flatbush and Midwood**

VIOLENCE

Hospitalizations related to injuries from assaults capture the consequences of community violence. **Flatbush and Midwood** has a rate of assault-related hospitalizations that is **lower than** the citywide rate.

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

NYC: 59

Brooklyn — 59
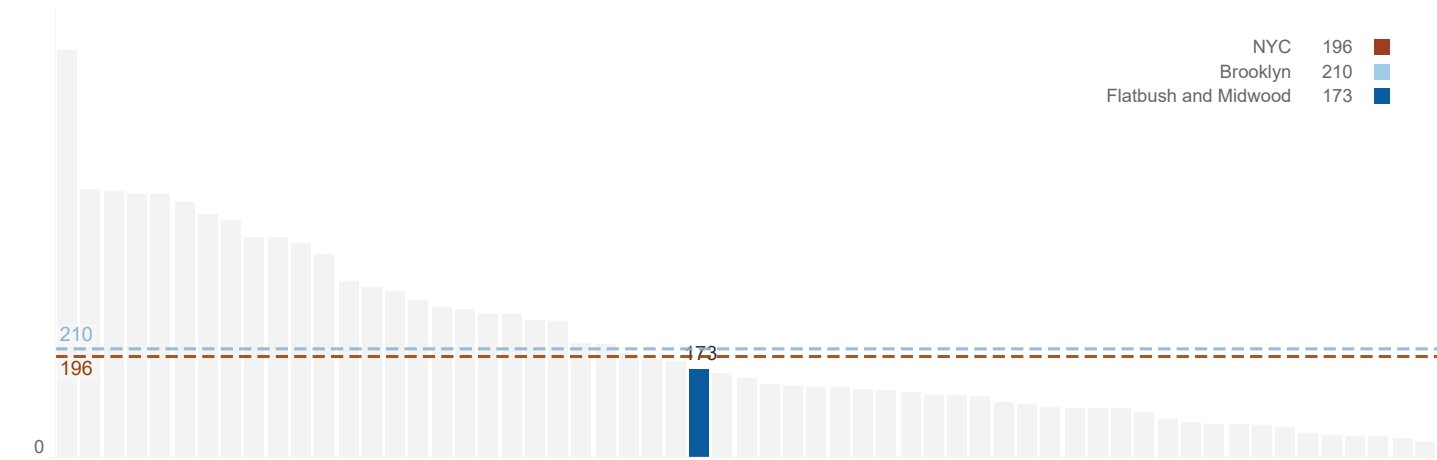
Flatbush and Midwood — 42
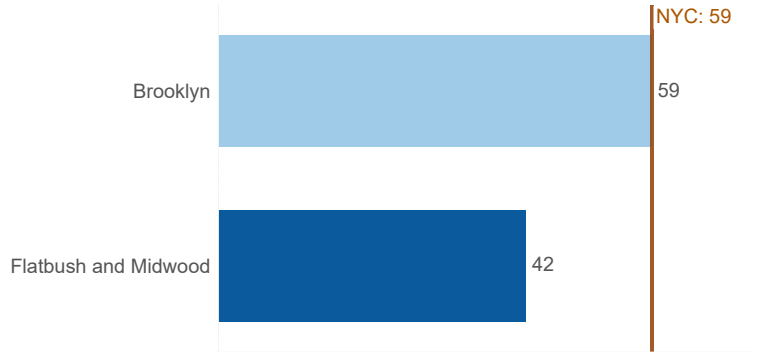
Data source: New York State Department of Health, Statewide Planning and Research Cooperative System (SPARCS), 2012-2014

INCARCERATION

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

Jail Incarceration (per 100,000 adults ages 16 and older)

NYC	196	■
Brooklyn	210	■
Flatbush and Midwood	173	■

210
196
173
0

Source: NYC Department of Corrections, 2019-2020

See the Notes page for information about data and methodology.

Choose your community
Brooklyn 314: Flatbush and Midwood

Choose comparison community
None

Show most favorable rate
No

HOUSING AND NEIGHBORHOOD CONDITIONS

Air Conditioners and Air Quality	Housing Quality	Built Environment

NYC | **Brooklyn** | **Flatbush and Midwood**

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

AIR CONDITIONING

Most heat stroke deaths in NYC occur in homes without air conditioning. **Nine in 10** households in **Flatbush and Midwood** have working air conditioners.

Homes with air conditioners (percent of households)

NYC: 91%

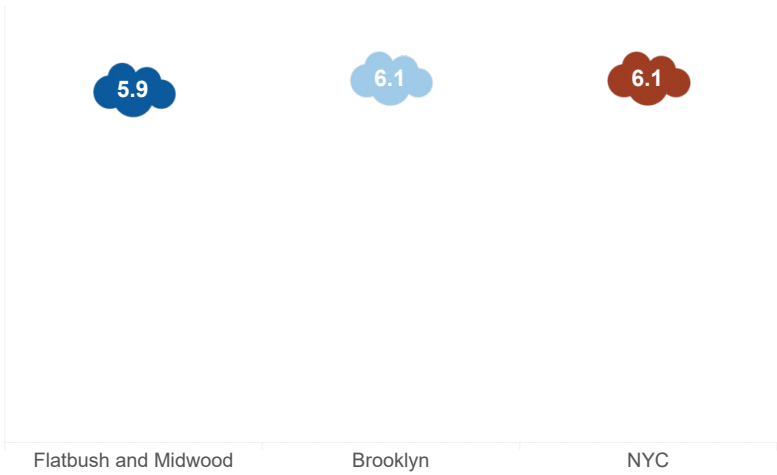Brooklyn — 90%

Flatbush and Midwood — 91%
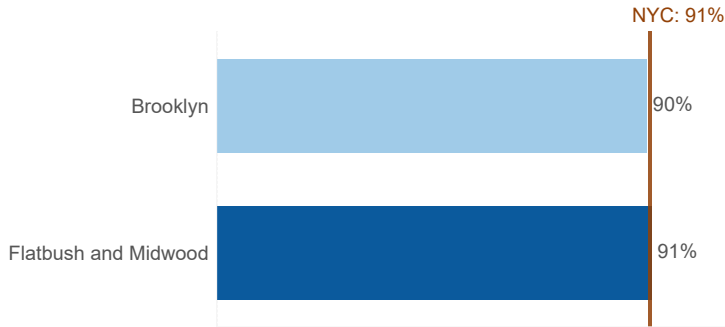
Source: NYC Housing and Vacancy Survey, 2017

AIR POLLUTION

Though air quality is improving in NYC in general, it varies by community district. In **Flatbush and Midwood**, levels of the most harmful air pollutant, fine particulate matter (PM2.5) are **5.9** micrograms per cubic meter.

Air pollution (fine particulate matter)
(micrograms of fine particulate matter per cubic meter)

5.9   6.1   6.1

Flatbush and Midwood   Brooklyn   NYC

Source: NYC DOHMH, Community Air Survey, 2020

See the Notes page for information about data and methodology.

Choose your community
Brooklyn 314: Flatbush and Midwood

Choose comparison community
None

Show most favorable rate
No

HOUSING AND NEIGHBORHOOD CONDITIONS

Air Conditioners & Air Quality	Housing Quality	Built Environment

NYC | **Brooklyn** | **Flatbush and Midwood**

HOUSING QUALITY

Every resident has the right to live in housing that is safe and pest-free. Poorly maintained housing is associated with poor health outcomes, including worsened asthma and other respiratory illnesses.

In **Flatbush and Midwood**, **55%** of renter-occupied homes are adequately maintained – free from heating breakdowns, cracks, holes, peeling paint and other defects.
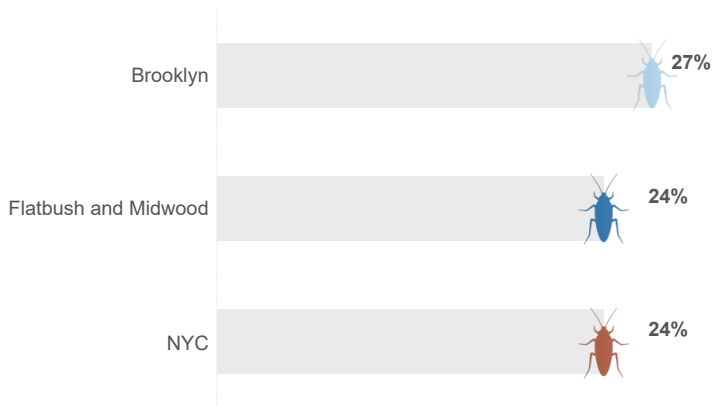
Homes with no maintenance problems (percent of renter-occupied homes)

55%	52%	52%
Flatbush and Midwood	Brooklyn	NYC
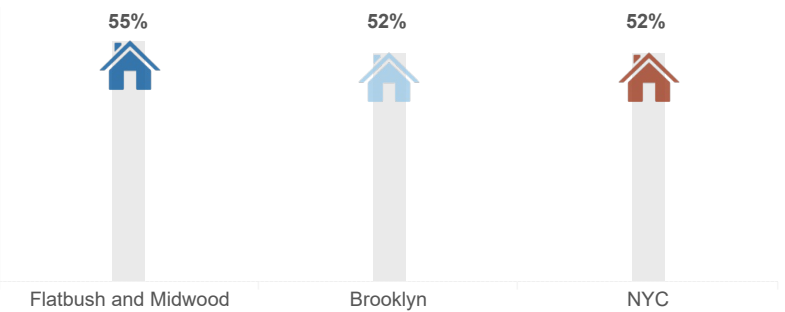
Source: NYC Housing and Vacancy Survey, 2017

24% of **Flatbush and Midwood** households report seeing cockroaches, which are a potential asthma trigger.

Homes reporting cockroaches (percent of households)

Brooklyn	27%
Flatbush and Midwood	24%
NYC	24%

Source: NYC Housing and Vacancy Survey, 2017

See the Notes page for information about data and methodology.

Choose your community
Brooklyn 314: Flatbush and Midwood

Choose comparison community
None

Show most favorable rate
No

HOUSING AND NEIGHBORHOOD CONDITIONS

Air Conditioners & Air Quality	Housing Quality	Built Environment

**NYC** | **Brooklyn** | **Flatbush and Midwood**

FOOD ENVIRONMENT

It is easier to make healthy choices when healthy, affordable food is readily available. Bodegas are less likely to have healthy food options than supermarkets. For every one supermarket in **Flatbush and Midwood**, there are **14** bodegas. The lowest ratio among NYC community districts is one supermarket for every three bodegas (healthier); the highest is one supermarket for every 19 bodegas (less healthy).

Flatbush and Midwood is home to **3** of NYC's farmers markets, another source of healthy food.

BICYCLE NETWORK COVERAGE

Access to bike lanes can make it easier and safer to ride a bike more often. **16%** of roads in **Flatbush and Midwood** have bike lanes, which is **higher than** NYC overall.

Bicycle network coverage (percent of streets with bike lanes)

	14%	16%	17%
	NYC	Flatbush and Midwood	Brooklyn
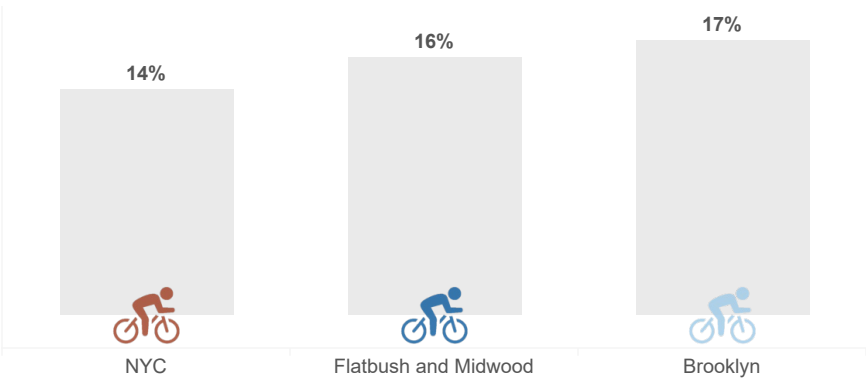
Source: NYC Department of Transportation, 2021

PEDESTRIAN INJURY

Flatbush and Midwood residents have a pedestrian injury hospitalization rate that is **similar to** NYC overall.

Pedestrian injury hospitalizations (per 100,000 people)

Flatbush and Midwood	26
Brooklyn	23
NYC	23

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

See the Notes page for information about data and methodology.

Choose your community
Brooklyn 314: Flatbush and Midwood

Choose comparison community
None

Show most favorable rate
No

MATERNAL AND CHILD HEALTH

| Pregnancy and Birth | Child Health |

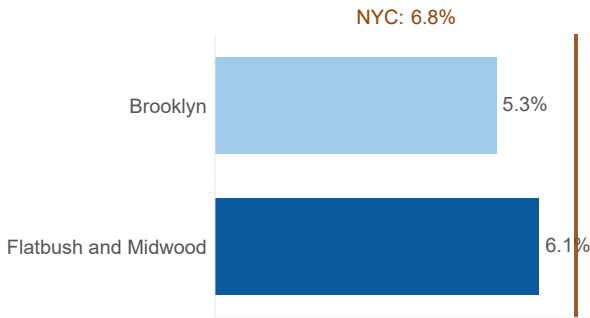**NYC** | **Brooklyn** | **Flatbush and Midwood**

Access to quality health care is critical to a mother's health before, during and after pregnancy, and to the health of our littlest New Yorkers. Preterm birth (three or more weeks before the due date) is a key driver of infant death.

PREGNANCY OUTCOMES

In **Flatbush and Midwood**, the rate of expectant mothers receiving late or no prenatal care is **lower than** the citywide rate.
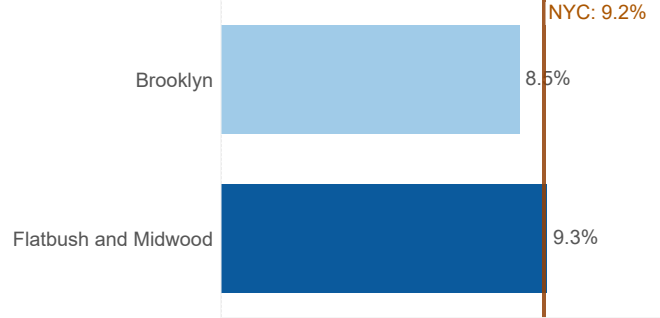
One in 11 births to **Flatbush and Midwood** residents is preterm (three or more weeks before the due date), **similar to** the citywide rate.

Late or no prenatal care (percent of live births)

NYC: 6.8%

Brooklyn 5.3%

Flatbush and Midwood 6.1%

Source: NYC DOHMH, Bureau of Vital Statistics, 2019

Preterm births (percent of live births)

NYC: 9.2%

Brooklyn 8.5%
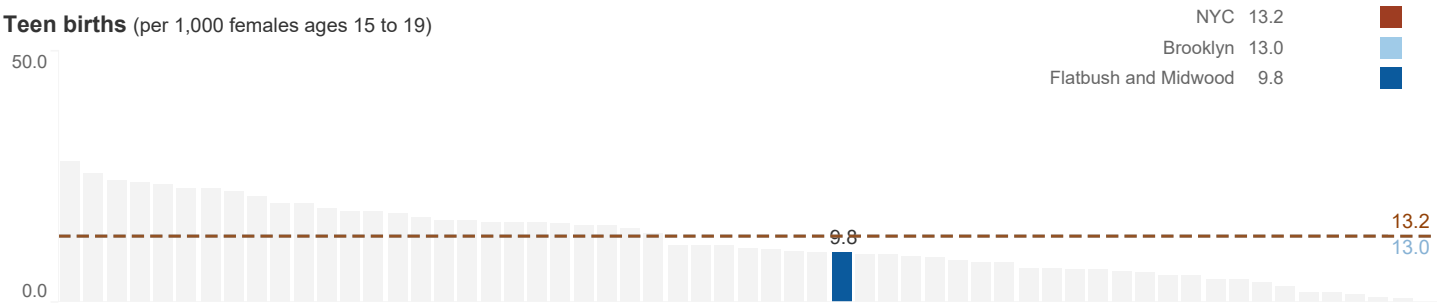
Flatbush and Midwood 9.3%

Source: NYC DOHMH, Bureau of Vital Statistics, 2019

TEEN PREGNANCY

Teen pregnancy has declined across NYC, the teen birth rate in **Flatbush and Midwood** is **9.8 per 1,000 teen girls**.

Teen births (per 1,000 females ages 15 to 19)

NYC	13.2
Brooklyn	13.0
Flatbush and Midwood	9.8

50.0

9.8

13.2
13.0

0.0

Source: NYC DOHMH, Bureau of Vital Statistics, 2017-2019

See the Notes page for information about data and methodology.

Choose your community
Brooklyn 314: Flatbush and Midwood

Choose comparison community
None

Show most favorable rate
No

MATERNAL AND CHILD HEALTH

| Pregnancy and Birth | Child Health |

NYC | **Brooklyn** | **Flatbush and Midwood**

CHILDHOOD OBESITY

One in five Flatbush and Midwood children in grades K through 8 has obesity. This is **similar to** the citywide rate.

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

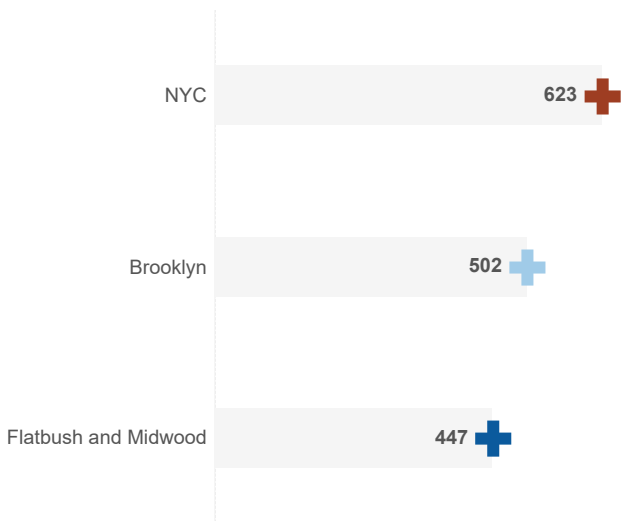NYC: 21%

Brooklyn — 20%

Flatbush and Midwood — 22%
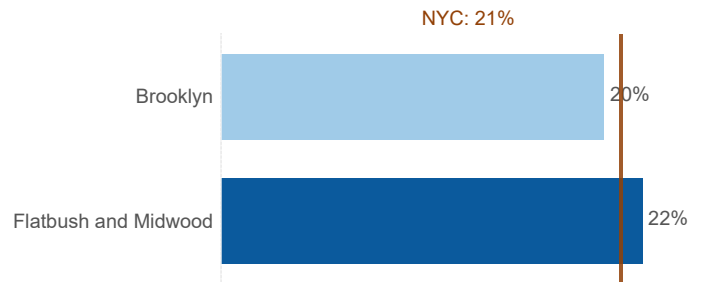
Source: NYC Department of Education, FITNESSGRAM, 2018-2019

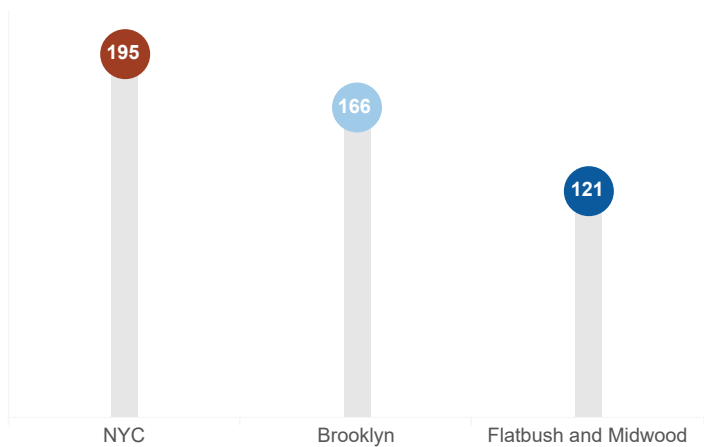## CHILDREN'S HOSPITALIZATIONS AND EMERGENCY DEPARTMENT VISITS

"Avoidable hospitalizations" are those that could be prevented with timely access to quality outpatient care. The rate of avoidable pediatric hospitalizations among children ages 4 years and younger in **Flatbush and Midwood** is **lower than** the citywide rate.

Many childhood asthma emergency department visits could be prevented by reducing the presence of pests, mold, secondhand smoke and other asthma triggers, and by taking daily medication. The asthma emergency department visit rate among children ages 5 to 17 in **Flatbush and Midwood** is 121 per 10,000 children.

Avoidable hospitalizations among children (per 100,000 children ages 4 years and younger)

NYC — 623

Brooklyn — 502

Flatbush and Midwood — 447

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

See the Notes page for information about data and methodology.

Child asthma emergency department visits (per 10,000 children ages 5 to 17)

NYC — 195

Brooklyn — 166

Flatbush and Midwood — 121

Source: New York State Department of Health, Statewide Planning and Research Cooperative System (SPARCS), 2018

Choose your community
Brooklyn 314: Flatbush and Midwood

Choose comparison community
None

Show most favorable rate
No

HEALTHY LIVING

NYC | **Brooklyn** | **Flatbush and Midwood**

SELF-REPORTED HEALTH

How residents feel about their own health can be a good measure of overall mental and physical health. **75%** of **Flatbush and Midwood** residents rank their health as "excellent", "very good" or "good", **similar to** the rest of NYC.

Adults reporting their own health as "excellent," "very good" or "good"
(percent of adults)

NYC: 78%

Brooklyn 78%

Flatbush and Midwood 75%

Source: NYC DOHMH, Community Health Survey, 2019-2020

PHYSICAL ACTIVITY, DIET AND SMOKING

68% of **Flatbush and Midwood** adults report getting any physical activity in the past 30 days, **similar to** New Yorkers overall.

The percentage of **Flatbush and Midwood** adults who report eating at least one serving of fruits or vegetables in the last day is **similar to** the citywide average of 89%.

Sugary drink consumption can increase the risk of type 2 diabetes, heart disease, cavities, weight gain and obesity. Industry marketing can affect behavior and sugary drinks are heavily marketed to youth and communities of color. Sugary drink consumption has decreased to 22% in NYC. **18%** of **Flatbush and Midwood** adults drink at least one sugary drink a day.

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

Physical activity and diet (percent of adults)

	NYC	Brooklyn	Flatbush and Midwood
At least one serving of fruits or vegetables per day	**89%**	**90%**	**88%**
One or more 12 oz. sugary drinks per day	**22%**	**22%**	**18%**
Any physical activity in the last 30 days	**73%**	**70%**	**68%**

Source: NYC DOHMH, Community Health Survey, 2019-2020

Current smoking (percent of adults)

Flatbush and Midwood 4%

NYC: 11%

Brooklyn 11%

0%   10%
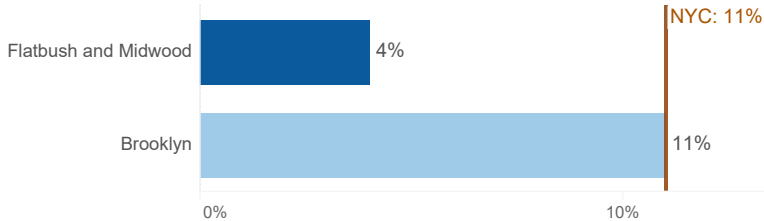
The adult smoking rate in **Flatbush and Midwood** is the rest of the borough and **lower than** other parts of NYC. The City is committed to reducing smoking equitably in all NYC neighborhoods.

Source: NYC DOHMH, Community Health Survey, 2019-2020

See the Notes page for information about data and methodology.

Choose your community
Brooklyn 314: Flatbush and Midwood

Choose comparison community
None

Show most favorable rate
No

HEALTH CARE

Access to Care and Avoidable Hospitalizations	[Vaccination](#)

NYC | **Brooklyn** | **Flatbush and Midwood**

ACCESS TO HEALTH CARE

Health insurance can make it easier to get affordable primary care, which can help New Yorkers manage chronic conditions and stay healthy. Citywide, the percentage of uninsured New Yorkers has decreased since the passing of the Affordable Care Act in 2010.

In **Flatbush and Midwood, 14%** of adults are uninsured, **similar to** the rest of NYC.

Additionally, **16%** of adults report going without needed medical care in the past 12 months, **similar to** the rest of NYC.

Access to health care (percent of adults)

|			
Adults without health insurance	**13%** NYC	**12%** Brooklyn	**14%** Flatbush and Midwood
Adults without needed medical care	**13%** NYC	**12%** Brooklyn	**16%** Flatbush and Midwood

Source: NYC DOHMH, Community Health Survey, 2019-2020

AVOIDABLE HOSPITALIZATIONS

"Avoidable hospitalizations" are those that could be prevented if adults had access to quality primary care. The rate of avoidable hospitalizations among adults in **Flatbush and Midwood** is **similar to** the citywide rate.

Avoidable hospitalizations (per 100,000 adults)
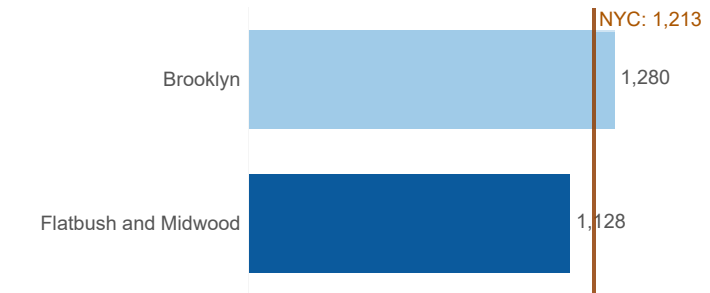
NYC: 1,213
Brooklyn: 1,280
Flatbush and Midwood: 1,128

Source: New York State Department of Health, Statewide Planning and Research Cooperative System (SPARCS), 2019

FALL-RELATED HOSPITALIZATIONS

Flatbush and Midwood's rate of fall-related hospitalizations among adults 65 years of age and older is **higher than** the citywide average.

Fall-related hospitalizations (per 100,000 adults age 65+)

NYC: 1,604
Brooklyn: 1,526
Flatbush and Midwood: 1,767

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

See the [Notes page](#) for information about data and methodology.

Choose your community
Brooklyn 314: Flatbush and Midwood

Choose comparison community
None

Show most favorable rate
No

HEALTH CARE

Access to Care and Avoidable Hospitalizations	Vaccination

NYC | **Brooklyn** | **Flatbush and Midwood**

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

VACCINATIONS

Half of Flatbush and Midwood adults report getting a flu vaccine in the last 12 months, **similar to** the rest of NYC.

Flu vaccination (percent of adults)

NYC 49%
Brooklyn 45%
Flatbush and Midwood 52%

52%

49%
45%
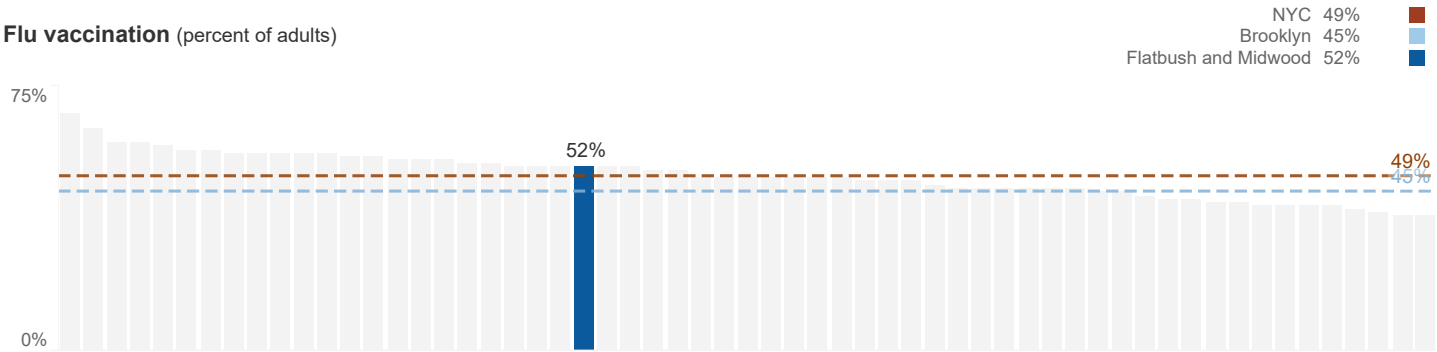
Source: NYC DOHMH, Community Health Survey, 2019-2020

The human papillomavirus (HPV) vaccine protects against cancers caused by HPV infection. The vaccine is routinely recommended for all children between the ages of 11 and 12 prior to exposure to HPV infection and may be started as early as age 9. The Centers for Disease Control and Prevention (CDC) recommends catch-up HPV vaccination for all people through age 26 who are not already vaccinated. Individuals ages 27 to 45 may be vaccinated based on a recommendation from their doctor. HPV vaccination requires 2 or 3 doses depending on the age of initiation. In **Flatbush and Midwood**, **50%** of teens ages 13 to 17 receive all recommended doses of the HPV vaccine.

NYC 77%

Brooklyn 59%

Flatbush and Midwood 50%

77%
59%
50%
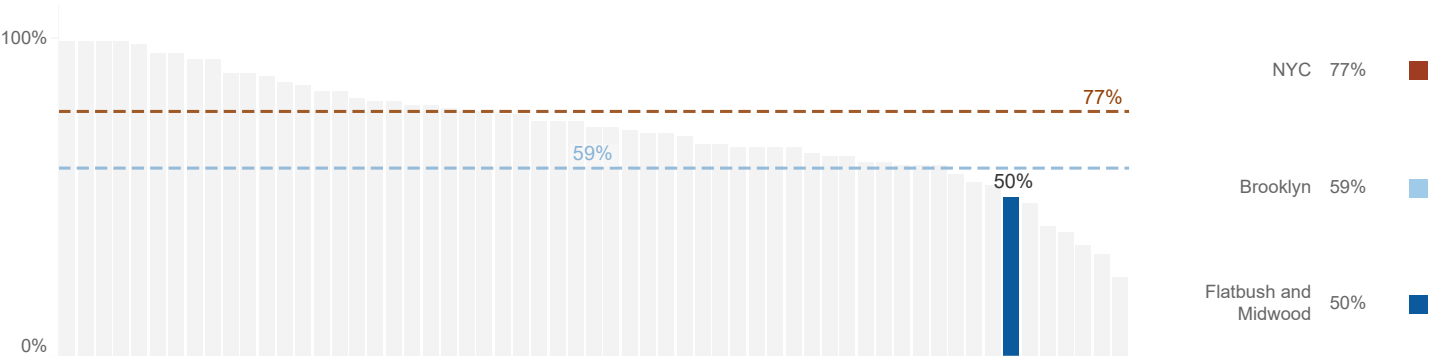
Source: NYC DOHMH Citywide Immunization Registry, data are as of 12/31/2020.

See the Notes page for information about data and methodology.

Choose your community
Brooklyn 314: Flatbush and Midwood

Choose comparison community
None

Show most favorable rate
No

HEALTH OUTCOMES

Chronic Conditions	HIV and Hepatitis C	Binge Drinking and Psychiatric Hospitalizations
Infant Mortality and Premature Death		Life Expectancy

NYC | **Brooklyn** | **Flatbush and Midwood**

OBESITY, DIABETES AND HYPERTENSION

Flatbush and Midwood's adult obesity rate is **28%** , which is **similar to** the rest of NYC.
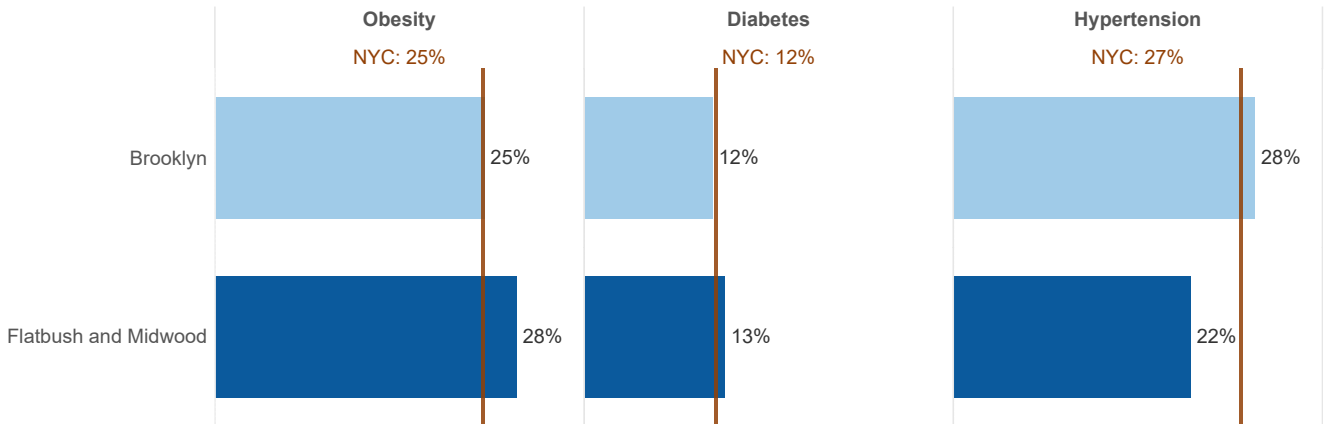
Nearly one million New Yorkers have diabetes. In **Flatbush and Midwood**, **13%** of adults have been diagnosed with diabetes, which is **similar to** the rest of NYC.

22% of adults in **Flatbush and Midwood** have been told they have hypertension, which is **similar to** the rest of NYC.

> Obesity can lead to diabetes, high blood pressure and other health conditions.
>
> Hypertension, also known as high blood pressure, is a leading risk factor for heart disease and stroke.

Obesity, diabetes and hypertension (percent of adults)

	Obesity NYC: 25%	Diabetes NYC: 12%	Hypertension NYC: 27%
Brooklyn	25%	12%	28%
Flatbush and Midwood	28%	13%	22%

Source: NYC DOHMH, Community Health Survey, 2019-2020

See the Notes page for information about data and methodology.

Choose your community
Brooklyn 314: Flatbush and Midwood

Choose comparison community
None

HEALTH OUTCOMES

| Chronic Conditions	HIV and Hepatitis C	Binge Drinking and Psychiatric Hospitalizations
Infant Mortality and Premature Death		Life Expectancy

NYC | **Brooklyn** | **Flatbush and Midwood**

NEW HIV DIAGNOSES

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

New HIV diagnoses (per 100,000 people)

|		
NYC	19.2	■
Brooklyn	17.7	■
Flatbush and Midwood	15.6	■
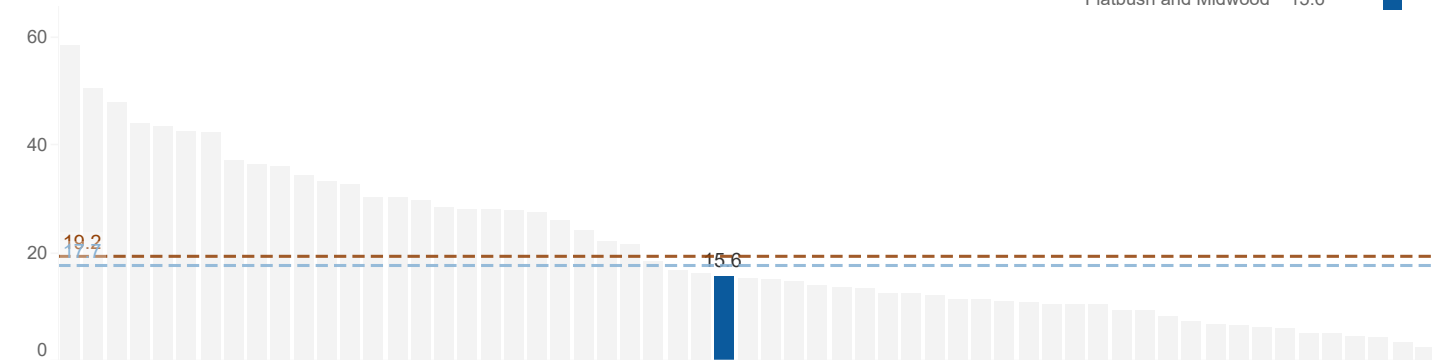
Source: NYC DOHMH, HIV/AIDS Surveillance Registry, 2019

NEW HEPATITIS C REPORTS

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

New hepatitis C reports (per 100,000 people)

NYC	33.0	■
Brooklyn	31.8	■
Flatbush and Midwood	42.6	■
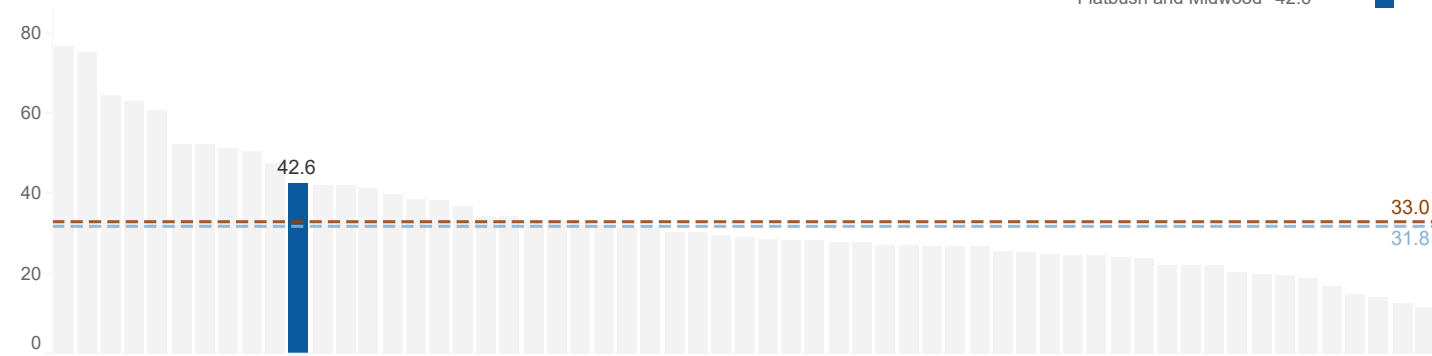
Source: NYC DOHMH, Communicable Disease Surveillance Registry, 2020

See the Notes page for information about data and methodology.

HEALTH OUTCOMES

NYC | **Brooklyn** | **Flatbush and Midwood**

BINGE DRINKING

Binge drinking is linked to high-risk behaviors and chronic health problems. The binge drinking rate in **Flatbush and Midwood** is **similar to** the rest of NYC.

Binge drinking (percent of adults)

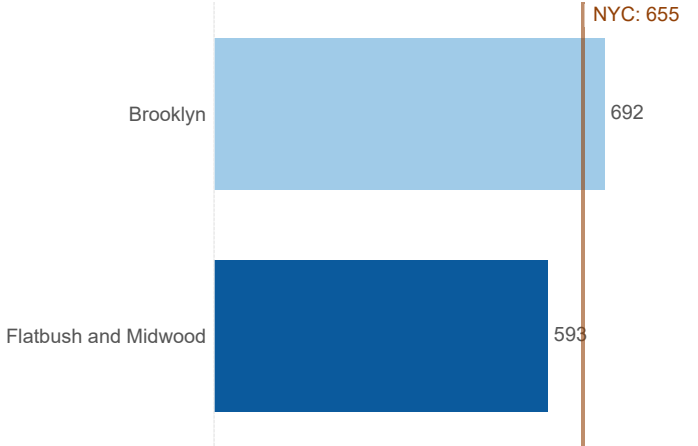| NYC	Brooklyn	Flatbush and Midwood
18%	**17%**	**16%**
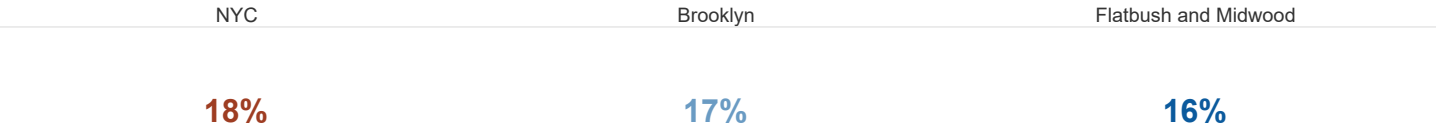
Source: NYC DOHMH, Community Health Survey, 2019-2020
Note: Binge drinking is defined as five or more drinks for men and four or more drinks for women on one occasion during the past 30 days.

PSYCHIATRIC HOSPITALIZATIONS

The rate of adult psychiatric hospitalization in **Flatbush and Midwood** is **lower than** the citywide rate.

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

Psychiatric hospitalizations (rate per 100,000 adults ages 18 and older)

NYC: 655

Brooklyn 692

Flatbush and Midwood 593

Source: New York State Department of Health, Statewide Planning and Research Cooperative System (SPARCS), 2019

See the Notes page for information about data and methodology.

Choose your community
Brooklyn 314: Flatbush and Midwood

Choose comparison community
None

Show most favorable rate
No

HEALTH OUTCOMES

Chronic Conditions	HIV and Hepatitis C	Binge Drinking and Psychiatric Hospitalizations

Infant Mortality and Premature Death	Life Expectancy

NYC | **Brooklyn** | **Flatbush and Midwood**

INFANT MORTALITY

NYC's infant mortality rate has declined in recent years. In **Flatbush and Midwood,** the infant mortality rate is **similar to** the rest of NYC.

Infant mortality (per 1,000 live births)

NYC: 4.1

Brooklyn — 3.5

Flatbush and Midwood — 3.2

Source: NYC DOHMH, Bureau of Vital Statistics, 2017-2019

PREMATURE DEATH

NYC's premature mortality rate (death before the age of 65) has decreased over time. However, longstanding disparities persist. People living in high poverty neighborhoods and Black New Yorkers are dying before age 65 at higher rates.

Cancer and heart disease are leading causes of premature death in **Flatbush and Midwood** and in all communities in NYC. **Flatbush and Midwood** residents die prematurely at a rate **similar to** residents citywide.

Top causes of premature death (death before the age of 65; number and rate per 100,000 people)

Cause of death	# of deaths in CD	Overall rates: CD: 163.3 NYC: 166.6	
Premature Mort Cancer	319	42.0	42.7
Premature Mort HeartDisease	262	34.3	33.6
Accidents (excluding drug p..	56	7.9	5.7
Premature Mort Drug Use	55	7.6	14.8
Premature Mort Suicide	40	5.6	5.3
Premature Mort Diabetes	40	5.3	6.2

The leading causes of cancer-related premature death in **Flatbush and Midwood** are:

Lung Cancer

Breast Cancer (among women)

Colorectal Cancer

Source: NYC DOHMH, Bureau of Vital Statistics, 2015-2019

Notes: NYC rate includes premature deaths among NYC residents only and will differ from other published sources. Top causes of premature cancer deaths are based on a small number of events and may fluctuate from year to year. See the Notes page for more details.
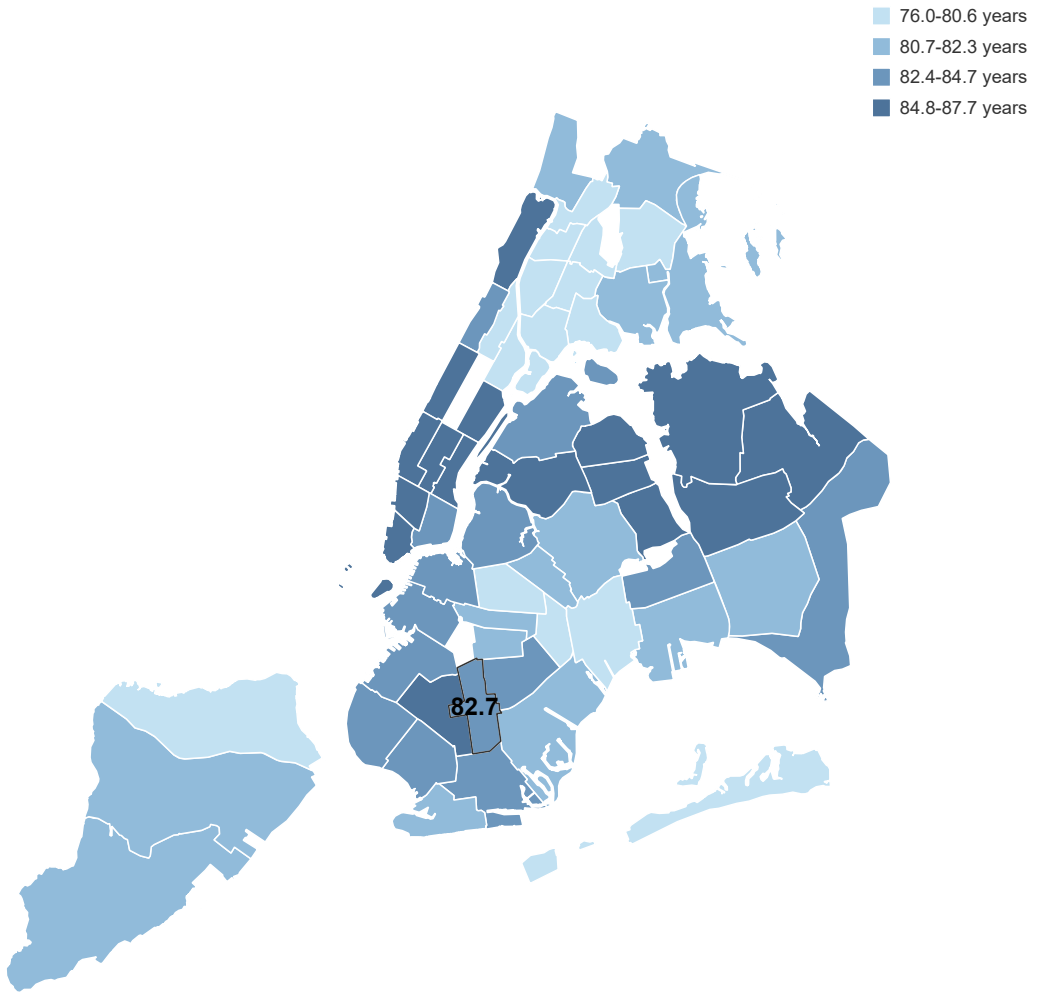
Choose your community
Brooklyn 314: Flatbush and Midwood

HEALTH OUTCOMES

Chronic Conditions | HIV and Hepatitis C | Binge Drinking and Psychiatric Hospitalizations

Infant Mortality and Premature Death | Life Expectancy

LIFE EXPECTANCY BY COMMUNITY DISTRICT

Flatbush and Midwood's average life expectancy is **82.7** years, which is **higher than** NYC overall.

76.0-80.6 years
80.7-82.3 years
82.4-84.7 years
84.8-87.7 years

82.7

© OpenStreetMap

*Source: NYC DOHMH, Bureau of Vital Statistics, 2010-2019 (community district and borough), 2019 (NYC)*

See the Notes page for information about data and methodology.

Choose your Featured Community District

Brooklyn 314: Flatbush and Midwood

Choose an Indicator

Healthy Living - Self-reported health

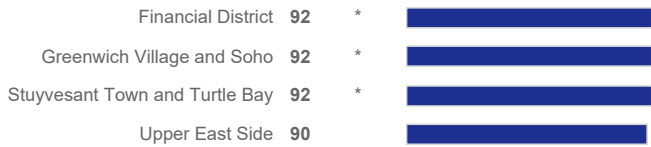# Healthy Living - Self-reported health

Percentage of adults ages 18 and older who report their overall health is "excellent," "very good" or "good" on a scale of excellent, very good, good, fair or poor.

- 62% - 73%
- 73% - 78%
- 78% - 82%
- 82% - 93%
- Unpopulated area
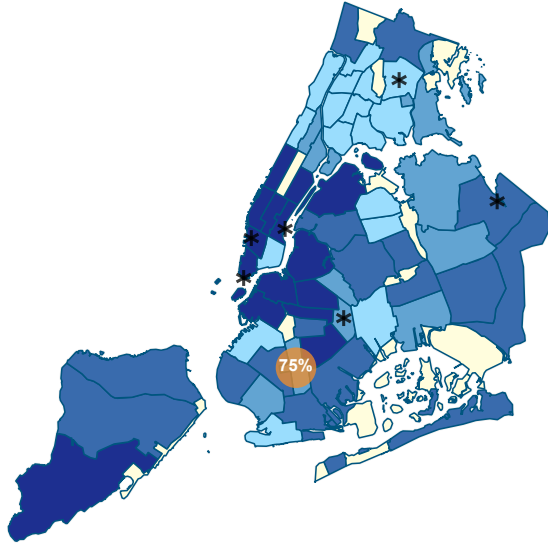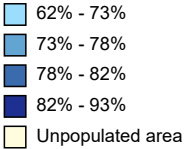
© OpenStreetMap

Healthy Living - Self-reported health in Flatbush and Midwood : 75%

Highest Community Districts (%)

Financial District	92	*
Greenwich Village and Soho	92	*
Stuyvesant Town and Turtle Bay	92	*
Upper East Side	90	

Lowest Community Districts (%)

Hunts Point and Longwood	63
Mott Haven and Melrose	63
Coney Island	66
Fordham and University Heights	67

Borough (%)

Bronx	73
Brooklyn	78
Manhattan	82
Queens	77
Staten Island	83

NYC Overall 78
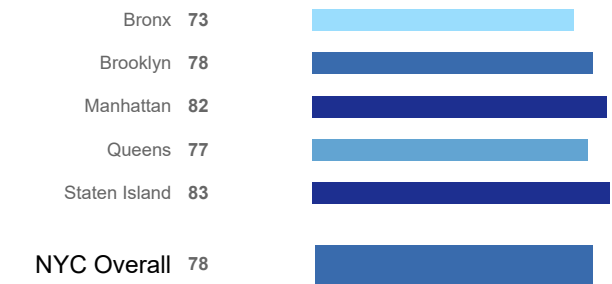
* Interpret estimate with caution due to small number of events

See the Notes page for information about data and methodology.

NOTES

| Neighborhood definitions and analysis | Data sources | Data sources (continued) |

NEIGHBORHOOD DEFINITIONS

The 59 Community Districts (CDs) were established citywide by local law in 1975. For a complete listing of all CDs and their boundaries, visit communityprofiles.planning.nyc.gov. The CDs correspond to New York City (NYC) Community Boards, which are local representative bodies. The names of neighborhoods within CDs are not officially designated. The names used in this document are not an exhaustive list of all known neighborhood names within this area.

For American Community Survey (ACS) and NYC Department of Health and Mental Hygiene (DOHMH) Community Health Survey (CHS) indicators, data were provided by Public Use Microdata Area (PUMA). PUMAs are aggregated census tracts of at least 100,000 people and approximate CDs. For gentrification classifications from New York University (NYU) Furman Center and NYC Housing and Vacancy Survey (HVS) indicators, data were available by sub-borough areas. There are 59 CDs and 55 PUMA or sub-borough areas in NYC. Four pairs of CDs are combined at the PUMA or sub-borough area level to protect the confidentiality of respondents. These pairs are:
· Financial District (MN 01) and Greenwich Village/Soho (MN 02) in Manhattan
· Clinton/Chelsea (MN 04) and Midtown (MN 05) in Manhattan
· Mott Haven/Melrose (BX 01) and Hunts Point/Longwood (BX 02) in the Bronx
· Morrisania/Crotona (BX 03) and Belmont/East Tremont (BX 06) in the Bronx

For these four areas, the same estimate was applied to both CDs that comprised the PUMA or sub-borough area for data from ACS, CHS, NYU Furman Center, and HVS.

For most data sources used, Rikers Island is designated to Long Island City/Astoria (QN 01) in Queens and is considered part of Queens for borough level rates. Marble Hill is assigned to Riverdale/Fieldston (BX 08) in the Bronx and is considered part of the Bronx for borough level rates. However, ACS and HVS data categorize Rikers Island as a part of Mott Haven/Melrose (BX 01) and Hunts Point/Longwood (BX 02) in the Bronx and is considered part of the Bronx for borough level rates. For the U.S. Census's intercensal population estimates, Rikers Island is assigned to Long Island City/Astoria (QN 01) in Queens but is considered part of the Bronx for borough level rates, and Marble Hill is assigned to Riverdale/Fieldston (BX 08) in the Bronx but is considered part of Manhattan for borough level rates.

ANALYSES

For CHS data, a t-test comparing the CD with the rest of NYC and the rest of the borough was conducted where a p-value ≤0.05 was an indication of statistical significance. For ACS data, HVS data, most New York State Department of Health Statewide Planning and Research Cooperative System (SPARCS) data, and child obesity data from the NYC Department of Education, 95% confidence limits were calculated for CD, borough and NYC estimates. If the confidence intervals did not overlap, a significant difference was inferred. This is a conservative measure of statistical difference. For some population-level data, including on-time high school graduation, elementary school absenteeism, bicycle network coverage, and most indicators from NYC DOHMH Bureau of Vital Statistics, if a CD rate was within 5% of the NYC estimate, the CD was considered similar to NYC, otherwise the CD rate was considered higher or lower than the NYC estimate. There were some measures where no statistical comparisons were calculated due to data limitations or applicability. Report text highlights significant findings but does not include all significant results.

Most estimates were evaluated for statistical stability. For survey data, statistical reliability or suppression of the estimates is assessed using relative standard error, confidence interval width, and sample size. Statistical reliability guidelines can be found here: https://www.nyc.gov/assets/doh/downloads/pdf/episrv/bes-data-reliability.pdf Where noted in the metadata, estimates were age standardized to the Year 2000 Standard Population.

For a complete dataset including numbers, rates and confidence intervals, visit https://www1.nyc.gov/site/doh/data/data-publications/profiles.page

NOTES

DATA SOURCES

U.S. Census Bureau, American Community Survey (ACS): The U.S. Census calculates intercensal population estimates, which are used for overall population, race and ethnicity, and age indicators. The ACS is an ongoing national survey conducted by the U.S. Census Bureau. Five-year estimates (2015-2019) are used to improve reliability of the data. Indicators include born outside the US, limited English proficiency, adult educational attainment, rent burden and unemployment. Unemployment rates differ from those reported by the Current Population Survey due to differences in: questionnaires, mode of collection, time period surveyed, seasonal adjustment, and population controls. For more information, visit: https://www.bls.gov/lau/acsqa.htm#Q04.

NYC DOHMH Community Health Survey (CHS): The CHS is an annual random-digit-dial telephone survey of approximately 9,000-10,000 non-institutionalized adults ages 18 and older in NYC. A combined-year dataset (2019-2020) is used to increase statistical power, allowing for more stable analyses at the CD level. All indicators are age-adjusted to the US 2000 standard population and are weighted to represent the NYC adult population, and to compensate for unequal probability of selection and nonresponse bias. Indicators include helpful neighbors (2017-2018 due to question availability), self-reported health, physical activity, fruit and vegetable consumption, sugary drink consumption, smoking, health insurance, unmet need for medical care, flu vaccination, obesity, diabetes, hypertension and binge drinking.

NYC DOHMH Vital Statistics: The Bureau of Vital Statistics maintains administrative data on all births and deaths in NYC obtained from birth and death certificates. Data are combined across three (2017-2019), five (22015-2019) or ten (2010-2019) years to increase statistical reliability and average annual rates are presented. For this reason, these statistics may differ from those presented in the "Summary of Vital Statistics, 2019" report from the Bureau of Vital Statistics. Indicators include avertable deaths, late or no prenatal care, preterm births, teen births, infant mortality, premature mortality, leading causes of premature death, top three types of cancers among premature deaths and life expectancy. NYC rate includes premature deaths among NYC residents only and will differ from other published sources. All rates are shown as crude rates, except premature mortality data, which are age-adjusted to the US 2000 standard population. For four CDs, top three types of cancers among premature deaths were based on a small number of events and may fluctuate from year to year.

New York State (NYS) Department of Health Statewide Planning and Research Cooperative System (SPARCS): SPARCS is a statewide comprehensive all payer data reporting system established in 1979 that collects patient level detail on patient characteristics, diagnoses and treatments, services and charges for each hospital inpatient stay and outpatient visit (ambulatory surgery, emergency department and outpatient services); and each ambulatory surgery and outpatient services visit to a hospital extension clinic and diagnostic and treatment center licensed to provide ambulatory surgery services. Indicators include non-fatal assault hospitalizations, pedestrian injury hospitalizations, avoidable hospitalizations among children, child asthma emergency department (ED) visits, avoidable hospitalizations among adults, fall-related hospitalizations among older adults and psychiatric hospitalizations.

Avoidable hospitalizations among adults present 2019 data updated January 2022. Child asthma ED visits and psychiatric hospitalizations present 2018 data. Avoidable hospitalizations among children present 2014 data, updated July 2017. For non-fatal assault hospitalizations, pedestrian injury hospitalizations and fall-related hospitalizations among older adults, data are combined across three years (2012-2014) to increase statistical stability and average annual rates are presented. These indicators will be updated after most recent available years of data are received. All indicators are age-adjusted to the US 2000 standard population, except avoidable hospitalizations among children, children's visits to the ED for asthma and fall-related hospitalizations among older adults, which are age-specific. Non-fatal assault, pedestrian injury and fall-related hospitalization data are based on address of the patient, not the address where the incident occurred.

Hospitalization data are defined according to International Classification of Disease (ICD). Almost all indicators are defined according to ICD Clinical Modification, Version 10 (ICD-10-CM) codes, which went into effect October 1, 2015. Use caution when comparing to data from earlier years due to change in ICD coding rules. Avoidable hospitalizations among children are defined according to ICD Clinical Modification, Version 9 (ICD-9-CM) codes.

NYC Department of Corrections: Data are received and analyzed by NYC DOHMH. The data represent the number of unique people admitted to local jails at the CD, Borough, and citywide level for 2019-2020.

For a complete dataset including numbers, rates and confidence intervals, visit https://www1.nyc.gov/site/doh/data/data-publications/profiles.page

NOTES

DATA SOURCES (CONTINUED)

NYC Housing and Vacancy Survey (HVS): The HVS is sponsored by the NYC Department of Housing Preservation and Development (HPD) and the U.S. Census Bureau. It has been conducted approximately every 3 years by the Census Bureau since 1965. Approximately 18,000 housing units are sampled. Data are obtained from the HVS 2017 dataset. Indicators include homes with air conditioners, renter-occupied homes with no maintenance problems and homes with cockroaches.

NYC Department of Education: NYC FITNESSGRAM is an annual fitness assessment for students in grades K-12. Child obesity data and elementary school absenteeism for the 2018-2019 school year are received from the Department of Education's FITNESSGRAM report. For these measures, community district is determined by student's home address. On time high school graduation data are based on the 2018-2019 cohort's graduation status as of August 2019 according to New York State Department of Education records. Rates are based on the 2015-2016 NYC public high school students who graduated as of August after four years of instruction according to New York State Department of Education records. Graduates were those who received a Local Diploma, Regents Diploma, or Advanced Regents Diploma and "rates" are the % graduated among the total cohort. Charter school data were included in these estimates. NYC and borough estimates exclude students who could not be assigned to a CD therefore the data may differ from rates presented in other published sources.

NYS Department of Agriculture and Markets: A listing of all retail food stores which are licensed by the Department of Agriculture and Markets as of December 2020. Indicators include the number of bodegas, supermarkets and farmers markets as defined by NYC DOHMH Bureau of Chronic Disease Prevention and Tobacco Control.

NYC Community Air Survey (NYCCAS): The NYCCAS monitors pollutants that cause health problems such as fine particles, nitrogen oxides, elemental carbon (a marker for diesel exhaust particles), sulfur dioxide and ozone. Measurements are calculated from air samples collected at NYCCAS monitoring sites and incorporated into a statistical model that predicted pollutant concentrations across NYC. Results are assigned to neighborhoods and then averaged. Indicators include annual averages of micrograms of fine particulate matter (PM2.5) per cubic meter for 2020.

NYC DOHMH Citywide Immunization Registry (CIR): The CIR collects New Yorkers' vaccine records, reported by NYC health care providers for city residents younger than 19. CIR also reports immunizations administered to NYC adult residents ages 19 and older with consent of the patient. Indicators include the number of adolescents ages 13 to 17 who completed the human papillomavirus (HPV) vaccination series are based on number of HPV immunizations reported by December 31, 2020. Neighborhoods where more than 100% of the population is vaccinated are capped at 99%. Population counts have yet to be updated to the 2020 Census.

NYC DOHMH Communicable Disease Surveillance Registry: This Registry contains reports of certain diseases and conditions required to be reported to the Health Department based on New York City's Health Code Article 11. Newly reported cases of chronic Hepatitis C for 2020 are presented.

NYC DOHMH HIV/AIDS Surveillance Registry: This is a population-based registry of all diagnoses of AIDS (since 1981) and HIV infection (since 2000) in NYC reported to the Health Department. Indicators include the newly reported HIV diagnoses for 2019 are based on data reported to the NYC DOHMH by March 31, 2020.

NYC Department of Transportation: Data for bicycle network coverage are received and updated by DOT using the same definitions as in the "Safer Cycling: Bicycle Ridership and Safety in New York City" report published in 2017 (https://www.nyc.gov/html/dot/html/bicyclists/bike-ridership-safety.shtml).

NYC Mayor's Office for Economic Opportunity: Data for poverty are extracted from The New York City Government Poverty Data Tool (https://www.nyc.gov/site/opportunity/poverty-in-nyc/data-tool.page). The Poverty Research Unit calculated poverty based on 2015-2019 ACS Public Use Micro Sample files.

NYU Furman Center: Data for gentrification were extracted from NYU Furman Center's "State of New York City's Housing and Neighborhoods in 2015, Focus on Gentrification" (https://furmancenter.org/files/sotc/NYUFurmanCenter_SOCin2015_9JUNE2016.pdf).

For a complete dataset including numbers, rates and confidence intervals, visit https://www1.nyc.gov/site/doh/data/data-publications/profiles.page