



MEETING HIGHLIGHTS



THE EFFECTS OF NEIGHBORHOOD CHANGE ON HEALTH: *A Joint Meeting of the HCTF and Fit City PHL*

Wednesday, November 20, 2019

9:00 AM – 12:15PM

DVRPC Offices

190 N. Independence Mall West, 8th Floor

Philadelphia, PA 19106

Welcome and Introductions

Barry Seymour, Executive Director of the Delaware County Regional Planning Commission (DVRPC), opened the meeting by welcoming everyone to DVRPC. He noted that the impacts of neighborhood change can be very nuanced, personal, and complex. He was excited to hear from our speakers and everyone in the room to better understand how neighborhood change affects health outcomes and what we can do to support better outcomes and better quality of life.

Dr. Valerie Arkoosh, Montgomery County Board of Commissioners Chair and HCTF Co-chair, continued the opening remarks by discussing the importance of the principle of equity in creating solutions for the problems associated with neighborhood change including poverty, residential segregation, housing discrimination, and lack of affordable housing. Dr. Arkoosh emphasized that creating equitable neighborhoods is a challenging but critical task in the face of neighborhood change.

Keri Salerno, Senior Director of Economic Inclusion at Public Health Management Corporation and FitCityPHL Chair, provided an overview of FitCityPHL and the role of FitCityPHL and the HCTF play in promoting healthy communities in the Greater Philadelphia area.

Keynote Presentation

Anne Fadullon, Director of Planning and Development, City of Philadelphia

“Residential Development Across Philadelphia”

Ms. Fadullon presented on the current state of residential development in the City of Philadelphia, beginning with a review of Philadelphia’s current market conditions—12 consecutive years of population growth, over 12,000 new housing units in 2018, and 71,000 new jobs since 2009. She noted that while those numbers look good, they only show one perspective of development in Philadelphia. For example, in 2016, 125,000 Philadelphia homeowners and renters were severely cost-burdened. This is connected to the City’s poverty rate of 25% of residents, 24,000 eviction filings, and a housing assistance waitlist of 42,900, as of 2017. Additionally, she noted that approximately 5,600 people were experiencing homelessness in Philadelphia. Anne also presented information on the current state of Philadelphia’s housing stock, 88 percent of which was built before 1980.

Anne then introduced the City’s new housing strategy, Housing for Equity: An Action Plan for Philadelphia, which seeks to implement programs and policies that preserve and/or produce a combined 100,000 housing units over

the next ten years (2018-2028). The plan encompasses several key themes including housing vulnerable residents, preserving long-term affordability, creating pathways to sustainable homeownership, and encouraging equitable growth without displacement. The strategy also encourages innovative development and rehabilitation to promote greater housing choice in Philadelphia. Anne described a number of programs that the City is undertaking to implement the plan, including a homeless prevention pilot program to rapidly rehouse individuals experiencing homelessness, an adaptive modification program to allow older individuals to age in place, legal assistance for tenants facing eviction, a pilot program to provide small landlords with loans so that they can make repairs to their rental properties, and a shallow rent subsidy program. She also highlighted existing programs such as the Home Repair Loan Program, which provides low-interest loans to homeowners for electrical, plumbing, and structural repairs, as well as the Foreclosure Prevention Court, that have been working to support Philadelphia homeowners for many years. Anne noted that it will take significant resources to implement the various programs. The City has committed an additional \$186 million in new funding to advance this work, but additional federal investment in affordable housing is necessary.

Sungwoo Lim, DrPH, MS, Director of Research and Evaluation, Bureau of Epidemiology Services, Division of Epidemiology, New York City Department of Health and Mental Hygiene

“The Impact of Residential Displacement on Healthcare Access and Mental Health among Original Residents of Gentrifying Neighborhoods in New York City”

Dr. Lim presented his work related to the health implications of gentrification in New York City. The study, completed by Dr. Lim and his research team, used 2005-2014 American Community Survey neighborhood-level variables and 2006-2014 Statewide Planning and Research Cooperative System (SPARCS) data to evaluate the impacts of residential displacement on healthcare access and mental health among adults in New York City. Dr. Lim first provided some background, explaining that displacement is associated with adverse health outcomes and that gentrification is one of the potential drivers of displacement. However, Dr. Lim and his team noted that evidence connecting health outcomes and gentrification was limited. The team conducted a study to answer the following questions:

- Does displacement to poor, non-gentrifying neighborhoods increase difficulty in accessing healthcare and therefore increase hospital use?
- Does displacement disrupt existing social ties, resulting in an increased level of stress and mental health (MH) issues and therefore increase MH-related ED visits/hospitalizations?

The study quantified gentrification based on neighborhood variables including percent of college graduates, median household income, and median rental price, analyzing growth in each factor between 2005 and 2014. The study found that displaced residents were more likely to be younger men than compared to the citywide baseline. The research also indicated that when compared with individuals who remained in poor, non-gentrifying neighborhoods, displaced persons had increased rates of emergency department visits, hospitalizations, and mental health-related hospital visits. The findings of Dr. Lim’s study justify efforts to enhance mental health support and services, especially for those who have experienced residential displacement.

Dr. Lim and his team are continuing to research the health implications of gentrification, including developing a concept map to summarize the various pathways from gentrification to health. They are also analyzing housing instability and diabetes risk among people leaving New York City public housing and the health impacts among original residents who remain in gentrifying neighborhoods, especially as it relates to the food mirage phenomenon.

KEYNOTE Q&A

Anne Fadullon, Director of Planning and Development, City of Philadelphia

Q: Can you talk about the aging population in Philly? Is that on the City’s radar?

A: Ms. Fadullon responded by explaining that a lot of the city’s low-income residents are seniors, so the Department of Planning and Development’s (DPD) programs end up serving them by default even though they are not specifically targeted. She also stated that senior residents are big users of the Home Repair Program. She

noted that with a limited amount of funding, if the City chooses to focus on one specific cohort, like seniors, they are trading programs for other cohorts like families or the homeless.

Q: Can you expand upon your comment regarding transit pricing for low-income residents?

A: Ms. Fadullon elaborated on earlier statements, saying that while she knows that transit agencies are not well-funded, residents with the lowest income often end up paying the most for public transit. Many low-income people do not have access to benefits such as pre-tax transit funds from employers and live in neighborhoods that lack transit access. With the elimination of free transfers, residents that have to take two buses to get to work can end up paying \$10 per day for their commute. At \$7.25 per hour, they would have to work almost 90 minutes before they made up the cost of their commute.

Q: Can you discuss opportunity zones?

A: Ms. Fadullon noted that opportunity zones are not creating new funding streams or allowing for new development in areas that hadn't attracted development previously. She explained that with opportunity zones people who have capital gains can avoid paying taxes on their gains if they invest in a fund that invests in an opportunity zone. However, people are not taking a smaller return on their investment even though they are receiving a tax benefit. Projects that are successful in opportunity zones still require a mix of subsidies such as low-income housing tax credits.

Q: The language used in the sphere of planning and community development is often not accessible to actual neighborhoods and communities. How do we coordinate the efforts of neighborhood advisory subcommittees and other stakeholders to make their plans more accessible to citizens?

A: Ms. Fadullon mentioned the need for improved community engagement in the DPD and other city departments, highlighting the Citizens Planning Institute as an example of a program that is working to educate citizens about the planning process and make it accessible to people outside of the field.

Sungwoo Lim, DrPH, MS, Director of Research and Evaluation, Bureau of Epidemiology Services, Division of Epidemiology, New York City Department of Health and Mental Hygiene

Q: Have you seen any examples of your data getting through to healthcare companies in terms of investments in neighborhoods?

A: Dr. Lim stated that although the study has not been utilized by any healthcare companies, he hopes it will inform future decisions about investment in NYC neighborhoods.

Q: Your study seems to be limited to people who move or are displaced within New York City limits. Can you speak at all to the implications for people who may have left the City altogether?

A: Dr. Lim explained that his research team found that the results remained the same when they considered people who moved out of the city.

Q: Did you consider race when evaluating any of the variables?

A: Dr. Lim stated that although they did not analyze race in this study, that is a future development the team would like to make.

After the keynote presentations, Kelli McIntyre, Physical Activity Coordinator of Get Healthy Philly, led the group in an active stretching break.

Panel Discussion

The panel discussion was moderated by Dr. Ira Goldstein, President of Policy Solutions at Reinvestment Fund. Panelists included Ian Smith, Principal of IS-DG, Raynard Washington, Chief Epidemiologist with the Philadelphia Department of Public Health, and Davin Reed, Community Development Economic Advisory with the Federal Reserve Bank of Philadelphia. The panel discussion focused on contributors to and impacts of neighborhood change, including gentrification, housing affordability, health disparities, racial inequity, and economic development.

PANEL Q&A

Q: What are some concrete things that your organization has done to address the adverse consequences of involuntary displacement due to neighborhood change?

A: Dr. Raynard Washington explained that the Department of Public Health ensures that they keep track of access to healthy food and primary care facilities, many of which exist in the central portions of the city. These areas are increasingly gentrifying, disconnecting displaced residents from these important resources. The Health Department is working hard to address this equity gap.

Dr. Davin Reed emphasized the distinction between direct and indirect displacement, stating that low-income renters tend to move often regardless of the existence of displacement pressures. He highlighted the importance of ensuring that the neighborhoods that displaced individuals move to is equipped with the necessary resources. Dr. Reed briefly discussed the Federal Reserve Bank's role in improving the long-term accessibility of neighborhoods.

Mr. Smith noted that some architects may say that they don't have a role in this conversation; however, architects are trained to observe a community and recognize the assets that already exist. We need to pay attention to these assets and the stories of the people that live in a place.

Q: In Philadelphia, one of the big forces driving displacement is the condition of housing stock, especially in low-income neighborhoods. What intervention strategies have you seen in Philadelphia or other cities where the inspection process can be more constructive and equitable?

A: Mr. Smith cautioned that you have to keep in mind who you are serving when you are developing solutions. He noted that some properties provide a revenue stream to owners who are not affluent while others extract wealth at the expense of renters. He notes that in his experience, the city has been appropriately flexible when dealing with negligence, being a bit more heavy-handed with larger, more affluent negligent landowners. Dr. Washington noted that the health department is committed to the intersection of policy and health outcomes. He gave a recent example of the Health Department's work around lead exposure in young children. The city had a policy that required landlords to obtain lead safe certification; however the policy had many loopholes. The department worked with City Council and other stakeholders for many months to pass a bill that requires landlords to test all rental properties built before 1978 for lead every four years instead of only testing if a young child was living in the property at the time that the landlord was issued a rental license.

Q: Are there any data sources in the city that allow us to look at individual mobility and trajectories?

A: Dr. Washington noted that the best thing that the Health Department has been able to do is look at the mobility of young children since they have addresses at birth and can then get new addresses when they receive early immunizations. Dr. Reed noted that he used Medicaid data from New York state for a study on gentrification and mobility. Dr. Washington noted that Medicaid and voter registration data is hard to obtain in Pennsylvania. Other panelists mentioned the United States Post Office moving data.

Q: Did the recent Federal Reserve study include qualitative data and/or is there any qualitative research that looks at displacement?

A: Dr. Reed responded that the Federal Reserve's study used quantitative data almost exclusively. He noted that their study focuses on the economic effects of gentrification and that quantitative data, like family and friend relationships, preference for certain places, etc. can be hard to quantify.

Q: We are not talking about the glaring issue of Philly's history of racial segregation in terms of lending, housing, etc. How do we capture the narrative of historical context that brought us to this point with the housing crisis?

A: Mr. Smith noted that race has to be a part of the conversation. He mentioned that he is currently working on a Rebuild recreation center where the folks who have inherited the rec center were not allowed to go into the rec center for 30 years. He noted that if he doesn't try to string this narrative through the design process, he will do a huge disservice to minority groups, especially black people in Philadelphia. He also noted that to do this work, you may have to put aside your trauma and invite people into the conversation.

Dr. Washington noted that it is critically important to speak about the structures that affect health outcomes. At the health department, Dr. Washington noted that they need to rethink how they report their data. For example, a study on the health of black men needs to take into account the external factors impacting health outcomes of this group. This underscores the whole notion of equity. To close equity gaps, we have to target intervention for people who have been historically disadvantaged. Race has to be a part of the conversation and a part of the solution.

Dr. Goldstein noted that in predominantly black and Hispanic communities, only eight percent of housing transactions have mortgages. This means that most of the homes are being bought with cash, probably largely by investors and speculators, not low-income households.

Closing Remarks

Christina Miller, Executive Director of the Health Promotion Council and HCTF Co-chair, closed the meeting with a call to action, encouraging attendees to carry the important conversations with them outside of the conference room and continue to push for equity in their communities and the communities they serve. She emphasized the importance of grounding the data used in planning and community development efforts in the historical context discussed during the meeting.

Amy Verbofsky, Senior Planner at DVRPC, thanked the presenters, panelists, and attendees for their contributions to the discussion and announced a hiatus of the HCTF until Summer 2020.