

FOREWORD

The New York Academy of Medicine's Health Impact Assessment—the first to be conducted for the East Harlem Community and only the second in New York City's history—was created to inform the future implementation of the housing component of the East Harlem Neighborhood Plan.

East Harlem has lost approximately 1,854 units of affordable housing since 2011 and is estimated to lose 6,817 units over the next 10 years. A failure to develop more affordable housing will continue to lead to evictions, displacement, decreased housing affordability and potentially poor health outcomes. This report offers options to avoid these risks.

Residents and policy makers must realize that housing policy is also health policy. Health Impact Assessments can be a critical tool for understanding the negative and potentially positive effects policies from many sectors such as housing, transportation, urban planning and business can have on a community's health.

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OVERVIEW

In May 2014, New York City Mayor Bill de Blasio announced *Housing New York:* A Five–Borough, Ten–Year Plan. The \$41 billion initiative is intended to build or preserve 200,000 affordable housing units across the city. In response to this announcement, New York City Council Speaker Melissa Mark–Viverito, who is the Council member for East Harlem, organized a grassroots effort to inform the re–zoning plan for their community by creating the East Harlem Neighborhood Plan (EHNP).¹

The New York Academy of Medicine (the Academy) conducted a Health Impact Assessment (HIA) of the EHNP recommendations to answer the question: **How will the zoning and affordable housing preservation recommendations in the East Harlem Neighborhood Plan impact the health of neighborhood residents?**

This HIA is only the second ever conducted in New York City.² A HIA is a process that aims to reveal and explain the potential health impacts of an upcoming policy, project or program, with a particular focus on how the proposed changes will affect existing inequities and vulnerable populations. The HIA process is outlined in Figure 1.

This HIA is intended to help inform future decisions made by Community Board 11, the EHNP Steering Committee, the Department of City Planning (DCP), and the City Council as specific proposals for zoning changes and new development emerge in East Harlem.

FIGURE 1: HIA STEPS



SCREENING

Determine whether an HIA is needed and useful.





SCOPING

Develop a plan for the HIA, including the identification of health risks and benefits.





ASSESSMENT

Describe the baseline health of affected communities and assess potential impacts of decision.





RECOMMENDATIONS

Develop practical solutions that can be implemented.





REPORTING

Disseminate findings to decision makers and affected communities.





MONITORING & EVALUATION

Monitor changes in health or health risk factors; evaluate efficacy of the measures that were implemented.

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KEY FINDINGS

East Harlem

East Harlem residents currently suffer from higher rates of chronic disease when compared to other Manhattan and NYC residents.³ Major health concerns identified by the community include:

- Hypertension
- Diabetes
- Asthma
- Infant Mortality
- Mental Health
- Violence

Housing affordability and displacement are also major concerns within East Harlem:

- A little more than half of the East Harlem population is rent-burdened or severely rent-burdened.⁴
- East Harlem is losing approximately 280 rent-controlled or rent-stabilized units per year.⁵

Assessment of the East Harlem Neighborhood Plan

The EHNP recommendations with the strongest evidence of having a large and positive effect on health are those calling for increases in affordable housing with specific income targets that match the needs of current East Harlem residents. These recommendations could produce strong positive health benefits by reducing the risk of displacement, reducing the percent of households that are moderately or severely rent burdened, and providing new housing units with healthier indoor environments.⁶

A key component of the Mayor's plan and the ENHP recommendations, Mandatory Inclusionary Housing, involves increasing density and new housing units with varied level of affordability, which is also promising. Mixed-income development could address health disparities through the provision of new, well-maintained housing and improved neighborhood amenities. While there are potential health trade-offs that come with increased density, this could have an overall net positive effect through the creation of new affordable housing units that are permanently affordable.

Rezoning could also impact the amount of commercial or light industrial spaces in the neighborhood and the ability of residents to access local amenities. While there are potential health downsides to increased commercial activity or manufacturing in the neighborhood, the great need for increased economic opportunity and resources for East Harlem residents is expected to counterbalance negative health outcomes and potentially have a positive effect on the health of its residents, through the creation of new job opportunities and increased social cohesion.

Additionally, allowing for new development on New York City Housing Authority (NYCHA) property could provide the opportunity for more affordable housing and increased neighborhood amenities while providing a new revenue stream that NYCHA could utilize to catch up on backlogged maintenance issues within their developments. Creating more affordable housing, increased neighborhood amenities, and better maintenance of existing NYCHA housing could result in improved health outcomes.

An important component of the adopted Mandatory Inclusionary Housing amendment is that affordable housing will be permanent since there is no expiration of the affordability requirements on the apartments.

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HIA Recommendations

Based on the approved Mandatory Inclusionary Housing amendment and the HIA findings, the following strategies can maximize the health promoting potential and reduce potential health risks of the EHNP zoning and affordable housing recommendations:

- Reduce the risk of displacement and provide new, affordable housing options for existing East Harlem residents by striving to include the 25% affordable housing set-aside at 60% AMI (Area Median Income) with 10% required at 40% AMI and the additional option of 20% units at 40% AMI in all developments.
- Reduce the possibility of displacement by ensuring that existing affordable units, particularly in privately owned buildings, are maintained by implementing recommendations from the Housing Preservation section of the EHNP.

East Harlem has lost approximately 1,854 units of affordable housing since 2011, and absent any policy intervention, is estimated to lose 6,817 units over the next 10 years. In low-vacancy real estate markets like Manhattan, any new housing construction including some permanently affordable units will benefit housing affordability overall.

- Focus efforts and available funding on improving the indoor environmental
 conditions of existing housing stock, such as setting annual goals for reducing
 housing code violations, increasing resident involvement in code enforcement,
 increasing collaboration among various implementing and enforcing city agencies
 and implementing environmental sustainability strategies.
- Integrate active design, alternative green spaces, mitigation of dust exposure during construction, and inclusion of residents in decision-making for any infill development on NYCHA campuses.
- Require design and construction specifications that reduce noise pollution and promote safety in any new development allowed next to the Park Avenue viaduct.

- Mitigate potential negative health outcomes of commercial development by:
 - Providing technical assistance programs for small employers on health benefits;
 - Developing a BID (Business Improvement District); and/or
 - Providing capacity building support to existing merchant associations and neighborhood chambers of commerce.

To prevent negative health impacts and promote health equity, implementation should prioritize maintaining existing affordable housing and building new units, as well as preventing displacement of long-term residents and local businesses.

Monitoring & Evaluation

In addition to regular monitoring of health outcomes in the East Harlem neighborhood, as exemplified by the Community Health Profiles developed and disseminated by the NYC Department of Health and Mental Hygiene, other measures related to human needs, housing and demographics should be tracked, such as: residential mobility, population density, ethnic diversity, changes in rent–stabilized housing and public investments in neighborhood improvements. Additionally, it would be important to identify impacts that the HIA may have on the decision–making process and implementation of the EHNP recommendations by the Department of City Planning. The EHNP Steering Committee will monitor the outcomes of the rezoning process as it unfolds and the Academy is committed to supporting this process.

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References

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East Harlem Neighborhood Plan Steering

Committee

32BJ Service Employees International

Union

Artimus Construction

CIVITAS

Community Voices Heard

Construction & General Building Laborers

Local 79

Councilmember Inez Dickens

El Barrio's Operation Fightback

Elmendorf Reformed Church

El Museo del Barrio

Harlem RBI

Johnson Houses Tenant Association

Lott Community Development

Corporation

Manhattan Community Board 11

Manhattan Borough President Gale

Brewer

The New York Academy of Medicine

New York Restoration Project

Office of City Council Speaker Melissa

Mark-Viverito

Renaissance Charter High School for

Innovation

Union Settlement Association

Union Settlement Business

Development Center

WE ACT for Environmental Justice

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Established in 1847, The New York Academy of Medicine continues to address the health challenges facing New York City and the world's rapidly growing urban populations. We accomplish this through our Institute for Urban Health, home of interdisciplinary research, evaluation, policy and program initiatives; our world class historical medical library and its public programming in history, the humanities and the arts; and our Fellows program, a network of more than 2,000 experts elected by their peers from across the professions affecting health. Our current priorities are healthy aging, disease prevention, and eliminating health disparities.