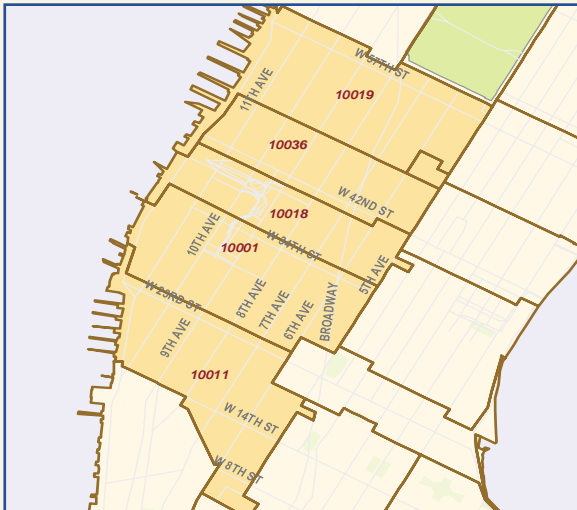


# Community Health Profiles

New York City Department of Health and Mental Hygiene



[nyc.gov/health](http://nyc.gov/health)



## The Health of Chelsea and Clinton

*Manhattan*



# Message From the Commissioner

This community health profile highlights important health issues facing the residents of Chelsea and Clinton, with a special focus on preventable causes of illness and death. Preventing illness requires people making healthy life choices, neighborhood resources that promote healthy living, and high-quality, accessible medical care.

New York City is the most diverse city in the U.S. This is reflected in the unique character of each neighborhood. Strategies to improve New Yorkers' health should take local concerns into account and be based on an understanding of how decisions at the city level affect local residents. The burden of illness and death does not fall equally across New York City's neighborhoods. One of the primary goals of the Department of Health and Mental Hygiene is to reduce and eliminate these disparities by improving health in communities with the greatest need.

Improving the health of *all* New Yorkers requires the involvement and cooperation of individual residents, community-based organizations, and the public health community. We hope that this health profile will support this effort in Chelsea and Clinton and across New York City.

**Thomas R. Frieden, MD, MPH**  
Commissioner

## Snapshots From the Census

Number of people living  
in Chelsea and Clinton  
in 2000:

**122,998**

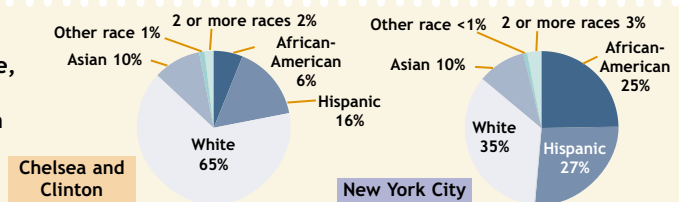
### Age

People in Chelsea  
and Clinton are  
older than the  
New York City  
average

	Chelsea and Clinton	New York City
Children (0-17 years)	8%	24%
Adults (18-64 years)	80%	64%
Adults (65 years and above)	12%	12%

### Race/Ethnicity

Compared to New  
York City as a whole,  
more people in  
Chelsea and Clinton  
are of White  
race/ethnicity



### Country of Origin

1 in 4 residents of Chelsea  
and Clinton was born outside  
the U.S. (Top 3 countries of  
origin: Japan, China, Korea)

	Chelsea and Clinton	New York City
Foreign-born	25%	36%

# Report Card on Health

This summary shows how the health of residents of Chelsea and Clinton compares to 41 other neighborhoods in New York City. In general, people living in Chelsea and Clinton have a moderate burden of illness and mortality. The challenge of improving these indicators does not fall only on neighborhood residents but is a shared responsibility between all sectors of society.

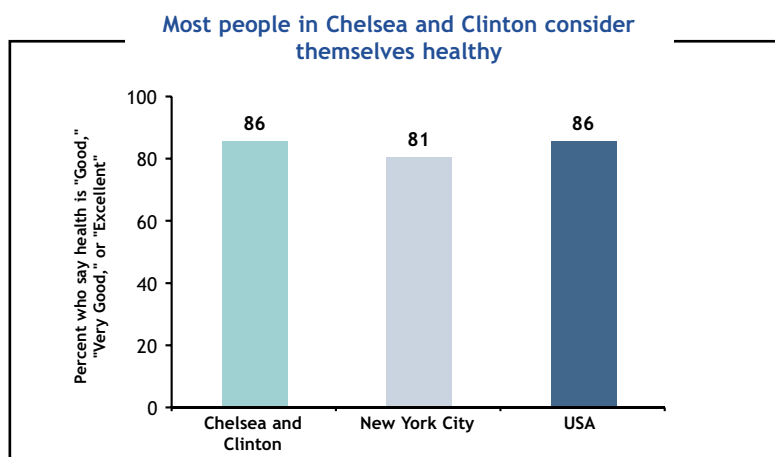
## Chelsea and Clinton compared to 41 other NYC neighborhoods

	Below Average (bottom 10)	Average (middle 22)	Above Average (top 10)
General health		✓	
Maternal and child health		✓	
Infectious diseases (including pneumonia, influenza, HIV/AIDS)		✓	
Chronic diseases (including heart disease, diabetes, lung diseases)		✓	
Prevention in doctors' offices (including cancer screening and immunizations)		✓	
Access to medical care		✓	

Please see the technical notes on page 11 for details on how these measures were calculated.

# How Residents Rate Their Own Health

In a recent survey, adults in Chelsea and Clinton and across New York City were asked to rate their own health. The options were "Excellent," "Very Good," "Good," "Fair," and "Poor." In Chelsea and Clinton, 86% said their health is "Good," "Very Good," or "Excellent." How people rate their own health is a good indication of the overall health of a community.



# Major Causes of Death and Hospital Admissions

Many deaths from heart disease, the biggest killer in New York City and nationwide, are caused by preventable or controllable factors, such as smoking, high blood pressure, high cholesterol, diabetes, and obesity.

Heart disease and cancer caused the most deaths in 2001 among Chelsea and Clinton residents. Among all causes of death, the suicide rate in particular was higher in Chelsea and Clinton compared to the New York City average.

Leading Causes of Death in Chelsea and Clinton, 2001

	Chelsea and Clinton		New York City	Chelsea and Clinton compared to NYC as a whole	
	No. of deaths	Death rate (per 100,000 people)*	Death rate (per 100,000 people)*	Higher by	Lower by
All causes	847	695	736		5%
Heart disease	296	244	304		20%
Cancer	206	168	167	5%	
Pneumonia and influenza	50	42	32	30%	
AIDS	36	27	22	20%	
Stroke	35	29	24	25%	
Chronic lung disease	32	27	21	25%	
Diabetes	21	17	22		20%
Suicide	19	14	5	3 times	
Accidents and injuries	17	13	15		10%

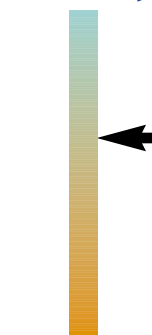
\*Age-adjusted

## Premature death

People who die before age 75 can be thought of as dying prematurely. The difference between 75 years and the age of a person who dies before that is called the “years of potential life lost.” More than half the years of potential life lost in Chelsea and Clinton were due to 3 causes: cancer, heart disease/stroke, and AIDS.

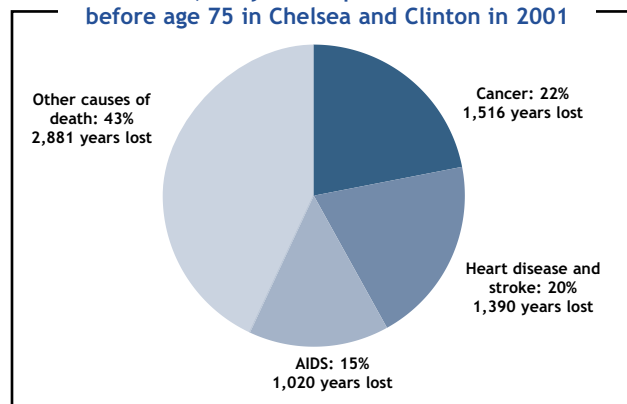
How the overall death rate in Chelsea and Clinton ranks among 42 New York City neighborhoods

More healthy



Less healthy

More than 6,000 years of potential life were lost before age 75 in Chelsea and Clinton in 2001



## Causes of hospitalization

Alcohol-related hospitalizations were the most common causes of adult hospitalization in Chelsea and Clinton. The hospitalization data also reveal the burden of illness due to mental illness and drug use.

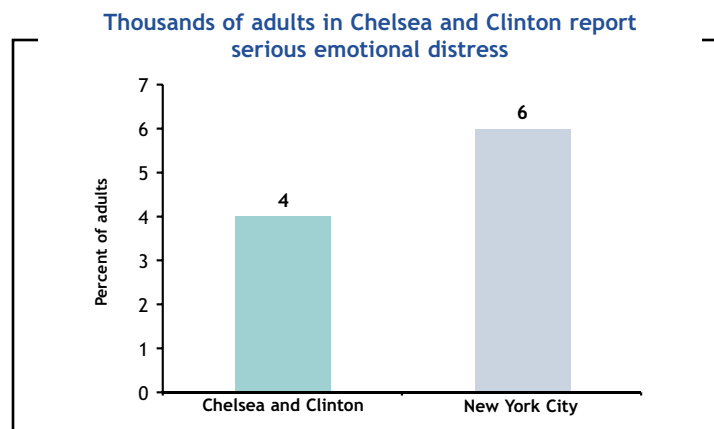
**Leading Causes of Hospitalization in Adults in Chelsea and Clinton, 2001**

	Chelsea and Clinton		New York City	Chelsea and Clinton compared to NYC as a whole	
	No. of admissions	Admission rate (per 100,000 people)*	Admission rate (per 100,000 people)*	Higher by	Lower by
<b>All causes</b>	<b>15,521</b>	<b>14,947</b>	<b>14,140</b>	<b>5%</b>	
Alcohol-related	1,552	1,352	387	3.5 times	
Heart disease	1,412	1,537	1,744		10%
Accidents and injuries	1,289	1,280	1,209	5%	
Drug-related	1,173	966	492	95%	
Mental Illness	1,157	1,026	671	55%	
Cancer	753	806	654	25%	
Pneumonia and influenza	448	464	433	5%	
HIV/AIDS	327	284	167	70%	
Stroke	285	316	379		15%
Diabetes	236	240	328		25%

\*Age-adjusted

## Mental illness

Depression is a common and serious health problem that often goes undiagnosed but is treatable. Other treatable mental health problems, such as anxiety, affect many New Yorkers. The high number of hospitalizations for mental illness among Chelsea and Clinton residents is one indication of the burden of mental illness there. In addition, in a recent telephone survey, 4% of adults in Chelsea and Clinton – corresponding to about 4,000 people – reported experiencing serious emotional distress.



Reducing risky sexual behavior, getting tested for HIV, and ensuring high-quality treatment of all HIV-infected people are effective ways of preventing new HIV infections and AIDS.

## HIV/AIDS

While the number of AIDS deaths has dropped dramatically across New York City over the past decade, HIV/AIDS remains a very serious public health problem. Hundreds of people are diagnosed with HIV each year in Chelsea and Clinton, and nearly four thousand people are living with HIV/AIDS.

HIV/AIDS in Chelsea and Clinton, 2001	
Number of people newly diagnosed with HIV	294
Number of people living with HIV/AIDS	3,981

# The Health of Mothers and Children

The health of mothers and children is an important measure of the overall health of a community. Ensuring that children get a healthy start and learn healthy behaviors has many long-term benefits.

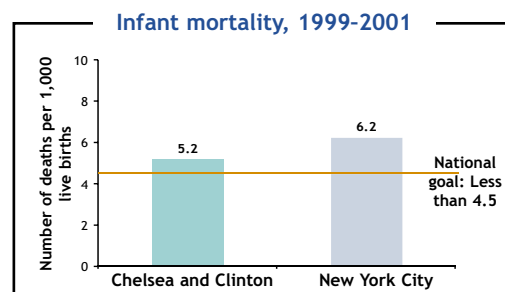
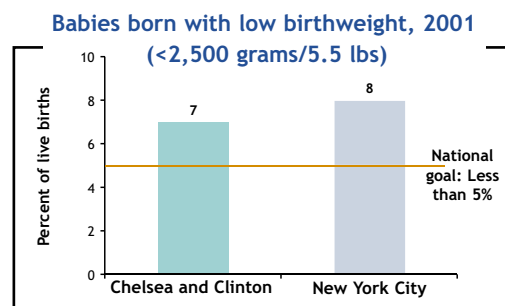
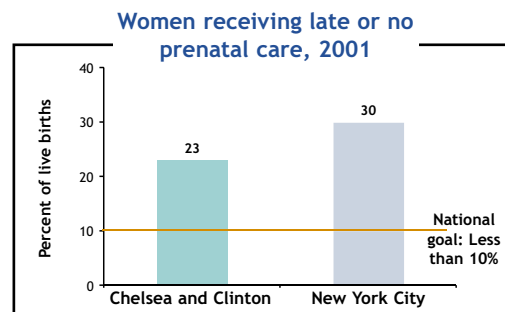
## Maternal and infant health

Three important measures of maternal and infant health are:

1. Early prenatal care (care initiated in the first trimester)
2. Low birthweight, which increases the risk for many health problems
3. Infant mortality (deaths of babies under one year of age)

Chelsea and Clinton are better than the citywide average for all these indicators, but have not yet reached national goals.

Healthy babies start with healthy mothers who get early, regular, and high-quality prenatal care.

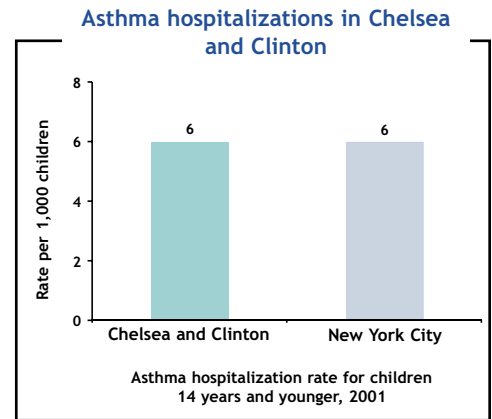


Asthma can be controlled. All children with asthma should have a written “Asthma Action Plan” to help them and their parents know which medicines to take and when to take them, how to avoid asthma triggers, and when to get medical care.

## Children’s health

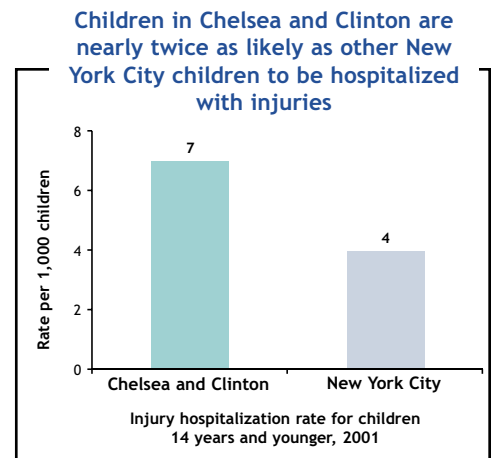
### Asthma

Asthma affects a large number of New York City’s children and is a leading cause of missed school days and hospitalizations. The asthma hospitalization rate in Chelsea and Clinton is the same as in New York City as a whole. There were 54 asthma hospitalizations among children in Chelsea and Clinton in 2001.



### Injuries

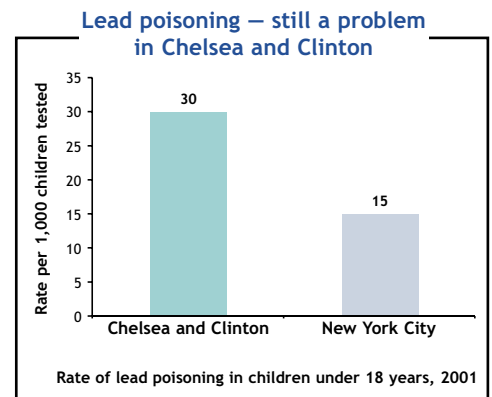
Injury is a preventable threat to children’s health. In 2001, 60 children in Chelsea and Clinton were hospitalized with injuries, including those from falls, burns, and motor-vehicle crashes. The rate of hospitalization for injuries among children in Chelsea and Clinton is higher than the citywide rate.



All children in New York City must have a blood lead test at 1 and 2 years of age.

### Lead poisoning

Lead can cause neurologic, learning, and behavioral problems, and lowered intelligence. While the number of lead-poisoned children in New York City has decreased over the past decade, the goal is to eliminate lead poisoning by preventing children’s exposure to lead paint and other sources of lead. There were 56 children newly diagnosed with lead poisoning in Chelsea and Clinton in 2001 (defined as blood levels over 10 µg/dL).



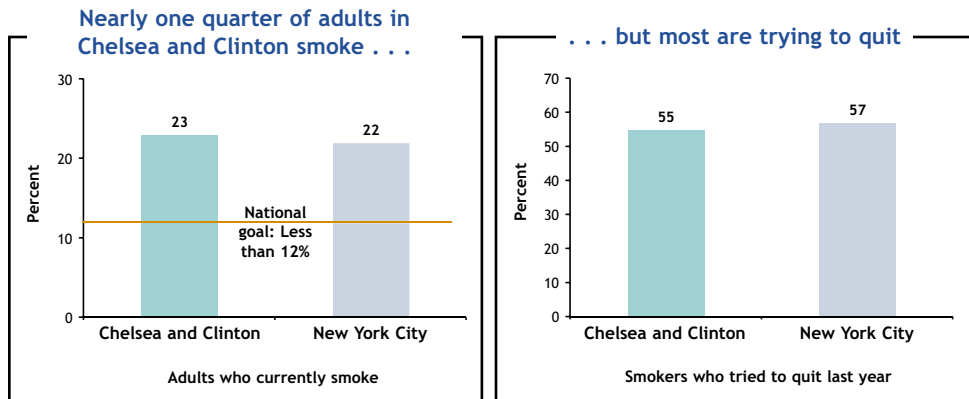
# Targets for Prevention

## Promoting healthy behaviors and reducing risks

### Smoking

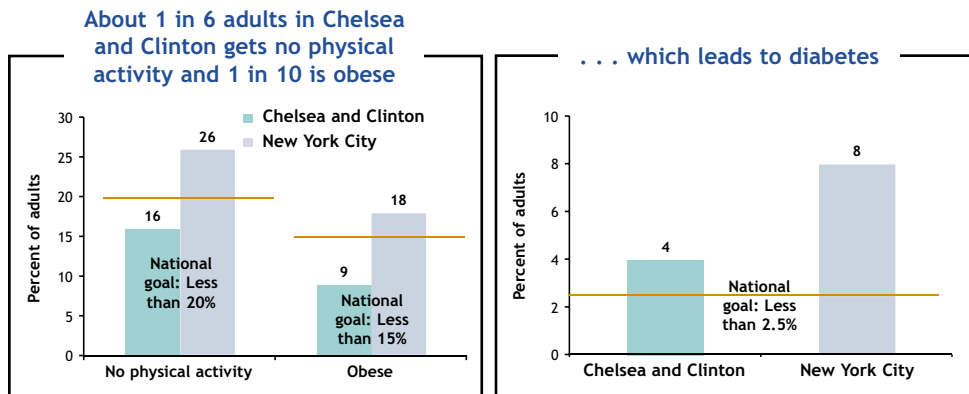
Smoking causes heart disease, stroke, emphysema, lung cancer, and many other illnesses. Currently, nearly one quarter of adults in Chelsea and Clinton smoke. Most, however, want to quit, and more than half tried last year. There are a number of highly effective strategies, including medication (such as the nicotine patch) and counseling, to help smokers quit.

Stopping smoking is the most important thing smokers can do to improve their health.



### Exercise, obesity, and diabetes

As New Yorkers exercise less and eat more, we are becoming more overweight. Being overweight puts people at risk for heart disease and many other health problems, especially diabetes. Diabetes is a chronic illness that can lead to heart attack, blindness, kidney failure, and amputations. Many New Yorkers are not getting enough exercise and are obese.\* Even modest increases in exercise and reductions in weight can reduce the risk of diabetes by more than half.

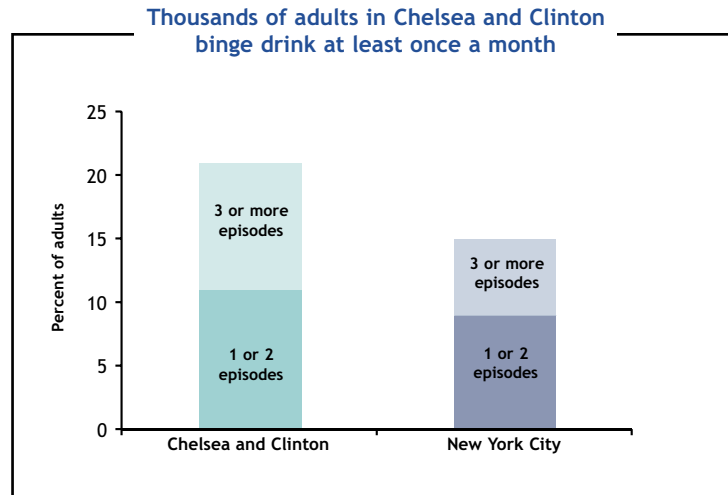


\* The Centers for Disease Control and Prevention recommends that adults get either moderate exercise for at least 30 minutes, 5 or more times per week, or vigorous exercise for at least 20 minutes, 3 or more times per week. Obesity is defined by someone's "weight for height" – otherwise known as the "body mass index" or BMI – being over 30. "Overweight" is defined by a BMI over 25. Everyone should aim for a BMI less than 25. For example, a 5'10" man who weighs less than 175 lbs and a 5'4" woman who weighs less than 145 lbs have BMIs less than 25. To calculate BMI, visit [www.cdc.gov/nccdphp/dnpa/bmi/bmi-adult.htm](http://www.cdc.gov/nccdphp/dnpa/bmi/bmi-adult.htm).



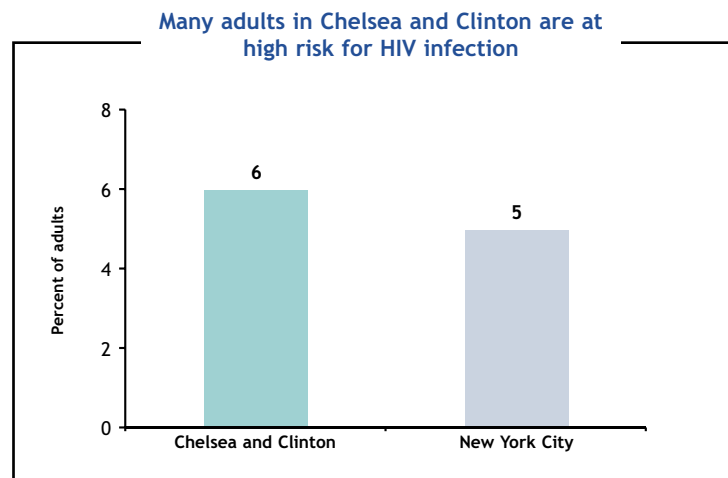
## Alcohol

Heavy drinking is responsible for many preventable illnesses, injuries, and deaths, including those caused by motor-vehicle crashes and other accidents, liver disease, and cancer. One pattern of alcohol misuse that can lead to violence and health problems is “binge” drinking (consuming 5 or more drinks on one occasion).



## Risk behaviors for HIV

Many adults in Chelsea and Clinton report at least one of the following behaviors that put them at risk for HIV: using injection drugs, having unprotected anal intercourse, exchanging sex or drugs for money, or having a sexually transmitted disease.



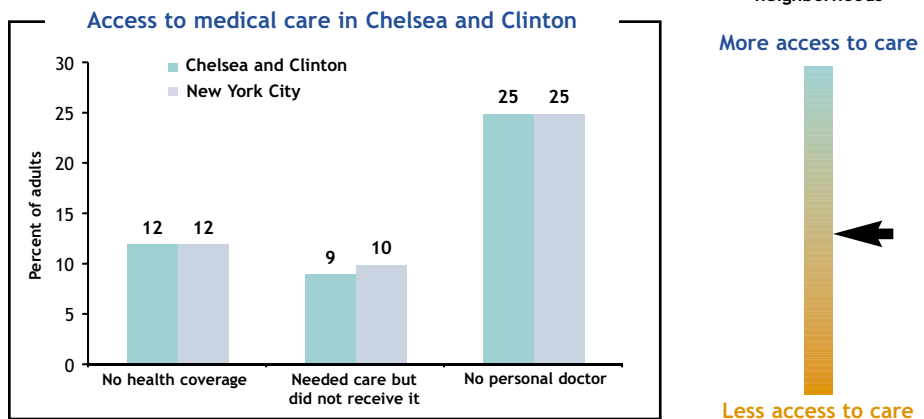
# Medical Care

## Opportunities for prevention

The medical community – doctors, nurses, counselors, and others – can help prevent illness. Screening and treatment for high blood pressure, high cholesterol, and cancer can prolong life. Flu and pneumonia vaccinations prevent many hospitalizations and deaths. Counseling to quit smoking or control drinking is highly effective and helps people who want to improve their health.

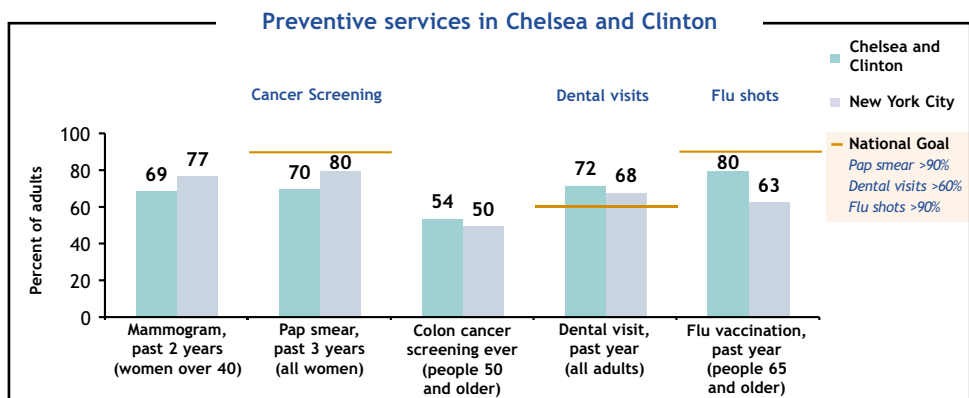
### Access to care

Preventing and treating illness depends on people’s ability to access high-quality medical care. This means having health insurance and a “medical home” – a personal doctor or nurse practitioner. Many Chelsea and Clinton residents have poor access to medical care: about 13,000 people report no current health care coverage; 10,000 people did not get needed medical care in the past year; and 28,000 people do not have a personal doctor.



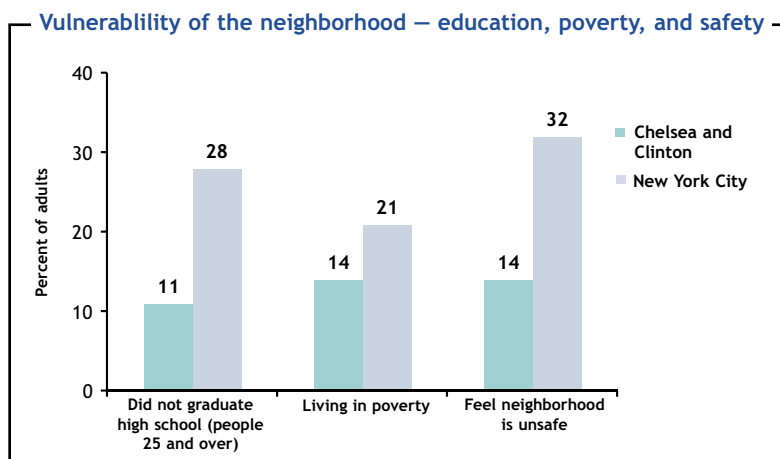
### Cancer screening and other preventive services

Cancer screening and other clinical services can prevent or reduce the severity of many illnesses. This graph shows how rates in Chelsea and Clinton compare to New York City as a whole and to some national goals.



# Vulnerable Populations

People's ability to improve their health and increase healthy behaviors is influenced by the conditions in which they live. A healthy environment, which includes adequate housing, neighborhood resources such as supermarkets and parks, community services such as daycare, and safety, is a key ingredient in preventing disease and promoting health. Chelsea and Clinton have low poverty rates, and most people who live there feel their neighborhood is safe. There are still many residents, however, whose health is at risk due to poor social and economic conditions.



## Technical notes

### Data sources

Mortality, years of potential life lost, infant mortality, low birthweight, late prenatal care: NYCDOHMH/Office of Vital Statistics; Self-reported health status, depression/anxiety symptoms, smoking, exercise, obesity, diabetes, alcohol, drugs/risky sexual practices, access to medical care, clinical preventive services, neighborhood safety: NYCDOHMH/Division of Epidemiology/NYC Community Health Survey 2002; Lead poisoning: NYCDOHMH Lead Poisoning Prevention Program; Hospitalizations: New York State Department of Health/Statewide Planning and Research Cooperative System; Population (total, race/ethnicity, foreign-born, percent in poverty, education): New York City Department of City Planning/Census 2000 data; National goals: US Department of Health and Human Services/Healthy People 2010; National self-reported health status: Behavioral Risk Factor Surveillance System 2001, Centers for Disease Control and Prevention.

### How the report card was calculated

Ranks in each category were computed by combining several standardized (z-scores) measures within the following categories: *General health*: Self-reported health status and all-cause mortality rate; *Maternal and child health*: All "Health of Mothers and Children" indices; *Infectious disease*: People living with HIV, pneumonia and influenza mortality, tuberculosis incidence, and gonorrhea incidence; *Chronic diseases*: Mortality and hospital admissions for heart disease, cancer, diabetes, and lung disease; *Prevention in doctors' offices*: All listed indices; *Access to medical care*: All listed indices.

All rates are age-standardized to the NCHS Year 2000 standard. Mortality rates do not include residents of NYC who died outside the city. Infant mortality rates are 3-year averages, 1999-2001. Death rates are rounded to the nearest whole number; however, percentage differences between neighborhood and NYC rates are calculated based on more precise values.

Geographic definitions of neighborhoods are based on zip code aggregations (from the United Hospital Fund, New York, NY).

For more information on data collection and analysis, including detailed tables, please visit [www.nyc.gov/health](http://www.nyc.gov/health).

Cover Photograph: 44th St and 9th Avenue, Manhattan. Copyright Jeff Greenberg/NYC & Company.

# Community Health Profile for Chelsea and Clinton

Reports on 41 other New York City neighborhoods are available from the New York City Department of Health and Mental Hygiene

by visiting: [nyc.gov/health](http://nyc.gov/health)

by e-mailing: [profiles@health.nyc.gov](mailto:profiles@health.nyc.gov)

or by writing to:

**Community Health Profiles**  
New York City Department of Health and Mental Hygiene  
Division of Epidemiology  
125 Worth Street, Room 315, CN-6  
New York, NY 10013

**For more information about the health issues covered in this report, please call 311.**

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## NYC Community Health Profiles

New York City Department of Health and Mental Hygiene

Division of Epidemiology, Bureau of Epidemiology Services, 125 Worth Street, CN-6, New York, NY 10013

**Michael R. Bloomberg**  
Mayor

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Commissioner of Health and Mental Hygiene

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NYC Community Health Profiles feature information  
about 42 neighborhoods in New York City.

To contact NYC Community Health Profiles,  
e-mail [profiles@health.nyc.gov](mailto:profiles@health.nyc.gov)

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