

Urban Revitalization and Health Justice: Questions and Recommendations

Erualdo R. González and Michele Mouttapa

California State University, Fullerton

Increasingly in U.S. cities, elected officials and city planners are investing millions of dollars to revitalize their urban cores for economic gain (Glaeser & Shapiro 2001, Frey 2012). Local governments are turning to revitalization strategies to bring young professionals back to the downtown district and surrounding neighborhoods to work and live; the idea is that their presence helps the local businesses thrive and improve the area's sense of community. In 2011, for the first time in about a century, major cities in some of the largest metropolitan areas grew faster than their neighboring suburbs (Frey, 2012).

Local and national health foundations are concerned about urban cores of cities, namely how city planning contributes to positive as well as negative health outcomes of the poor and racial/ethnic minorities. Health foundations have helped popularize "place based" initiatives. A key component of place based initiatives is interventions that seek to improve neighborhood living conditions and policies that expose the vulnerable portions of the population to unhealthy environments (e.g., lack of quality open and recreational spaces) and perpetuate the existing health disparities, such as obesity. The main strategies to promote revitalization are mixed use of buildings for retail businesses and housing, and providing increased opportunities for social and cultural activities- places of interest that are within walking distance of housing developments, and recreational options.

New Urbanism (NU)

The new urbanism (NU) model is the preeminent urban design model of community development and is highly regarded for its role in bringing people back to the city. NU recommends a mix of housing options, such as work-live lofts and single-family homes. The emphasis is on having retail, amenities, and civic

and cultural buildings embedded in or within walking distance of housing developments. According to the Congress for the New Urbanism, this type of development is key to provide equal access to healthy and stimulating environments across various demographic populations. New Urbanism is also credited for the renewed demand for cities that are dense, compact, and equipped with spaces for multiple purposes (Talen, 2005). NU emphasizes using the built environment to bring together people of different races, ethnicities, genders, ages, occupations, incomes, lifestyles, and household sizes (Congress for the New Urbanism, 2001). There are currently an estimated 450 NU projects in the United States, making NU arguably the most influential design movement in America (Talen, 2010).

Issues Regarding NU

Despite the good intentions of the NU approach, planning practice has begun to prioritize an economic revitalization of urban cores to cater to the needs and interests of young professionals who work or live in the area. Such priorities are in direct conflict with the principle of setting a fair and adequate baseline of living conditions for existing residents. In response, many public activists in local communities are debating the merits of residential and commercial gentrification in downtown districts and surrounding neighborhoods. There has been a surge of scholarship documenting the adverse health outcomes (e.g., obesity) that a lack of adequate neighborhood open spaces, physical infrastructure, and social and health services have on racial and working-class groups (Corburn, 2007; Williams & Marks, 2011). The Centers for Disease Control and Prevention (CDC, 2013) suggests that the increased cost of living associated with gentrification can directly affect the health of existing residents. For example, gentrification limits existing residents'

access to fresh, affordable produce and public open spaces for physical activity. Furthermore, more expensive housing options reduce existing residents' opportunities to continue living where they are. Such residents are at risk of being displaced from their homes and their long-existing social networks, which can further affect their health and well-being.

Placed-Based Initiatives

While gentrification continues to spread to urban cores throughout the U.S., a number of federal and health foundation initiatives are pushing "place based" initiatives--comprehensive neighborhood planning-- to optimize land use and increase the coordination of various health services available to local neighborhoods. The Department of Housing and Urban Development Choice Neighborhoods, the Robert Wood Johnson Foundation Creating Healthy Environments (<http://ccheonline.org/>) and the California Endowment Building Healthy Communities (<http://www.calendow.org/healthycommunities>) are a few agencies that provide funding for place based initiatives.

Yet, if place based initiatives are to reach their maximum potential in urban cores, local government, real estate agents, planning and urban design enterprises, and local community leadership must address the politics of community development associated with gentrification. It could start with a question such as: How can local place-based health initiatives for existing residents (most of who are low-income and minorities) be effective, while local leadership is most interested in increasing land values and commercial revenue?

References

- Centers for Disease Control and Prevention (2013). Health Effects of Gentrification, 2013. Available at: <http://www.cdc.gov/healthyplaces/healthtopics/gentrification.htm>.
- Congress for the New Urbanism. (2001). Charter of the New Urbanism, 2003. Available at: <http://www.cnu.org/charter>.
- Coburn, J. (2007). Urban land use, air toxics and public health: Assessing hazardous exposures at the neighborhood scale. *Environmental Impact Assessment Review*, 27(2), 145-160.
- Diaz McDonnell, D. R. (2005). Barrio urbanism: Chicanos, planning, and American cities. New York: Routledge.
- Frey, W. (2012). Demographic reversal: Cities thrive, suburbs sputter. Brookings, Available at: <http://www.brookings.edu/research/opinions/2012/06/29-cities-suburbs-frey>.

Where Do We Go From Here?

With revitalization and gentrification occurring in several major cities, a pressing question is the following: How can policymakers, public health practitioners and scholars pursue or examine the outcomes of health and urban improvements among the most vulnerable inner-city populations? Research is needed to examine the extent to which revitalization efforts affect the health of specific sub-groups living in or near the cities undergoing revitalization. For example, Latina/os represent the nation's largest group of color and in poverty, mostly living in major metropolitan areas, and their numbers are expected to more than double from 14% of the population in 2005 to 29% in 2050 (Guzman & Diaz McDonnell, 2002; Passel & Cohn, 2008; Lopez & Cohn, 2013). Working-class Latinos in the U.S. have historically lived in inner city-neighborhoods that qualify for place based interventions (Diaz, 2005, Irazábal & Farhat, 2008).

The first author of this editorial is currently examining attitudes toward and experiences with new urbanism redevelopment and urban governance, from perspectives of Latino residents who live in an urban core undergoing revitalization. Such research is an example of how we can find out from residents themselves how revitalization is affecting them. Making their opinions known on a larger scale further opens the door on what place-based initiatives and city planners can do to incorporate existing residents' needs while also increasing the economic growth of the city.

- Glaeser, E., & Shapiro J. (2001). Is there a new urbanism? The Growth of U.S. Cities in the 1990s. NBER Working Paper No. 8357.
- Guzman, B., & McDonell E.D. (2002). The Hispanic population: 1990-2000 growth and change. *Kluwer Academic Publishers*, 21(1), 109-128.
- Irazábal, C. , & Farhat, R. (2008). Latino communities in the United States: Place-making in the pre-world war ii, postwar, and contemporary city. *Journal of Planning Literature*, 22(3), 207-228.
- Lopez, M. H., & Cohn D. (2011). Hispanic poverty rate highest in new supplemental census measure. 2013. RewReseach Hispanic Trends Project, Available at: <http://www.pewhispanic.org/2011/11/08/hispanic-poverty-rate-highest-in-new-supplemental-census-measure/>.
- Passel, J., & Cohn D. (2008). U.S. Population Projections: 2005-2050.2013. PewResearch Hispanic Trends Project, Available at: <http://www.pewhispanic.org/2008/02/11/us-population-projections-2005-2050/>.
- Talen, E. (2005). New urbanism and American planning : the conflict of cultures, Planning, history, and the environment series. New York: Routledge.
- Talen, E. (2010). Affordability in new urbanist development: Principle, practice, and strategy. *Journal of Urban Affairs*, 32(4), 489-510.
- Williams, D.R., & Marks, J. (2011). Community development efforts offer a major opportunity to advance American's health. *Health Affairs*, 30(11), 2052-2055.

© 2013 Californian Journal of Health Promotion. All rights reserved.

Author Information

Erualdo R. González

California State University, Fullerton