Queens Community District 1:
LONG ISLAND CITY AND ASTORIA

( Including Astoria, Astoria Heights, Queensbridge, Dutch Kills, Long Island City, Ravenswood and Steinway)

Health is rooted in the circumstances of our daily lives and the environments in which we are born, grow, play, work, love and age. Understanding how community conditions affect our physical and mental health is the first step toward building a healthier New York City.
LONG ISLAND CITY AND ASTORIA TOTAL POPULATION

WHO WE ARE

201,357

POPULATION BY RACE AND ETHNICITY

45% White*  28% Hispanic

15% Asian*  10% Black*  2% Other*

POPULATION BY AGE

0 - 17 18-24 25-44 45-64 65+

16% 10% 41% 22% 11%

HAVE LIMITED ENGLISH PROFICIENCY

41%

ARE FOREIGN BORN

25%

PERCENT WHO REPORTED THEIR OWN HEALTH AS “EXCELLENT,” “VERY GOOD” OR “GOOD”

81%

LIFE EXPECTANCY

82.2 YEARS

* Non-Hispanic

New York City is a city of neighborhoods. Their diversity, rich history and people are what make this city so special.

But longstanding and rising income inequality, combined with a history of racial residential segregation, has led to startling health inequities between neighborhoods. Poor health outcomes tend to cluster in places that people of color call home and where many residents live in poverty. Life expectancy in Brownsville, for example, is 11 years shorter than in the Financial District. And this is not because residents of Brownsville are dying of unusual diseases, but because they are dying of the same diseases – mostly heart disease and cancer – at younger ages and at higher rates.

This is unfair and avoidable. A person’s health should not be determined by his or her ZIP code.

Reducing health inequities requires policymakers, health professionals, researchers and community groups to advocate and work together for systemic change. In One New York: The Plan for a Strong and Just City (OneNYC), Mayor Bill de Blasio has outlined a vision to transform this city, and every neighborhood, guided by the principles of growth, equity, sustainability and resiliency.

Our communities are not simply made up of individual behaviors, but are dynamic places where individuals interact with each other, with their immediate environments and with the policies that shape those environments. The Community Health Profiles include indicators that reflect a broad set of conditions that impact health.

Our hope is that you will use the data and information in these Community Health Profiles to advocate for your neighborhoods.

MARY T. BASSETT, MD, MPH
Navigating this document

This profile covers all of Queens Community District 1, which includes Astoria, Astoria Heights, Queensbridge, Dutch Kills, Long Island City, Ravenswood and Steinway, but the name is shortened to just Long Island City and Astoria. This is one of 59 community districts in New York City (NYC).

Community districts are ranked on each indicator. The highest rank (#1) corresponds to the largest value for a given measure. Sometimes a high rank indicates a positive measure of health (e.g., ranking first in flu vaccination). Other times, it indicates a negative measure of health (e.g., ranking first in the premature death rate).

The following color coding system is used throughout this document:

- **LONG ISLAND CITY AND ASTORIA**
- **BEST-PERFORMING COMMUNITY DISTRICT**
- **QUEENS**
- **NEW YORK CITY**

TABLE OF CONTENTS

- **WHO WE ARE**
  - PAGE 2
- **NEIGHBORHOOD CONDITIONS**
  - PAGE 5
- **SOCIAL AND ECONOMIC CONDITIONS**
  - PAGES 6 AND 7
- **HEALTHY LIVING**
  - PAGES 8 AND 9
- **HEALTH CARE**
  - PAGE 10
- **HEALTH OUTCOMES**
  - PAGES 11, 12 AND 13
- **NOTES**
  - PAGES 14 AND 15
- **MAP AND CONTACT INFORMATION**
  - BACK COVER
Housing quality
Poorly maintained housing is associated with negative health outcomes, including asthma and other respiratory illnesses, injuries and poor mental health. A lower percentage of homes in **Long Island City and Astoria** have maintenance defects compared with homes citywide.

<table>
<thead>
<tr>
<th>Maintenance defects</th>
<th>Long Island City and Astoria</th>
<th>Tottenville and Great Kills</th>
</tr>
</thead>
<tbody>
<tr>
<td>(percent of renter-occupied homes with at least one maintenance defect)</td>
<td>50%</td>
<td>18%</td>
</tr>
<tr>
<td><strong>NYC</strong></td>
<td>59%</td>
<td>51%</td>
</tr>
</tbody>
</table>

Where we live determines the quality of the air we breathe, the homes we live in, how safe we feel, what kinds of food we can easily access and more.

Air pollution
Although NYC air quality is improving, air pollution, such as fine particles (PM$_{2.5}$), can cause health problems, particularly among the very young, seniors and those with preexisting health conditions. In **Long Island City and Astoria**, levels of PM$_{2.5}$, the most harmful air pollutant, are 8.9 micrograms per cubic meter, compared with 8.4 in Queens and 8.6 citywide.

<table>
<thead>
<tr>
<th>Air pollution</th>
<th>(micrograms of fine particulate matter per cubic meter)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Long Island City and Astoria</strong></td>
<td>8.9</td>
</tr>
<tr>
<td>Rockaway and Broad Channel</td>
<td>7.6</td>
</tr>
<tr>
<td>Queens</td>
<td>8.4</td>
</tr>
<tr>
<td>NYC</td>
<td>8.6</td>
</tr>
</tbody>
</table>

Retail environment
The prevalence of tobacco retailers in **Long Island City and Astoria** is similar to the prevalence citywide. Supermarket access is also similar to access citywide, with 211 square feet per 100 people.

<table>
<thead>
<tr>
<th>Tobacco retailers</th>
<th>Supermarket square footage</th>
</tr>
</thead>
<tbody>
<tr>
<td>(per 10,000 population)</td>
<td>(per 100 population)</td>
</tr>
<tr>
<td><strong>Long Island City and Astoria</strong></td>
<td><strong>Long Island City and Astoria</strong></td>
</tr>
<tr>
<td>12</td>
<td>211</td>
</tr>
<tr>
<td>(RANKS 20$^{th}$)</td>
<td>(RANKS 17$^{th}$)</td>
</tr>
<tr>
<td>9</td>
<td>Queens</td>
</tr>
<tr>
<td>NYC</td>
<td>450</td>
</tr>
<tr>
<td>Bayside and Little Neck</td>
<td>South Beach and Willowbrook</td>
</tr>
<tr>
<td>6</td>
<td>(RANKS 59$^{th}$)</td>
</tr>
<tr>
<td>Queens</td>
<td>NYC</td>
</tr>
<tr>
<td>NYC</td>
<td>180</td>
</tr>
</tbody>
</table>

When healthy foods are readily available, it is easier to make healthy choices.
Adult educational attainment

In Long Island City and Astoria, almost half of all adults have college degrees; however, 18% of adults have not completed high school.

**Highest level of education attained** (adults 25 years and older)

<table>
<thead>
<tr>
<th>Community District</th>
<th>College graduate</th>
<th>High school graduate or some college</th>
<th>Less than high school</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long Island City and Astoria</td>
<td>47%</td>
<td>35%</td>
<td>18%</td>
</tr>
<tr>
<td>Queens</td>
<td>38%</td>
<td>42%</td>
<td>20%</td>
</tr>
<tr>
<td>Financial District &amp; Greenwich Village</td>
<td>84%</td>
<td>12%</td>
<td>4%</td>
</tr>
<tr>
<td>New York City</td>
<td>41%</td>
<td>39%</td>
<td>20%</td>
</tr>
</tbody>
</table>

19% of Long Island City and Astoria residents live below the Federal Poverty Level.

Income

Living in poverty limits healthy lifestyle choices and makes it difficult to access health care and resources that can promote health and prevent illness. Unemployment and unaffordable housing are also closely associated with poverty and poor health. About one in eleven Long Island City and Astoria adults ages 16 and older is unemployed, and nearly half of residents spend more than 30% of their monthly gross income on rent.

One way to consider the effect of income on health is by comparing death rates among neighborhoods. Assuming that the death rates from the five neighborhoods with the highest incomes are achievable in Long Island City and Astoria, it is estimated that 13% of deaths could have been averted.

**Economic stress**

<table>
<thead>
<tr>
<th></th>
<th>Long Island City and Astoria</th>
<th>Best-performing community district</th>
<th>Queens</th>
<th>NYC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty</td>
<td>19% (RANKS 32th)</td>
<td>6% Tottenville and Great Kills (RANKS 59th)</td>
<td>16%</td>
<td>21%</td>
</tr>
<tr>
<td>Unemployment</td>
<td>9% (RANKS 36th)</td>
<td>5% Greenwich Village and Soho &amp; Financial District (RANKS 59th)</td>
<td>10%</td>
<td>11%</td>
</tr>
<tr>
<td>Rent burden</td>
<td>48% (RANKS 47th)</td>
<td>37% Greenwich Village and Soho &amp; Financial District (RANKS 59th)</td>
<td>53%</td>
<td>51%</td>
</tr>
</tbody>
</table>

Children and adolescents

The littlest New Yorkers all deserve the same opportunities for health. In Long Island City and Astoria, the rate of preterm births, a key driver of infant death, is similar to the Queens and city rates, but the teen birth rate is lower than the NYC rate.

Preterm births (percent of all live births)

- Long Island City and Astoria (RANKS 39th)
- Midtown (RANKS 59th)
- Queens
- NYC

Teen births (per 1,000 girls ages 15-19)

- Long Island City and Astoria (RANKS 35th)
- Financial District (RANKS 39th)
- Queens
- NYC

Elementary school absenteeism (percent of students missing 20 or more school days)

- Long Island City and Astoria (RANKS 32nd)
- Financial District (RANKS 59th)
- Queens
- NYC

Incarceration

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

- Queens Village 5 (RANKS 59th)
- Long Island City and Astoria 44 (RANKS 40th)
- NYC 93
- QUEENS 52

*Interpret estimate with caution due to small number of events

Violence

The injury assault rate in Long Island City and Astoria is higher than the Queens rate.

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

- Long Island City and Astoria (RANKS 25th)
- Rego Park and Forest Hills (RANKS 59th)
- Queens
- NYC

*Interpret estimate with caution due to small number of events

Child and adolescent health are a signal of a community’s current well-being and potential. People who are incarcerated have higher rates of mental illness, drug and alcohol addiction and other health conditions. Non-fatal assault hospitalizations capture the consequences of community violence.
Self-reported health
People are good at rating their own health. When asked to rate their overall health on a scale of one to five (excellent, very good, good, fair or poor), 81% of Long Island City and Astoria residents rate their health as “excellent,” “very good” or “good.”

Percent who self-reported their own health as “excellent,” “very good” or “good”

<table>
<thead>
<tr>
<th></th>
<th>Long Island City and Astoria (RANKS 24th)</th>
<th>Upper East Side (RANKS 1st)</th>
<th>Queens (RANKS 9th)</th>
<th>New York City (RANKS 1st)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current smokers</td>
<td>21%</td>
<td>10%</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>1 or more 12 oz sugary drink per day</td>
<td>23%</td>
<td>12%</td>
<td>28%</td>
<td>27%</td>
</tr>
<tr>
<td>At least one serving of fruits or vegetables per day</td>
<td>91%</td>
<td>95%*</td>
<td>89%</td>
<td>88%</td>
</tr>
<tr>
<td>Any physical activity in the last 30 days</td>
<td>77%</td>
<td>90%</td>
<td>76%</td>
<td>77%</td>
</tr>
</tbody>
</table>

NYC DOHMH, Community Health Survey, 2011-2013

Smoking, diet and physical activity
Smoking, poor quality diet and physical inactivity are risk factors for high blood pressure, diabetes and other problems. Adults in Long Island City and Astoria smoke, consume sugary drinks, eat fruits and vegetables and are physically active at rates similar to residents of Queens and the city as a whole.

Adults in Long Island City and Astoria are more than twice as likely to smoke as East Flatbush adults, the second-highest rate in the city.

*Interpret estimate with caution due to small sample size

NYC DOHMH, Community Health Survey, 2011-2013
Obesity and diabetes

Obesity can lead to serious health problems such as diabetes and heart disease. At 22%, the rate of obesity in Long Island City and Astoria is almost three times the rate in Stuyvesant Town and Turtle Bay. The diabetes rate in Long Island City and Astoria is 10%, comparable with the citywide rate, but three times the rate in Stuyvesant Town and Turtle Bay.

Exercise is one way to maintain a healthy weight. Federal guidelines say that children should get 60 minutes of exercise per day, adults should get 150 minutes per week, and older adults should get 150 minutes per week as their physical abilities allow, with a focus on exercises to improve balance.

Substance use

Drug- and/or alcohol-related hospitalizations reflect acute and chronic consequences of substance misuse. In Long Island City and Astoria, such hospitalization rates are lower than the citywide rates, but higher than the Queens rates.
Access to health care
A lack of quality health care can lead to negative health outcomes and more intensive treatment, such as avoidable hospitalizations. In Long Island City and Astoria, one in five adults has no health insurance, and one in nine goes without needed medical care, similar to citywide rates.

Prior to 2014, 20% of adults in NYC had no health insurance; however, with implementation of the Affordable Care Act, this percentage decreased to 14% citywide in 2014. A similar decrease is expected in Long Island City and Astoria.

Prevention and screening
Compared with teens citywide, teenaged girls from Long Island City and Astoria are less likely to receive the full human papillomavirus (HPV) vaccine series. The rate of HIV testing in Long Island City and Astoria is similar to the citywide rate. Long Island City and Astoria ranks fifty-first in NYC in adults receiving flu vaccinations, one of the lowest rates in the city.

HPV infection causes cancers that can be prevented by the HPV vaccine. Boys and girls should receive the vaccine at 11 to 12 years of age, prior to HPV exposure and when the vaccine is most effective.
New HIV diagnoses
Some people with HIV do not know that they are infected. Getting diagnosed is the first step in the treatment and care of HIV. Long Island City and Astoria ranks twenty-fourth in the rate of new HIV diagnoses.

Stroke
High blood pressure is the leading risk factor for stroke and the most important to control. The rate of stroke hospitalizations in Long Island City and Astoria is similar to the overall Queens and citywide rates.

Mental health
Variations in hospitalization rates may reflect differences in rates of illness, access to health care and other social and cultural factors. The rate of adult psychiatric hospitalizations in Long Island City and Astoria is lower than the overall NYC rate.
**Child asthma**

Many hospitalizations for asthma among children could be prevented by addressing housing-related exposures to asthma triggers, including cockroaches, mice and secondhand smoke. Good medical management can prevent asthma symptoms. The asthma hospitalization rate among children ages 5 to 14 in Long Island City and Astoria is about half the citywide rate.

**Adult hospitalizations for asthma**

The avoidable adult asthma hospitalization rate in Long Island City and Astoria is higher than the overall Queens rate, but lower than the citywide rate.

**Adult hospitalizations for diabetes**

The avoidable adult diabetes hospitalization rate in Long Island City and Astoria is lower than the citywide rate.
Leading causes of death
The top causes of death for residents of Long Island City and Astoria, as for most New Yorkers, are heart disease and cancer. The death rate due to septicemia is higher than the citywide rate.

<table>
<thead>
<tr>
<th>RANK</th>
<th>CAUSE: NUMBER OF DEATHS</th>
<th>DEATH RATE</th>
<th>New York City</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Heart disease: 1,884</td>
<td>199.2</td>
<td>1  202.6</td>
</tr>
<tr>
<td>2</td>
<td>Cancer: 1,214</td>
<td>130.9</td>
<td>2  156.7</td>
</tr>
<tr>
<td>3</td>
<td>Flu/pneumonia: 197</td>
<td>20.8</td>
<td>3  27.4</td>
</tr>
<tr>
<td>4</td>
<td>Stroke: 148</td>
<td>15.7</td>
<td>4  18.8</td>
</tr>
<tr>
<td>5</td>
<td>Lower respiratory diseases: 145</td>
<td>15.6</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Diabetes mellitus: 124</td>
<td>13.3</td>
<td>6  20.6</td>
</tr>
<tr>
<td>7</td>
<td>Accidents (excluding drug poisoning): 90</td>
<td>9.1</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Hypertension: 64</td>
<td>6.6</td>
<td>8  11.4</td>
</tr>
<tr>
<td>9</td>
<td>Drug-related: 59</td>
<td>5.5</td>
<td>9  8.6</td>
</tr>
<tr>
<td>10</td>
<td>Septicemia: 54</td>
<td>5.7</td>
<td>16</td>
</tr>
</tbody>
</table>

NYC DOHMH, Bureau of Vital Statistics, 2009-2013

Infant mortality and premature death
Despite a decrease in infant mortality across the city, the rate in Long Island City and Astoria is still more than four times higher than the rate in the Upper East Side. Disparities in premature death (death before the age of 65) also persist among neighborhoods. The rate of premature death in Long Island City and Astoria is lower than the citywide rate, but almost twice that of the Financial District.

<table>
<thead>
<tr>
<th>Infant mortality rate (per 1,000 live births)</th>
<th>Premature mortality rate (per 100,000 population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.5 Long Island City and Astoria (RANKS 29th)</td>
<td>144.6 Long Island City and Astoria (RANKS 42nd)</td>
</tr>
<tr>
<td>4.0* Upper East Side (RANKS 59th)</td>
<td>75.6 Financial District (RANKS 59th)</td>
</tr>
<tr>
<td>4.7 Queens</td>
<td>140.8 Queens</td>
</tr>
<tr>
<td>4.7 NYC</td>
<td>198.4 NYC</td>
</tr>
</tbody>
</table>

*Interpret estimate with caution due to small number of events
NYC DOHMH, Bureau of Vital Statistics, 2009-2013
NOTES

A complete dataset including numbers, rates, rankings and confidence intervals, as well as definitions and complete citations, can be found online by going to nyc.gov and searching “Community Health Profiles”.

Technical notes

Neighborhood Definitions and Rankings
The 59 Community Districts (CDs) were established citywide by local law in 1975. For a complete listing of all CDs and their boundaries, go to nyc.gov/html/dcp/html/neighborhoods/nhmap.shtml. 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. CDs were ranked on every indicator. If two CDs had the same value, they were considered to be tied and were given the same rank.

For American Community Survey (ACS) indicators, data were available by Public Use Microdata Areas (PUMAs), which are aggregated Census tracts designed to approximate CDs. For Housing and Vacancy Survey (HVS), data were available by sub-borough areas. The U.S. Census Bureau combined four pairs of CDs in creating these PUMA or sub-borough areas to improve sampling and protect the confidentiality of respondents. These pairs are 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, the Financial District (MN 01) and Greenwich Village/Soho (MN 02) in Manhattan and Clinton/Chelsea (MN 04) and Midtown (MN 05) in Manhattan. For these four areas, the same estimate was applied to both CDs that comprised the PUMA or sub-borough area for data from ACS and HVS. For NYC Department of Health and Mental Hygiene (DOHMH) Community Health Survey (CHS) data, these same pairs of CDs were combined and the same estimate applied to both CDs in the pair.

Analyses
For most 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. Only robust findings found to be statistically significant are discussed in the text. In addition, most estimates were evaluated for statistical stability using the relative standard error (RSE). Those estimates with an RSE greater than 30% are flagged as follows: “Interpret estimate with caution due to small number of events or small sample size.”

Where noted, estimates in this report were age standardized to the Year 2000 Standard Population.

Data Sources
U.S. Census/American Community Survey (ACS): The U.S. Census calculates intercensal population estimates which were used for overall population, age, race and ethnicity indicators. The ACS is an ongoing national survey conducted by the U.S. Census Bureau. Indicators include limited English proficiency, foreign born percentage, adult educational attainment, poverty, unemployment and rent burden. Three-year estimates (2011-2013) are used to improve reliability of the data.

NYC DOHMH Community Health Survey (CHS): The CHS is an annual random-digit-dial telephone survey of approximately 9,000 adults in NYC. Indicators include self-reported health, smoking, average daily sugary drink consumption, fruit and vegetable consumption, physical activity, obesity, diabetes, insurance coverage, went without needed care, flu vaccination and HIV testing. A combined-year dataset (2011-2013) was used to increase statistical power, allowing for more stable analyses at the Community District level. Community District level estimates were imputed based on participant’s ZIP code, age, race and ethnicity, sex and borough of residence. All indicators are age-adjusted; however crude estimates and rankings are available online in the complete dataset.

NYC DOHMH Vital Statistics: The Bureau of Vital Statistics analyzes data that it collects from hundreds of thousands of birth and death certificates issued in NYC each year by the Bureau of Vital Records. Indicators include preterm births, teen births, prenatal care, leading causes of death, infant mortality, premature mortality, avertable deaths and life expectancy. For some indicators, data sources were combined across three, five or ten years to increase statistical stability and average annual rates are presented. For this reason, these statistics may differ from the presentation in the “Summary of Vital Statistics” reports from the Bureau of Vital Statistics, NYC DOHMH. All rates are shown as crude rates, except leading causes of death and premature mortality rates, which are age-adjusted.

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 currently collecting 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, alcohol-related hospitalizations, drug-related hospitalizations, child asthma hospitalizations, avoidable adult asthma hospitalizations, avoidable adult diabetes hospitalizations, psychiatric hospitalizations and stroke hospitalizations. Hospitalization data are defined according to International Classification of Disease Clinical Modification, Version 9 (ICD-9-CM) codes. Most of these hospitalization indicators show 2012 data, updated in December 2014. For child asthma hospitalizations and non-fatal assault hospitalizations, data sources were combined across two and three years respectively to increase statistical stability and average annual rates are presented.

All indicators are age-adjusted, except child asthma hospitalizations, which is age-specific.

**NYC Housing and Vacancy Survey (HVS):** HVS data from 2011 were used to estimate the percent of renter-occupied homes with at least one maintenance issue (defect). Data were obtained from the NYC Housing Preservation and Development Report: Housing New York City 2011.

**NYC Community Air Survey (NYCCAS):** 2013 annual averages of micrograms of fine particulate matter per cubic meter were calculated from air samples collected at specific NYCCAS monitoring sites and were incorporated into a statistical model that predicted pollutant concentrations.

**NYC Department of Consumer Affairs:** 2014 tobacco retail density data were analyzed by the NYC DOHMH Bureau of Chronic Disease Prevention and Tobacco Control.

**NYS Department of Agriculture and Markets:** Based on data from 2014, the supermarket square footage rate was analyzed by the NYC Department of City Planning and the NYC DOHMH Bureau of Epidemiology Services.

**NYC Department of Education:** Elementary school absenteeism data for the 2013-14 school year were analyzed from FITNESSGRAM data by the NYC DOHMH Bureau of Epidemiology Services.

**NYC Department of Corrections:** The average daily population of incarcerated persons in NYC jails ages 16 and older by CD of last known residence. Based on NYC Department of Corrections (DOC) bi-weekly in-custody files from July 1 to Oct 9, 2014.

**NYC DOHMH Citywide Immunization Registry:** 2014 HPV vaccination data were analyzed by the NYC DOHMH Bureau of Immunization.

**NYC DOHMH HIV/AIDS Surveillance Registry:** New HIV diagnosis data for 2013 were analyzed by the NYC DOHMH Bureau of HIV/AIDS Prevention and Control.

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**In collaboration with:**

[Measur eof America](https://www.measureofamerica.org)

[Humantific](https://www.humantific.com)

[Sarah Tay Creative](https://sarathcreative.com)
Life Expectancy by Community District

74.1 - 78.7 years
78.8 - 80.9 years
81.0 - 82.9 years
83.0 - 85.4 years
Unpopulated areas


Contact Information:
For reports on the other 58 Community Districts, please visit nyc.gov and search “Community Health Profiles” or email: profiles@health.nyc.gov

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NYC Community Health Profiles feature information about 59 neighborhoods in New York City.

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