GEOGRAPHIC AND DEMOGRAPHIC COMMUNITIES 1930–1957[1]

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New York City is composed of five counties, each of which is also a Borough of the City. The island of Manhattan (New York County) is the Borough of Manhattan. In 1950, about one-fourth of the city's nearly eight million people lived in Manhattan. Of these, almost 300,000, or about 15 per cent, lived in the area of the Washington Heights Health District.

The Health District demarcation is part of the Master Plan of the New York City Health Department, officially adopted by the City in 1940. To attain units of manageable size for health services and administrative purposes, the City was divided into 30 Health Districts. Using 1930 census data as a base, each District had roughly 250,000 population. The District was then subdivided into smaller units, known as Health Areas, each with about 25,000 population.

Although natural population groups and natural topographic boundaries were taken into consideration in the original divisions, the health area boundaries were made to coincide with those of census tracts. This permitted the compilation of comparable census and other statistical data by health areas and health districts beginning with 1930. As population shifts have occurred over the years, the boundaries have become somewhat artificial in terms of natural population groups. However, the importance of long-term continuity of basic data for administrative and research purposes is such that the original boundaries have been maintained except in a few minor instances. When a marked increase in the population of a health area has occurred or seems certain, that health area is divided at the time of the next decennial census.

Washington Heights is the northernmost of the seven health districts in the Borough of Manhattan. The district extends nearly five miles north from 134th Street to the upper end of Manhattan; and from an eastern boundary along St. Nicholas and Bradhurst Avenues, the Harlem River Drive and the Harlem River, west to the Hudson River. Along the southern portion of its eastern boundary, Washington Heights is contiguous with the Central Harlem Health District; along its southern border, with the Riverside Health District (see Appendix 1).

The northern end of Manhattan is connected by numerous bridges with the Bronx. These bridges provide easy access to the Major Deegan Boulevard, and the Henry Hudson Bridge leads to the Saw Mill River Parkway, both providing rapid access to Westchester County and major routes north. On the west the link to New Jersey is via the George Washington Bridge at 179th Street, which is also the site of a Port of New York Authority terminal for suburban busses serving northern New Jersey and Rockland County, New York. Washington Heights, therefore, contains several of the major vehicular entrances to New York City.

This part of Manhattan developed as a residential area for persons of moderate income. In the past, it had no great wealth but also no great poverty. The majority of the people living in the district (1950 census) were in three occupational categories: clerical, operative and service worker. On the whole, Washington Heights residents have tended to go out of the district for jobs, but to stay within the district for family shopping and recreation. As transportation facilities have developed, residents seem to shop in the neighboring Bronx.

Traditionally, the Health District has been thought of in terms of three neighborhoods or communities: Inwood at the north, Washington Heights in the center and Hamilton Grange to the south. The groupings of facilities (outlined in Table 1) usually thought of as belonging in a community—schools, churches, libraries, health facilities and social and law enforcement agencies—show three areas of concentration. These correspond in general to the three communities named, even though population has shifted considerably within the district. It may be that the old grouping persists because the facilities are for the most part housed in fixed structures and that the greatest change will be found in the kinds of people using the facilities. For example, the parish of the Church of the Incarnation (R.C.) at St. Nicholas Avenue and 175th Street has lost much of its former, predominantly Irish, membership (many of whom have moved to Inwood

TABLE I. DISTRIBUTION OF COMMUNITY FACILITIES IN WASHINGTON HEIGHTS HEALTH DISTRICT, 1957

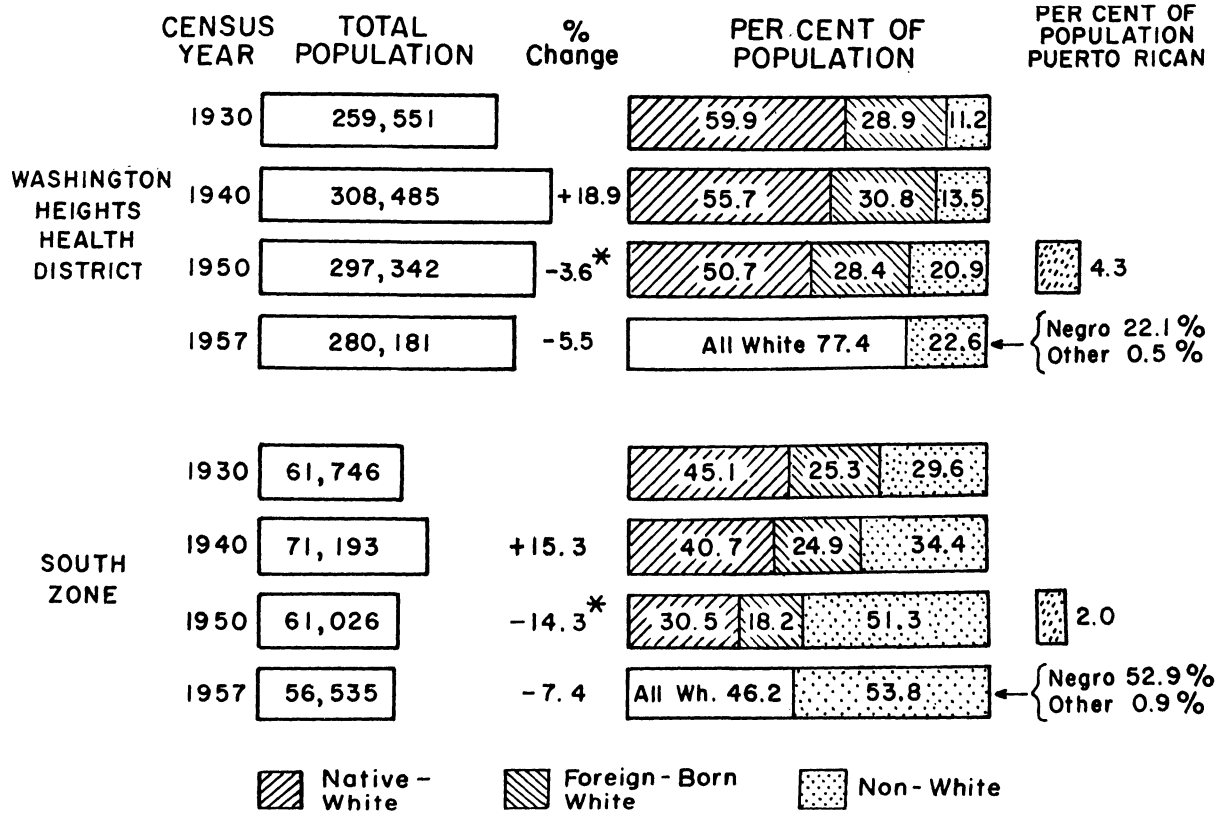
	Health Areas and Their North-South Street Boundaries							
	9	*6.20, 7.20*	*6.10, 7.10*	*5*	*4, 3*	*2.10, 2.21, 2.22*	*1.10, 1.20*	
Community Facilities	*134th to 142nd St*	*142nd to 150th St*	*150th to 158th St*	*158th to 165th St*	*165th to 181st St*	*181st to Dyckman*	*Dyckman to 228th St*	*Total*
Health facilities		2	1		3*	3	1	10
Hospitals				1	9*	2		12
Schools								
Public	3	1	1	1	6	5	2	19
Parochial		3	1	2		4	4	14
Private			2			2	2	6
Trade		2				1	1	4
Institutions of higher education	1				5*	1	1	8
Religious institutions	3	15	16	9	16	21	7	87**
Welfare services	1		1	1	4	1	1	9
Legal institutions		1	2			1		4
Public libraries		1		1	1		2	5
Museums		1	6	1			1	9

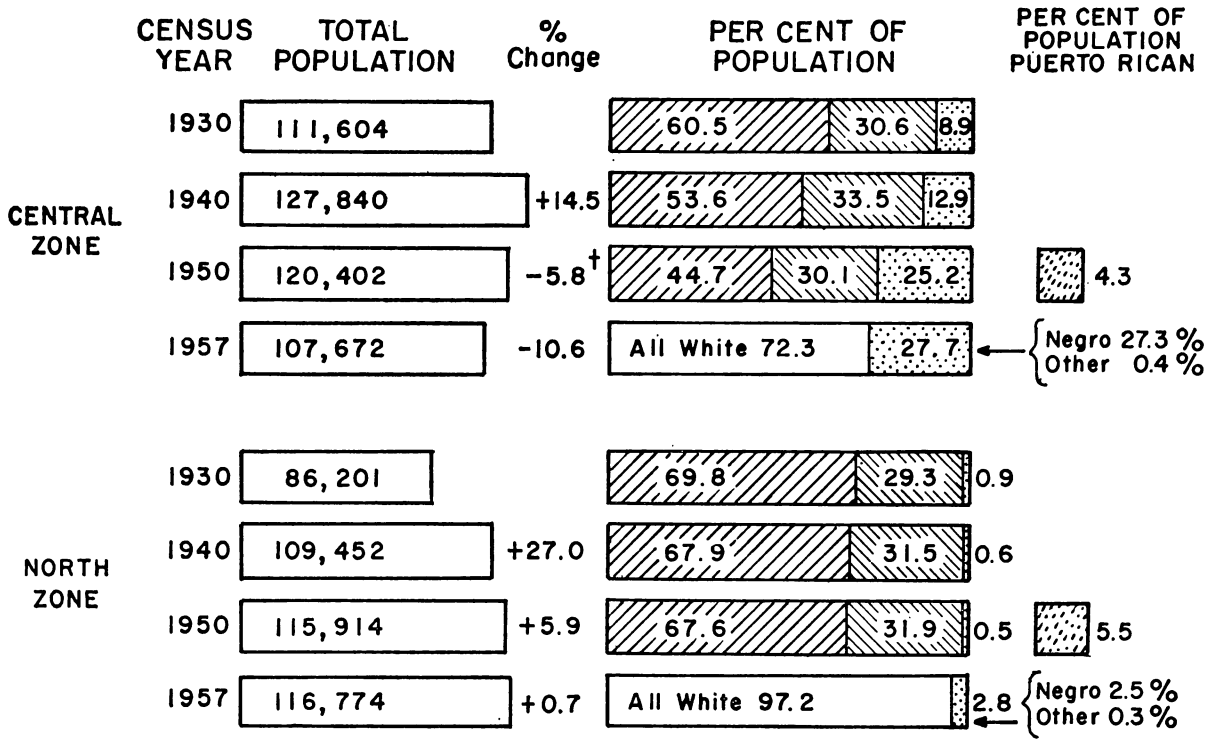
* Includes Columbia-Presbyterian Medical Center.
** Protestant, 44; Jewish, 23; Roman Catholic, 9; other, 11.

or to New Jersey), and Puerto Ricans now make up a large enough element in the church so that a Spanish-speaking assistant priest has been assigned and an additional mass is said in Spanish.

The three constituent communities of the Washington Heights Health District are, however, still quite distinct in character. *Hamilton Grange,* roughly between 140th and 158th Streets, is a predominantly Negro area, considered to have a moderately active indigenous leadership, strong religious influences and a fairly high level of education and sophistication. The focal point for Hamilton Grange seems to be 145th Street, on which are such facilities as a bank, several large stores, a public library and the State Temporary Rent Control Office. Other similar facilities and several of the leading churches are nearby. This street is a main thoroughfare across Manhattan leading into the 149th Street bridge to the Bronx, has stations for both Eighth Avenue and Seventh Avenue subways, and has excellent bus service north and south in Manhattan as well as crosstown. A large luxury apartment house was built on the corner of 145th Street and St. Nicholas Avenue, with a branch of the bank occupying the ground floor. Business enterprise has shown some movement north to 145th Street.

FIGURE I. POPULATION TRENDS, 1930–1957, WASHINGTON HEIGHTS HEALTH DISTRICT BY PROJECT ZONES[1]





[1] Columbia-Washington Heights Community Mental Health Project, 1958.

* Decrease in population due entirely to revision of district boundaries. Reassigned population virtually all nonwhite: 99.4 per cent. Revised in 1950.

† Half of the decrease in the central zone due to revision of boundary lines in 1950.

Washington Heights radiates out from its trade center along 181st Street, with its main facilities concentrated between 173rd Street and Hillside Avenue. It is thought of as a stable community composed largely of a lower-middle-class Jewish group and a second-generation Irish-Catholic group, with a small but quite active Protestant minority.

Inwood, to the north of Washington Heights, is the most recently developed area. The population is about evenly divided between Jews and Catholics with a very few Protestants. Inwood is considered to be on a slightly higher economic level than Washington Heights, although the latter has one small wealthy section, north of 181st Street and west of Ft. Washington Avenue, overlooking the Hudson River.

Another traditional way of dividing the district is along an east-west axis. The dividing line from 134th Street north varies roughly from Amsterdam Avenue to Broadway to St. Nicholas Avenue, losing its force in Inwood above Dyckman Street. Even though movement in the district has in general been from south to north, certain differences have continued to exist between east and west. The east side has been less stable, serving as the "trough" through which population shifts have advanced; the west side has been more stable, of a higher economic level and largely Jewish. Starting at the southern end, one can trace some of the population movements from south to north and, at the same time, note some of the differences between east and west. Boundaries are given in terms of major streets but are also translated roughly into corresponding health areas for present purposes. Figure 1 shows the population structure for the Washington Heights area and for the three zones within the area.

1. From the southern District boundary at 134th Street up to 142nd Street (Health Area 9), the area east of Amsterdam Avenue has been influenced by the natural boundary formed by St. Nicholas Park and the City College of New York, which is situated between the park and Amsterdam Avenue. This double boundary may explain why the population push from Central Harlem passed around the end of the park at 141st Street into Health Areas 7.20 and 7.10, rather than directly across into Health Area 9. A large public school and playground absorb more space between Amsterdam Avenue and Broadway. The majority of the population therefore lives west of Broadway and has remained predominantly white (84 per cent in 1957). In 1950, 20 per cent of the population was Puerto Rican—the largest percentage for any health area in the district.[2] Judging from its population char-

acteristics, this health area would seem to nave more in common with the Riverside Health District, which it abuts on the south.

2. Since 1930 a steady and marked increase has been noted in nonwhite population, at first from 142nd Street to 158th Street (Health Areas 7.20, 7.10, 6.20 and 6.10) and then the same trend became apparent in adjacent Health Area 5, 158th to 165th Streets. This section now begins to form a single population grouping extending from 142nd Street to 165th Street.

In 1930, before the split, Health Area 7 was 65 per cent nonwhite; by 1940, this had increased to 85 per cent; and in 1950, Health Areas 7.20 and 7.10 had 99 and 97 per cent nonwhites, respectively. Health Area 6 had less than two per cent non-whites in 1930 and 1940, but by 1950, Health Area 6.10 had 44 per cent and in 1957 just over 50 per cent, compared with Health Area 6.20 in which the per cent of nonwhites was 61 in 1950 and 65 in 1957. Directly to the north, in Health Area 5, only three per cent of the 1930 population and 7.5 per cent of the 1940 population was nonwhite; by 1950, the nonwhite population had increased to 31 per cent and by 1957 to 34.5 per cent.

If consideration is given now to the east-west sides of this area from 142nd to 165th Streets, differential population shifts are again seen. The nonwhite population in the eastern section (Health Area 7) represented a thrust outward from Harlem above the natural boundary of St. Nicholas Park. This group seems to have moved west as far as Amsterdam Avenue, or part way to Broadway, and then moved north up to Health Area 5. Some well-to-do Negroes moved from Harlem to the Edgecombe Avenue section, which is now almost entirely nonwhite.

In the western section (Health Area 6), the nonwhite population has grown less rapidly and comes from different sources. The large area of Trinity Church and its cemetery, together with the neighboring cluster of museums, form a small cultural center and make this a desirable residential area.

The Negroes living here have a higher educational and income level than do those to the east in Health Area 7. The increase in Negro and Puerto Rican population in Health Area 5 has been primarily in the section east of Broadway, contiguous with Health Areas 6.10 and 7.10.

3. The part of Health Area 5 west of Broadway is the beginning of a community that extends from 159th Street to Hillside Avenue (in Health Area 2.21). This is a population grouping that disregards health area boundaries and includes those parts of Health Areas 5, 4,

3, 2.22, 2.21 and 2.10 west of Broadway, which is the main north-south artery for automobile traffic and public transportation. This area, predominantly Jewish, has shown stability over a long period.

Over the same stretch (159th Street to Hillside Avenue or Dyckman Street) to the east of Broadway is the area into which the Irish moved and from which many of them later moved north into Inwood. In this area, the nonwhite population has remained small and in 1950 was exceeded slightly in number by the Puerto Ricans.

4. The northernmost section of the District, from Hillside Avenue to the northern end of Manhattan at 228th Street, includes a portion of Health Area 2.21 and Health Areas 1.20 and 1.10. This corresponds to the community of Inwood. Here the east-west division has lost its significance, with a geographically integrated population of about equal numbers of Catholics and Jews and a negligible minority of Protestants.

This demographic analysis by Health Areas provides an understanding of population forces in operation, but also points up the danger of following only the traditional tabulation of data by health areas. Unless one associates them geographically with each other, the fact of geographic contiguity, with its resultant continuity of community forces, may be obscured. For example, among the five northernmost health areas, 2.10 stands out sharply as showing many adverse conditions. From the statistical tabulations, 2.10 appears as an enclave of trouble. From the map, however, it is readily apparent that 2.10 is contiguous with Health Area 4 on the south and is in reality an extension of that community.

REFERENCES

[1] *Source:* Columbia-Washington Heights Community Mental Health Project, Progress Report, 1957–1958 (N.I.M.H. Grant No. OM-82), Appendix 1.

[2] Because Puerto Rican migration into Washington Heights accelerated sharply during the 1950's and early 1960's, the 1950 census data used here do not reflect the most recent population shift in the area. See data from the sample surveys of 1960 and 1965.