



The Health Impact of Gentrification

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BACKGROUND

- There is an observed shift occurring in many U.S. inner cities where traditionally African-American and Hispanic neighborhoods are becoming whiter and wealthier.
- For example, in Harlem, New York City, the population of blacks decreased by approximately 15,000 between 2000 and 2010, 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 substantial studies reporting the health implications of these neighborhood level changes.

OBJECTIVES

- To explore what is currently known in the literature about gentrification and its impact on health.

METHODS

- We conducted a systematic review of the medical literature using the search terms: gentrification, health outcome, and displacement.
- We examined and synthesized evidence of impact of gentrification on the health of the affected community.

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].
- Although it has many definitions [5,6,7], gentrification generally refers to the upward socioeconomic transformation of urban neighborhoods by income, housing values, education, and occupational levels.
- 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 [8]. After the recession in the 1990s, large-scale public-private partnerships emerged leading to more free market economics composing the “third wave” of gentrification [8].
- 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 [9].

Neighborhood Demographics and Health

- Considering the change of neighborhood demographics occurring with gentrification, it is important to measure health and health inequalities reflecting the shifting population across time [10].
- 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 residents that were working-class, inactive and elderly [11].
- It has been shown that elderly residents are particularly vulnerable to gentrification due to the higher likelihood of fixed incomes [12].

Health Outcomes of Gentrification

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

- Long-term psychiatric patients in a gentrifying neighborhood of New York City had a disruption of their traditional community support systems when unavailability of affordable housing caused displacement of extended family [13].
- Whites living in the most disadvantaged neighborhoods had a 40% higher rate of cardiovascular death than whites living in the most advantaged neighborhoods [14].
- Non-Hispanic black women in highly gentrified areas in New York City experienced an adverse effect on preterm births, whereas non-Hispanic whites in the same areas seemed to have a statistically significant protective effect [15].
- 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 [16].
- Mothers who were evicted were more likely to suffer from depression within a year's 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 [15].

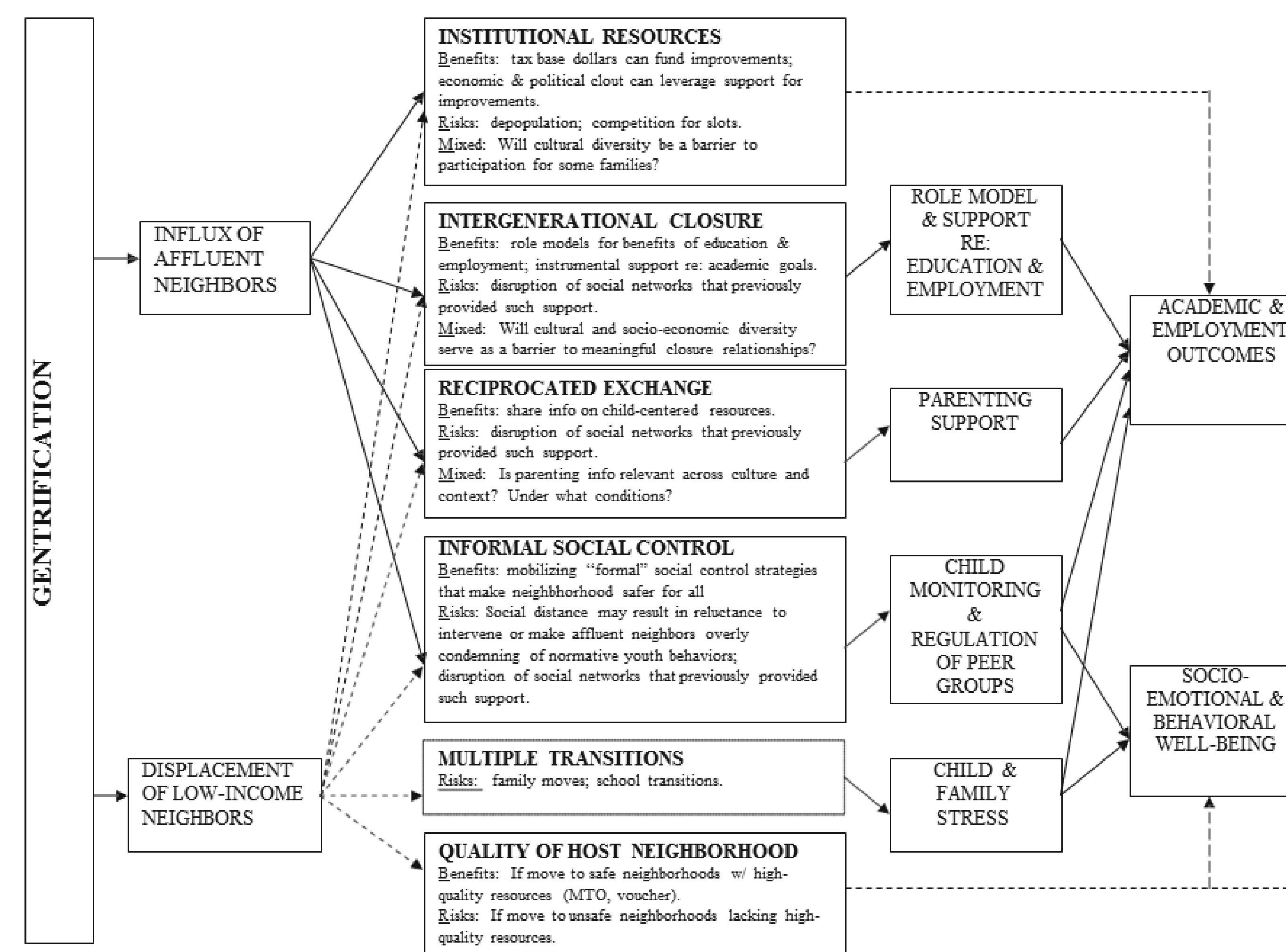
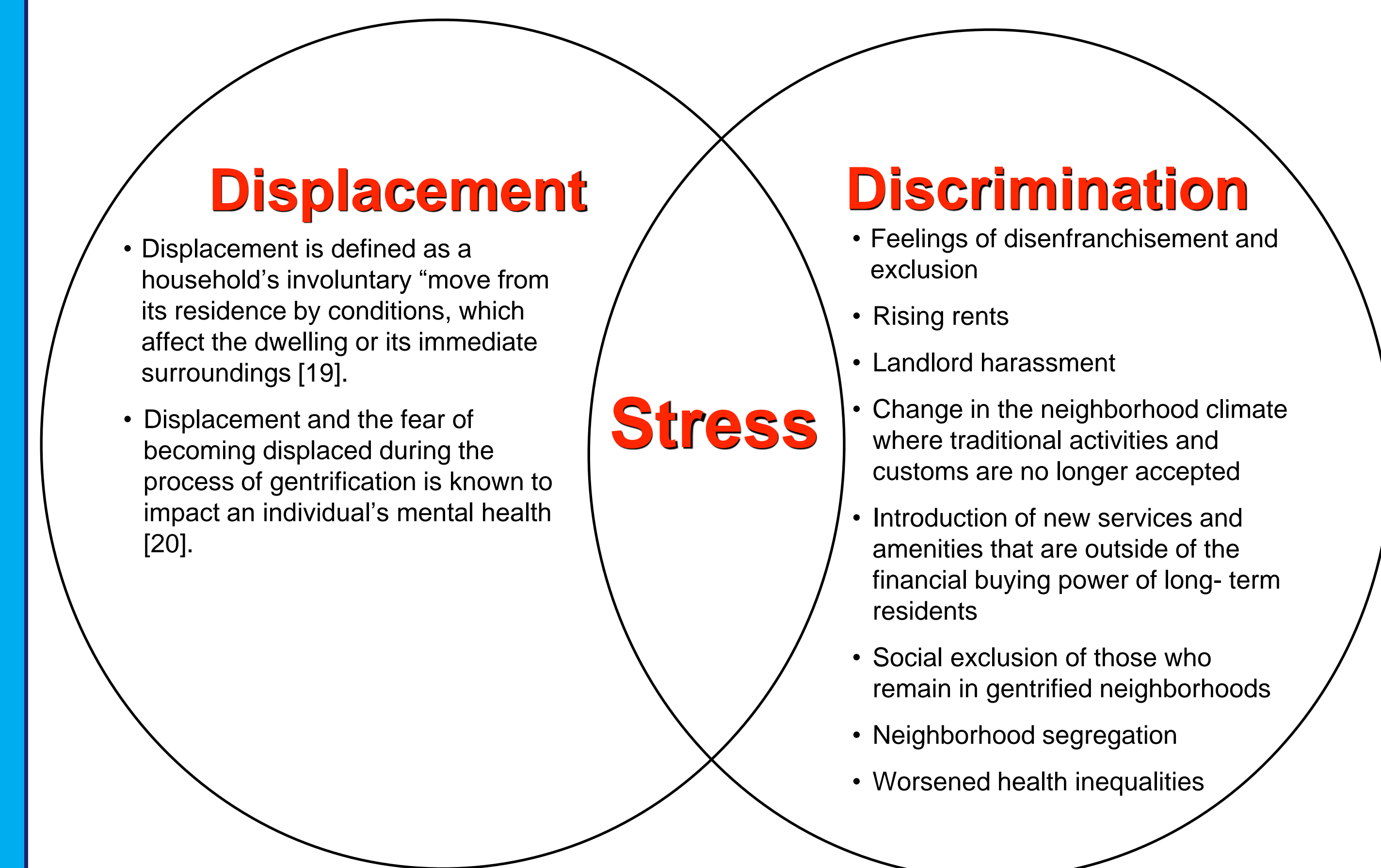


Photo courtesy: "Gentrification and Urban Children's Well-Being: Tipping the Scales from Problems to Promise" in the *American Journal of Community Psychology*

Gentrification and Stress

- Gentrification was identified as a major neighborhood stressor for residents participating in focus groups in NYC.
- It was identified as a mechanism that displaces individuals and long-term community structures as well as a method of reinforcing discrimination and racism [18].
- It has additionally created financial and social pressure for long-term residents.



CONCLUSIONS AND FUTURE PLANS

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. Primarily, we should not ignore the process as it 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, but would be best facilitated by financially supporting existing community groups and nonprofits to help support community development.
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 and not just a few.