Health and Housing Snapshot: Morningside Heights, Manhattanville, Hamilton Heights, and West Harlem

Appendix to *The Road Forward: Framework for a Population Health Approach to Health and Housing Partnerships*.

June 2020

Background and Overview

Increasing awareness of the impact of social and economic factors on health has encouraged a growing number of health care providers in New York to forge partnerships with social service providers and community-based organizations to address the social determinants of health. One such social factor is housing, where a complex array of needs (affordability, quality, overcrowding, homelessness, etc.) results in detrimental effects on the health of New Yorkers. The connection between poor housing conditions or unstable housing and poor health outcomes is well documented in the literature.[i] Poor quality and inadequate housing may contribute to, or worsen, adverse health outcomes, such as infection, chronic disease, and injury; homelessness and housing instability can contribute to difficulty in managing chronic illness and increased risk for premature mortality.[ii] The snapshot that follows contains a small subset of indicators[1] that might be included in broader community needs assessment and asset mapping efforts undertaken by community stakeholders to address health and housing.

Needs Assessment & Asset Mapping ▶ Strategic Planning ▶ Taking Action

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[1] When conducting a community assessment, stakeholders should choose the indicators of most interest to them and their goals. The indicators highlighted in this snapshot were selected because they demonstrated clear disparities between the community-level rate as compared to borough-wide or citywide rates. Indicator categories reviewed for this snapshot include demographics, health, homelessness, housing affordability, and housing quality.

Identifying Community Needs

Demographics

With a population of 145,440, Manhattan Community District 9, which includes Hamilton Heights, Manhattanville, Morningside Heights, and West Harlem in Upper Manhattan, makes up roughly 9% of the borough.[iii] The area's racial and ethnic makeup is predominantly Latinx (40.4%), white (25.9%), and Black (22.8%), with a smaller percentage of Asian residents (8.3%).[iv] The median household income in the area ($60,021) is below both borough ($85,066) and citywide ($63,799) averages.[v] The percentage of the population living below the Federal Poverty Level (20.0%) is higher in this area than in Manhattan (15.5%) and New York City (17.3%).[vi]

Health and Housing Indicators

Collectively, the neighborhoods in Manhattan Community District 9 constitute a high-need community with large disparities in income[2], housing quality, and health outcomes. More than 27% of the population in this community district is severely rent-burdened (defined as spending 50% or more of their income on rent), compared with less than 22% of population in the borough.[vii] A majority of community residents (63%) live in homes with maintenance deficiencies,[viii, 3] and fewer than 20% are homeowners.[ix] This suggests that many residents are reliant on landlords and building owners for apartment fixes and building maintenance. The population living in homes with three or more maintenance deficiencies (23.2%) is more than twice the rate in Manhattan overall (11%) and New York City (11.2%).[x] In addition, pest control issues and pre-1960 homes with peeling paint are more prevalent in the area than anywhere else in the borough.[xi]

The neighborhoods in this community district experience significant health disparities compared to the rest of Manhattan and New York City overall. For example, rates of diabetes (10%), obesity (21%), and hypertension (29%) among adults measure higher than in other areas of Manhattan.[xii] The area reports higher preventable admissions and hospitalizations per 100,000 adults (1,345) than in New York City as a whole (1,033). [xiii] In addition, the area reports significantly higher preventable admissions and hospitalizations per 100,000 children ages 4 and younger (654) than the borough as a whole (488).[xiv]

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[2] For example, the median income in Morningside Heights is $63,534, over $20,000 higher than the combined median income for Manhattanville and Hamilton Heights ($41,539).

[3] Maintenance deficiencies, as defined by the U.S. Census Bureau, include broken plaster/peeling paint, cracks in the walls, ceilings or floors, rodent infestation, heating equipment breakdown, additional heating required, toilet breakdowns, and water leakage into the unit. https://www2.census.gov/programs-surveys/nychvs/about/glossary/gloss17.pdf

Community Asset Mapping and Considerations

Local stakeholders using community needs data to develop strategic plans should conduct a community asset mapping effort to identify potential resources or partners to further explore or address issues identified during the community needs assessment process. Typical community asset mapping activities engage a broad range of community members and organizations in identifying as many resources as possible that may not be known to everyone. Organizations to consider as part of an initial asset mapping process include neighborhood associations and faith-based organizations, community-based social service organizations, health care services, cultural organizations, recreation centers and programs, food systems, and employers, as well as organizations focused on public safety, transportation, housing, and education.[4,xv]

In Morningside Heights, Manhattanville, Hamilton Heights and West Harlem, stakeholders could consider some of the following resources when strategizing their health and housing partnership and approach:

Health Resources	Housing Resources	Other Social Services	Other Community Assets
New York Presbyterian Hospital/Columbia University Medical Center	HomeBase	HRA Job Center	Harlem Congregation for Community Improvement Services
NYC Health + Hospitals Harlem Hospital	Department of Youth and Community Development Housing Assistance	Financial empowerment programs	People Against Landlord Abuse and Tenant Exploitation Harlem
OneCity Health	Free legal services such as Legal Aid		

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[4] Adapted from *Healthy! Capital Counties Asset Inventory Worksheet* https://nciph.sph.unc.edu/cha-learning-congress/Asset-Mapping.pdf

Strategic Planning: Interpreting Data and Leveraging Assets

The Morningside Heights, Manhattanville, Hamilton Heights, and West Harlem neighborhoods of Manhattan have a high percentage of the population living in dilapidated housing, high numbers of preventable ED visits and hospitalizations, and high rates of chronic health conditions. The neighborhoods could, for example, organize a community-wide effort to address housing quality and health outcomes associated with poorly maintained housing, including asthma and other respiratory illnesses, injuries, and poor mental health. These efforts could leverage relationships with local health care providers and community-based organizations to make targeted efforts and help the community identify and address root causes.

Taking Action

In addition to developing local initiatives and interventions to address the specific health and housing problems facing Morningside Heights, Manhattanville, Hamilton Heights, and West Harlem residents, stakeholders may also leverage their network to track community-wide needs, as well as the need for health- and housing-focused interventions. When local stakeholder collaboratives gather, analyze, and document information on the discrete drivers of their community's needs, they are better positioned to use that information to collectively advocate for services, resources, and policy change.

This snapshot was produced by UHF as part of its 2019 New York City Population Health Improvement Program project, "Strategic Planning for Health and Housing Consortia in More NYC Neighborhoods." We convened health care, housing, and community-based organization stakeholders in and around New York City to learn how stakeholders could collaborate to address the health-related housing needs of City residents in various communities.

The snapshots are intended as examples of the kind of data assessment community stakeholders could conduct to help identity, prioritize, and address issues of concern. They include indicators from public data sources readily available to communities that might conduct a needs assessment. The snapshots appear as appendices to the PHIP project's final report, *The Road Forward: Framework for a Population Health Approach to Health and Housing Partnerships.* [Link]

Endnotes

[i] Taylor L. June 7, 2018. Housing and health: an overview of the literature. *Health Affairs*. https://www.healthaffairs.org/do/10.1377/hpb20180313.396577/full/

[ii] Medicaid and CHIP Payment and Access Commission. October 2018. *Medicaid's Role in Housing: Issue Brief*; Robert Wood Johnson Foundation. 2011, *Exploring the Social Determinants of Health. Issue Brief 7: Housing and Health*; National Coalition for the Homeless, 2009. *Health Care and Homelessness*. https://www.nationalhomeless.org/factsheets/Health.pdf

[iii] U.S. Census Bureau. *American Community Survey Demographic and Housing Estimates, Table DP05*. 2018: ACS 1-Year Estimates Data Profiles.

[iv] Ibid.

[v] U.S. Census Bureau. *American Community Survey Selected Economic Characteristics, Table DP03*. 2018: ACS 1-Year Estimates Data Profiles.

[vi] U.S. Census Bureau. *American Community Survey Poverty Status in the Last 12 Months, Table S1701*. 2018: ACS 1-Year Estimates Subject Tables.

[vii] U.S. Census Bureau, *American Community Survey Gross Rent as a Percentage of Household Income in the Past 12 Months, Table B25070*. 2018: ACS 1-Year Estimates Detailed Tables.

[viii] New York City Department of Health and Mental Hygiene. *Community Health Profiles 2018: Manhattan Community District 9*. https://www1.nyc.gov/assets/doh/downloads/pdf/data/2018chp-mn9.pdf.

[ix] U.S. Census Bureau. *American Community Survey, Tenure, Table B25003*. 2017: ACS 1-Year Estimates Detailed Tables.

[x] The City of New York. *Environmental and Health Data Portal, Homes with 3 or More Maintenance Deficiencies 2017*. http://a816-dohbesp.nyc.gov/IndicatorPublic/PublicTracking.aspx

[xi] The City of New York. *Environmental and Health Data Portal, Homes with Cockroaches 2017, and Pre-1960 Homes with Peeling Paint 2017*. http://a816-dohbesp.nyc.gov/IndicatorPublic/PublicTracking.aspx

[xii] See note viii.

[xiii] Ibid.

[xiv] Ibid.

[xv] Center for Community Health and Development at the University of Kansas. *Community Assessment (chapter 3, section 8) "Identifying Community Assets and Resources."* Available from Community Toolbox https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/identify-community-assets/main