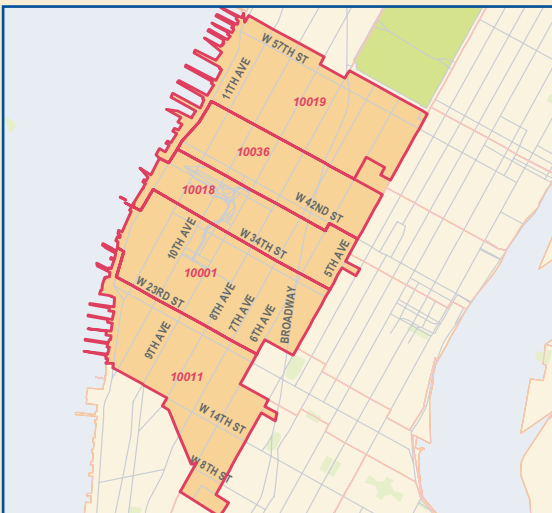


Community Health Profiles

New York City Department of Health and Mental Hygiene

SECOND EDITION — 2006



TAKE CARE Chelsea and Clinton

Manhattan

Community Health Profile, Second Edition: Chelsea and Clinton

New York City is the most diverse city in the U.S. — a fact reflected in the distinct character of each neighborhood. The second edition of the Community Health Profiles uses **Take Care New York** (TCNY), the city’s health policy, to examine preventable causes of illness and death in all of NYC’s 42 neighborhoods. This report updates the 2002 profile (available at nyc.gov/health) by providing more recent and time-trend data, and a greater variety of health statistics. Key health issues in **Chelsea and Clinton** include:

- Although the death rate due to HIV disease has decreased during the past decade in Chelsea and Clinton, it is still higher than in NYC overall (page 8).
- Adults in Chelsea and Clinton are nearly twice as likely as adults in NYC overall to binge drink, and hospitalizations due to alcohol and drugs are also higher in this community (page 10).
- In addition to high rates of HIV, Chelsea and Clinton have an elevated rate of syphilis, another sexually transmitted infection (page 14).

Methods: While this report provides important information, it is not intended to be an exhaustive examination of the health of Chelsea and Clinton residents, as not all health problems and their causes could be covered. Only statistically significant findings are discussed in the text. For complete information on methods, see Technical Notes (page 15).

Chelsea and Clinton at a Glance

Population

Total number of people living in Chelsea and Clinton in 2000:

123,000

Age

A higher proportion of Chelsea and Clinton residents are 25-44 years old than in Manhattan and New York City overall

	Chelsea and Clinton	Manhattan	NYC
0-17 years	8%	17%	24%
18-24 years	9%	10%	10%
25-44 years	47%	38%	33%
45-64 years	24%	23%	21%
65+ years	12%	12%	12%

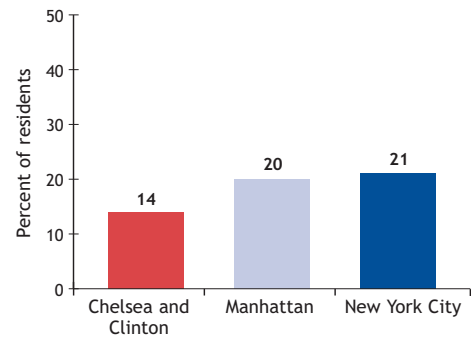
Education

Chelsea and Clinton residents aged 25 and older have completed more years of education than those in Manhattan and NYC overall

	Chelsea and Clinton	Manhattan	NYC
Up to 8th grade	5%	10%	12%
Some high school, no diploma	6%	11%	16%
High school diploma	12%	14%	25%
Some college, no degree	16%	16%	20%
College graduate	61%	49%	27%

Poverty

In Chelsea and Clinton, the percent of residents living below the poverty level is lower than in Manhattan and NYC overall



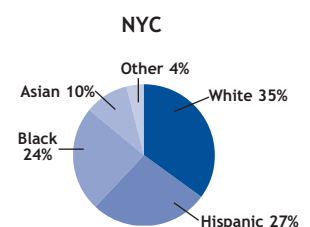
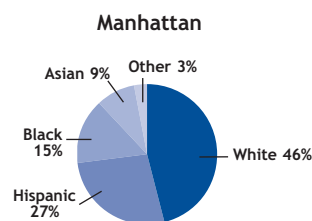
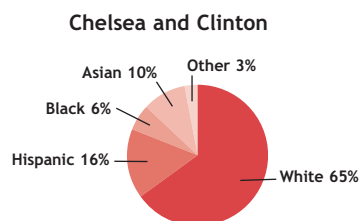
Foreign-born

The percent of Chelsea and Clinton residents born outside the U.S. is lower than in NYC overall

Area	Percent
Chelsea and Clinton	25%
Manhattan	29%
NYC	36%

Race / Ethnicity

Chelsea and Clinton have a higher proportion of white residents than Manhattan and NYC overall



Data Source: U.S. Census 2000/NYC Department of City Planning

Take Care Chelsea and Clinton



In 2004, the Health Department created a citywide health policy called **Take Care New York** (TCNY) to help improve the health of New Yorkers. TCNY identifies 10 key areas that cause significant illness and death but can be improved through intervention by individuals, health care providers, government agencies, and other organizations.

This report examines how well Chelsea and Clinton residents are doing on health indicators for each of the 10 TCNY goals. It examines areas in which the community is a health leader, as well as areas that need improvement. The TCNY report card below shows where Chelsea and Clinton rank among all 42 New York City neighborhoods. (See Technical Notes for information about how neighborhoods were defined and ranked.)

Take Care New York report card

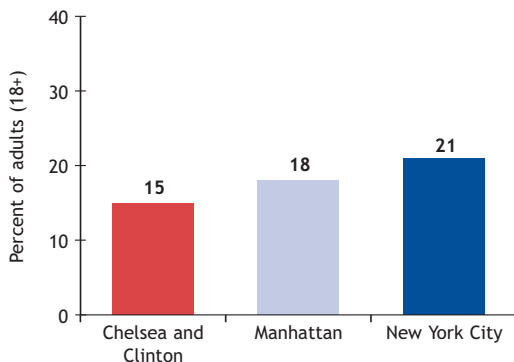
Chelsea and Clinton rank as average or above on more than half of the indicators when compared to the 41 other NYC neighborhoods

	Below Average (bottom 10)	Average (middle 22)	Above Average (top 10)
Take Care New York Goals			
1 Have a regular doctor		✓	
2 Be tobacco-free		✓	
3 Keep your heart healthy			✓
4 Know your HIV status	✓		
5 Get help for depression		✓	
6 Live free of alcohol and drugs	✓		
7 Get checked for cancer		✓	
8 Get the immunizations you need			✓
9 Make your home safe and healthy		✓	
10 Have a healthy baby		✓	

How Residents Rate Their Own Health

Overall health

More than 1 in 7 adults in Chelsea and Clinton consider themselves to be in fair or poor health



Percents are age-adjusted.
Data Source: NYC Community Health Survey 2002-03-04

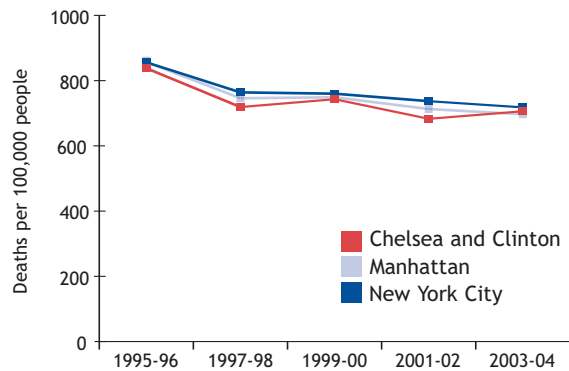
People are good at rating their own health. In general, when asked to rate their general health as excellent, very good, good, fair, or poor, those who say “fair” or “poor” are more likely to have health problems than those who report better health.

In Chelsea and Clinton, residents are less likely to report being in fair or poor health (15%) than those in New York City overall (21%).

Overall Death Rates in Chelsea and Clinton

Death rates

In Chelsea and Clinton, death rates have dropped in the past 10 years



Rates are age-adjusted.
Data Sources: Bureau of Vital Statistics, NYC DOHMH, 1995-2004; U.S. Census 1990 and 2000/NYC Department of City Planning

The death rate in Chelsea and Clinton has decreased by 15% in the past decade, mirroring the rate drop in New York City overall.

In 2003-2004, the average annual death rate in Chelsea and Clinton was similar to the rates in Manhattan and New York City overall (706/100,000 vs. 697/100,000 in Manhattan and 718/100,000 in NYC). Throughout this profile, cause-specific death rates are provided for TCNY goals.

Line graphs. All time-trend data are presented as annual averages with 2 or 3 years of data combined. For example, in this graph, the first point on each line represents the average annual death rate for 1995 and 1996 combined.

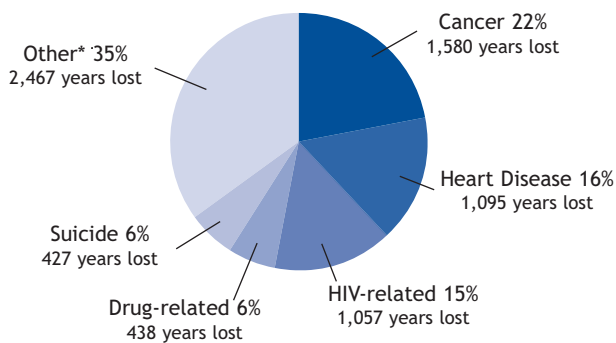
Premature death

People who die before age 75 can be thought of as dying early, or prematurely. If a person dies early, their years of potential life lost (YPLLs) can be calculated by subtracting their age at death from 75 years to get a measure of premature death.

The causes of premature death differ across communities. The primary cause of premature death in Chelsea and Clinton is cancer, as well as in both Manhattan and New York City overall.

Top 5 causes of years of potential life lost

Cancer causes the most years of potential life lost in Chelsea and Clinton

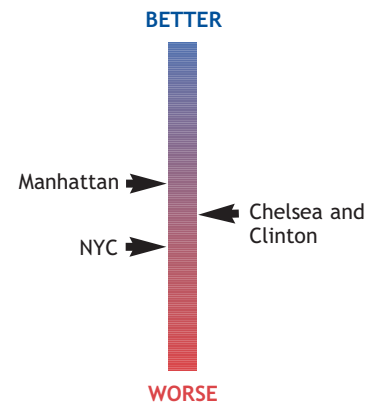


*Other includes Accidents (4%), Certain Perinatal Conditions (4%), Congenital Conditions (3%), Diabetes (2%), Diseases of the Nervous System (2%), and Other (20%).

Data Source: Bureau of Vital Statistics, NYC DOHMH, 2002-04

Death before age 75

The 2003-2004 average annual death rate for people younger than 75 years in Chelsea and Clinton ranks in the middle (24th) among 42 NYC neighborhoods



Data Sources: Bureau of Vital Statistics, NYC DOHMH, 2003-04; U.S. Census 2000/NYC Department of City Planning



Take Care New York Goals

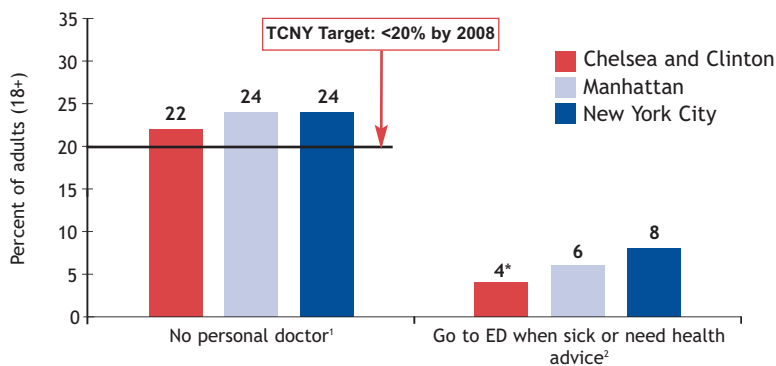
GOAL 1 Have a Regular Doctor or Other Health Care Provider

Access to good medical care helps people prevent illnesses, identify health conditions early, and treat health problems. Some conditions can and should be managed regularly outside the hospital. Higher rates of these avoidable hospitalizations can indicate reduced access to health care in a community.

Having a “medical home” — a personal doctor or other health care provider and a regular place of care other than the emergency department (ED) — is a critical component of good health care access. In Chelsea and Clinton, 22% of residents do not have a regular doctor, compared to the TCNY goal of less than 20%. Almost 1 in 20 Chelsea and Clinton residents (4%) goes to the ED when they are sick or need health advice.

Access to care

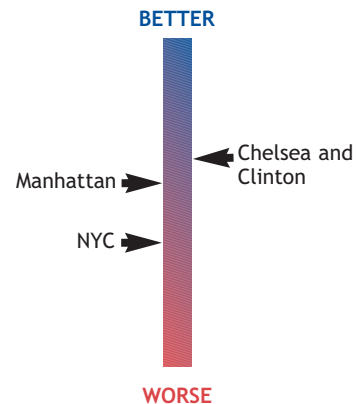
Without a primary provider, people may seek routine health care in the emergency department (ED)



*Estimate is unstable due to small sample size and should be interpreted with caution. Percents are age-adjusted.
Data Sources: ¹NYC Community Health Survey 2002-03-04, ²NYC Community Health Survey 2003-04

Avoidable hospitalizations

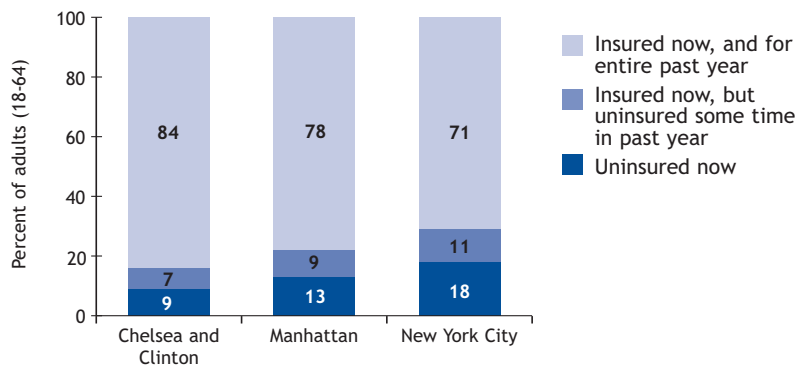
The 2004 avoidable hospitalization rate in Chelsea and Clinton ranks 15th among 42 NYC neighborhoods



Data Sources: New York State Department of Health Statewide Planning and Research Cooperative System, 2004; U.S. Census 2000/ NYC Department of City Planning

Health insurance

Chelsea and Clinton residents are more likely to have health insurance than those in New York City overall



Insurance rates are calculated for adults aged 18-64 and age-adjusted.
Data Source: NYC Community Health Survey 2002-03-04

Health insurance is important for access to health care. Residents in Chelsea and Clinton are more likely than those in NYC overall to have been insured for the entire past year (84% vs. 71%). In addition to those currently uninsured (9%), another 7% of residents in this community went without health insurance at some time during the past year.

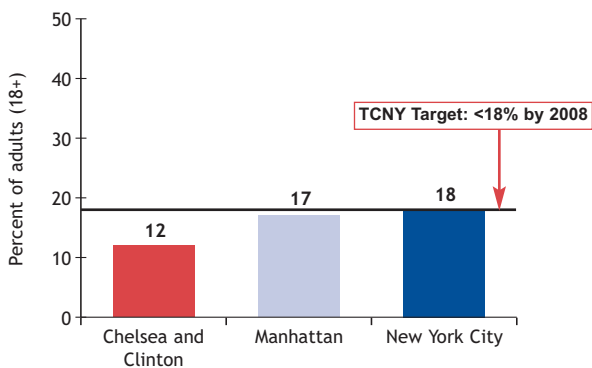


GOAL 2 Be Tobacco-Free

Smoking is the leading cause of preventable death in New York City and the cause of many illnesses, including heart disease, stroke, emphysema, and lung cancer. About 1 in 8 Chelsea and Clinton residents (12%) currently smokes, meeting the TCNY target of less than 18%. Many methods to quit smoking are available, and more than half of smokers in Chelsea and Clinton (60%) are trying to kick the habit.

Residents who smoke

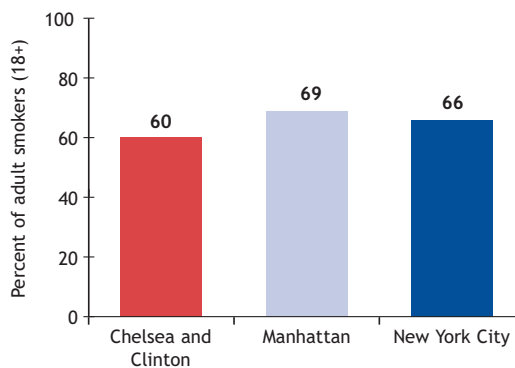
More than 1 in 10 adults in Chelsea and Clinton smoke . . .



Percents are age-adjusted.
Data Source: NYC Community Health Survey 2004

Attempts to quit smoking in the past year

. . . but most smokers are trying to quit



Percents are age-adjusted.
Data Source: NYC Community Health Survey 2004

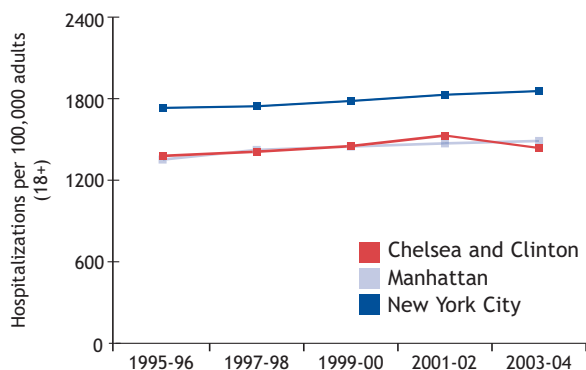


GOAL 3 Keep Your Heart Healthy

Heart disease can cause severe illness and death. Chelsea and Clinton residents had an average annual heart disease hospitalization rate in 2003-2004 that was similar to the Manhattan rate and more than 20% lower than the rate in NYC overall (1,437/100,000 vs. 1,489/100,000 in Manhattan and 1,856/100,000 in NYC). Also, the heart disease death rate in 2003-2004 (238/100,000) was similar to the rate in Manhattan (234/100,000) and lower than the NYC overall rate (297/100,000).

Heart disease hospitalizations

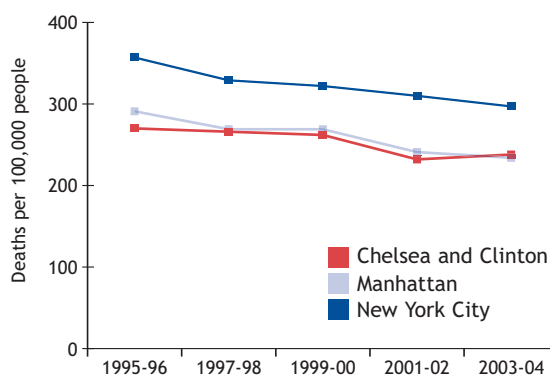
Heart disease causes a lower hospitalization rate in Chelsea and Clinton than in NYC overall



Rates are age-adjusted.
Data Sources: New York State Department of Health Statewide Planning and Research Cooperative System, 1995-2004; U.S. Census 1990 and 2000/NYC Department of City Planning

Deaths due to heart disease

Heart disease is a leading cause of death in NYC



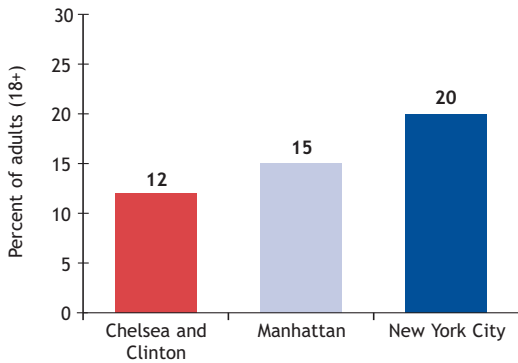
Rates are age-adjusted.
Data Sources: Bureau of Vital Statistics, NYC DOHMH, 1995-2004; U.S. Census 1990 and 2000/NYC Department of City Planning

High blood pressure and high cholesterol. Both of these conditions contribute to heart disease. In Chelsea and Clinton, 16% of adults were told by a health care professional that they have high blood pressure (similar to 22% in Manhattan and lower than 26% in NYC overall), and one quarter (27%) were told that they have high cholesterol (the same as Manhattan and similar to 26% in NYC overall).

Percents are age-adjusted. Data Source: NYC Community Health Survey 2002

Obesity

Adults are less likely to be obese in Chelsea and Clinton than NYC overall



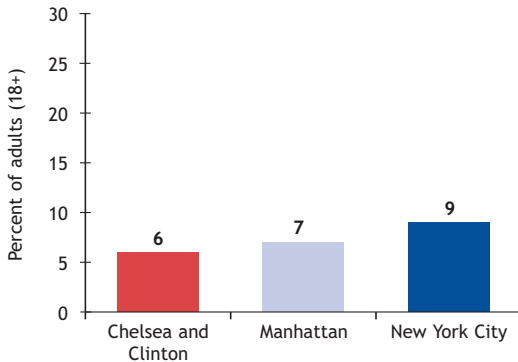
Obesity is defined as a body-mass-index (BMI) of 30 or greater. Percents are age-adjusted.
Data Source: NYC Community Health Survey 2002-03-04

In addition to smoking, high blood cholesterol and high blood pressure, other factors that put people at risk for heart disease — lack of physical activity and obesity — can be prevented or controlled.

Obesity can lead to a variety of health problems, including heart disease and diabetes. Rates of obesity are increasing rapidly in New York City and across the U.S., making it a major public health concern. Chelsea and Clinton adults are less likely to be obese than adults in New York City overall (12% vs. 20%).

Diabetes

More than 1 in 20 adults in Chelsea and Clinton have diabetes



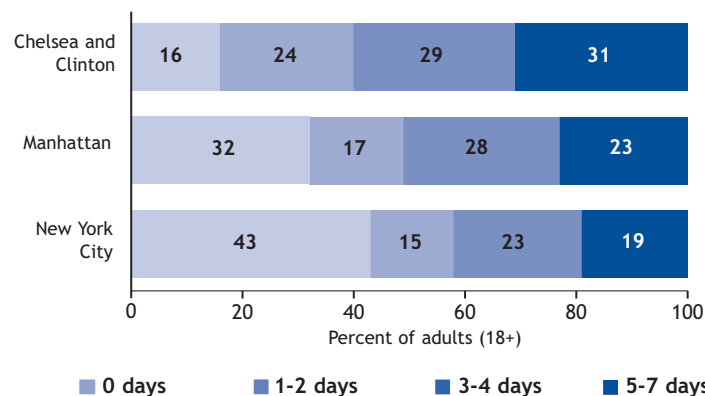
Percents are age-adjusted.
Data Source: NYC Community Health Survey 2002-03-04

The increasing prevalence of obesity in the U.S. has contributed to an epidemic of diabetes. About 95% of diabetes cases are type 2 diabetes, which is strongly associated with obesity. Uncontrolled diabetes can worsen the harmful effects of high blood pressure, high cholesterol, and other risk factors for heart disease.

In Chelsea and Clinton, 6% of adults have diabetes.

Days per week of recreational exercise

Exercise habits in Chelsea and Clinton are more healthy compared to New York City overall



Survey Question: On average, how many days per week do you exercise for at least 30 minutes? Percents are age-adjusted.
Data Source: NYC Community Health Survey 2003

Physical activity helps people maintain a healthy weight and strengthens the cardiovascular system. Chelsea and Clinton residents are more likely to do some physical activity during the week than residents in NYC overall (84% vs. 57%). Nearly two thirds of Chelsea and Clinton residents (60%) report exercising at least 3 days a week.

Centers for Disease Control and Prevention Recommendations

Adults should do either 20 minutes of vigorous exercise 3 times per week or 30 minutes of moderate exercise 5 times per week.



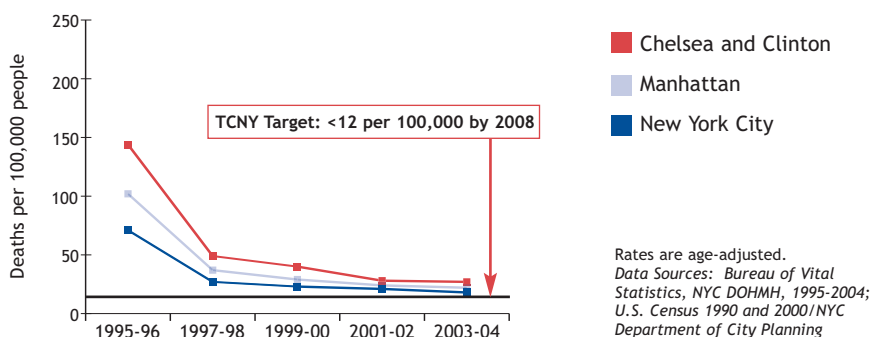
GOAL 4 Know Your HIV Status

Wide disparities exist in HIV across New York City communities. This is particularly apparent in Chelsea and Clinton, where the rate of HIV diagnoses is more than twice the NYC overall rate, and the rate of people living with HIV/AIDS is nearly triple the rate in NYC overall.

The death rate due to HIV disease has dropped 80% during the past decade in this community. However, in 2003-2004, the average annual HIV-related death rate in Chelsea and Clinton was still 50% higher than the NYC overall rate (27/100,000 vs. 18/100,000 in NYC).

Death rate due to HIV

The HIV-related death rate in Chelsea and Clinton is higher than in NYC overall but has dropped dramatically in the past decade



HIV/AIDS in 2004

Total HIV diagnoses per 100,000 people* (13+)

Chelsea and Clinton	149
Manhattan	69
New York City	55

% HIV diagnosed concurrently with AIDS** (13+)

Chelsea and Clinton	17%
Manhattan	23%
New York City	29%

People living with HIV/AIDS per 100,000 people* (13+)

Chelsea and Clinton	4,186
Manhattan	2,102
New York City	1,419

*Rates are age-adjusted.
**Within 31 days of HIV diagnosis – crude percents
Data Source and Analysis: HIV Epidemiology Program, NYC DOHMH, 2004

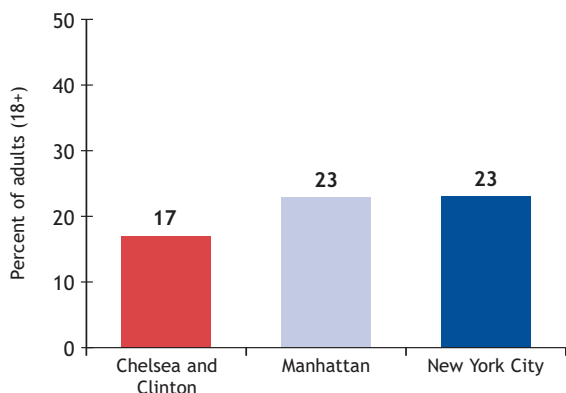
HIV/AIDS testing and prevention

Everyone should know their HIV status. However, an estimated one quarter of New Yorkers living with HIV do not know they are infected, delaying treatment and increasing the risk that they will transmit the disease to others. Fewer than 1 in 5 Chelsea and Clinton residents have been tested for HIV in the past year, and nearly one fifth of positive HIV test results (17%) are “late” diagnoses (HIV has already progressed to AIDS) in this community.

The most common way people get HIV is through sexual contact, and having multiple sex partners increases the risk of HIV. Condoms offer protection from HIV when engaging in sexual activities. One third (33%) of Chelsea and Clinton adults who had more than 1 sex partner in the past year reported using a condom at their last sexual encounter.

HIV testing

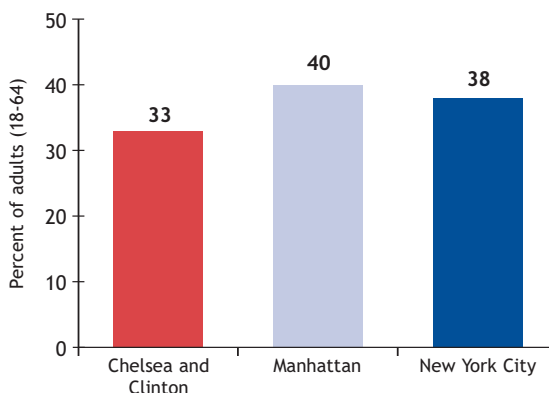
Fewer than 1 in 5 adults in Chelsea and Clinton has had an HIV test in the past year



Percents are age-adjusted.
Data Source: NYC Community Health Survey 2003

Condom use at last sexual encounter

One in 3 in Chelsea and Clinton adults with multiple sex partners used a condom



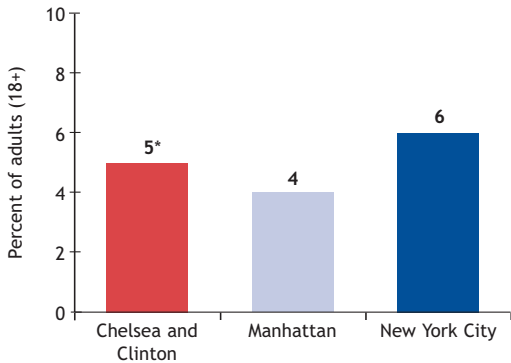
Analysis limited to adults aged 18-64 who reported having >1 sex partner in the past year, excluding women who reported having sex only with women. Percents are age-adjusted.
Data Source: NYC Community Health Survey 2002-03-04



GOAL 5 Get Help for Depression

Psychological distress

One in 20 adults in Chelsea and Clinton suffers from serious psychological distress



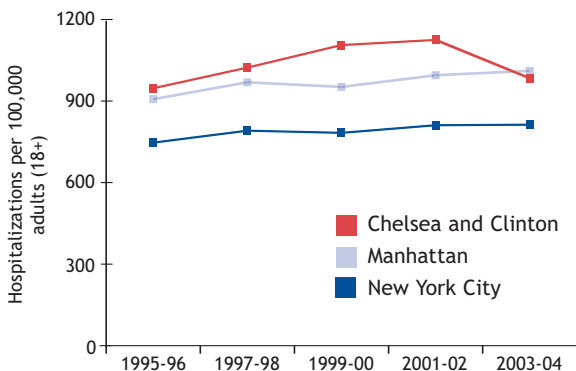
*Estimate is unstable due to small sample size and should be interpreted with caution.
 Serious psychological distress can be identified in individuals using Kessler's K6 scale, a validated measure consisting of 6 simple questions about mood. Percents are age-adjusted.
 Data Source: NYC Community Health Survey 2002-03

Depression is a serious but treatable health condition that frequently goes undiagnosed. Serious psychological distress is associated with depression and other mental illnesses.

In Chelsea and Clinton, 5% of residents experience serious psychological distress.

Mental illness

Hospitalizations for mental illness are higher in Chelsea and Clinton than in NYC overall



Rates are age-adjusted.
 Data Sources: New York State Department of Health Statewide Planning and Research Cooperative System, 1995-2004; U.S. Census 1990 and 2000/ NYC Department of City Planning

Hospitalization rates are one way to look at serious mental illness in a neighborhood. Residents in Chelsea and Clinton have had a fairly stable rate of mental illness hospitalizations during the past 10 years (excluding alcohol- or drug-related illness).

In 2003-2004, the community's average annual rate of mental illness hospitalizations (984/100,000) was similar to the Manhattan rate (1,011/100,000) but higher than the rate in New York City overall (813/100,000).

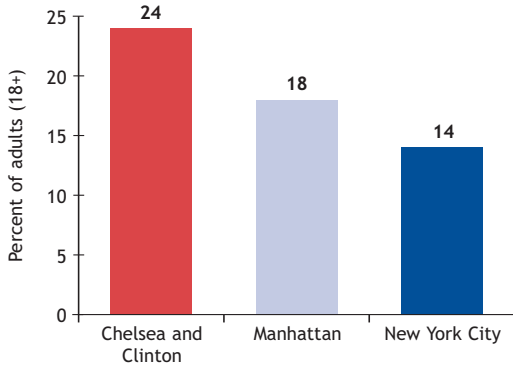
Understanding hospitalizations and access to health care. Hospitalization data are useful in understanding the burden that certain conditions place on the health care system, but not necessarily in measuring the exact extent of illness in a community. Variations in hospitalization rates may reflect not only differences in rates of illness, but also differences in access to health care. For example, the kinds of health institutions available to residents differ by community, as might the ability of residents to pay for those resources. If a community has a specialized residential institution for a certain type of disease, such as mental illness or stroke, people from outside that neighborhood may come to reside at this institution for care, resulting in an increase in reported hospitalizations for that disease in the community.



GOAL 6 Live Free of Dependence on Alcohol and Drugs

Binge drinking

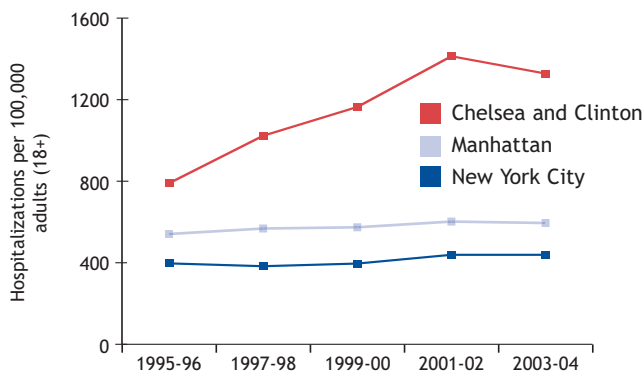
Adults in Chelsea and Clinton are more likely to have engaged binge drinking in the past month



Percents are age-adjusted. Data Source: NYC Community Health Survey 2002-03-04

Alcohol-related hospitalizations

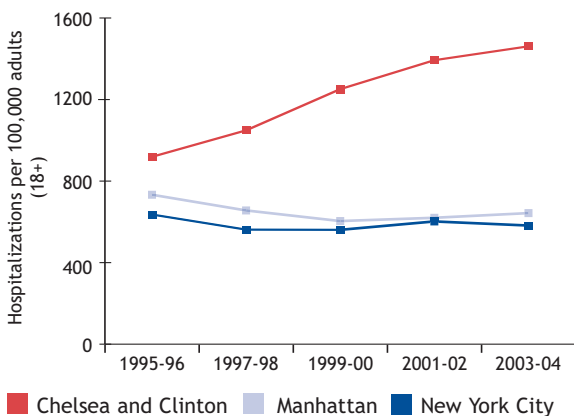
The alcohol-related hospitalization rate in Chelsea and Clinton is much higher than the NYC rate



Rates are age-adjusted. Data Sources: New York State Department of Health Statewide Planning and Research Cooperative System, 1995-2004; U.S. Census 1990 and 2000/NYC Department of City Planning

Drug-related hospitalizations

The drug-related hospitalization rate in Chelsea and Clinton has increased in the past decade



Rates are age-adjusted. Data Sources: New York State Department of Health Statewide Planning and Research Cooperative System, 1995-2004; U.S. Census 1990 and 2000/NYC Department of City Planning

The abuse of alcohol and drugs can lead to many preventable injuries, illnesses, and deaths, including injury in motor-vehicle crashes, liver disease, and violence.

Estimates of binge drinking represent the risk of immediate alcohol-related problems, such as alcohol-poisoning, injury and violence. In Chelsea and Clinton, adults are more likely than adults in Manhattan and NYC overall to report engaging in at least one episode of binge drinking (defined as consuming 5 or more drinks on one occasion) in the past month.

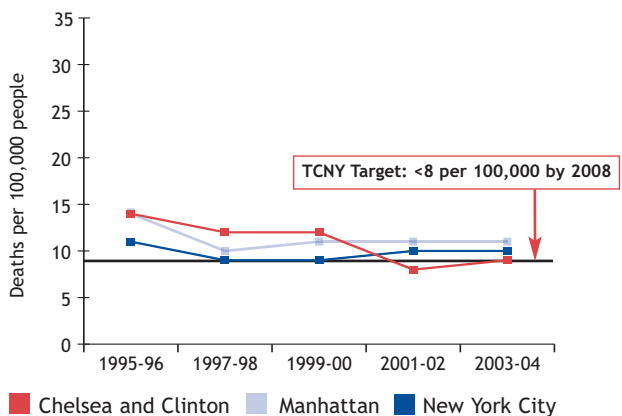
Alcohol-related hospitalizations reflect both acute and chronic (e.g., liver disease) consequences of alcohol abuse. The alcohol-related hospitalization rate in Chelsea and Clinton has increased by almost 70% in the past decade. In 2003-2004, the average annual alcohol-related hospitalization rate in this community was higher than in Manhattan and New York City overall (1,328/100,000 vs. 595/100,000 in Manhattan and 439/100,000 in NYC).

The drug-related hospitalization rate has also increased in the past 10 years in Chelsea and Clinton, and in 2003-2004, it was higher (1,461/100,000) than in Manhattan (643/100,000) and New York City overall (595/100,000).

In Chelsea and Clinton, the death rate due to drugs in 2003-2004 was similar to the NYC overall rate (9/100,000 vs. 10/100,000).

Drug-related deaths

The drug-related death rates in Chelsea and Clinton and NYC overall are similar



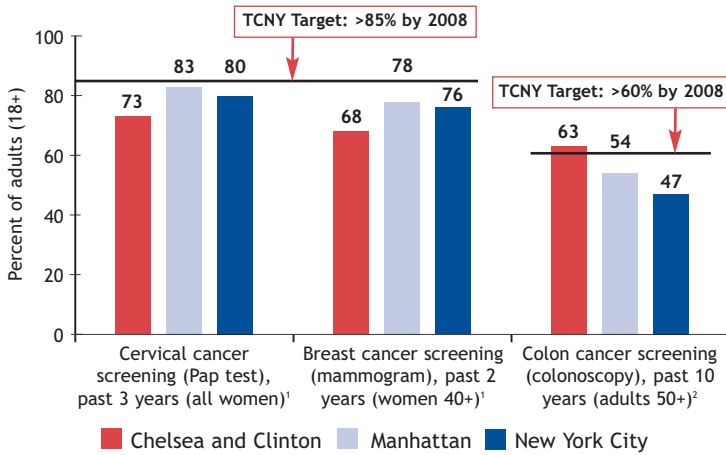
Rates are age-adjusted. Data Sources: Bureau of Vital Statistics, NYC DOHMH, 1995-2004; U.S. Census 1990 and 2000/NYC Department of City Planning



GOAL 7 Get Checked for Cancer

Cancer screenings

Cancer screening is an important part of routine preventive health care



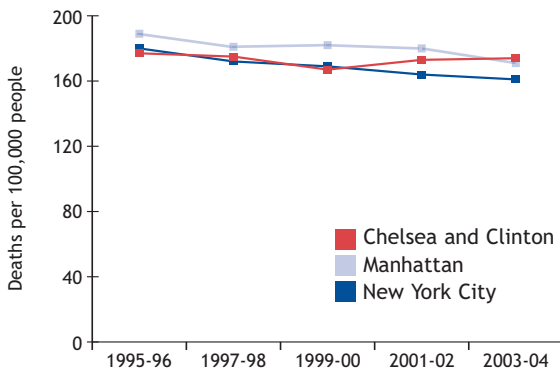
Percents are age-adjusted.
Data Sources: ¹NYC Community Health Survey 2002 & 2004, ²NYC Community Health Survey 2003-04

Cancer screening can save lives by preventing disease, catching cancer in its early stages and providing opportunities for treatment. TCNY has set specific screening targets for cervical, breast, and colon cancers.

Women in Chelsea and Clinton are getting Pap tests for cervical cancer and mammograms for breast cancer at rates about 15% lower than the TCNY target of more than 85%. Adults aged 50 and older in Chelsea and Clinton are more likely to have had a colonoscopy in the past 10 years than those in NYC overall and are meeting the TCNY target.

Cancer deaths

Cancer is a major cause of death in New York City



Rates are age-adjusted.
Data Sources: Bureau of Vital Statistics, NYC DOHMH, 1995-2004; U.S. Census 1990 and 2000/NYC Department of City Planning

The death rate due to cancer has remained fairly steady in Chelsea and Clinton during the past decade. The 2003-2004 average annual cancer death rate was similar to the Manhattan and NYC overall rates (174/100,000 vs. 171/100,000 in Manhattan and 161/100,000 in NYC).

Preventing cancer and related deaths. Individuals can reduce their risk of the most common cancers. Never smoking or quitting the habit greatly reduces the risk of lung and other cancers. High colon and breast cancer death rates highlight the importance of getting recommended screenings so treatment can begin early.

The highest cancer-related death rates among men in Chelsea and Clinton are due to lung, prostate, and blood-related (such as lymphoid) cancers. Among women, lung, breast, and blood-related cancers are the top 3 causes of cancer-related death.

Highest cancer death rates in Chelsea and Clinton (2003-2004)					
MEN	DEATHS / 100,000 PEOPLE		WOMEN	DEATHS / 100,000 PEOPLE	
	Chelsea and Clinton	NYC		Chelsea and Clinton	NYC
Lung, trachea, bronchus	59	51	Lung, trachea, bronchus	33	28
Prostate	22	25	Breast	30	26
Blood-related	20	18	Blood-related	16	12
Colorectal	15	23	Colorectal	13	17
Pancreas	15	12	Pancreas	12	9

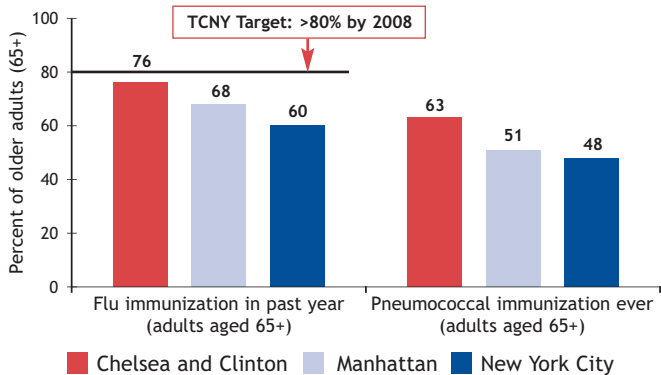
Rates are age-adjusted. Data Sources: Bureau of Vital Statistics, NYC DOHMH, 2003-2004; U.S. Census 2000/NYC Department of City Planning



GOAL 8 Get the Immunizations You Need

Immunizations

Flu shot rates among older adults fall below the TCNY target and pneumococcal (pneumonia) immunizations are even lower



Data Source: NYC Community Health Survey 2002-03-04

Immunizations are not just for kids. Of all the deaths that could have been prevented by vaccination, 99% occur in adults. **Take Care New York** has set a target that more than 80% of adults aged 65 and older will get an annual flu (influenza) shot by 2008. Chelsea and Clinton older adults are more likely to have had a flu immunization in the past year than those in NYC overall (76% vs. 60%).

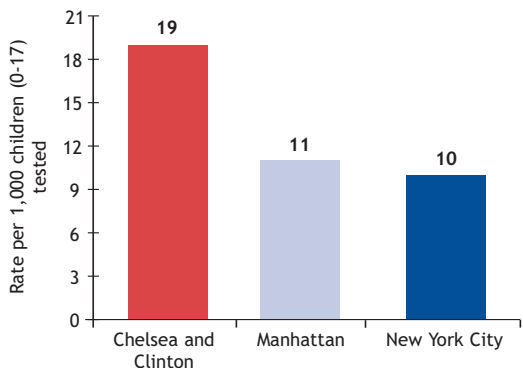
Immunization rates for pneumonia are lower than those for flu across NYC. In Chelsea and Clinton, older adults are more likely than those in NYC overall to have ever received the pneumococcal vaccine, which protects against one common cause of pneumonia.



GOAL 9 Make Your Home Safe and Healthy

Childhood lead poisoning

Lead poisoning among young children continues to be a problem



Lead poisoning is defined as a blood lead level ≥ 10 $\mu\text{g}/\text{dL}$.

Data Source and Analysis: Lead Poisoning Prevention Program, NYC DOHMH, 2004

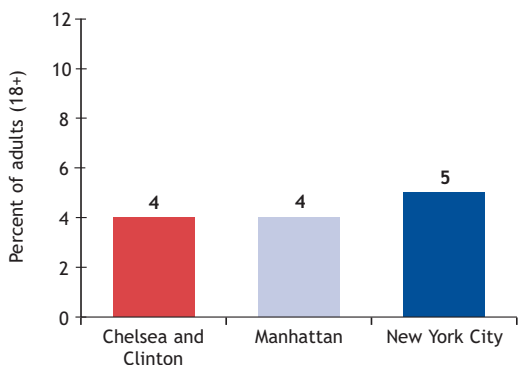
Childhood lead poisoning is a health problem that may be associated with decreased intelligence, learning and behavioral problems, and delayed growth and development. While the number of lead-poisoned children (0-17 years old) in New York City has declined dramatically over the past decade, the Health Department aims to eliminate lead poisoning by preventing children's exposure to lead-based paint and other sources of lead.

In 2004, 41 children in Chelsea and Clinton (19/1,000) were newly identified with lead poisoning (defined as a blood lead level greater than or equal to 10 $\mu\text{g}/\text{dL}$).

Asthma in Adults and Children

Asthma

About 1 in 20 adults in Chelsea and Clinton suffers from asthma



Percents are age-adjusted.

Data Source: NYC Community Health Survey 2002-03-04

Conditions, or "triggers," in the home environment, such as the presence of second-hand smoke or dust, can cause asthma attacks. Some housing conditions associated with asthma triggers, such as rodent or roach infestation, are more common in some neighborhoods than others.

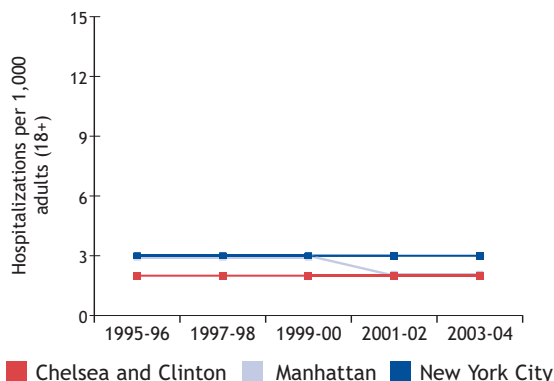
About 1 in 20 adults in Chelsea and Clinton (4%) reports having asthma.

Neighborhood asthma hospitalization rates depend in part on the percent of residents who have asthma. However, good medical management of asthma can prevent many asthma-related hospitalizations, and patients can work with health care providers to better control their asthma. Thus, the asthma hospitalization rate can also indicate poor access to health care.

In 2003-2004, the average annual asthma hospitalization rate for adults in Chelsea and Clinton was lower than in NYC overall. The rate among children (0-17 years old) in this community has declined 45% in the past decade and, in 2003-2004, was similar to the Manhattan and NYC overall rates.

Adult asthma hospitalizations

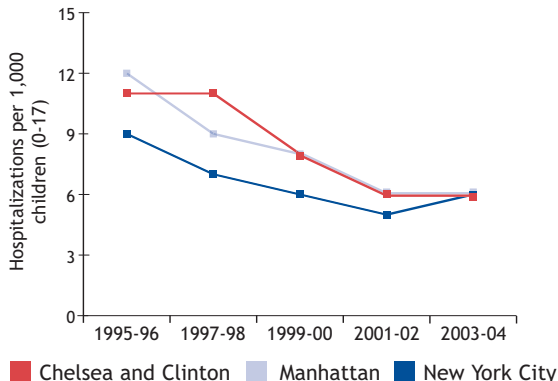
Rates of asthma hospitalization are lower in Chelsea and Clinton than in NYC overall



Rates are age-adjusted.
Data Sources: New York State Department of Health Statewide Planning and Research Cooperative System, 1995-2004; U.S. Census 1990 and 2000/NYC Department of City Planning

Child asthma hospitalizations

The child asthma hospitalization rate has decreased in Chelsea and Clinton



Data Sources: New York State Department of Health Statewide Planning and Research Cooperative System, 1995-2004; U.S. Census 1990 and 2000/NYC Department of City Planning

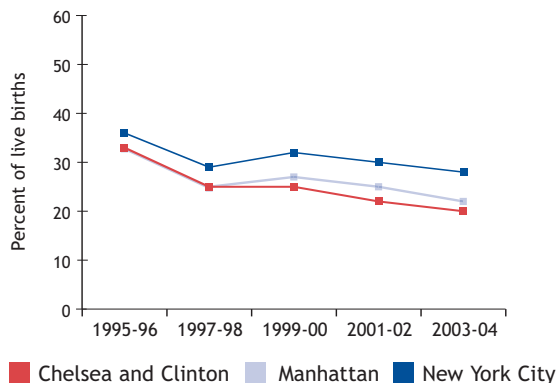
TAKE CARE NEW YORK Goal 10 Have a Healthy Baby

The health of babies depends on the health of mothers. Good health care for pregnant women includes high quality prenatal care beginning in the first trimester of pregnancy. The average annual percent of women who received late or no prenatal care has declined in Chelsea and Clinton from 33% in 1995-1996 to 20% in 2003-2004 to a lower proportion than in NYC overall (28%).

Teenage mothers and their babies face a number of risks. Pregnant teens are more likely to be poor and not complete high school than other teens, and they are more likely to have babies born with low birthweight than older mothers. The teen birth rate has decreased over the past 10 years by more than 50% in Chelsea and Clinton. The average teen birth rate in 2003-2004 in this community (44/1,000) was lower than in Manhattan (60/1,000) and NYC overall (75/1,000).

Prenatal care

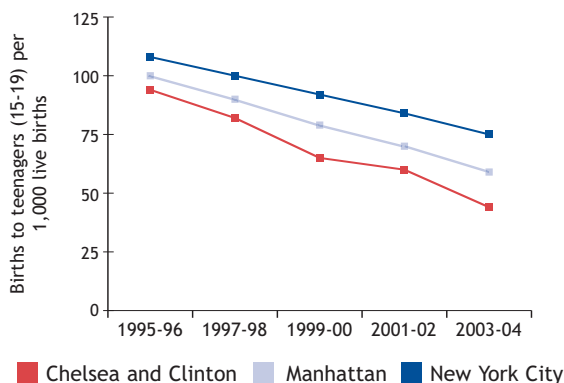
About 1 in 5 mothers in Chelsea and Clinton received late or no prenatal care



Data Source: Bureau of Vital Statistics, NYC DOHMH, 1995-2004

Teenage mothers

The birth rate to teenage mothers (15-19 years) is lower in Chelsea and Clinton



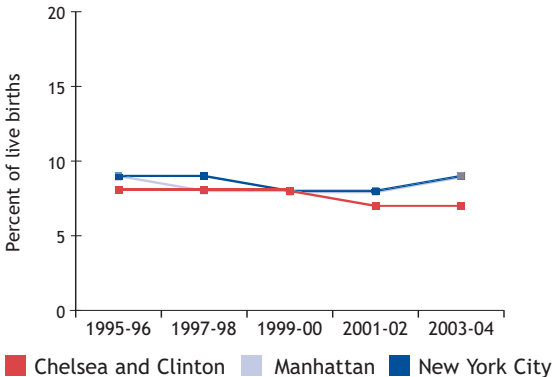
Data Source: Bureau of Vital Statistics, NYC DOHMH, 1995-2004

Babies born with low birthweight tend to have more health problems than others. In 2003-2004, the average percent of babies born with low birthweight in Chelsea and Clinton was 7% — lower than in NYC overall (9%).

Infant mortality (the death of babies in the first year of life) has declined over the past 10 years in NYC. The 2002-04 rate in Chelsea and Clinton was 4/1,000, meeting the TCNY target of fewer than 5/1,000.

Low birthweight

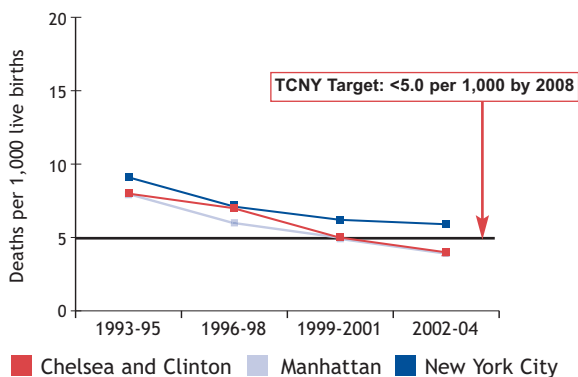
Fewer than 1 in 10 babies in Chelsea and Clinton is born with low birthweight



Low birthweight is defined as <2,500 grams (5.5 pounds).
Data Source: Bureau of Vital Statistics, NYC DOHMH, 1995-2004

Infant mortality rate (IMR)

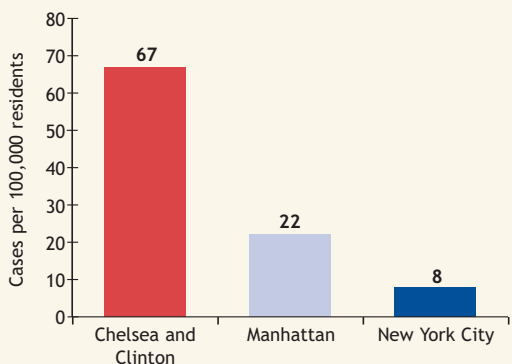
The IMR in Chelsea and Clinton meets the TCNY target



Data Source: Bureau of Vital Statistics, NYC DOHMH, 1993-2004

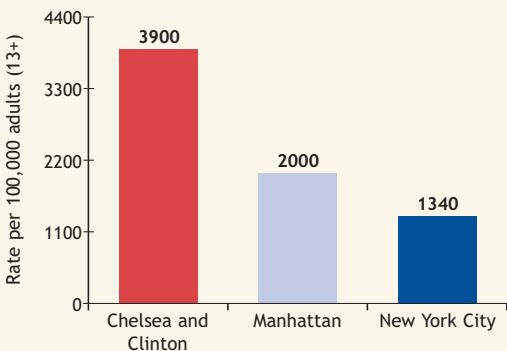
Neighborhood Health Highlight: Sexually Transmitted Infections

The rate of primary and secondary syphilis diagnoses is higher in Chelsea and Clinton



Data Source and Analysis: Bureau of STD Control, NYC DOHMH, 2004

The rate of people living with HIV/AIDS is higher in Chelsea and Clinton



Rates are age-adjusted.
Data Source and Analysis: Bureau of HIV/AIDS Prevention and Control, HIV Epidemiology Program, 2003

Every New York City neighborhood has different health concerns. Here we highlight sexually transmitted infections in Chelsea and Clinton.

Chelsea and Clinton have high rates of sexually transmitted infections (STIs), and since 2000, there has been an increase in syphilis, a serious STI. Together, primary and secondary (P&S) syphilis represent the best measure of this STI.

In 2004, Chelsea and Clinton had the highest rate of P&S syphilis — 8 times the rate in NYC overall. All cases in Chelsea and Clinton were among men, reflecting the current syphilis outbreak among men who have sex with men. Syphilis is a bacterial infection that can be treated and cured when diagnosed early. The initial stage of syphilis causes ulcers, which may be painless and go unnoticed but can increase the transmission of HIV by up to 5 times. In Chelsea and Clinton, more than twice as many adults are living with HIV/AIDS as in New York City overall.

TAKING ACTION

Combating STIs in a community requires both individual preventive behavior and community-level support. In Chelsea and Clinton, less than half (49%) of adults with two or more sex partners in the past year used a condom at their last sexual encounter. **Condom use significantly reduces the risk of contracting HIV and other STIs.** Organizations can order free male condoms at www.nycondom.org. In addition, testing for HIV and other STIs is crucial for early detection and treatment. Only less than one quarter (22%) of adults in Chelsea and Clinton were tested for HIV in the past year. Residents can reduce the consequences of STIs by **encouraging sexual partners to get tested and treated.** For more information on STIs and HIV, call 311.

Technical notes

Analyses

All analyses were conducted by the Bureau of Epidemiology Services, NYC DOHMH, unless otherwise indicated. All estimates in this report were age standardized to the Year 2000 Standard Population, except for age-specific data, mother-child health indicators, and STI surveillance data. All CHS analyses were done in SUDAAN to account for complex survey design and were weighted to the New York City population according to the U.S. Census 2000.

Data sources

NYS DOH hospitalization data: Includes hospitalizations of NYC residents that occurred anywhere in New York State. Patient zip code was used to classify hospitalizations into 42 neighborhoods. Data from 1995-2003 updated in April 2005; 2004 data updated in July 2005.

Vital Statistics data: Includes births and deaths of NYC residents that occurred within New York City. Data were combined across years to increase statistical stability and average annual rates are presented. In addition, infant mortality rates (IMR) were calculated as 3-year annual averages, and this statistic and others may differ from the presentation in "Summary of Vital Statistics" reports from the Bureau of Vital Statistics, NYC DOHMH.

Community Health Survey data: The NYC Community Health Survey (CHS) is an annual random-digit-dial telephone survey of approximately 10,000 adults in New York City. This profile uses the following datasets from this survey: NYC CHS 2002, NYC CHS 2003, NYC CHS 2004, NYC CHS 2002-03-04, NYC CHS 2002-03, NYC CHS 2002 & 2004, and NYC CHS 2003-04. The combined-year datasets increase statistical power, allowing for more stable analyses at the neighborhood level.

Neighborhood Definitions

The 42 NYC neighborhoods are based on the United Hospital Fund definitions of neighborhood, which are specified by zip code. For a complete listing of all 42 neighborhoods and their zip codes, go to nyc.gov/health. The zip codes included in analyses of Chelsea and Clinton are 10001, 10011, 10018, 10019, 10020, and 10036. Please note that some neighborhoods were combined for statistical purposes in the CHS 2002, CHS 2003 and CHS 2004 datasets to make a total of 33 (2002) or 34 (2003, 2004) neighborhoods. Chelsea and Clinton statistics from these individual-year datasets include data from the neighboring communities of Greenwich Village, Soho, and TriBeCa.

Avoidable Hospitalizations

Data based on Ambulatory Care Sensitive Conditions (called "avoidable hospitalizations" in this report) were calculated using the Agency for Healthcare Research and Quality (AHRQ) classification of inpatient hospitalization data. Conditions in the overall measure include: Diabetes Short-term Complications Admission Rate, Diabetes Long-term Complications Admission Rate, Pediatric Asthma Admission Rate, Chronic Obstructive Pulmonary Disease Admission Rate, Pediatric Gastroenteritis Admission Rate, Hypertension Admission Rate, Congestive Heart Failure Admission Rate, Dehydration Admission Rate, Bacterial Pneumonia Admission Rate, Urinary Tract Infection Admission Rate, Angina without Procedure Admission Rate, Uncontrolled Diabetes Admission Rate, Adult Asthma Admission Rate, and Rate of Lower-extremity Amputation among Patients with Diabetes.

Significance Testing

For all data, 95% confidence limits were calculated for neighborhood, borough, and NYC estimates. If these ranges did not overlap, a significant difference was inferred. This is a conservative measure of statistical difference. This methodology also was used to examine differences between years in neighborhood trend data. *Only robust findings found to be statistically significant are discussed in the text.* In addition, all NYC CHS estimates were evaluated for statistical stability using the relative standard error (RSE). Those estimates with an RSE > .30 are flagged in graphs, "Estimate is unstable due to small sample size and should be interpreted with caution."

TCNY report card

The neighborhood was classified according to where it ranked in comparison to the other 41 NYC neighborhoods with Above Average = rankings 1-10, Average = rankings 11-32, and Below Average = rankings 33-42 where 1 = the best neighborhood score. Rankings were computed by combining (or in some cases, using only one indicator) standardized measures (z-scores) of the following health indicators for each TCNY goal: TCNY#1 - primary care provider, insurance, ED visits; TCNY#2 - current smokers; TCNY#3 - diabetes, obesity, exercise, heart disease hospitalizations, heart disease mortality; TCNY#4 - HIV testing, AIDS mortality; TCNY#5 - serious psychological distress, mental illness hospitalizations; TCNY#6 - binge drinking, alcohol-related hospitalizations, drug-related hospitalizations, drug-related mortality; TCNY#7 - cervical cancer screening, breast cancer screening, colon cancer screening, cancer mortality; TCNY#8 - flu immunization; TCNY#9 - child lead poisoning, adult asthma rates; TCNY#10 - prenatal care, teenage mothers, low birthweight, infant mortality.

Cover photograph: 10th Avenue and 22nd Street, Manhattan. Photo by Elizabeth Kilgore. Maps by Susan Resnick.

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Community Health Profile for Chelsea and Clinton

This report is an updated, expanded second edition of the 2002 Community Health Profile for Chelsea and Clinton.

NEW IN THE SECOND EDITION:

- Take Care New York report card
- Time-trend data on births, hospitalizations, and deaths
- More neighborhood-specific health statistics
- Robust estimates from data through 2004

First and second edition reports on all 42 New York City neighborhoods are available from the New York City Department of Health and Mental Hygiene online or by mail.

Web: nyc.gov/health
Click on "My Community's Health"

Email: profiles@health.nyc.gov

Mail:

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 health issues
in this report,
please call 311.**

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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

Thomas R. Frieden, MD, MPH
Commissioner of Health and Mental Hygiene

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