

Power, Place, and Public Health

A Review of the Literature on the Health Impacts of Displacement & Promise of Inclusive Community Development



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INTRODUCTION

In order to create healthier places and protect the health of places where investments have been made, the field of public health must ensure that the strategies used invest in place proactively prevent displacement. Preventing displacement does not mean preventing development, or hindering land use planning that promotes health. It means understanding the history and needs of the existing residents in a place, and ensuring that they can benefit from health promoting planning and development.

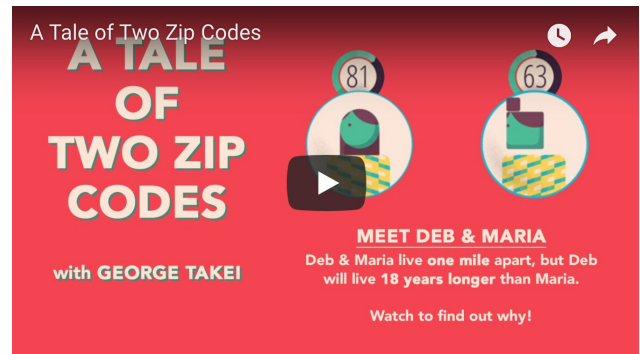
Rooted in its commitment to place and social determinants of health, the public health field plays a critical role in advancing place-based health strategies. For decades the field of public health has been advancing the idea that where we live matters for our health. This concept, which began with only a few determined voices, is now widely understood and accepted. It can be seen in practice through initiatives that promote a focus on land use planning that considers the ways in which health can be affected by issues such as transportation accessibility, pedestrian safety, and climate change. Efforts to address barriers to health in land use planning have responded to the real need to increase investment in place, particularly places that have experienced disinvestment and political marginalization.

Yet much more needs to be done. With the impacts from gentrification increasing in magnitude and severity, the public health field must recognize that investments such as parks, support for healthy food retail, and efforts to increase public safety may actually have the potential to disrupt and harm the very neighborhoods to be improved. Public health leaders have been a strong force in promoting policy changes to minimize and avoid the impacts of gentrification on health, however, in order to effectively achieve policy change that ensures the protection of public health for all public health leaders must engage in strategic discussions about the role of development policy in the process of gentrification and displacement, and ultimately on neighborhood and community health.

To support this effort, we present a summary of literature that draws from the linkages between displacement and public health as well as a set of considerations for the field. The review of literature focuses on the links between the impacts of gentrification and displacement and the health of communities, families, and individuals, particularly children and youth. It is not intended to be an exhaustive review of the literature but rather a way to capture increasing research—as well as longtime community experience and knowledge—that points to the negative impacts that gentrification and displacement have on individual and community health. We hope that this summary of research will help to elevate the consideration of public health in discussions about public decisions on development, and ultimately be used to advance a more inclusive approach to development. For more information, refer to the sources cited.⁶

Gentrification and Displacement Impacts on INDIVIDUAL AND FAMILY HEALTH

Housing is one of the major factors that impacts health for individuals and families. The ability to access safe, secure, and affordable housing has a wide range of positive health impacts for adults and children.^{7,8} When the ability to afford quality housing is out of reach, however, both social and health outcomes are adversely affected.⁹



(Click on the image to view the animation.)

Housing instability and related financial pressure is associated with stress and anxiety in both adults and children.^{10,11,12,13,14}

Chronic stress is associated with serious health conditions including asthma, arthritis and allergies, as well as other short and long-term physical and mental health problems.^{15,16} The severity and impact of exposure to stress varies depending on the stage of brain development that a person is in when they experience that stress.¹⁷

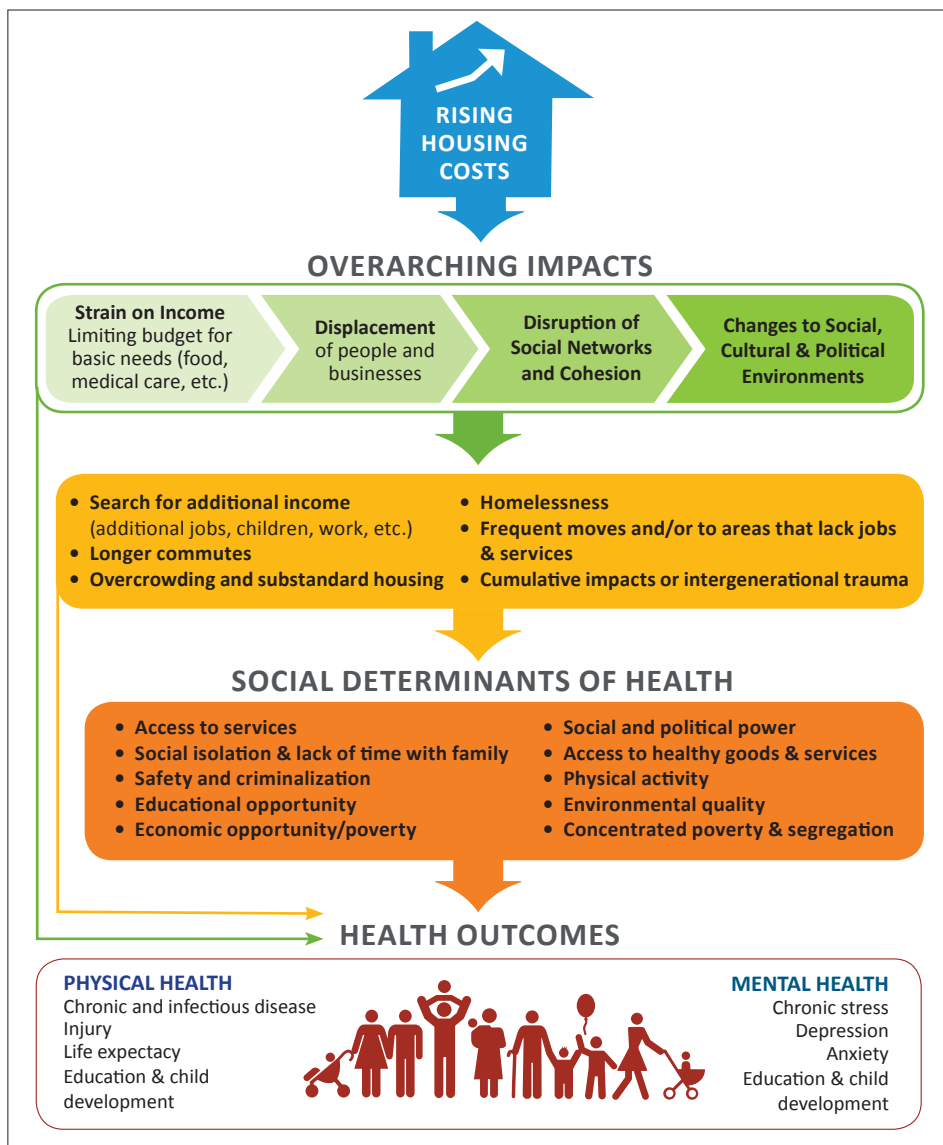
As the process of gentrification causes property values to increase and demand for housing to accelerate, rising housing costs place a disproportionate burden on lower income residents with limited household budgets.¹⁸ This leaves individuals and families struggling to afford housing at the expense of their health.¹⁹ Spending more to afford housing leaves fewer resources for basic health-promoting necessities such as food, healthcare, transportation, education, or childcare.²⁰

When the cost of housing is prohibitive and residents need to

stay close to jobs and family, they are often forced into overcrowded and substandard housing conditions.^{21,22} Overcrowding is associated with a higher risk of mortality, infectious disease, poor child development and school performance, poorer self-rated health, increased stress, noise, and fires, poor mental health, developmental delay, heart disease, and even short stature.^{23,24,25,26} Poor quality housing can leave residents exposed to hazards that may lead to injury, cause respiratory disease or neurological and behavioral disorders.^{27,28,29,30} Prohibitive housing costs often limit families in poverty or with less economic means to living in unsafe neighborhoods as well as in substandard housing units.³¹

When residents are displaced they not only lose their homes, but also the investments made in jobs or business as well.^{32,33} Moving further from jobs, schools and other vital services can also increase transportation costs, commute times, and limit access to public transportation.^{34,35,36} Difficulty accessing employment can lead to the loss of jobs and income. Longer commutes contribute to stress, and reduce time spent with family or on other health promoting activities such as exercise and sleep.^{37,38,39,40} The process of relocating and setting up a new household is also costly, and adds further strain to limited household budgets.^{41,42}

Gentrification and Displacement Impacts on Individual and Family Health



Families with children are particularly at risk for eviction and homelessness which impacts health in a variety of ways.^{43,44,45,46,47} For children, homelessness can impact school performance and increase risks for physical and mental health problems as well as accidental injury and physical assault. Currently, homelessness amongst school-aged children is at an all-time high.⁴⁸ Despite this and the exceptional burden of rising rents on families, federal rental assistance available to families with children has been on the decline, and is currently at its lowest point in more than a decade.⁴⁹

Those who are unable to afford stable housing are also more likely to move frequently, either to similar or lower quality housing.⁵⁰ Young children are particularly vulnerable to the impacts of an unstable environment and family stress resulting from housing insecurity. Displacement destabilizes social networks and routines, and frequent moves leave children less likely to feel connected at home, in school, and in their neighborhoods.

This type of stress and disruption can have lifelong effects on mental and behavioral health, and can lead to additional risks for chronic disease in adulthood.^{51,52} Displacement has also been associated with declining school performance in children, affecting educational achievement and the lifelong health benefits to which it is tied.^{53,54,55}

In order to provide for their basic needs when housing costs become a burden, family members, including parents and school age teenagers, may also take on additional jobs and work hours. Long work hours for parents and pressure on teenage children trying to balance school and work also leads to additional stress and less time for families to be together.



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Gentrification and Displacement Impacts on Community and Place

Policies that shape land use and the built environment impact health by affecting communities' access to resources such as transportation, employment, housing, healthy food, and open space. Revitalization initiatives that aim to address pressing community health needs such as improvements in bike and pedestrian infrastructure, access to parks, and transit-oriented development, are also hallmarks of the gentrification process that has had devastating health impacts on low-income communities of color in particular. Communities that have not historically had access to health-promoting services and amenities are typically the first to be adversely affected by gentrification and displacement, and often do not benefit from the changes to the built environment that new residents enjoy.^{56,57,58}

Having access to basic goods and services as well as health-promoting resources is associated with a longer lifespan and a lower likelihood of physical and mental illness.⁵⁹ Those displaced by gentrification are likely to be in need of services such as community clinics, unemployment benefits, nutrition assistance programs, and homeless shelters.^{60,61}

This increase in demand can lead to strain on available services, leaving the needs of many displaced residents unmet.^{62,63} In Alameda County, for example, a survey of Public Health Department and Behavioral Health Care Services staff and contractors found that 94% had clients that have been significantly affected by the San Francisco Bay Area's housing crisis. The survey data highlights ways in which the housing crisis is compromising many of the health gains the department's programs have been achieving, and is contributing to serious health issues resulting from stress, poor quality housing, frequent moves, homelessness, barriers to accessing health care services, lack of continuity in school and social networks, and other routines for children.⁶⁴



When residents move to a new area their lack of familiarity with community resources can be a barrier to accessing health-promoting goods and services.⁶⁵ Poorer residents in search of more affordable living conditions as gentrification intensifies are often forced from cities into suburban areas that are job-poor and lack amenities such as public transportation, social services and healthy neighborhood resources such as jobs, stores, schools, and parks.^{66,67,68,69,70}

Commercial displacement is also a significant community health issue. The loss of community-serving local retail can impact the availability of culturally appropriate, health-promoting goods and amenities and limit important sources of economic prosperity and potential for upward mobility for longtime residents, while supporting the advancement of more affluent, predominantly white, professional residents.^{71,72} These impacts further existing inequities and divide communities along racial and economic lines.

Racial disparities in health outcomes are exacerbated in areas where poverty is concentrated and segregation increases. In societies facing greater levels of inequity, public health is compromised for all people, not just those directly facing adversities.⁷³

Gentrification and displacement also result in weakened social networks and social cohesion and the associated health benefits that they promote among residents who are rooted in an area.^{74,75,76} Social cohesion is one of the primary factors that enables people to develop a sense of belonging in their environment and encourages positive community interactions and a general sense of safety and well-being.^{77,78,79} By helping to link people with needed resources in a community, social cohesion can also help to alleviate poverty.^{80,81} Without a network of trusted community to rely on, displaced people or longtime residents in gentrifying areas may feel more socially isolated, stressed, and less safe, impacting material wealth and emotional well-being.^{82,83,84}

Gentrification and its impacts on access to housing lead to changes in the social and cultural environments that longtime residents consider home. As areas gentrify, retail, services and political decision makers often shift their attention toward the needs of new residents, leaving those with a history in the neighborhood feeling disconnected, marginalized, and threatened.^{85,86,87,88} These changes are often coupled with cultural tensions and the loss of social networks, spurring longtime residents to consider relocating even if

they are not directly being displaced.⁸⁹ Unfortunately, wealth and resources entering into gentrifying communities are often not directed into improvements for institutions that serve existing low-income residents.⁹⁰ For example, gentrifying areas of Atlanta, New York and Chicago have seen new residents and decision-makers channel resources into new (often charter) or private schools that exclude poor residents of color, versus the existing public school systems.⁹¹

Gentrification is associated with increased criminalization, particularly of poor and working class people in urban areas where there is increased surveillance and a growing population of new residents that lack understanding of cultural behaviors and norms among existing residents.^{92,93,94} Examples

of this trend span from regular arrests and ticketing of street vendors in New York (and until recently Los Angeles) to stop and frisk policing in Chicago and New York, surveillance and criminalization of long time social practices such as street parades in post-Katrina New Orleans, and noise complaints on church choirs and community music events in Oakland.^{95,96} The adverse health impacts of criminalization for both youth and adults are well documented and include measures of physical and mental health, increased rates of substance abuse, infectious and chronic disease, and exposure to violence and injury. Incarceration also poses significant barriers to education and employment, reducing earning potential and impacting future health outcomes. These health burdens extend beyond the individual to families and communities.⁹⁷



Gentrification and displacement also contribute to political fragmentation and dilution of political power as formerly cohesive communities become geographically dispersed.^{98,99,100,101} As gentrification progresses, longtime residents who are active in neighborhood and community organizations become outnumbered by new residents, and the issues and communities that they represent may no longer be of interest to the new community. These changes can affect political control in a neighborhood as well as the political composition of the region.¹⁰² Newer residents often have a more limited understanding of or connection to their neighborhood context, and tend to participate less in civic affairs.¹⁰³ Conversely, neighborhoods with more residents who have experience with a community over time are more likely to be concerned with the well-being of their community members, which can impact their motivation to engage and organize around problems, and lead to increased civic participation.¹⁰⁴

Communities directly affected by gentrification often have long histories of being displaced as a result of social and political systems that have supported segregation, redlining, urban renewal, predatory lending practices, and community disinvestment.¹⁰⁵ This history of displacement has led to limited economic opportunity, an inability to accrue wealth, and reduced ability for communities to build social and political power. These conditions have adversely affected physical, mental and community health over generations.¹⁰⁶ Emerging research now shows that these types of historical trauma can have physiological effects on future generations, leaving them more susceptible to the impacts of stress.^{107,108}

Power Building to Address Gentrification and Displacement: Framing the Issues and Solutions



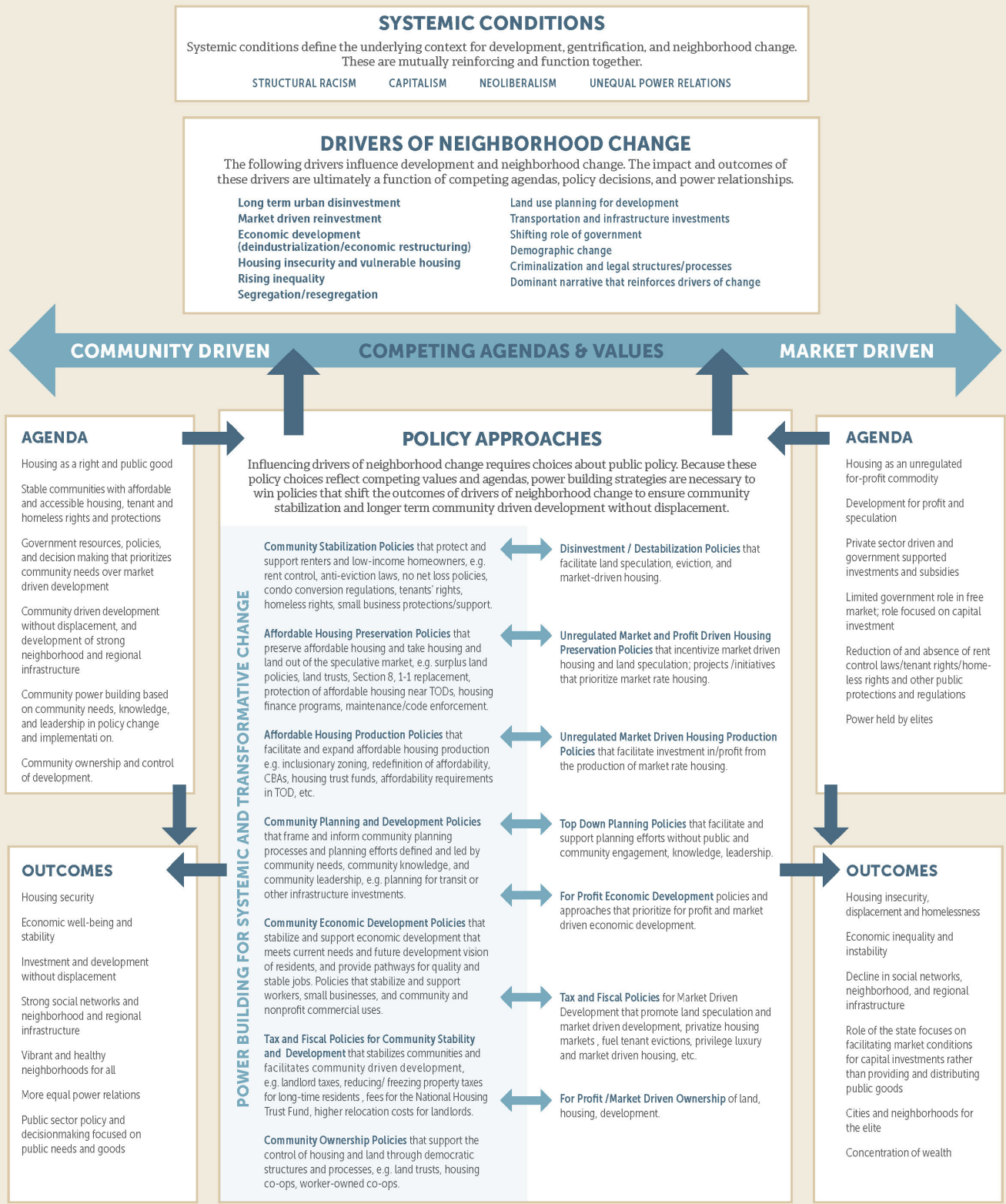
Addressing gentrification and displacement, and advancing inclusive community development, requires a holistic and intersectional approach to understanding its root causes and the policy approaches that can drive development toward health outcomes. Central to this approach is the recognition of power and the unequal power dynamics that result in inequities in individual and community health.

Over the course of a year, the California Funders Working Group on Gentrification and Displacement¹⁰⁹ engaged in a discussion to develop a framework for identifying strategies for funders to build capacity, power, and leadership in communities that will stabilize neighborhoods and allow residents to take steps to determine their own development futures. The Framework titled “Power Building in Place: Framing Community Development Issues and Solutions” presents a shared analysis of gentrification, displacement and neighborhood change illustrating the pathways and policy decisions necessary to achieve inclusive and healthy communities.¹¹⁰ Shared analysis about power and neighborhood-based power building strategies provide funders with a framework for advancing a community driven development agenda that addresses neighborhood conditions as well as advances structural and transformative change. This type of power building strategy addresses systemic conditions and includes building leadership capacity and voice in the community, and prepares leaders within government to govern from an equity perspective.

The framework draws from work of *Causa Justa::Just Cause* and academic literature that situates neighborhood development in the structural context of interwoven systems of structural racism, capitalism, neoliberalism, and unequal power relationships that define material and political conditions for change. The Framework highlights the role neoliberal policies play in prioritizing market driven investments at the expense of human and public goods. Within a power building framework, policy approaches to advance healthy and stable communities are achieved through power building strategies that challenge existing systemic conditions, change the narrative, and implement policy that influences the drivers of neighborhood change.

The framework of public health, power, and place brings full focus on the public health impacts resulting from gentrification and displacement and the necessary role of people in place to engage in power building approaches to shift policy and change conditions in neighborhoods.¹¹¹

POWER BUILDING IN PLACE: FRAMING COMMUNITY DEVELOPMENT ISSUES AND SOLUTIONS



Source: California Funders Working Group on Gentrification and Displacement; Martha Matsuoka, Urban & Environmental Policy Institute/ Occidental College. Updated March 2017. To download the full version of the report, please visit nfg.org. For more information, contact Nile Malloy, Senior Program Manager of the Democratizing Development Program, at nile@nfg.org.

Building the Power of Public Health

Three fundamental principles are necessary for the public health field and health funders to consider in discussions and strategies about healthy and inclusive development.

1. Develop health improvement strategies that stabilize communities and prevent displacement. If not, investments in place including parks, open space, and transit, can ultimately contribute to or exacerbate the very issues that are most harmful to the health of the people and neighborhoods we are focused on supporting. This does not mean that development should be stopped, but rather that development must be planned alongside long-time community residents and implemented in a way that considers the long term benefits and impacts to existing residents.

2. Focus on community-centered development. This requires moving beyond theoretical discussions and “design charrettes” into meaningful forums for listening, strategies that result in power sharing, risk taking and intervention to directly address the problematic issues that we see within current planning and development practices. In order to make real, sustainable changes, systems themselves need to be transformed—by both inside and outside strategies.

3. Put community-based powerbuilding strategies at the center of health and development. Elevating community knowledge and power in public health strategies and place brings into focus the public health impacts that result from gentrification and displacement and the necessary role of people in place to engage in power building approaches that will shift policy and change conditions in neighborhoods. This includes a need to identify who is driving development visions and decision-making, and the strategies that influence the processes that define community and regional development choices and outcomes.



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FOOTNOTES

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- 109 The California Funders Working Group on Gentrification and Displacement is comprised of Amy Kenyon from the Ford Foundation, Luke Newton from Common Counsel, Nina Bohlen from Smart Growth California/Funders' Network for Smart Growth and Livable Communities (TFN), Alexandra Desautels from The California Endowment, and Dennis Quirin, Yolanda Hippensteele, and Nile Malloy from the Neighborhood Funders Group.
- 110 The original framework was developed by Martha Matsuoka, Urban & Environmental Policy Institute at Occidental College in collaboration with the Program for Environmental and Regional Equity (PERE) at USC and presented at the California Funder Working Group convening on Gentrification and Displacement, July 20, 2015. Discussions over the past year have shaped and refined the framework into a tool for ongoing funder engagement.
- 111 For a copy of the framework, "Power Building in Place: Framing Community Development Issues and Solutions," contact the Urban & Environmental Policy Institute at uepi@oxy.edu or the Neighborhood Funders Group (NFG) at nfg@nfg.org