



Office of Health Equity

Healthy Communities Data and Indicators Project

Short Title: Neighborhood Change.

Full Title: 10-year change in number of households by income and race/ethnicity.

1. **Healthy Community Framework:**

Meets basic needs of all.

2. **What is Our Aspirational Goal?**

Affordable, high quality, socially integrated and location- efficient housing.

3. **Why is this Important to Health?**

a. **Description of significance and health connection.**

Neighborhood change refers to changes in household/family income, poverty rate, racial/ethnic composition, housing prices, occupation, and/or unemployment. The pace and scale of neighborhood change can have great impacts in communities, like the migration of high income white households from mixed neighborhoods to more homogeneous suburban developments, or gentrification, which is the transformation of urban neighborhoods from low to high property value that might result in displacement of long-time residents and businesses. The majority (73%) of U.S. neighborhoods remained within the same type between 1990 and 2010 according to a national study, but when change occurred, the tendency was toward a reduction in middle- class neighborhoods and an increase in concentrated poverty, mainly of immigrant and black/poor neighborhoods. The causes of change can include public policy changes (land development policies, targeted revitalization efforts, reduced public school funding, or lending practices), influx of private capital, job/housing imbalance, or cultural preference for city amenities. Change can have positive impacts such as increasing tax revenue, home equity for owners, or de-concentration of poverty. Negative impacts include displacement of renters, homeowners or businesses, increasing rents, and conflicts between residents. Neighborhood change is a health issue because it impacts availability of affordable healthy housing, healthy food choices, transportation choices, school quality, social networks, opportunities for physical activity, violence and crime rates, and stress levels and mental health.

b. **Summary of evidence.**

A Health Impact Assessment (HIA) of past public housing revitalization projects in San Francisco (SF) found that although housing and safety had improved, people's state of health was poor and many people had been displaced, negatively impacting social networks. Another study in the SF Bay Area showed that longtime residents in gentrifying neighborhoods faced financial distress, loss of community services and institutions, and overcrowded/substandard housing conditions. Displaced residents experienced relocation costs, longer commutes, disruptions to health care, fragmentation of social networks, and direct impacts on mental and psychological wellbeing. An

HIA on the implementation of a Regional Transportation Plan in disadvantaged communities in Kern county found that most development scenarios would worsen the housing/job balance and would exacerbate lack of jobs (relative to housing). A national study found that “high gentrification” neighborhoods experience lower levels of subsidized housing availability and affordability.

c. References.

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3. Boyle I. [Measuring gentrification in the interstate corridor urban renewal area](http://www.pdx.edu/ims/sites/www.pdx.edu.ims/files/RussillBoylegentrification.pdf) (<http://www.pdx.edu/ims/sites/www.pdx.edu.ims/files/RussillBoylegentrification.pdf>). Institute of Portland Metropolitan Studies, 2009. Accessed February 17th, 2015.
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6. Causa Justa, Just Cause. [Development without displacement: resisting gentrification in the Bay Area](https://cjjc.org/wp-content/uploads/2015/11/development-without-displacement.pdf) (<https://cjjc.org/wp-content/uploads/2015/11/development-without-displacement.pdf>). 2014. Accessed February 17th, 2015.
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9. Baron MJ. [Post-recession gentrification and subsidized housing availability and affordability across the United States](https://repository.library.georgetown.edu/bitstream/handle/10822/709879/Baron_georgetown_0076M_12566.pdf?sequence=1) (https://repository.library.georgetown.edu/bitstream/handle/10822/709879/Baron_georgetown_0076M_12566.pdf?sequence=1). Georgetown University, 2014. Accessed February 17th, 2015.

4. What is this Indicator?

a. Detailed Definition:

The indicator is the difference in the number of households by income and race/ethnicity between 2000 (baseline) and 2006-2010.

b. Stratification:

Eight race/ethnicity groups (African American, American Indian/Alaska Native, Asian, Latino, multiple, Native Hawaiian/Other Pacific Islander, other and white). Ten income categories (less than \$10,000, \$10,000-\$14,999, \$15,000-\$24,999, \$25,000-\$34,999, \$35,000-\$49,999, \$50,000-\$74,999, \$75,000-\$99,000, \$100,000-\$149,000, \$150,000-\$199,999, \$200,000 or more).

c. Data Description.

- i. Data source: [U.S. Census Bureau, Decennial Census 2000, and American Community Survey \(ACS\) 2006 through 2010 \(http://factfinder2.census.gov\)](http://factfinder2.census.gov). [Longitudinal tract database \(LTDB\) \(http://www.s4.brown.edu/us2010/Researcher/LTDB.htm\)](http://www.s4.brown.edu/us2010/Researcher/LTDB.htm).
- ii. Years available: 2000 to 2006 through 2010 comparison.
- iii. Updated: 5 to 10 year intervals.
- iv. Geographies available: census tracts, places, counties, county divisions, regions, and state.

The number of households by income category and by race/ethnicity for the year 2000 was obtained from the Decennial Census DP-3 tables. The upper and lower limit of the income categories in 1999 dollars was adjusted to 2010 dollars using an inflation adjustment factor of 1.309 ([Inflation Adjustment https://usa.ipums.org/usa/cpi99.shtml](https://usa.ipums.org/usa/cpi99.shtml)). Linear interpolation was used to calculate the number of households within readjusted income categories limits that aligned with the 2006- 2010 limits. For census tracts, the LTDB was used to bridge 2000 tract data to 2010 tract boundaries. Data for the year 2006 through 2010 was obtained from the American Community Survey DP03 tables. The approximate method was used to calculate the standard error of the difference. Confidence limits, relative standard error, place decile rankings of places and relative risk, were calculated. Regional estimates were based on county groupings associated with California metropolitan planning organizations as reported in the [2010 California Regional Progress Report http://www.dot.ca.gov/hq/tpp/offices/orip/Collaborative%20Planning/Files/CARegionalProgress_2-1-2011.pdf](http://www.dot.ca.gov/hq/tpp/offices/orip/Collaborative%20Planning/Files/CARegionalProgress_2-1-2011.pdf).

5. Limitations.

Using a single indicator as a proxy for neighborhood change may not account for other important factors. Gains in the numbers of households may be due to normal increases in the population, while losses might reflect changes related to other external causes. Caution should be exercised when comparing Census 2000 and ACS. The ACS collects income data on an ongoing monthly basis while the Census 2000 collected income data for a fixed period of time (1999). Due to the interpolation methods used, estimates of number of households in 2000 could be either an overestimate or underestimate of the true values.