

## Social Determinants of Health: Mott Haven, Bronx, NY



Laura Merrick, Jamielee Polanco, Rue Silver  
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Professor Aguirre-Molina and Professor Elci

## **Executive Summary**

Community planning heavily impacts the social determinants of health of the population living there as individuals in the community learn to adapt to their changing environment. The following details the health outcomes of social, economic and political shifts that have occurred in the historic area of Mott Haven within the last century that contributes to the high prevalence of chronic illness, food insecurity, inadequate housing, incarceration and poor education. The community of Mott Haven as a watershed example of what happens when communities are disrupted by policies rooted in social inequalities; communities living on the edge of survival with constrained choices and unwilling decisions. Any hope to addressing inequalities must involve policy that combat the roots of generational poverty.

## **Introduction and Background**

The neighborhood of Mott Haven is located in the South Bronx in the community typically known as Morrisania. By the waterfront, edging into Harlem, this area is experiencing a multitude of changes in the new century in the form of gentrification that is not out of step with the history of the area. In the early twentieth century through the 1940s, the neighborhood was largely inhabited by middle to upper class German, Irish and Italian immigrants. Formally known as “The Irish Fifth Ave” and “Politician's Row”, Mott Haven is currently declared a historical district memorializing the beautiful, elaborate architecture of the brownstone row homes, the two churches flanking either side of Alexander Avenue, a library and a police station (Museum of the City of New York). The neighborhood is marked largely by small tenant buildings uniformly decorated with carved flowers and open to the main street.

By the 1940s, an influx of Puerto Ricans moved into the neighborhood and by the mid 1950s, with the completion of public housing, the African-American community began to move in as well. The influence of these minority groups moving into the neighborhood in hopes to have better access to employment opportunity caused “white flight” into the suburbs. Real estate agents began to perform the illegal practice of “blockbusting”; agents would warn white residents of the dangers of the minority population moving into the neighborhood, the white residents would move out and the landlords would subsequently burn their tenant buildings down

because they perceived that the potential insurance money from the arson was more profitable than renting to people of color.

The demographics currently reflect the population shift in the turn of the twentieth century with a population of 72% Latino, home to the largest group of Puerto Ricans in the city, 25% Black, 2% White, 1% Asian and 1% Other. Of this group, about 28% is foreign born and about 36% have limited English proficiency (New York Department of Health, Community Profile). The community is plagued by poverty, poor healthcare access and inadequate housing. More than half the population live in poverty and receive some form of public assistance, such as Medicaid, Social Security benefits, home relief and Aid to Families with Dependent Children (AFDC). Additionally, individuals in this community have poor access to healthcare and little to no access to prenatal care which contributes to the neighborhood's rank of the 4<sup>th</sup> community in premature mortality when compared to New York City on a whole (New York Department of Health, Community Profile).

Largely, the problems that plague this community reflects the impact of Robert Moses' construction of the Bruckner Expressway that was completed in 1973. The expressway gave rise to the saying "the Bronx is burning" as entire communities were disrupted and destroyed to clear the path for the highway, and further exaugurated by the blockbusting practice. This fragmented communities while transporting products and employment opportunities literally past this community into the city.

The lack of adequate community planning and disregard for the quality of life of the minority communities living in the south Bronx, Mott Haven is a clear example of such devastation and prejudice. There is largely poor access to fresh foods, with one supermarket serving a ten-block radius, an elementary school flanking the side of the highway, a closed community center, lack of employment opportunities, lack of recreational space, green spaces or parks, lack of adequate housing and empty lots between brownstones in the memory of the building that was once there. Additionally, the community ranks 4<sup>th</sup> in the city for rates of incarceration, which is more than three times the rate of the city (New York Department of Health, Community Profile), reflecting the lack of viable employment opportunity and educational network. The community is currently overwhelmed with pharmacies and services to

relieve individual to comorbidities of diabetes, with optical and dentistry offices at every block. The community inundated with these services and high oversight in medicalization implies the health impacts of the physical environment of individuals living in the community; granting the community its rank as 8<sup>th</sup> in the city for obesity and 7<sup>th</sup> in the city for diabetes (New York Department of Health, Community Profile).

### **Data Collection Methods**

After conducting a field visit to observe Mott Haven, we used NYC Citymap and Google Maps to discover more about the areas we weren't able to reach during the visit. We used city, state, and national data from sites like Community Health Profile, which is created with information from the annual New York City Community Health Survey, and Data2go, which compiles data from many sources such as 311 call records and census records. Studies, class readings, and news articles also were necessary to understand not only the technical significance of the issues we studied, but also how interventions and initiatives are perceived and received in the community. One personal interview with a resident of the neighborhood that a group member had already known was also included.

### **Social Determinant Analysis**

#### *Education*

Mott Haven has a complicated relationship with education. While it has twenty-five public schools in its borders between elementary, intermediate and high schools, including multiple charter schools, it also has the 7<sup>th</sup> highest absence rate in all of New York City. According to the City Department of Health's Community Health Profiles, 31% of elementary school students are missing 20 or more days of school per year (CHP). The neighborhood's overall educational status is also low, with 45% of adults having not completed high school. The Mott Haven Public Library offers a number of continuing education courses designed to help bridge this gap, among them GED courses and a program called Literacy Connection (NYPL-LC) which teaches both youth and adults who cannot read English. However, these resources are reported to be underutilized (PerCor1).

Mott Haven also has New York City's newest educational complex, the Mott Haven Community High School. Despite the brightness and cleanliness of the facility, as well as the fact that it has its own onsite health clinic, the faculty is stretched thin and the school's graduation rate as of 2016 was only 14%, with only 9% receiving a Regents diploma (NYSED). This cannot be entirely blamed on the quality of the school, as incarceration of students also plays a part.

Data on completion of high school or receiving higher education degrees can be skewed by the number of adults moving in to the area who did not ever complete high school. Student absences have multiple possible causes: for the elementary school students, access to health care may be more limited resulting in absences. For all grades, access to transportation is a more substantial issue, with two of the three high schools not on direct subway or bus lines. The school-to-prison pipeline is a significant source of student attrition in Mott Haven, with arrests for in-school infractions disproportionately affecting Black and Latinx students. (UYC)

### *Income and Employment*

According to the Community Health Profiles, Mott Haven is the third poorest neighborhood in the entirety of New York City, with 43% of its population living below the poverty line (CHP). The homeless population contributes to this number as Mott Haven is the site of 10 different homeless shelters. The majority of Mott Haven's residents are unable to seek positions that pay a living wage due to the available *work* not being in line with the available *workforce*: most decently paying jobs require higher education degrees than Mott Haven's residents have. One in six residents over the age of 16 are unemployed.

While workforce development programs are available at both the local community college and the library, they are as underutilized as the library's other cited programs. When speaking to a resident of Mott Haven, she told us that many people believe the community college requires a high school diploma or GED, which they do not have either of, and so attempts are not made to look into what might be available for them. These employment rates, along with low income jobs, are another contributor to lack of being able to prevent or manage diabetes status: without being able to afford good food or perhaps memberships to places to

exercise in absence of green space in the community, it is harder to stay healthy. A common misconception is that the poor are thin and starving: the poor are often actually obese and starving, due to what cheap foods are available to them.

### *Incarceration*

Mott Haven's high rates of incarceration actually contribute to the numbers found both in education and employment. With the fourth highest rate of incarceration in all of NYC — twice the average rate of the Bronx and more than three times the city average — many of Mott Haven's residents are currently jailed or imprisoned. Those who are in jail awaiting trial, which can take days to months, are still counted as residents for the purpose of this survey: these people are considered unemployed. Shocking as it may be, the incarceration numbers may also be contributing to the number of absences for elementary schools, as the school-to-prison pipeline begins young in the South Bronx. (UYC)

The Urban Youth Collaborative's research also found that low high school completion rates could be attributed to incarceration more than any other single cause: with Mott Haven's population being 72% Latinx and 25% Black, a significant number of students are at risk for arrest: "Black and Latinx youth make up 92 percent of all arrests, 91.7 percent of all summonses, and 91.4 percent of all juvenile reports." After having not graduated high school, unless they receive a GED in prison, people leave prisons to return to the community without the option of applying directly to higher education; this leaves them stuck in the poverty cycle.

### *Housing*

Poor housing quality, rent burden, and lack of affordable housing is a major problem for the residents in Mott Haven. Discovering that 9.8% of residents live in dilapidated buildings and 79% of renter-occupied homes have at least one defect (the second worst rating in the city, data2go) supported our field study observations of dilapidated housing and paint peeling. Depending on the defect, housing quality could inhibit cooking at home. Many home cooked items are healthier, because they contain lower amounts of salt, fat, and sugar, all ingredients that may contribute to obesity, hypertension, and diabetes. If residents have broken ovens or

refrigerators, they lack places to cook and store vegetables and whole grains. In fact, 1.2% of residents lack a kitchen entirely (data2go). If residents are forced to purchase food from restaurants, they increase consumption of salt, fat, and sugar, especially considering the high amount of fast food restaurants found in Mott Haven.

Rent burden, defined as spending 30% of gross monthly income on rent, is experienced by 46-79% of residents in Mott Haven (data2go). High rent burden may increase obesity and diabetes rates because fruits, vegetables, and other healthy foods are expensive. If residents are spending a higher amount of their income on rent and other necessities, they do not have as much to spend on food so may need to stretch their food dollar and buy less expensive items that might be calorie dense instead of nutrient dense.

Lastly, there is a shortage of affordable housing since 11.2 per 1000 families go to homeless shelters, which is the 4th highest rate in the city (data2go), and 33 per 1000 children are homeless. There are 5,684 people on the public housing waiting list (data2go). Similar to people who experience dilapidated housing and high rent burden, homeless people also likely lack any way to cook vegetables or afford them. By providing quality, affordable housing, rates of diabetes could be decreased.

### *Public Services*

Trash piled high on sidewalks, cigarette butts and broken glass were throughout the sidewalks and streets of Mott Haven. Considering the trash was supposedly picked up the day before, it was surprising to see these conditions. Dirty streets may discourage citizens from using them to exercise, and is evidenced in that 70% of people have any physical activity (CHP). South Bronx houses one of the three major garbage transfers that process 80% of NYC trash, but the citizens don't appear to benefit from taking on that inequitable hardship (link in outline).

Lack of places to exercise also limits physical activity and contributes to high rates of obesity. There are 2 parks or playgrounds in the area, though none were observed during the field visit. One potential green space was piled high with trash bags. St Mary's Recreation Center appears to have good facilities and is open from 8am to 10pm, but it far for many residents in the neighborhood. With above average rates of violence, people might not feel safe walking there.

Interestingly, 86% of the residents perceive their neighborhood to be acceptably clean (data2go) and only 2.9 per 1000 calls to 311 are made for unsanitary conditions, which is one of the lower rates in the NYC (data2go). Higher rates of complaints to 311 for unsanitary conditions are made from gentrifying areas in Brooklyn, which may indicate a higher standard for sanitation. Though, the residents on Mott Haven possibly have bigger stressors in their lives, such as low income, high rent, and high incarceration rates, so aren't worried about their neighborhood's cleanliness. Additionally, lower rates of physical activity could also be from a lack of time. High rates of stress can also contribute to the poor health outcomes in this area.

### *Food Access*

With one run-down grocery store and two fresh fruit and vegetable carts that had old-looking and low quality produce, there is a clear lack of access to healthy ingredients that contribute to lowering rates of obesity and diabetes. Mott Haven has many more fast food options available and bodegas that sell primarily calorie-dense foods. Residents of Mott Haven may be influenced by their food environment in that 23% ate no fruits or vegetables the previous day (data2go), and only 77% eat one or more servings of fruits and vegetables per day (CHP). Mott Haven's rate of 133 square feet of supermarkets per 100 people is comparable to the city average (CHP), though total square footage may not be the most important factor (MARI). The "imbalance of food choice" creates a food desert (or swamp) (MARI). When junk and fast food is the main source of food, diets suffer and rates of poor health outcomes increase (MARI) such as diabetes and obesity.

Additionally, 26% of Mott Haven residents experience food insecurity (data2go), further confirming already mentioned issues of low income and high rent burden. Citizens don't have enough money to spend on food, so sometimes must skip meals. Supplemental nutrition assistance program (SNAP) provides extra funding to 32-63% of residents, but that doesn't address the underlying issues surrounding all the social determinants previously discussed.

## **Strategic Recommendations & Next Steps**

### *Education*



There are many more community resources available for bridging educational gaps than residents seem to be aware of. This indicates that outreach and campaigning to spread awareness through the community would be a good beginning: between encouraging word-of-mouth, hanging flyers in the more central ‘hangouts’ of many of the residents (the barber shop and a burger stand being the two most crowded we saw) and maybe even having the community college with workforce development programs—Hostas— take out a billboard or two specifically in high-traffic areas of Mott Haven. Radio advertising would also be effective if adequate budget were available; radio use was observed multiple times on field study.

More than anything else, data suggests that the big change needs to be to punitive actions in school. In-school suspensions, expulsions and arrests are causing a dearth of adequate education in Mott Haven’s youth. The Urban Youth Collaborative’s white paper and subsequent study recommend the reduction or elimination of police presence in schools, complete abolition of *armed* officials in schools, and changing the system to one focusing on positive reinforcement of good behavior rather than harsh punishment for any wrongdoing. Schools focused on these positive aspects of student behavior are safer environments, according to UYC’s studies.

### *Income and Employment*

Much like in the situation presented with education, Mott Haven has quite a lot of resources available for workforce development and extension of job skills. Two notable centers, the Mercy Center and Knowledge House, both exist for this exact purpose. Mercy Center, which is in Mott Haven proper on 154th St, is mainly for women; their goal is to help women of the South Bronx escape poverty, developing job skills as well as skills for “healthy family living” (MERCY). Knowledge House is focused on training participants in tech sector work skills and then helping them find jobs. (KH) The Mercy Center offers a plethora of programs for women and children including ESL courses, immigration services, Saturday reading groups, after school activities, and workforce readiness programs. Their short term goal-oriented social service program designed at getting those struggling with substance abuse back into the workforce is available to both men and women. Along with Knowledge House and the Mercy Center, the

library and community center have a number of job readiness courses, as does Hostas Community College.

Therefore, the issue isn't workforce readiness resources per se: some of the issue may be workforce readiness resource utilization. Much like the library's courses for students, many community members do not seem to be aware of the availability of these programs as they are rarely at capacity. Awareness of workforce readiness courses need to be expanded, which can be done using similar campaigning as suggested above, as they are just as crucial as those programs designed for helping people go to college; the collegiate programs are better known, but not everyone is interested in college and college is not for everyone.

An important barrier to change and income safety in the South Bronx, much like the rest of the city and even the country, is one that can only be controlled in the end by politicians—raising the minimum wage such that a *living* wage can be obtained without a decade of experience and a college degree. Just because this can only really be done by government, though, does not stop community action: lobbying local government, writing letters, starting Twitter campaigns and hosting rallies are a number of actions the local populace could begin via their community center.

Lastly, nearby employers who can be reached by public transit should be brought *into* Mott Haven to attend the community center's job fairs; there is more entry level work available in other parts of the city, but as not everyone in Mott Haven has a computer or regular Internet access their listings online aren't universally reachable. Job fairs could also be increased in frequency.

### *Housing*

Mayor DeBlasio's housing plan, known as "mandatory inclusionary housing," allows for tall buildings and encourages increasing density as long as the building project includes affordable housing (TIME). Unfortunately, this affordable housing doesn't feel affordable to some people, especially since only 20% of the new units would be affordable to very low income citizens (CRAINS). Since federal funds to pay for affordable housing are capped at a certain number of units, DeBlasio put \$1.9 billion of city money towards more housing (TIME), but if

the units aren't affordable to the people that need them, the housing shortage will remain. Additionally, creating more housing isn't solving the root cause of the housing shortage.

As mentioned earlier, higher income, better education and lowering incarceration rates will have greater success in fixing housing issues than providing more housing. Indeed, "with unemployment low and the minimum wage set to reach \$15 an hour, a more realistic goal would be to see median income rise faster than housing costs, as it did in 2015 for the first time in many years" (CRAINS). Therefore, getting more community members involved in civil rights efforts such as the "Fight for 15" might have a greater impact.

### *Public Services*

Increasing the sanitation budget is an idea to fix this problem that would help in a few ways. It could keep the area clean, help give residents a higher standard of cleanliness, and show them the city values the community as much as other communities. It is unclear what would convince the city to alter the sanitation budget. Possibly getting the community more involved in their local governments to advocate for a change to the city budget is a place to start. However, with so many other stressors and urgent matters, it would be best, albeit not feasible, if the city could approach the budget from an equity perspective.

### *Food Access*

Farmers markets have already begun increasing fresh fruit and vegetable availability in the area, but they are only open Mondays, Wednesdays, and Saturdays from July through November. For a community to have adequate access to good food, the distributor should be "open on a regular basis, not once a week or seasonally" (MARI). The obvious answer is to provide more supermarkets. Unfortunately, there are many barriers to opening a supermarket, even with existing programs like the Food Retail Expansion to Support Health (FRESH) program, which gives zoning and tax incentives to entice supermarkets to Mott Haven and areas like it (PROGRAM). Some research says the focus should be on supporting small groceries (YALE), and communities can support policies like Manhattan borough President Gail Brewer's idea to exempt groceries from the commercial rent tax (TAX).

Even if more high quality fruits and vegetables become available, people still experience many barriers to eating healthy ingredients. In fact, “access improving policies alone will eliminate less than one third of existing socioeconomic disparities in nutritional consumption” (BUREAU). Produce takes more time and resources to prepare and costs more money. Addressing these barriers will be necessary to decrease prevalence of diabetes and obesity in communities like Mott Haven. Providing financial incentives and nutrition education to help residents purchase produce is one way, but ensuring access to quality education and keeping kids in school might be even more effective. One study found college education was more closely tied to nutritious diet than high income (TIME).

### **Conclusion**

Clearly, there are many intertwining factors that contribute to Mott Haven’s high rates of obesity and diabetes. The social determinants of health that play the biggest role are high rates of incarceration and undereducation, which lead to lower paying jobs, unemployment, and poverty. If they only look at the surface, people may think residents living in Mott Haven simply need to take responsibility and eat more vegetables if they want to be healthy, but their environments prevent them from doing so.

Solutions have been proposed throughout this paper, and there is one more proposal that is not feasible in the current national political climate, but could be feasible on a local level. New York City needs to “insert equity in all policies to create economic growth” (ATLAS). With leaders like Dr. Mary Bassett, Commissioner of the New York City Department of Health and Mental Hygiene (DOHMH), who is bringing equity to the work performed at the DOHMH, New York City could eventually be the example the country needs of how to treat citizens. A healthy population is good for the economy; people spend more and are more productive when they are healthy. If our society can realize putting the people first instead of the economy, both may thrive.

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