Health and Housing Snapshot: Jamaica and Hollis

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 health-related social needs. 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 an 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

The Jamaica and Hollis neighborhoods in Queens Community District 12 include Baisley Park, Hollis, Jamaica, South Jamaica, St. Albans, and Springfield Gardens North. The district's 241,539 residents make up more than 10% of the population of Queens, and nearly 3% of the population of New York City overall.[iii] The area's racial and ethnic makeup is predominantly Black (62.3%), with smaller percentages of Latinx (14.7%), Asian (13.3%), and white (2.2%) residents.[iv] The median household income of the area ($64,231) is slightly lower than that of the borough ($69,320) and slightly higher than the citywide median income ($63,799).[v] The percentage of the population living below the Federal Poverty Level (13.1%) is higher than that of the borough (11.5%) but well below the New York City rate (17.3%).[vi]

Health and Housing Indicators

The Jamaica and Hollis district has some of the highest levels of disease burden in New York—with higher rates of obesity, diabetes, and hypertension—compared to Queens overall and to other New York City neighborhoods.[vii] The Jamaica and Hollis community exhibits higher rates of avoidable hospitalizations of adults per 100,000 adults (1,602) than in Queens (1,028) and citywide (1,033).[viii] The premature death rate (death at an age younger than 65) per 100,000 adults (190.1) is also higher than the citywide rate (169.5).[ix] The rate of psychiatric hospitalizations per 100,000 adults (758) is much higher than Queens (513) and citywide (676) rates.[x]

Jamaica and Hollis have one of the city's highest rates of foreclosure notices at 23.7 per 1,000 for 1-4 family and condo properties, the highest rate in Queens and the third highest rate citywide.[xi] In 2019, the raw number of foreclosure and pre-foreclosure notices for residential properties in Jamaica and Hollis were the highest in New York City at 876 and 4,410, respectively.[xii] The rate of families entering homeless shelters per 1,000 in Jamaica and Hollis (4.6) is higher than the New York City average (3.6) and more than twice the Queens average (2.0).[xiii]

Most housing units in Jamaica and Hollis are one-unit detached (34.8%), two units (21.8%), or 20 or more units (24.5%).[xiv] The percentage of residents that categorize their neighborhood housing conditions as fair to poor (25.7%) is higher than the overall New York City average (19.1%) and significantly higher than the Queens average (14.1%).[xv] The percentage of renters who report at least three maintenance deficiencies in their homes (17.2%) is higher than the New York City rate (14.9%) and twice the Queens rate (8.6%).[xvi] Maintenance deficiencies[2] are associated with a wide range of health problems, including worsening asthma from increased pest infestation rates, injuries from structural deficiencies, worsening allergies from mold growth, and developmental delays from lead paint exposure. The advanced age of the housing stock, with 29.9

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[2] 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

percent of units being built in 1939 or earlier, [xvii] may contribute to the high rate of housing defects, such as maintenance deficiencies, since older homes often need some rehabilitation.[3,]

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,xviii]

In Jamaica and Hollis, 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
Jamaica Hospital Center	HomeBase	HRA Job Center	First Presbyterian Church Development Corporation
Community Healthcare Network Clinics	Department of Youth and Community Development Housing Assistance	Financial empowerment programs	Transitional Services for New York Inc. (TSINY)
Queens Hospital Center	Free legal services, such as Legal Aid	Queens Community House	Greater Jamaica Development Corporation
AIDS Center of Queens County	Breaking Ground	Jamaica Service Program for Older Adults	

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[3] For example, a 2006 analysis of the American Housing Survey by the U.S. Department of Housing and Urban Development estimated that 27% of all housing built before 1939 requires moderate to substantial rehabilitation. U.S. Department of Housing and Urban Development. 2006. *Best Practices for Effecting the Rehabilitation of Affordable Housing, Volume 1: Framework and Findings.*

[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 high percentage of adults reporting fair to poor neighborhood housing conditions combined with the high percentage reporting greater than three maintenance deficiencies suggest that this neighborhood may benefit from a collaborative approach to repairing and maintaining housing facilities, or to organizing tenant advocacy with landlords to address home maintenance defects and housing quality concerns. In addition, Jamaica and Hollis's simultaneously high rates of foreclosure and families entering homeless shelters implies that this community may benefit from foreclosure avoidance and homelessness prevention efforts. Such approaches may help stabilize families that would otherwise be at risk for becoming homeless.

Taking Action

In addition to developing local initiatives and interventions to address the specific health and housing problems facing Jamaica and Hollis 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 publicly available 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] New York City Department of Health and Mental Hygiene. *Community Health Profiles 2018: Queens Community District 12.* https://www1.nyc.gov/assets/doh/downloads/pdf/data/2018chp-qn12.pdf

[viii] Ibid.

[ix] Ibid.

[x] Ibid.

[xi] NYU Furman Center's CoreData.nyc. *New York City Neighborhood Data Profiles, QN12: Jamaica/Hollis.* https://furmancenter.org/neighborhoods/view/jamaica-hollis

[xii] Akerele F, Al Faleh O, Aluri LTA, Asparelli A, and Brenner R. 2018. *State of New York City's Housing and Neighborhoods in 2018*. New York University.

[xiii] Citizen's Committee for Children. *Keeping Track Online, Families with Children in Homeless Shelters.* Source: New York City Department of Homeless Services, unpublished data (Fiscal Years 2017 & 2018). https://data.cccnewyork.org/data/map/1308/families-with-children-in-homeless-shelters#1308/a/2/1587/40/36081/a

[xiv] U.S. Census Bureau. *American Community Survey Selected Housing Characteristics, Table DP04*, 2018: ACS 1-Year Estimates Data Profiles.

[xv] U.S. Census Bureau and New York City Department of Housing Preservation and Development. 2017. *New York City Housing and Vacancy Survey, Respondent Rating of Residential Structures in Neighborhood.*

[xvi] 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

[xvii] See note xiv.

[xviii] 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