



Healthy Development **Without Displacement**

Realizing the Vision of Healthy Communities for All

FUNDING AND AUTHORSHIP



Written by Prevention Institute.

Principal authors: Manal J. Aboelata, Rachel Bennett, Elva Yañez, Ana Bonilla, and Nikta Akhavan.

Primary support for this paper comes from The California Endowment. We would also like to acknowledge The California Wellness Foundation and The Rosalinde and Arthur Gilbert Foundation for their overarching contribution to the Healthy, Equitable, Active Land Use (HEALU) Network.

Prevention Institute is a focal point for primary prevention, dedicated to fostering health, safety, and equity by taking action to build resilience and to prevent problems in the first place. A national nonprofit with offices in Oakland, Los Angeles, and Washington D.C., we advance strategies, provide training and technical assistance, transform research into practice, and support collaboration across sectors to embed prevention and equity in all practices and policies. Since its founding in 1997, Prevention Institute has focused on transforming communities by advancing community prevention, health equity, injury and violence prevention, healthy eating and active living environments, health system transformation, and mental health and wellbeing.

This publication was developed by Prevention Institute. We thank the community members and practitioners across many fields who explored the connections between healthy land use and displacement prevention with us. A list of partners who helped shape our thinking on this publication can be found at the end of the document.

For further information, contact Rachel Bennett:
RachelB@preventioninstitute.org

Cover image source
[Gang Reduction Youth Development \(GRYD\) Foundation](#)

Suggested Citation

Aboelata, M.J., Bennett, R., Yañez, E., Bonilla, A., & Akhavan, N. (2017). *Healthy Development Without Displacement: Realizing the Vision of Healthy Communities for All*. Oakland, CA: Prevention Institute.

TABLE OF CONTENTS

The Tension Between Healthy Communities and Displacement	4
Methodology	7

The Production of Health Inequities in the Land Use System	8
---	----------

Displacement is a Public Health Issue	9
Quality, Affordable Housing Promotes Health	9
Access to Resources, Goods, and Services Promotes Health	10
Community Stability and Social Connections Promote Health	11

Risk and Resilience: Factors that Contribute to and Work Against Displacement	13
--	-----------

The Spectrum of Prevention: A Comprehensive Approach to Promote Healthy Development Without Displacement	15
Influencing Policy and Legislation	16
Organizational Practice Change	16
Fostering Coalitions and Networks	16
Educating Providers	17
Promoting Community Education	17
Strengthening Individual Knowledge and Skills	17

Multi-Sector Strategies to Promote Healthy Development Without Displacement	18
--	-----------

A Good Solution Solves Multiple Problems: Toward Healthy Communities for All	21
---	-----------

Acknowledgements	24
-------------------------	-----------

References	25
-------------------	-----------

The Tension Between Healthy Communities and Displacement



Image: We All Deserve A Healthy And Safe Community by the artists of the Hospitality House Community Arts Program, Clarion Alley, San Francisco

“Any planning approach without a social justice framework can contribute to reproducing inequalities and result in sustainable urban revitalization that burdens low-wage earners and the least educated, especially immigrants and marginalized people of color.”²

– Dr. Malo André Hutson, Associate Professor of City & Regional Planning, University of California, Berkeley, College of Environmental Design

Everyone has the right to live in a healthy community.¹ But how do we make that right a reality? In recent years, we have seen increased attention to the connection between health and place. Spurred by philanthropic and public investment, the research is becoming ever clearer: where we live influences our health.

This has sparked a surge in initiatives designed to improve health through community environments, with new investments in bike lanes, parks, urban trails, public transit, grocery stores, and more. At the same time that the movement to build healthy communities is on the upswing, we are grappling with a confluence of the aftershocks of a national housing crisis, surges in re-urbanization of our cities, a changing landscape for the workforce, and staggering rates of homelessness and overcrowded housing in some of our nation’s largest metropolitan areas. All of this is impacting cities, suburbs, and rural communities in differing but related ways.

Often, healthy community “interventions” like building parks or transit are financed with public dollars and the intent to enhance community conditions that will in turn improve the health of local residents. Some of these efforts come with an explicit mandate to build healthy communities with and for underserved populations and to improve access to health promoting opportunities in under-resourced, low income neighborhoods and communities of color. But over time such investments, combined with shifting job and housing markets, can attract more development interest as well as affluent people from better-resourced communities to relocate into what were previously affordable neighborhood spaces. As dismayed witnesses to rapid and sometimes unsettling transformation of their neighborhoods, many residents are left wondering: *Is this new development for me? Are these investments intended to improve my community for current residents or will this type of investment set a process in motion that ultimately pushes me, my family, and my neighbors out?*



Image source: [Los Angeles Neighborhood Land Trust](#)

“There’s a tension between the fear of development pushing people out and bettering our communities.”

–KEY INFORMANT INTERVIEWEE,
Prevention Institute’s Leaders in
Equity to Advance Prevention in the
Centinela Valley project

In many cases, when people find themselves pressured to make hard choices between housing costs and other essentials like food, medical care, and childcare, they are ultimately forced to move further from their jobs to afford housing; this is particularly acute for renters. Often local goods, from groceries, to a cup of coffee, to shoe repair, become more expensive and less accessible to people living at the income level that the community previously supported. Locally owned businesses, like the neighborhood bakery or the family-owned clothing store, may also get socked with an unmanageable rise in rent after being reliable tenants for years. The result is that, too frequently, low and middle income people and people of color get squeezed out of neighborhood housing and business markets rather than benefiting from new development and investments.

The news is filled with examples of urban renewal that are callously executed, designed seemingly from the start to push out low income people and people of color. But, there are also scores of thoughtful, purposeful efforts designed to improve community conditions with the input and leadership of community residents—and these, too, can inadvertently create a cascading effect that disrupts the social fabric of a neighborhood and pushes people to the margins, leading to displacement. This paper explores a fundamental tension: how do we ensure that well-intentioned, health promoting land use investments actually create enduring, beneficial conditions for communities who have systematically been denied such resources for far too long.

The goal of this paper is to explore opportunities and strategies to address this tension with a particular eye to the roles of people working outside the housing sector. There’s no question that affordable housing is a—if not *the*—critical community factor to ward off displacement, but here we are most intrigued by the question: What can people working in a wide range of “healthy communities” sectors (e.g., transportation, parks and open space, planning, health care, and public health) do in their own work to improve community conditions without contributing to gentrification and displacement?

In this paper we:

Underscore the health impacts of displacement, and how community stability supports public health

Highlight some of the organizations, researchers, and communities leading this work, and key publications that dive deeper into these issues

Foster new alliances between those working on healthy community initiatives and those working deeply on anti-displacement and affordable housing

Amplify the drumbeat for shared action across sectors and issue areas

Aim to spark further discussion, collaboration, and innovation in the field

Defining Key Terms

HEALTH EQUITY “means that every person, regardless of who they are—the color of their skin, their level of education, their gender or sexual identity, whether or not they have a disability, the job that they have, or the neighborhood that they live in—has an equal opportunity to achieve optimal health.”³

–Braveman, Kumanyika, Fielding, et al., 2011



Image: “Housing Is a Human Right” by Christopher Statton and Megan Wilson, Clarion Alley, San Francisco

GENTRIFICATION “is a profit driven race and class remake of urban, working class communities of color that have suffered from a history of disinvestment and abandonment. The process is characterized by declines in the number of low-income people of color in neighborhoods that begin to cater to higher-income workers willing to pay higher rents... Gentrification happens in areas where commercial and residential land is cheap, relative to other areas in the city and region, and where the potential to turn a profit is great.”⁴

–Causa Justa :: Just Cause, 2015

DISPLACEMENT “occurs when any household is forced to move from its residence by conditions which affect that dwelling or its immediate surroundings, and:

Are beyond the household’s reasonable ability to control or prevent;

Occur despite the household’s having met all previously-imposed conditions of occupancy;

And make continued occupancy by the household impossible, hazardous, or unaffordable.”⁵

–Grier and Grier, 1978

LAND USE is “the general location and density of housing, business, industry, open space, public buildings and grounds, waste disposal facilities,” and other facilities within a community.⁶

–Fulton and Shigley, 2005

A HEALTHY, EQUITABLE LAND USE SYSTEM is one in which “the decisions, policies, practices, and norms of government, the private sector, and community stakeholders produce healthy, safe, and resilient built environments. The system ensures that both the tools of land use related fields and the process through which their work occurs increase community access to health promoting resources—such as jobs, transit, housing, healthy food retail, and safe places to play—while protecting people from hazardous and unsafe land uses.”⁷

–Prevention Institute, 2016



Image source: [Los Angeles Neighborhood Land Trust](#)

Methodology

This paper weaves together the thinking and work of numerous Prevention Institute staff and partners including:

- 63 key informant interviews with community leaders and health and land use practitioners across Los Angeles.
- Discussions among two cohorts working to support health equity across Los Angeles, the *Healthy, Equitable, Active Land Use Network* and Leaders in Equity to Advance Prevention in the Centinela Valley.
- A *Healthy Development without Displacement* summit featuring speakers ranging from affordable housing developers and advocates, to public health professionals, to healthy food advocates and retailers, to community organizers working on anti-displacement campaigns.

Many of the strategies highlighted in this paper draw from the work of Prevention Institute and our partners in Los Angeles, a dynamic place for learning and innovation on healthy, equitable land use. Los Angeles is one of the nation's most populous and diverse metro areas, and is home to strong community-based organizations and progressive elected officials. It also has a legacy of land use policies and practices that have contributed to health inequities. These conditions are not unique to neighborhoods in Los Angeles; they reflect the systematic production of inequities through policies and practices (past and present) throughout the United States. Los Angeles is also increasingly emerging as an innovator in healthy, equitable land use decision-making, demonstrating how to leverage transportation, parks and recreation, and housing dollars to create more equitable communities. We hope that communities beyond Los Angeles that are facing displacement pressures can adapt and build upon the strategies in this paper to accelerate innovative solutions in their unique local context.

The Production of Health Inequities in the Land Use System

“The built environment is social policy in concrete.”

– Dr. Richard J. Jackson, Professor,
University of California, Los Angeles,
Fielding School of Public Health

For more on how the land use system produces structural inequities—and how to re-engineer health equity into our policies and systems—see:

- Mindy Thompson Fullilove and Rodrick Wallace’s [*Serial Forced Displacement in American Cities, 1916–2010*](#)
- Aubrey Murdock’s short film [*The Domino Effect*](#)
- PolicyLink’s [*Equitable Development Toolkit*](#)
- Prevention Institute’s [*Countering the Production of Health Inequities: An Emerging Systems Framework to Achieve an Equitable Culture of Health*](#)

As a result of multiple overlapping and interacting policies and practices that govern the built environment, some neighborhoods have physical conditions that support health while others do not. The latter are frequently starved for resources and infrastructure like grocery stores, safe parks, and quality housing, and they are overburdened by unhealthy land uses such as liquor stores, hazardous waste storage, and industrial and transportation facilities that emit toxic pollution. These conditions have direct impacts on residents’ health: in Philadelphia, for example, there is a 20-year difference in life expectancy for children born in zip codes just five miles apart.⁸

Unfair and unjust, these disparate community conditions reflect the systematic production of inequities through both a legacy of overt discriminatory actions on the part of government and the larger society, as well as present day practices and policies of public and private institutions that continue to perpetuate a system of diminished opportunity for certain populations.⁹ The graphic of gears in the diagram below illustrates how some of the factors that have produced inequity through the land use system are interrelated and exacerbate one another. These forces most often conspire against people of color to diminish opportunities and outcomes, but the production of inequity also marginalizes other groups based on income, social status, and additional factors.



Selected Policies, Practices, and Procedures That Have Produced Inequities in the Built Environment

Image source: Prevention Institute, [*Countering the Production of Health Inequities: An Emerging Systems Framework to Achieve an Equitable Culture of Health*](#)

Displacement is a Public Health Issue

A public health framework is a solution-oriented approach that:

Examines data on the health and health equity impacts associated with displacement

Identifies the root causes of displacement

Lays out the risk factors for displacement and resilience factors that protect against displacement

Uses this information to identify strategic actions, with a specific focus on prevention, systems and policy change, community resilience, and harm reduction for those most impacted

Identifies all the players that need to be involved to address the issue comprehensively

“For public health researchers and practitioners, preventing displacement may be the single greatest challenge and the most important task in our collective efforts to create healthy communities for all.”¹⁰

–[Dr. Muntu Davis](#), Health Officer and Public Health Director, Alameda County, California

Displacement impacts health in direct and indirect ways. We believe that a public health framework can support and add value to the work that affordable housing advocates have long championed, and can help bring new urgency, strategies, data, funding, and partners to this critical work.

Quality, Affordable Housing Promotes Health

A stable, safe, affordable, and appropriately sized home is critical for the health of individuals and families. People’s ability to stay in their homes and communities, rooted to their social networks, depends on the availability, quality, and location of affordable housing. The cost of housing directly impacts whether families can afford daily essentials such as food, transportation, education, and medical care, and can save money and build their assets over time.¹¹ In order to stay close to jobs and social supports and to meet rising housing costs, individuals and families may live in substandard, overcrowded conditions and sacrifice vital household expenditures, which can produce acute health impacts. Overcrowding and a high rent burden (when a household dedicates more than 30% of income to housing costs)¹² are associated with higher rates of emergency department visits for asthma and mental health issues, as well as hospitalization for hypertension.¹³ Residential overcrowding can also negatively impact children’s educational outcomes, impeding their study time concentration and sleep, and increasing their likelihood of catching communicable diseases that keep them home from school.¹⁴

Additionally, the quality of affordable housing is directly linked to health; homes that are well maintained, free from toxins such as lead and mold, and that have proper ventilation and noise insulation reduce residents’ risks of exposure to carcinogenic (cancer-causing) pollutants, injuries, asthma, stress, and neurological disorders.^{15,16} When families are displaced and cannot find affordable housing to relocate to, they may become

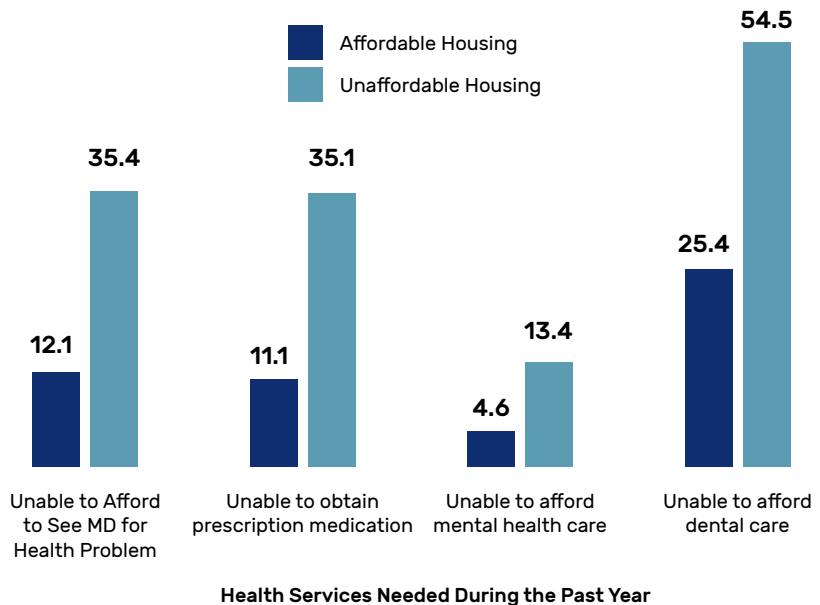
“Displacement wouldn’t be such an issue if we knew that people were moving to a better, healthier place.”

–ISELA GRACIAN, President,
East LA Community Corporation

homeless. Homelessness can be devastating to health, creating new health conditions and exacerbating existing ones, from communicable diseases (e.g., pneumonia, tuberculosis), to chronic conditions (e.g., diabetes, asthma), to behavioral health issues (e.g., depression, substance abuse), to injuries and violence.¹⁷

Access to Resources, Goods, and Services Promotes Health

When housing costs are prohibitively expensive, families may be forced to relocate, often to neighborhoods with less access to resources that are essential to health: jobs, school, medical care, and social connections, as well as walkable streets, public transit, and culturally relevant goods and services. In a report from the San Francisco Bay Area, public health workers cited displacement and high rents as factors undermining their ability to effectively provide health and social services to residents.¹⁸ In many areas small, local, independently owned grocers serve as culturally attuned community hubs of activity and socialization, and oftentimes provide food security for the surrounding neighborhoods;¹⁹ dislocation from such resources can have consequences for a family’s diet and their sense of belonging. Longer commutes encroach on people’s time with family or to engage in physical and recreational activity;²⁰ they also contribute to greenhouse gas emissions, spurring long-term health consequences that can be felt in future generations.²¹



Percent of Los Angeles County adults who were unable to afford access to healthcare services by housing affordability status, 2011

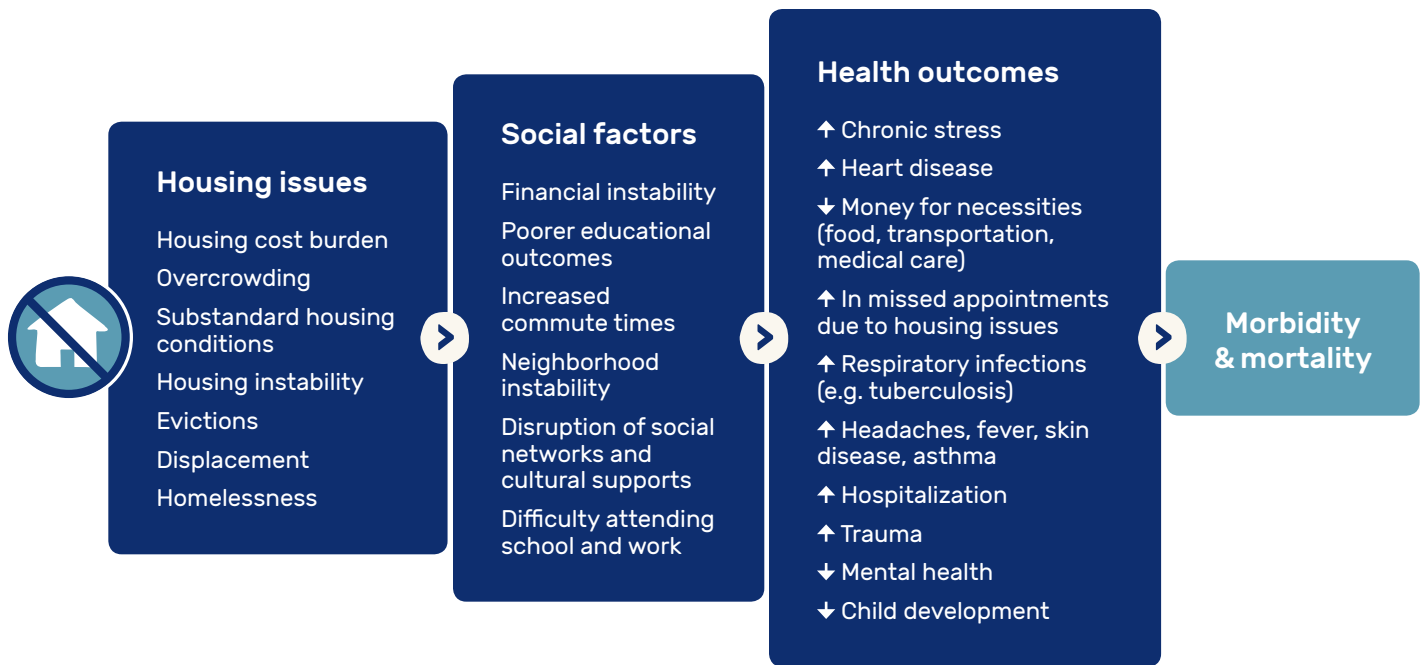
Image source: Los Angeles County Department of Public Health, *Social Determinants of Health: Housing and Health in Los Angeles County*



Image source: GRYD Foundation, [Summer Night Lights](#)

Community Stability and Social Connections Promote Health

Displacement takes a toll on societal factors that are difficult to quantify—the social, emotional, and cultural networks that communities build up over time. Too often when there is new development in historically under-resourced areas, long-term residents are not directly involved or engaged in the planning process and instead are developed on top of, becoming marginalized or displaced from spaces that were their homes first. What outsiders may consider to be positive contributions to historically divested communities can have negative consequences, including a feeling that these changes aren’t “by us” or “for us” among existing residents. As residents and small business owners are displaced from their neighborhoods, community threads that support people’s health, safety, and sense of belonging can fray. Several studies have shown links between the loss of social networks from displacement and increasing stress levels.^{22,23} Some researchers have also shown how this pathway links to adverse birth outcomes.²⁴ Others have documented how residential instability—moving from place to place in a relatively short period of time—is linked to negative



How Housing Affects Health

Image source: Alameda County Public Health Department, [Improving Housing and Health for All in Alameda County: The Time Is Now](#)

Small Business Displacement is a Public Health Issue

In addition to the public health impacts of residential displacement, commercial displacement is an issue in its own right. Commercial displacement often precedes residential displacement in neighborhoods and can jeopardize community connectedness and stability. When small businesses, including community serving “mom and pop” shops, are displaced, it can have a multiplying effect; they support not just the families of employees but their neighborhood as a whole. At the HEALU Network Healthy Development without Displacement summit in Los Angeles in October 2015, the former owner of a small neighborhood market spoke about her efforts to adapt her store’s inventory, providing healthier food options to meet the preferences of a changing neighborhood.²⁵ Still, due to unaffordable rising rents, she lost her business after serving the community for 11 years; one year later, the building still sat vacant. Protections devised and enacted for residents can also help stabilize local businesses and commercial corridors, particularly those that contribute to the health and well-being of their community.

health and social outcomes for children such as increased drug and alcohol use, behavioral problems, more visits to the emergency room, juvenile delinquency, poor self-reported health, and teenage pregnancy.²⁶ While residential instability can have immediate impacts on health outcomes, serial displacement—the repeated upheaval of families by government sponsored and sanctioned programs and policies—is associated with health and social impacts that last generations.²⁷ Over time, serial displacement can have “weathering” effects on health, cumulatively increasing people’s risk of illness and injury, and exacerbating existing chronic illnesses and poor mental health status.^{28,29,30} In the face of displacement pressures, community connections are an important initial buffer, providing access to critical resources in times of need to mitigate and weather disadvantage.

For a more complete review of the literature on displacement and health, see:

- The Urban Displacement Project’s *Gentrification, Displacement, and the Role of Public Investment: A Literature Review*
- Alameda County Public Health Department’s *Improving Housing and Health for All in Alameda County*
- Causa Justa :: Just Cause’s *Development Without Displacement: Resisting Gentrification in the Bay Area*
- *Power, Place, and Public Health: A Synopsis of the Literature on Gentrification, Displacement, and Public Health* from the Urban & Environmental Policy Institute at Occidental College and The California Endowment

Risk and Resilience

Factors that Contribute to and Work Against Displacement

“Community resilience is the ability of a community to recover from and/or thrive despite the prevalence of adverse conditions... Building resilience means putting the conditions in place in which the community can heal from past trauma and be protected against the impact of future trauma.”³¹

–PREVENTION INSTITUTE,
*Adverse Community Experiences
and Resilience: A Framework
for Addressing and Preventing
Community Trauma*

Displacement doesn’t occur in a vacuum—a number of factors increase or decrease the likelihood that families and communities will face displacement pressures.

Using the lens of risk and resilience factors enables us to take a closer look at what contributes to displacement, and what protects people and communities against the forces of displacement. Following is a selection of risk and resilience factors related to displacement; while this list is not exhaustive, each factor represents an opportunity for intervention to support public health and prevent displacement from occurring in the first place.

For more on neighborhood susceptibility to displacement and how to bolster community resilience, see:

- *The Urban Displacement Project* (a joint initiative of the University of California, Berkeley and University of California, Los Angeles)
- *Gentrification & Neighborhood Change: Helpful Tools for Communities* from The Voorhees Center at the University of Illinois, Urbana-Champaign
- *Democratic Development for Thriving Communities: Framing the Issues, Solutions and Funding Strategies to Address Gentrification and Displacement* from the Urban and Environmental Policy Institute at Occidental College and the Neighborhood Funders Group

	COMMUNITY LEVEL	INDIVIDUAL LEVEL
<p>Risk factors</p> <p>for displacement are the conditions or characteristics of individuals, neighborhoods, and society associated with increased susceptibility to displacement.</p>	<ul style="list-style-type: none"> • Geographic adjacency to high-value or gentrifying neighborhoods³² • High proportion of renter-occupied housing^{33,34,35} • Lack of strong tenant protection policies, especially rent control³⁶ • Little to no subsidized public housing stock³⁷ • Existing public transit infrastructure³⁸ • Public infrastructure developments (e.g., new transit in historically divested communities)³⁹ • Low density development that could be made more dense⁴⁰ • Speculative real estate practices⁴¹ • Selective or spot zoning that grants zoning exceptions or variances on a project-by-project basis⁴² • Real and/or perceived improvements in community safety⁴³ • Concentration of low income households and non-White populations^{44,45} 	<ul style="list-style-type: none"> • Low income or rent-burdened households^{46,47} • Lack of home/property ownership⁴⁸ • Lack of household wealth⁴⁹ • Low levels of educational attainment^{50,51} • Unemployment, under-employment, or barriers to employment (e.g., lack of child care, physical or mental impairment, history of incarceration, language barrier)⁵²
<p>Resilience factors</p> <p>against displacement counteract risk factors and bolster community stability and health, helping to proactively prevent displacement.</p>	<ul style="list-style-type: none"> • Equity as a guiding principle for all land use decisions⁵³ • Meaningful community engagement in planning and decision-making processes⁵⁴ • Community connectedness and collective efficacy⁵⁵ • Community organizations that organize residents, build their capacity and leadership skills, and/or produce or preserve affordable housing⁵⁶ • High proportion of owner-occupied housing and businesses⁵⁷ • Monitoring and enforcement of strong tenant protection policies⁵⁸ 	<ul style="list-style-type: none"> • Opportunities for meaningful community engagement in policy-making, planning, and budgeting processes⁵⁹ • Opportunities to strengthen and grow financial and social capital⁶⁰ • Home/property ownership⁶¹ • Intergenerational household wealth⁶² • Job/income stability and good paying wages⁶³

The Spectrum of Prevention

A Comprehensive Approach to Promote Healthy Development without Displacement

Prevention Institute’s framework *The Spectrum of Prevention* reinforces the notion that effective public health efforts require a comprehensive strategy.⁶⁴ For two decades, community coalitions, health departments, and policymakers across the nation have used the Spectrum to coordinate distinct strategies into comprehensive approaches to address public health issues from violence prevention, to healthy eating and active living, to traffic safety.

The Spectrum outlines six levels of interrelated action ranging from policy and institutional practice change to individual and community engagement. The levels are complementary—educational efforts work in service of policy work, not in isolation, and policies and organizational practices are responsive to the needs and experience of communities and coalitions. Using the Spectrum, groups can strategically position their existing efforts within a broader movement and identify the types of work and partnerships needed to create long-term change within communities, organizations, institutions, and in the political sphere.





Image source: Peter Beeler

Influencing Policy and Legislation

Public policy development is a powerful tool for shaping conditions that influence health, safety, and equity. Policies affect large numbers of people by establishing population-wide requirements and standards, reflecting community norms, and directly influencing resources, actions, and behaviors. Policies can directly and indirectly address many of the risk factors for displacement and support resilience: they can protect and increase access to health promoting infrastructure and resources in divested communities, build local wealth and employment opportunities, and embed health equity considerations in all land use decisions. With any good policy, strong implementation, resource allocation, equitable enforcement, and evaluation are necessary.

Changing Organizational Practices

Government agencies, funders, private developers, and community-based organizations alike can examine and modify internal policies, procedures, and norms that influence community conditions—and the likelihood that displacement will occur. Organizations can help address displacement risks and support community resilience in the work that they already do, by leveraging their existing decision-making purview, tools, activities, and partnerships.

Fostering Coalitions and Networks

Because community health and stability are shaped by a multitude of factors, achieving the vision of healthy communities for all requires collaboration across sectors, issue areas, and approaches. Coalitions and networks of partners can leverage resources, gain greater access to decision-makers, and have broader visibility and reach than any single organization could attain on its own. Members of a coalition or network bring different approaches and unique strengths to the table, enabling the group to address multiple risk and resilience factors in their collective work.



Image source: [Social Justice Learning Institute](#)



Image source: [Pacoima Beautiful](#)

Educating Providers

Here, “providers” refers to a broad array of trusted individuals in a community who have a direct role interfacing with residents. This includes professionals—from the staff of government agencies and community based organizations, to faith leaders, to social service providers, to progressive real estate developers—as well as paraprofessionals or community leaders. Educating providers increases their capacity to champion healthy development without displacement through their own work and networks.

Promoting Community Education

Community education provides information, resources, and skills to the general public and/or specific sub-populations. Popular education and community organizing galvanize collective awareness and action on the conditions that shape people’s health, safety, and access to opportunity. Meaningful education and engagement build connections and self-determination—critical threads in the fabric of a healthy, resilient community. Strategies include the use of traditional mass media and new communications channels such as social media.

Strengthening Individual Knowledge and Skills

Equipping people with the knowledge and skills to engage in decision-making processes amplifies their voice and power; it also makes policies, practices, and advocacy efforts more responsive to the needs and perspectives of people who will be most directly impacted. Individual knowledge and skills in the areas of financial literacy, employment, and entrepreneurship can help residents navigate some displacement pressures before they arise.

Multi-Sector Strategies to Promote Healthy Development without Displacement

Affordable Housing

Healthy Communities

For more extensive information on housing and community organizing strategies to prevent displacement, see:

- PolicyLink's [*Healthy Communities of Opportunity: An Equity Blueprint to Address America's Housing Challenges*](#)
- Causa Justa :: Just Cause's [*Development Without Displacement: Resisting Gentrification in the Bay Area*](#)
- The Dukakis Center for Urban and Regional Policy at Northeastern University's [*Maintaining Diversity In America's Transit-Rich Neighborhoods: Tools for Equitable Neighborhood Change*](#)
- Malo André Hutson's [*The Urban Struggle for Economic, Environmental and Social Justice: Deepening Their Roots*](#)
- [*Democratic Development for Thriving Communities: Framing the Issues, Solutions and Funding Strategies to Address Gentrification and Displacement*](#) from the Urban and Environmental Policy Institute at Occidental College and the Neighborhood Funders Group

Achieving the vision of healthy communities for all requires us to forge multi-faceted alliances across sectors, approaches, neighborhoods, race/ethnicity, class, immigration status, property ownership status, and more. People who work to support healthy communities across a wide range of sectors (e.g., transportation, parks and open space, food systems, planning, health care, and public health) can do several things in their own work to address displacement risks and reinforce resilience.

First, we can support affordable housing work, recognizing that affordable housing is a critical component of a healthy community and often the central factor in preventing displacement. After all, our efforts to improve community environments will not truly support health if neighborhoods are unaffordable, unwelcoming, or inaccessible for low income people, people of color, and working families. The image in Appendix A, developed by the Urban Displacement Project, lays out some examples of housing-related anti-displacement policies and strategies that healthy community advocates can support.⁶⁵ We encourage healthy community advocates to get to know the organizations and public agencies working on affordable housing in your area, and think about how you can use your own sector's tools, resources, and constituencies to link to and support their work.

Second, people who work outside the housing sector can help lead actions in their own work to address some of the risk factors for displacement, strengthen resilience, and promote healthy community environments. On the following pages we offer a menu of selected strategies, organized along the Spectrum of Prevention. Our goal here is to elevate strategies that bridge affordable housing and broader healthy community approaches, to provide points of entry for people who may be newer to the work of displacement prevention. While we recognize that not everyone has the same level of readiness to take on the issue of displacement, we encourage people working in every sector to think creatively and collaboratively about concrete steps—policies, practices, and decisions about funding, partnerships, and community engagement—that can improve community conditions without contributing to displacement.

Influencing Policy and Legislation

- Enact a Health in All Policies ordinance/resolution to integrate health considerations and performance standards into all government practices (e.g., [Richmond Health in All Policies Ordinance and Strategy](#))
- Establish special districts/zones to create a focal point for healthy, equitable investments and policies (e.g., [Clean Up Green Up](#) ; [Los Angeles County Equity Opportunity Zones](#))
- Create requirements and/or incentives for affordable housing units as part of new transit-oriented residential developments (e.g., [Los Angeles County Metro Affordable Housing and Joint Development Policy](#); [Seattle Community Cornerstones program](#))
- Establish impact/linkage fees to capture the value generated by new development, and invest revenue in park development, affordable housing trust funds, or other health equity promoting resources (e.g., [Los Angeles Parks Dedication and Fee Update ordinance](#); [Seattle Mandatory Housing Affordability-Commercial program](#))
- Enact living wage policies with strong monitoring and enforcement mechanisms to generate higher incomes and local wealth (e.g., [San José Living Wage Ordinance](#))
- Adopt local hiring ordinances to increase local jobs in publicly funded projects (and at major institutions like hospitals, airports, and transit systems) while reducing the environmental impacts of workers commuting long distances (e.g., [San Francisco Local Hiring Policy for Construction](#))

Changing Organizational Practices

- Use impact analysis tools to anticipate the potential displacement impacts of plans, policies, investments, and projects (e.g., [King County Equity Impact Review](#))
- Build health equity and displacement prevention criteria into project scoring and selection processes (e.g., [Metropolitan Transportation Commission One Bay Area Grants anti-displacement and affordable housing policies](#); [Nashville Area Metropolitan Planning Organization long-range transportation plan scoring process](#))
- Adopt inclusive public outreach and engagement standards (e.g., [Minneapolis Park and Recreation Board Community Engagement Policy](#); [Seattle Inclusive Outreach and Public Engagement Guide](#); [Portland Public Involvement Principles](#))
- Collect/analyze displacement and health equity data (e.g., [Urban Displacement Project](#); [California Health Disadvantage Index](#))
- Include specific anti-displacement measures in comprehensive/general plans and community plans (e.g., [Anti-displacement PDX Campaign/Portland Comprehensive Plan](#))
- Expedite development review and permitting for projects that meet defined displacement prevention and health equity criteria (e.g., [San Diego Affordable Housing Requirements and Expedite Program](#))
- Establish and fund land trusts to build community ownership of property and increase access to green space and other health promoting resources (e.g., [Los Angeles Neighborhood Land Trust](#); [Dudley Street Neighborhood Initiative](#))

-
- Jointly develop affordable housing projects with parks, transit stations, active transportation infrastructure, etc. (e.g., [Slauson & Wall Village](#); [Denver Regional Transit-Oriented Development Fund](#))
 - Secure community benefits agreements ensuring that any public subsidies/land that support private development yield fair and adequate benefits to the communities most impacted (e.g., [Staples Community Benefits Agreement](#))
 - Invest revenue generated from toll lanes and parking fees in active transportation infrastructure, affordable housing trust funds, park development, etc. (e.g., [Los Angeles County Metro ExpressLanes Net Toll Revenue Reinvestment Grant Program](#))

Fostering Coalitions and Networks

- Establish and fund multi-sector coalitions to take collective action in support of healthy development without displacement (e.g., [United Neighbors in Defense Against Displacement \(UNIDAD\)](#); [Great Communities Collaborative](#))

Educating Providers

- Increase knowledge about displacement and health equity concepts and strategies among community-based organizations, government agencies, and policymakers (e.g., [Urban Displacement Project policy tools and case studies](#); [LISC New York City Convening on Neighborhood Change, Displacement, and Equitable Development](#); [HEALU Network Healthy Development without Displacement summit](#))
- Provide Continuing Education/Certification Maintenance opportunities that address displacement and health equity concepts (e.g., [American Planning Association Planners4Health curriculum](#))

Promoting Community Education

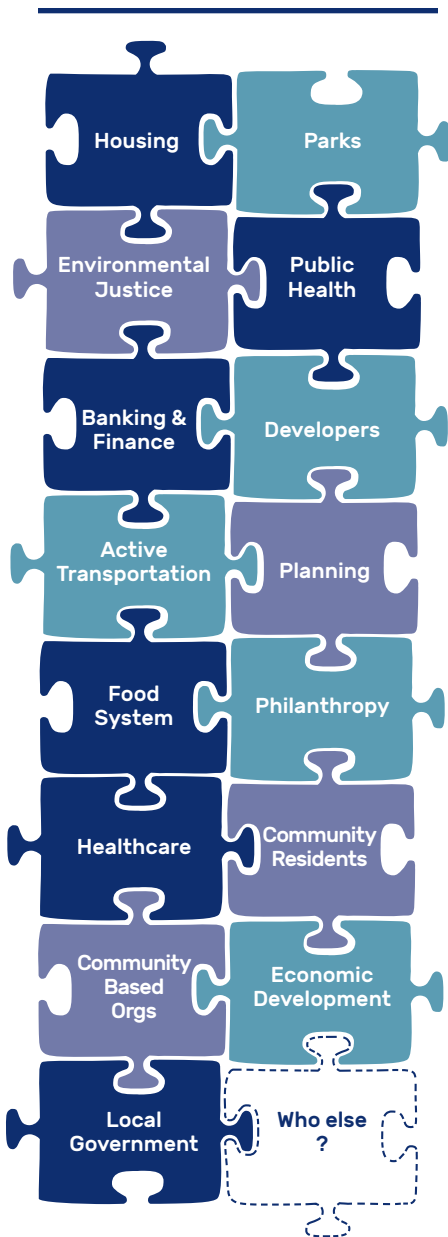
- Provide popular education on governance and land use planning and policymaking processes (e.g., [Strategic Actions for a Just Economy People's Planning School](#))
- Develop media/communications campaigns reinforcing that community conditions shape health (e.g., [Health Happens Here](#))

Strengthening Individual Knowledge and Skills

- Educate and organize youth to influence land use planning and policymaking in their own communities (e.g., [Y-PLAN](#))
- Equip local residents, youth, and others with strong community ties to become civic leaders and decision-makers (e.g., [Urban Habitat Boards and Commissions Leadership Institute](#); [Liberty Hill Foundation Commissions Training Program](#))

A Good Solution Solves Multiple Problems

Toward Healthy Communities for All



No one organization, agency, or even sector can prevent displacement on its own. Policymakers, government agencies, developers, community members, and advocates working on a range of issues have an enormous collective capacity to address displacement risks and reinforce resilience.

The strategies highlighted in the Spectrum of Prevention chart offer a menu of opportunities to take action in ways that build connections between communities, institutions, and sectors—sowing the seeds of broader systems change. As illustrated by the image of puzzle pieces at left, diverse groups can have impact greater than the sum of their individual contributions when they collaborate on issues of mutual concern. Although the people and sectors involved and the strategies they use might vary from community to community depending on the local context, all of us working to support healthy communities can ask: What are some concrete steps we can take to promote health equity and prevent displacement in our own work and through our partnerships?

Everyone has the right to live in a healthy community—and we can make that right a reality. This paper is intended to inspire people working in a wide range of sectors to see their own role in displacement prevention. We honor the legacy and leadership of housing specialists, legal experts, and community organizers who have long championed affordable housing and tenant rights. And, given the pace and scale of displacement and its evident intersection with the healthy communities movement, a broader platform can help ensure that healthy communities work has benefits for all. We envision a land use system that values health and equity as drivers of the “highest and best use” of land and of our public and private investments—one that advances these values through all policies, projects, and practices. Realizing this vision will require our best thinking and efforts, together, and a collective shift in mindset and narrative that approaches displacement not as inevitable but preventable.

Collaboration Multiplier
Image source: Prevention Institute,
[Collaboration Multiplier](#)

APPENDIX A



A Selection of Housing-Related Anti-Displacement Strategies
 Image source: Miriam Zuk & Karen Chapple, [Urban Displacement Project](#)

APPENDIX B

The Healthy Equitable Active Land Use Network (HEALU Network)

The HEALU Network promotes policies and practices in Los Angeles' land use system that support health, safety, and equity, including preventing displacement. The HEALU Network represents broad topical expertise—active transportation, parks and open space, affordable housing, environmental law, public health, and more—and varying approaches, from grassroots organizing, to non-profit community development, to strategic policy advocacy, across Los Angeles' diverse landscape. Together, we are committed to building a healthier, more equitable land use system in Los Angeles, and developing a model to share with cities and regions across the nation.

We work strategically and collaboratively to achieve four key strategies:

1) Increase the percentage of public funds invested in health promoting infrastructure in low income communities of color.

- 2) Build capacity in government, the private sector, and community-based organizations for robust community engagement in land use planning and policymaking.
- 3) Accelerate land use innovations and demonstration projects in low income communities of color, and scale up successful pilot projects to drive policy change.
- 4) Foster cross-government collaboration to embed health and equity in all land use decisions.

The HEALU Network Core Partners include representatives from: Children & Nature Network, Community Intelligence, East LA Community Corporation, Investing in Place, Los Angeles County Bicycle Coalition, Los Angeles Neighborhood Land Trust, LA THRIVES, Los Angeles Food Policy Council, Natural Resources Defense Council, Occidental College, Pacoima Beautiful, Prevention Institute, T.R.U.S.T. South LA, and The Nature Conservancy.

ACKNOWLEDGMENTS

Prevention Institute is solely responsible for the content of this publication as well as any omissions. We thank everyone who helped shape our thinking as we developed this publication, and the many people working in the land use field whose dedication to health equity informed the creation of the Healthy, Equitable, Active Land Use Network (HEALU Network) and continues to guide and inspire us.

Beatriz Solis

The California Endowment

Breanna Morrison

Los Angeles Food Policy Council

*+

Charles Porter

United Coalition East
Prevention Project +

Christina Giorgio

Public Counsel +

Clare Fox

Los Angeles Food Policy Council

*○+

Damon Nagami

Natural Resources Defense
Council *

Don Spivack

Consultant / University of
Southern California +

Earl Lui

The California Wellness
Foundation

Gilda Haas

Dr. Pop / Antioch University ○

Irma Rivas

Ensenada Meat Market
(former) ○

Isela Gracian

East LA Community
Corporation *○

Jessica Meaney

Investing in Place *+

Jill Sourial

The Nature Conservancy *

Joe Donlin

Strategic Actions for a Just
Economy ○+

John Guevarra

Investing in Place *

Lisa Craypo

The Rosalinde and Arthur Gilbert
Foundation

Malcolm Harris

T.R.U.S.T. South LA *

Mark Glasscock

Los Angeles Neighborhood Land
Trust *+

Martha Matsuoka

Occidental College +

Mary Lee

PolicyLink ○+

Mikaela Randolph

Children & Nature Network *+

Nancy Halpern Ibrahim

Esperanza Community
Housing +

Ramya Sivasubramanian

Natural Resources Defense
Council *+

Randal Henry

Community Intelligence *+

Regina Freer

Occidental College *

Sissy Trinh

Southeast Asian Community
Alliance ○

Tamika Butler

Los Angeles County Bicycle
Coalition *+

Thomas Yee

LA THRIVES / Low-Income
Investment Fund *

Yvette Lopez-Ledesma

Pacoima Beautiful *

Zelenne Cardenas

United Coalition East
Prevention Project +

KEY

HEALU Network: Healthy, Equitable,
Active Land Use Network

* [HEALU Network Core Partner](#)

○ [HEALU Network Healthy
Development Without
Displacement summit speaker](#)

+ HEALU Network displacement
strategy session participant

REFERENCES

- 1 World Health Organization. (1946). Constitution of the World Health Organization.
- 2 Hutson MA. (2015). The urban struggle for economic, environmental and social justice: Deepening their roots. New York, NY: Routledge.
- 3 Braveman PA, Kumanyika S, & Fielding J, et al. (2011). Health disparities and health equity: The issue is justice. *American Journal of Public Health*, 101(Suppl 1), S149–S155.
- 4 Phillips D, Flores Jr. L, & Henderson J. (2014). Development without displacement: Resisting gentrification in the Bay Area. Causa Justa :: Just Cause.
- 5 Grier GW & Grier ES. (1978). Urban displacement: A reconnaissance. Memo report prepared for the Office of the Secretary, U.S. Department of Housing and Urban Development.
- 6 Fulton B & Shigley P. (2005). Guide to California land use planning. Point Arena, CA: Solano Press Books.
- 7 Prevention Institute. (2016). Countering the production of health inequities: An emerging systems framework to achieve an equitable culture of health.
- 8 Virginia Commonwealth University Center on Society and Health. (2014). Mapping life expectancy: Philadelphia.
- 9 Cohen L, Iton A, Davis RA, et al. (2009). A time of opportunity: Local solutions to reduce inequities in health and safety. Presented to the Institute of Medicine Roundtable on Health Disparities, Minneapolis, MN, May 2009.
- 10 Alameda County Public Health Department and Behavioral Health Care Services. (2016). Improving housing and health for all in Alameda County: The time is now.
- 11 Los Angeles County Department of Public Health. (2015). Social determinants of health: Housing and health in Los Angeles County.
- 12 Aratani Y, Chau M, Wight VR, et al. (2011). Rent burden, housing subsidies and the well-being of children and youth. National Center for Children in Poverty, Mailman School of Public Health at Columbia University.
- 13 Alameda County Public Health Department and Behavioral Health Care Services. (2016). Improving housing and health for all in Alameda County: The time is now.
- 14 Solari CD & Mare RD. (2012). Housing crowding effects on children's wellbeing. *Social Science Research*, 41(2), 464–476.
- 15 Los Angeles County Department of Public Health. (2015). Social determinants of health: Housing and health in Los Angeles County.
- 16 Pollack C, Egerter S, Sadegh-Nobari, T, et al. (2008). Where we live matters for our health: The links between housing and health. Robert Wood Johnson Foundation Commission to Build a Healthier America.
- 17 National Health Care For The Homeless Council. (2011). Homelessness & health: What's the connection?
- 18 Gehlert H. (2017). Shifting the media conversation on affordable housing. Berkeley Media Studies Group.
- 19 Komakech MDC & Jackson, SF. (2016). A study of the role of small ethnic retail grocery stores in urban renewal in social housing project, Toronto, Canada. *Journal of Urban Health*, 93(3), 414–424.
- 20 Christian TJ. (2012). Trade-offs between commuting time and health-related activities. *Journal of Urban Health*, 89(5), 746–757.
- 21 Beyers M, Brown J, Cho S, et al. (2008). Life and death from unnatural causes: Health and social inequity in Alameda County. Alameda County Public Health Department.
- 22 Huynh M & Maroko AR. (2014). Gentrification and preterm birth in New York City, 2008–2010. *Journal of Urban Health*, 91(1), 211–220 [1099–3460].

- 23 Swerdlow M. (1992). "Chronicity," "nervios," and community care: A case study of Puerto Rican psychiatric patients in New York City. *Culture, Medicine and Psychiatry*, 16, 217-235.
- 24 Huynh M & Maroko AR. (2014). Gentrification and preterm birth in New York City, 2008–2010. *Journal of Urban Health*, 91(1), 211–220 [1099–3460].
- 25 Prevention Institute. (2015). Healthy development without displacement: A summit of the Healthy, Equitable, Active Land Use Network.
- 26 Jones A. (2015). Residential mobility and trajectories of adiposity among adolescents in urban and non-urban neighborhoods. *Journal of Urban Health*, 92(2), 265–278.
- 27 Fullilove MT & Wallace R. (2011). Serial forced displacement in American cities, 1916–2010. *Journal of Urban Health*, 88(3), 381–389.
- 28 Geronimus AT, Hicken M, Keene D, & Bound J. (2006). "Weathering" and age patterns of allostatic load scores among blacks and whites in the United States. *American Journal of Public Health*, 96(5), 826–833.
- 29 Phillips D, Flores Jr. L, Henderson J. (2014). Development without displacement: Resisting gentrification in the Bay Area. Causa Justa :: Just Cause.
- 30 Fullilove MT & Wallace R. (2011). Serial forced displacement in American cities, 1916–2010. *Journal of Urban Health*, 88(3), 381–389.
- 31 Pinderhughes H, Davis R, Williams M. (2015). Adverse community experiences and resilience: A framework for addressing and preventing community trauma. Prevention Institute.
- 32 Bates LK. (2013). Gentrification and displacement study: Implementing an equitable inclusive development strategy in the context of gentrification.
- 33 Chapple K. (2009). Mapping susceptibility to gentrification: The early warning toolkit. University of California, Berkeley Center for Community Innovation.
- 34 Phillips D, Flores Jr. L, & Henderson J. (2014). Development without displacement: Resisting gentrification in the Bay Area. Causa Justa :: Just Cause.
- 35 Bates LK. (2013). Gentrification and displacement study: Implementing an equitable inclusive development strategy in the context of gentrification.
- 36 Chapple K. (2009). Mapping susceptibility to gentrification: The early warning toolkit. University of California, Berkeley Center for Community Innovation.
- 37 Chapple K. (2009). Mapping susceptibility to gentrification: The early warning toolkit. University of California, Berkeley Center for Community Innovation.
- 38 Chapple K. (2009). Mapping susceptibility to gentrification: The early warning toolkit. University of California, Berkeley Center for Community Innovation.
- 39 Pollack S, Bluestone B, & Billingham C. (2010). Maintaining diversity in America's transit-rich neighborhoods: Tools for equitable neighborhood change. Northeastern University, Dukakis Center for Urban and Regional Policy.
- 40 Healthy, Equitable, Active Land Use Network strategy discussion, May 2015, Los Angeles, CA.
- 41 Healthy, Equitable, Active Land Use Network strategy discussion, May 2015, Los Angeles, CA.
- 42 Healthy, Equitable, Active Land Use Network strategy discussion, May 2015, Los Angeles, CA.
- 43 Healthy, Equitable, Active Land Use Network strategy discussion, May 2015, Los Angeles, CA.
- 44 Bates LK. (2013). Gentrification and displacement study: Implementing an equitable inclusive development strategy in the context of gentrification.
- 45 Phillips D, Flores Jr. L, & Henderson J. (2014). Development without displacement: Resisting gentrification in the Bay Area. Causa Justa :: Just Cause.
- 46 Chapple K. (2009). Mapping susceptibility to gentrification: The early warning toolkit. University of California, Berkeley Center for Community Innovation.
- 47 Phillips D, Flores Jr. L, & Henderson J. (2014). Development without displacement: Resisting gentrification in the Bay Area. Causa Justa :: Just Cause.
- 48 Healthy, Equitable, Active Land Use Network strategy discussion, May 2015, Los Angeles, CA.
- 49 Healthy, Equitable, Active Land Use Network strategy discussion, May 2015, Los Angeles, CA.
- 50 Bates LK. (2013). Gentrification and displacement study: Implementing an equitable inclusive development strategy in the context of gentrification.
- 51 Phillips D, Flores Jr. L, & Henderson J. (2014). Development without displacement: Resisting gentrification in the Bay Area. Causa Justa :: Just Cause.
- 52 Healthy, Equitable, Active Land Use Network strategy discussion, May 2015, Los Angeles, CA.
- 53 Healthy, Equitable, Active Land Use Network strategy discussion, May 2015, Los Angeles, CA.
- 54 Smith S. (2014). 3 ways communities can take control of gentrification. Next City.
- 55 Phillips D, Flores Jr. L, & Henderson J. (2014). Development without displacement: Resisting gentrification in the Bay Area. Causa Justa :: Just Cause.

56 Newman K & Wyly Elvin K. (2006). The right to stay put, revisited: Gentrification and resistance to displacement in New York City. *Urban Studies*, 43(1). 23-57.

57 Healthy, Equitable, Active Land Use Network strategy discussion, May 2015, Los Angeles, CA.

58 Chapple K. (2009). Mapping susceptibility to gentrification: The early warning toolkit. University of California, Berkeley Center for Community Innovation.

59 Newman K & Wyly Elvin K. (2006). The right to stay put, revisited: Gentrification and resistance to displacement in New York City. *Urban Studies*, 43(1). 23-57.

60 Newman K & Wyly Elvin K. (2006). The right to stay put, revisited: Gentrification and resistance to displacement in New York City. *Urban Studies*, 43(1). 23-57.

61 Healthy, Equitable, Active Land Use Network strategy discussion, May 2015, Los Angeles, CA.

62 Healthy, Equitable, Active Land Use Network strategy discussion, May 2015, Los Angeles, CA.

63 Healthy, Equitable, Active Land Use Network strategy discussion, May 2015, Los Angeles, CA.

64 Prevention Institute. (1999). The spectrum of prevention.

65 Chapple K. (2016). Anti-displacement policies. Presented at the Gentrification and Housing Displacement Around Transit Corridors: A ULI-LA/LA THRIVES "big table" joint discussion, October 7, 2016.