

The Health Impact of Gentrification

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Introduction

There is an observed shift occurring in many of our inner cities where traditionally African-American and Hispanic neighborhoods are becoming whiter and wealthier. In Harlem, New York City (NYC), the population of blacks from 2000 to 2010 decreased by approximately 15,000, while the population of whites increased by approximately 10,000, and the median income of the area has increased by 6% [1,2].

Traditionally, gentrification has been discussed using the lens of sociology, urban planning, and geography, as opposed to public health [3]. The economic and social effects of gentrification have been well documented, [4] but there has not been much research reporting the direct health implications of these neighborhood level changes. In this paper, we explore what is currently known in the literature about gentrification and its impact on health.

History of Gentrification

First identified and remarked upon in the East End of London in 1964 by Glass, gentrification is understood to be the “process of class succession and displacement in areas broadly characterized by working-class and unskilled households” [5]. It can occur in cities when there is a shifting employment structure favoring white collar jobs, private and public sector reinvestment leading to new commercial, retail, and residential development, and changing housing market conditions within the inner city and outer metropolitan area [6]. Although it has many definitions [5,7,8], gentrification generally refers to the upward socioeconomic transformation of urban neighborhoods by income, housing values, education, and occupational levels.

Gentrification has been typically viewed as a market-driven method of deconcentrating poverty, as wealthy households move to low-income neighborhoods [9]. However, the “first wave” of gentrification in U.S. cities resulted from state-sponsored and publicly regulated efforts. A subsequent “second wave” in the 1980s occurred as a result of private sector redevelopment of inner city neighborhoods [10]. After the recession in the 1990s, large-scale public-private partnerships emerged leading to more free market economics composing the “third wave” of gentrification [10]. U.S. housing policy promoted gentrification and neighborhood renewal with HOPE VI [11] efforts, mixed housing initiatives, and the elimination of housing projects in the inner cities. The deconcentration of poverty has been attempted by strategically creating more economically heterogeneous communities with mixed income households. The thought has been that diverse demographics will positively influence the environment, as well as improve the cognitive and behavioral outcomes of neighborhood residents, especially the children [12]. The “back to the city movement” originating in the 1990s and currently ongoing has resulted in significant demographic and neighborhood change secondary to reformation of taxes, jobs, and tourism [13].

Neighborhood Demographics and Health

Many studies have shown that ethnic density, the concentration of people of a same ethnicity in a defined area, is protective of mental health due to the benefit of social support and stress recovery [14,15]. However, a recent study in 2015 suggests that in a densely populated area of Hispanic individuals, those with Acute Coronary Syndrome (ACS) exhibited increased depressive symptoms due to the depressed social and economic resources of the environment [16].

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Considering the change of neighborhood demographics occurring with gentrification, it is important to measure health and health inequalities reflecting the shifting population across time [17]. An analysis of gentrification and displacement in London from 1981-1991 showed there was a notable rise in professionals moving into the inner city, and a concurrent sharp decline in those that were working-class, inactive and elderly [18]. These changes can affect mortality and morbidity reporting amongst health outcomes. For instance, the age structure of a community - the composition and distribution of age groups - is important to consider when studying changing neighborhoods and health as it impacts community life, social cohesion, resource allocation, and financial reimbursement (i.e. for Medicaid) [19]. It has been shown that elderly residents are particularly vulnerable to gentrification due to the higher likelihood of fixed incomes [20].

Gentrification and Stress

Gentrification was identified as a major neighborhood stressor for residents participating in focus groups in NYC, as it was identified as a mechanism that displaces individuals and long-term community structures as well as a method of reinforcing discrimination and racism [21]. It has additionally created financial and social pressure for long-term residents.

Displacement

Displacement is defined as a household's involuntary move from its residence by conditions, which affect the dwelling or its immediate surroundings [22]. Such conditions include rising rents, landlord harassment, and a change in the neighborhood climate where activities and customs once accepted are no longer. There have been several anecdotes given where traditional music choices or activities embraced in the past have been less than welcomed by new neighbors and the new cultural norms and expectations that may be recently introduced into the neighborhood [23]. The introduction of new services and amenities that are outside of the financial buying power of long-term residents can cause resentment [24]. The consequence of the process of gentrification includes social exclusion of those who remain in gentrified neighborhoods, neighborhood segregation, and worsened health inequalities [25]. We argue that these sentiments could reasonably lead to both lowered individual and community esteem, reinforcing inferiority and racial and economic power structures that are already entrenched in our American cities and systems. It has been observed that those that are subsequently displaced are moved further away from the resources of the city's center [26]. Social problems are moved out of view rather than solved. Displacement and the fear of becoming displaced during the process of gentrification is known to impact an individual's mental health [27].

Discrimination

Other hidden social costs of gentrification include housing insecurity, food insecurity, homelessness, feelings of disenfranchisement and exclusion when people feel financially pressured to leave or not be able to compete in a residential market where they may have spent much of their lives [28]. Extreme rent burden can decrease the income needed to handle necessities such as food or medical care [29]. Inadequate housing leads to stress which can negatively affect health or

medical conditions [30]. The increased demand for housing and land by wealthier newcomers to the neighborhood creates upward pressure on land there, which leads to rising housing costs, physical redevelopment (an increase in conversion of rental housing into owner-occupied condominium units), and residential upgrading. This leads to higher property taxes for existing owners and possible evictions for renters. This is a primary public policy concern, and by default, an important public health concern [31]. In San Francisco, a city rapidly undergoing gentrification, people living with HIV reported "little access to the potential benefits of state-encouraged urban regeneration while its effects on the rent market further constrained their financial viability leading to severe financial hardship and food insecurity as the alternative to displacement [32]. This was further described as a means of structural violence, thereby negatively impacting health outcomes due to an increase in premature death and disability [33].

The Benefits of Gentrification

The effects of gentrification are not all negative. Especially as child outcomes at the neighborhood level are primarily impacted by institutional resources (schools, recreation centers) and collective socialization (such as intergenerational interaction and role modeling), there is the opportunity for gentrification to positively impact the youth and other long-term community members [34]. Benefits of affluent neighbors include politicization, increased tax revenue, vocalization and empowerment for community improvement. Gentrification offers the potential of social exchange and interaction that would not naturally or proximally occur in segregated neighborhoods. However, the increase of affluent residents does not guarantee these resources, as it has been found in some gentrified neighborhoods the influx of young professionals or couples with no children or only one small child can lead to the comparable depopulation of children in the neighborhood, therefore not prioritizing the resources [34]. Also, there may be the desire to not invest in the community structure there, and send children instead to private schools or parks in other communities.

Other benefits as cited by residents include an increase in businesses bringing greater options to the community. Additionally, increased governmental attention to safety was also reported to be a benefit [35].

Health Outcomes of Gentrification

The consequences of gentrification that can directly or indirectly impact health include

- a) displacement
- b) increasing rent, real estate, and taxes
- c) the deconcentration of poverty
- d) a change in historical community composition
- e) changing community leadership and institutions
- f) friction between old and new neighbors and
- g) increased value of the neighborhood based on new outside perception [36].

Of the known studies completed, gentrification and its consequences have been linked to the following health outcomes:

- Long-term psychiatric patients in a gentrifying neighborhood of NYC had a disruption of their traditional community support systems when affordable housing became unavailable, which caused displacement of their extended families [37].
- A neighborhood with greater economic resources was beneficial to the mental health of children who were born premature and with low birth weight [38].
- African-American men of lower socioeconomic class in Jackson, Mississippi were found to have higher serum cholesterol levels in “richer neighborhoods” but decreased cholesterol in poorer neighborhoods [39].
- Whites living in the most disadvantaged neighborhoods had a 40% increase in cardiovascular death than those living in the most advantaged neighborhoods [40].
- Non-Hispanic black women in highly gentrified areas in NYC experienced an adverse effect on preterm births, whereas non-Hispanic whites in the same areas seemed to have a statistically significant protective effect [41].
- Mothers who were evicted were more likely to suffer from depression within a years’ time, report worse health for themselves and their children, and report more parenting stress. Symptoms of depression were found to persist for at least 2 years afterwards [42].
- Hypertension was negatively associated with neighborhood affluence/gentrification. The study findings suggest gentrification may be a stronger or more consistent marker of hypertension risk than race or socioeconomic status [43].
- There were few significant differences in cardiovascular risk factors between Black and Hispanic persons who live in highly segregated versus more integrated neighborhoods [44].

Conclusion

Gentrification is a phenomenon that is occurring in many national and international cities. Good or bad, there are consequences to it, which affects people and their wellbeing. As a medical and public health community, it is important we prioritize the avoidance of the negative health effects of gentrification as best as we can. We suggest the following steps:

- 1) Acknowledge the presence of gentrification and its effects. The process of gentrification is real and directly affects individuals and families. This means gentrification should be further studied as a phenomenon impacting the health of populations.
- 2) Put efforts in place to protect the long-standing residents of a community. These policies should include securing rent stabilization and accessible homeownership, as well as advocating for affordable food access.
- 3) Be intentional in facilitating social exchange between new and old residents. It should not be assumed this will occur organically. One method of encouraging social exchange is to financially support existing community groups and nonprofits to help support new community development and growth.

- 4) Create incentives for new residents to invest in the neighborhood beyond real estate. There is a need to encourage investment in the neighborhood beyond property interest. Every neighborhood has cultural roots and norms that should be valued and respected, as well as the potential to grow in ways that are accessible to many not just a few.

There is evidence that gentrification can be beneficial to long-standing residents as well as the new. We are hopeful that with increased attention to the process, more can be done to decrease the negative effects and maximize the positive.

Disclosure

The authors declare that they have no conflict of interest.

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