

Episode 250—Dr. Richard Smith and Dr. Amanda Lehning: Aging in Place in Gentrifying Neighborhoods: Implications for Physical and Mental Health

[00:00:08] Welcome to inSocialWork the podcast series of the University at Buffalo School of Social Work at www.inSocialWork.org. We're glad you could join us today. The purpose of social work is to engage practitioners and researchers and lifelong learning and to promote research to practice and practice to research. We educate. We connect. We care. We're inSocialWork.

[00:00:37] Hello from Buffalo, and welcome to inSocialWork. My name is Louanne Bakk and I'll be your host for this episode. In the United States the number of gentrifying neighborhoods has doubled since 1980. While gentrification can involve renovating and improving housing in economically deprived neighborhoods, negative consequences can result for vulnerable populations. Older adults can be particularly susceptible to living in gentrifying neighborhoods given their desire to remain in their own homes and communities. In this podcast our guests Dr. Richard Smith and Dr. Amanda Lehning discuss their motivation for pursuing an interest in aging in place and why it is important to understand how older adults experience their community, specifically their physical and social environment. Because little is known about outcomes for the aging population who remain in gentrified neighborhoods, their research has focused on how remaining in these communities has impacted older adults' self rated health and mental health. Doctors Smith and Lehning describe the primary findings from their second theory data analysis including the relationship between economic status and health factors. The episode concludes by discussing why social workers and other disciplines need to be concerned with how the sense of place and community impacts older adults as well as future research that is needed in relation to gentrification and issues surrounding this important topic. Dr. Richard Smith is an associate professor and chair for the innovation and community leadership in policy concentration in the MSW program at Wayne State University. His research interests include sustainable community development, inequality and migration. Amanda Lehning is an associate professor at the University of Maryland School of Social Work. Her research focuses on the effects of policies, programs and neighborhood infrastructure on elder health, well-being and the ability to age in place. They were interviewed in August 2018 by Dr. Shaanta Rashid, assistant professor here at the UB School of Social Work.

[00:03:05] Can I just start with a comment? So your work is so interesting and my work is in international settings, Bangladesh in particular but mostly the Global South, and when I think about gentrification in the United States it reminds me of a little more extreme example of how communities are displaced in developing countries like where I do my research. And so as part of cleaning up the city, some neighborhoods in Bangladesh for example are evicted and hundreds are left without housing, while structures like shopping malls or apartment complexes are built in their stead, and that clearly catered to a high income group. In rustbelt cities like Buffalo that are arguably on the rise we see gentrification become the theme of rejuvenation which ends up, again, displacing communities of color. So am I wrong in drawing such parallels?

[00:03:50] Yeah I think that's actually interesting place to start because I was not one of those academics who was anointed my freshman year as sort of the Golden Path of ivory tower-ness. I came from a small town and when I matriculated to the University of Michigan decided to get involved with service learning and one of my placements was in a prison and many of the inmates in that prison were from Detroit. And there was such a discourse at Michigan about, you know that you brought up slums. That what are we going to do to fix the problem of Detroit. And I continued that service into the U.S. Peace Corps and I lived in Mongolia. And what was interesting about Ulaanbaatar and most of the cities in Mongolia of above a certain population threshold is that you had to have a Center City that was apartment buildings and then they'd be surrounded by a peri-urban district that was mostly people living in tents with...

[00:04:47] A slum area.

[00:04:47] So right. So for the capital city in particular they did struggle with managing population growth in the peri-urban area and did have a master plan to formalize the informal settlements which is informed in concert with multilateral organizations like the World Bank. And I actually did a little bit of consulting with the World Bank on water and sanitation. Now this may seem a bit far afield than gentrification in the United States but it's kind of a part of how my...

[00:05:16] Not really, yeah.

[00:05:16] Yeah my research trajectory evolved in a very circular route because when I was an undergraduate the struggle in Detroit was this issue of blight. But now that I'm an adult and a faculty member in Detroit the conversation has completely turned to gentrification. One of the big defining moments last year cities around the United States were scrambling to attract Amazon.com And Michigan offered four billion dollars of incentives. The rumor is they actually offered an entire city that they were just going to hand over for them.

[00:05:50] Do you know what city?

[00:05:50] Highland Park was the rumor. Probably should get edited out of the podcast, it's just a rumor. But it would make sense because Michigan has many cities that are the proverbial one horse town where there is one major employer, there are medium sized cities and Highland Park was founded by Ford Motor Company. It was the home of the first major automotive plant in the U.S. and that plant is currently vacant. But the city of Highland Park actually had to negotiate with the energy company to have its street lights repossessed. So it's a city without any street lights and residential neighborhoods and it's a city with a great deal of older adults who arguably are stuck in place. My early youth got me interested in issues of neighborhood change, community development and gentrification and with always the question is how do we do development in a way that really respects the people who live there? And that really was one of the motivations for this paper with Amanda. We certainly share some of these values and we both were dissertation grantees from the U.S. Department of Housing and Urban Development where I had actually worked for many years prior to getting my doctorate and I worked in the empowerment zone initiative so that was a Clinton era program that was really trying to explore ways of getting the community to be able to make decisions about development in their neighborhoods.

[00:07:12] And what did you find?

[00:07:13] My dissertation research really looked at the impact of jobs. I didn't look at the governance issues mostly because some of the other scholars had looked intensively at the governance issues. There were some increases in jobs in certain kinds of fields in particular retail and in the very very small businesses, but that varied place the place. Generally the literature on tax incentives is very skeptical. But it's not uncommon to find studies where certain kinds of businesses or certain kinds of jobs there would be a benefit. That was the gist of that research and what I learned doing that was the ways in which social scientists try to figure out these basic questions like if the government provide a certain kind of benefit that benefit a geographic place do we think it really worked or not, and we use those same methodologies to try to figure out if gentrification had an impact on older adults across the United States.

[00:08:13] So Amanda, what is the focus of your research and how did you become interested in it?

[00:08:17] So my route to this area of research is quite different from Rick's but I came to it through an interest in older adults. So overall my research looks at this idea of helping older adults age in

place and there's been a lot of attention paid to this area for, I don't know, the past couple decades and it makes sense, right, because most older adults don't want to end up in a long term care institution like a nursing home and more and more they want to stay in their own community in their own home. So a lot of the work that I do looks at different interventions to help older adults age and place. So different programs, different policies at the local state and federal level and also in terms of the neighborhood. So a lot of what I've looked at is this idea of creating more aging friendly communities which is looking particularly at the physical and social infrastructure of our neighborhoods. And thinking about does this infrastructure either promote the engagement of older adults, does it promote their safety their ability to stay in their homes their ability to still kind of do their life activities even if they have a disability. And so that's kind of how I came into this area and how I became interested in older adults. I think like a lot of people in social work there's a personal component to it. So I was very close with my maternal grandmother. She lived with us when I was in middle school when she was diagnosed with esophageal cancer and my mother became her primary caregiver. And I didn't really have the language for or the understanding of it at that time. I just was able to recognize how difficult it was for my mom to be working full time, taking care of two children and also providing assistance to her mother. I also recognized that we were living in this suburban community there wasn't really good transportation. There weren't a lot of services available. We didn't live anywhere close to a grocery store for example. There were actually no sidewalks. Once you got to the end of my block. So my grandmother had us but she was otherwise pretty socially isolated there. And so recognizing that caregivers in this country don't get a lot of support they don't get a lot of assistance for the care they provide. And also if you don't have a family member who can do that there's very little option for you. And then later when I was getting my MSW I honestly thought when I got my MSW I was going to be working with adolescents. I thought I wanted to be a therapist with adolescence which I very quickly changed my opinion on that. That was not my population and that's not where my strengths are let's just say that. And so I ended up getting a job as a social worker in a nursing home because I had to pay my bills so I kind of fell into this.

[00:10:59] Oh, interesting.

[00:11:01] Yeah it was it was in the community I had grown up in. And again realizing that we had people coming into the nursing home who probably could have gone home if they had just a little bit of extra support. Right if they had a family member who could check in on them if they could rent an apartment or something that was a little smaller and more affordable if they could get transportation to get the things they needed to get to. So that's kind of where I started getting into this idea of aging and then I fell in love with the research part because the theme of my life was I don't plan anything and things just fall in my lap and luckily I get to take advantage of these opportunities. But I was offered a job as a research assistant in this research center called the polisher research center outside Philadelphia and the first thing I was asked to do was to go through the filing cabinets of their former head researcher who had recently passed away and his name was Kyle Lawton which is the name that might not mean a lot to listeners. But he is the founder of this idea of environmental gerontology that we need to pay attention to the surrounding physical and social environment when we think about quality of life and well-being and as we get older. So really my introduction to this is going through all his old papers and articles and conference presentations so that's why I kind of fell in love with the research part of this.

[00:12:22] Very interesting that you know the recurring themes emerge to give you a goal in life. Let's move to how your collaboration began with Rick and what did you learn in your early collaboration to bring you to your current line of research.

[00:12:39] One thing I learned when Amanda and I started collaborating is that she was a meticulous planner. She actually shared with me a seven page strategic plan of her research career

that would get her from being a postdoc to a tenured professor at the University of Maryland. I think it was 15 pages long with milestones and I believe she is a tenured associate professor at the University of Maryland. So I offer that as a rebuttal of this serendipitous, although...

[00:13:12] That's hilarious.

[00:13:12] It is. Maybe as I've gotten older I've gotten better at planning. Let's put it that way.

[00:13:20] As have I. Yeah when she shared that with me she was postdoc at Michigan and done one of those trainings or boot camps. But our collaborate, that was when we started writing together. We actually were doctoral student in the same cohort at University of California Berkeley. I was working with Julian Chao, expert in community based services with immigrants. She was working with Andrew Sherlock expert in Social Gerontology and our collaboration primarily was going to happy hours and wine tastings until we both ended up in Michigan and she was being mentored by Ruth Dunkel who is associate dean at the time and she had worked on a community assessment with the Detroit Area Agency on Aging and had some data about the health and well-being of older adults in Detroit. And we wrote some papers on that. We created measures out of the measures both in the needs assessment and then we merged that on with census data to get a sense of broader population metrics. We also did a couple of wild goose chases is to try to find things like the location of bus stops in the year 2000 and I think we did eventually find them. But it all came down to giving us a sense of how each older adult in this area would have a very different experience and perception of the community they were living in and how that varied with their sense of their own health and well-being and maybe I'll let Amanda talk about when she took the job at the University of Maryland how she ended up hearing about the Enhance.

[00:15:04] Yeah well there's also a couple of things I want to add too. The beginnings of our collaboration. So earlier I had mentioned this idea of making communities more aging friendly. There are a growing number of city neighborhoods communities that are signing on to this idea that we're going to make our community more aging friendly. The World Health Organization has a whole global network that has been around now for almost two decades I guess, or maybe more like 15 years. and ARP is the U.S. affiliate kind of coordinating the efforts here. But it's one of those areas, Aging Friendly Community Initiative where there's a lot of excitement and it makes sense, right? It makes sense that we should think about making transportation more aging friendly that we should make it easier for somebody with a disability to get around their community that we should promote civic engagement, social engagement of older adults. But the research particularly when Ricky and I started collaborating which was like 2010, the research just was not there. It's an interesting intervention that just didn't have a solid evidence base. You could find different articles here and there from variety of disciplines that would say walkable communities we think have these benefit or neighborhood problems seemed to result in these poor outcomes among folks including older adults. But there just wasn't the research phase there. So a big part of what Rick and I did initially with this Detroit data, we had this assessment data that I don't believe anybody had published off of. I could be wrong about that. If they had it was only a few people. And then like that said we started trying to figure out a way can we take all this existing data, these administrative data sources that people have in different places so city of Detroit data was for data. Dunn and Bradstreet data on like the location of say hospitals or grocery stores or things like that. And yes we did get the bus stop data I got a random phone call from somebody saying "I hear you're looking for the information on where bus stops were in 2000." So that was nice.

[00:17:06] I think it was Larry Gant.

[00:17:07] It might have been. Yeah. So really that was kind of what motivated us to start working together. We come at this from very different perspectives. I always appreciate conversing with

Rick on a variety of topics including our collaboration. He is very good at making me defend the assumption that kind of comes along with being a gerontologist because he's out of the field. He's coming at this from a different perspective. So I appreciate that. But getting back to the current work we're doing in gentrification there's this really cool dataset that the National Institute on Aging is currently funding that's collected by Johns Hopkins called the National Health and Ageing Trends study that started in 2011 and has over 8000 folks. It's representative the Medicare population in the contiguous United States and has just a ton of information collected on these people. And when I got to Maryland they announced that they were going to allow ventures to apply to get access to location data. Specifically the census tract where respondents were living in, so that there can be more work done in this area of neighborhood which a variety of disciplines are paying more and more attention to. So we definitely took advantage of that. We are very excited about the opportunity to work with a national data set and start looking at the things that we look at that are more locally in the city of Detroit and also with it being from 2011 and going onward much more contemporaneous. Will we be able to get a lot more data because cities are collecting much more of this type of geographic indicators that we could use. So through that we started looking at these aging friendly communities thinking about how can we operationalize different physical environment features, different social environment features. Then I'm pretty sure that Rick was the one who kind of started moving into this idea of neighborhood socio-demographic change and particularly gentrification was the first one we started to look at. And we had our first article published on that just last year in the Gerontologist. Maybe Rick I can let you talk more about that specific article.

[00:19:13] Sure. Just to have some clarifying comments to our listeners who might not speak census tracts. Most people are familiar with zip codes because they maybe send or receive mail and they have that five digit number and they kind of understand that as a place. The Census Bureau when it does the decennial count of the number of people in the United States as mandated by the U.S. Constitution it tries to figure out units of about 2000 to 4000 people. That would be the building block of what used to be called their long form data. And that is tracked in many social scientists uses neighborhoods and it also ends up being a unit that the federal government uses for certain kinds of benefit programs like the federal empowerment zone. So I became intimately familiar with census tract geographies when I worked for HUD and was able to use that in my dissertation research. That's one of the reasons why Amanda and I started collaborating because she knew that I had this expertise. Now the paper that just came out it's called Aging in Place and Gentrifying Neighborhoods Implication for Physical Mental Health. And so as Amanda indicated we married and had with census data my school social work purchased a longitudinal version that went back, it actually has five decades but we only used two decades of it. The change from 2000 to 2010 and I had done a paper just kind of mapping and counting gentrification changes in the United States between 2000 and 2010 that I did with two doctoral students here. So I had the variable all ready to go we just had to merge it. So I went down to Baltimore with Amanda and we sat in her office for two days merging all this data because we also wanted to have information about parks. This was another wild goose chase. Where do you find a list of all the parts from the United States, right? So we put that in there, we use the medically underserved areas that are published by the HRSA, the Health Resource Services Administration. And it was kind of taking what we did with Detroit to a national scale getting some measures of what might be an age friendliness in the community and seeing how gentrification for a neighborhood resident in an inner city the word gentrification, the image is one of displacement and one of maybe anxiety maybe of a sense of loss. Yeah but for some elected officials, gentrification means I'm going to meet the budget this year and I'm going to be able to take that money and invest in neighborhood centers, services. And even when people go to look for places to live, there's a lot of focus on gentrification but the alternative unfortunately for many neighborhoods is continued disinvestment and abandonment. And it's not the trade off I would like to see but that's the trade off that we often see in American cities. So the question is Does gentrification make you sick or are we just sick of gentrification? And we try to look at that

with two measures. One was self-rated health which is just a self reported measure, how healthy are you? And then a mental health measure the PHQ4 which is a self report measure on anxiety and depressive symptoms and what we found was a little surprising. We split out the population both by the low income and moderate to high income respondents and also we compared those who lived in gentrifying neighborhoods to those who lived in the disinvested neighborhoods versus also a third neighborhood which would be the moderate or high income neighborhood. So here's the very technical tricky part. The economically vulnerable respondents in the gentrifying neighborhoods. They had about one point eight one higher average ratings on self rated health compared to economically vulnerable respondents in low income neighborhoods. So what that meant was that the economically vulnerable actually were healthier or said they were healthier in the gentrifying neighborhoods.

[00:23:25] I would think that's because of where they are.

[00:23:26] Oh yeah there's a lot of variation within neighborhoods. But that would provide some support for this idea that the gentrifying neighborhoods are actually desirable places to live that they are getting gentrified because they have services. And there is a literature. Lance Freeman for example has written extensively on the benefits of gentrifying neighborhoods for low income populations. Now there are others.

[00:23:51] As long as they get to live there.

[00:23:52] Yeah exactly. As long as they get to live there. And one of the ideas is that within certain populations whether it's if you're lucky enough to get a housing voucher if there's housing dedicated for older adults that might provide that opportunity. That's an opportunity that might not be available for everyone. Now there are other findings like in the high income respondents in the gentrifying neighborhood actually had a higher score on the PHQ4 than the higher income respondents in moderate or high income neighborhoods. So with that higher PHQ4 actually means more anxiety or depressive symptoms. So that supports the idea that these are places where there's maybe stressors and that stressors can be really. Yeah no difference on the Selfridge's health for the higher income and the higher income respondents also in gentrifying neighborhoods that was higher than also for those who lived in the low income neighborhood.

[00:24:49] Some of the interesting things that have come out of this I mean first of all it was surprising me being new to research on gentrification that actually very little of it has focused on older adults even though in some ways older adults are a critical piece of the gentrification process right? Because a lot of times it occurs in older neighborhoods that may have a lot of older adults living in them and then housing becomes available because older adults may be going to long term care facility maybe go move in with their children maybe pass away and the idea that older adults don't have options for relocation than some younger people in the neighborhood. So they might be more likely to actually be aging in place in a gentrifying neighborhood versus being displaced.

[00:25:34] And certainly there are some who are displaced and I think that's something we want to look at in the future is forced relocation versus aging in place in these neighborhood. But I think some of the interesting things that came out of this was just this idea that the social losses, the cultural losses the loss of maybe a corner store that you had gone to for a long time, maybe feeling like an outsider in your neighborhood. We thought there's a potential that this could result in detrements to either physical health or mental health. And that's why we look at that and looked at both those who are economically vulnerable and those who are a higher income and it was kind of surprising to us that for the lower income people they seem to be doing better when they're in a gentrifying neighborhood versus when they're in a lower income neighborhood and you could make an argument they may have stronger social ties in that lower income neighborhood. We don't know

for sure based on the analyses we did. And then also this idea that the higher income people are doing worse in a gentrifying neighborhood compared to being in a deteriorating or lower income neighborhood which might actually come down to the idea of resilience, right, that they might have experienced he were obstacles in life because no, you know, individual income makes life easier for them to eat. So these are things we want to continue to look at but it's really interesting, like at least at a mental health level people who have more money seem to be having more distress being in the neighborhoods it's undergoing this type of change. So there's a lot more we need to look at but we thought it was very interesting.

[00:27:10] Where they also more likely to be educated?

[00:27:13] We held that constant in the design. So yeah people were matched, we used a matched method, matching design. I'm just flipping at our descriptive statistics to see if we can...

[00:27:25] I'm sure that they had higher education.

[00:27:28] Yeah sure. But yes. It's fairly stark. In the gentrifying neighborhood the percent who have graduate from high school for higher income is 64 percent. And for the economically vulnerable it's 25 percent.

[00:27:44] Moving on though, why should social workers be concerned about gentrification's impact on older adults and what other disciplines or professions should be interested in this or concerned about this?

[00:27:55] I think social workers who have historically worked in public housing or community development organizations. They have always been on the frontline of neighborhood change whether that tenant rights or gentrification but I think increasingly we're thinking with bio-psychosocial assessments. We're looking more and more at assessments in different kinds of settings that look at environmental press, the social environment, and gentrification is certainly something that needs to be considered in those. And that's because gentrification can be thought of as a form of community loss. As Amanda mentioned that what's happening is people are leaving, being displaced and then that is a loss of social connections. Mimi Abramowitz has written about community loss and how that manifests across the life spectrum. Amanda also mentioned that there's change in the business and services like it's the favorite place to get your haircut, your favorite place to get breakfast on a Sunday morning. Even in my neighborhood church closures. You might have been going to the same place of worship for I had neighbors who had been going to the same place of worship since 1964 and then having to weather a church closure. There's a University of Michigan scholar doing research on retail gentrification. Nelson Sadhana. He's a sociologist but he has gone through and photographed neighborhoods in I think it's New York and how they've changed over a two year period. Even the storefronts and the signage changes so that when you walk through the neighborhood. It's subtle but it doesn't feel like the same neighborhood anymore. And sociologists are interested in that because of this classic sense of neighborhoods are the place where we have meanings where we make the meanings about our social life. So urban planners are interested in gentrification because on the one hand they have to respond to pressures to do something to make sure the city budget gets met. But they also have an ethical obligation to listen to resident input finance professionals are very interested and it's easy to get cynical about gentrification because it is driven by investment patterns. But in response there's been an emerging network of alternative financial investment and asset building strategies. Ideas of community ownership of land banks that take residential property off the market so that people can live in an affordable housing unit in perpetuity. And our research definitely speaks to the Health Sciences public health and doctors like what can we do to respond to what clearly is a stressor and a risk factor in neighborhoods.

[00:30:38] This is kind of the direction that a lot of the professions are going into so things like the Affordable Care Act which is funding demonstrations around accountable care organizations and other types and innovative health interventions that physicians, nurses, public health. You're not just looking at what happens in the hospital anymore or in the doctor's office anymore. It's thinking about the wide range of services and the different community factors they're going to affect whether or not somebody once they leave the hospital for example needs to come back shortly because they weren't able to get their prescription refilled so they didn't take their needed medications or they didn't have the transportation services necessary to go to the follow up visit. So that's being... part's being mandated of hospital systems now that they need to take into account that community, but also there's just more and more professions are recognizing that work that social workers have been doing for a long time. It's like finding, oh we feel like a sense of community and coordinate services. Like yeah we know. We've known this for over a hundred years. So gentrification is a critical piece of that.

[00:31:51] My colleague Pam Perry here at the School of Social Work is also cross-trained as an anthropologist. She actually followed residents, older adults who were evicted from downtown properties that were then renovated. It was senior housing than it was renovated into luxury lofts for young tech professionals. And she followed them as they moved to different places around the community and changes in the social networks and also worked with providers who were doing the case management and the follow up services to advocate with the city. The importance of respecting the sense of place and continuity and that led to two outcomes. One the city ordinance has set an affordable housing standard of about 20 percent for any properties that the city financially supports and also local developers have agreed to change the way they renovate buildings. So instead of evicting everyone in one fell swoop allow people to stay in the building renovate one floor at a time and really recognizing that doing these mass building wide evictions is not a humane way of doing business. And there's a better way.

[00:33:01] What is next for your collaboration?

[00:33:03] Well we are just getting started on a new grant. We've got a little bit of funding from the University of Maryland School of Social Work to continue using this National Health and Aging Trends study to look at not only gentrification, and look at gentrification in a more fine grained way. So looking at neighborhoods that are deteriorating and low income, looking at neighborhoods that have been gentrifying over time. And then also looking at not just neighborhoods kind of lumping together all that are, you know, moderate to higher income but also looking at those that are ascending. So going from a relatively wealthy place to even higher. Rick and I both lived in the San Francisco Bay area for many years and we were getting our PhDs and there a lot was going on from we were there 2005 to 2008 and then and then I was there for a few years after that. A ton of change happening there. So you're having this extreme I guess gentrification I don't know exactly what you would call it. So we're going to...

[00:34:02] Yeah. Hypergentrification is sometimes the term used.

[00:34:05] Yeah. So we're going to be looking at that and then we're also going to be looking at another type of neighborhood change around racial segregation. And ideally, yeah, ideally the intersection between the two areas. I've been recently reading some interesting stuff about black middle class gentrification and how different that sometimes looks in neighborhoods compared to white middle class gentrification when they come into low income neighborhoods which usually are predominantly African-American in both cases. So I think there's a lot of interesting work to be done there and I think just continuing to think about how older adults are affected by different types of neighborhood change. I think Rick has that area of expertise in immigration for example. And I

know we've been batting around ideas to maybe take a look at neighborhoods that are predominantly foreign born or are undergoing that type of neighborhood change changing over from predominantly white or predominately African-Americans for example predominantly Latin X. I think there's a lot of stuff ahead of us.

[00:35:04] We got into the segregation there in some of the literature we looked at, it for some populations living with people who share your culture and values can be a protective factor. But then that might change over the life course. It might depend on the ideology of the health phenomenon. Likewise highly segregated areas could be places where there is a lot of investment in one place and disinvestment in others. And so the people who live in disinvested places have health risks. We're also collaborating with Kyeongmo Kim at Virginia Commonwealth University. He's very interested in the food security and probably the immigration piece as well. There's five or six waves of this survey so we could really get into changes year to year and look at some of those issues of people aging in place getting stuck in place.

[00:35:55] One of the things that Rick and I have in common or maybe two things is I think first of all a real focus on the most vulnerable. We tend to focus on those who are low income those who are economically vulnerable regardless of our work with older adults. I know that Rick other work with other populations and also looking at those who are living in poverty or who are low income. And I think also something we have in common Is we tend to both question policies and programs that sounds great. So earlier he was mentioning kind of local government, I think in general the assumption is gentrification is fantastic. So we do things like give folks tax breaks and waive parking requirements and a lot of things, and put a lot of attention into a particular neighborhood to bring private investment there to bring about gentrification. And there's also been a debate in the literature around whether or not it actually results in forced displacement. There's a debate going on about how much that actually happens and it's probably much more nuanced than that, as people are getting thrown out of their homes, which is probably less likely to happen. But there are also things like once you start raising rent maybe low-income people that would have moved into that neighborhood now can't. Maybe there's this idea of social displacement or cultural displacement, feeling like an outsider in their own neighborhood. But through the aging-friendly community initiatives, through gentrification policies, I think we both really like to kind of poke at things that just sounds too good to be true. It's not like there's a win win for everybody cause in our experience there is usually losers, you know, winners and losers on these things and it losers are the people that we care about the most as social workers that end up being hurt by the policies and programs or at the very least neglected by them.

[00:37:44] Right, right. So those who are marginalized are further marginalized.

[00:37:48] Absolutely yes.

[00:37:50] You know just anecdotally I've had students in Buffalo who talk about the West Side and living there for many years and then now being priced out because they can no longer afford rent anymore. So you know that sounds like what you're talking about. So I think you're right that there's a lot of that happening but not as much evidence. Most notably perhaps anecdotal. So I'm really looking forward to that research. So moving on and I think that's our last question, what other related research questions should Social Worker researchers be asking about and you've talked a bit about it but do you know if you have more to add about neighborhoods gentrification or segregation. And again what are some other gaps in research on older adults in neighborhoods and communities?

[00:38:30] Amanda mentioned looking at different phases of gentrification at the high income and declining neighborhoods. there's been a tension in the past five years on middle neighborhoods in

legacy cities. So legacy cities is a strengths-based way to describe cities in the Midwest and Northeast have experienced changes in their economies and middle neighborhoods are the neighborhoods that were kind of solid middle class neighborhoods that are at risk of decline. And so you'll be seeing some research and maybe we'll try to include a typology of these kinds of neighborhoods. Amanda mentioned these tax break policies you may have heard that there was a rather mammoth change to our tax code at the federal level. One of the elements of that was the opportunity zone program and that identifies high poverty tracks that will receive... I'm sorry. That if there is an investor who invests in a high poverty track and they hold that investment for 10 years, so for example they buy a building and rehab it, if they hold it for 10 years then they will be able to exclude any capital gains, which is to say that the value of the building rises and then they sell it they won't be taxed on the income from that sale and that will need to be studied carefully. I'm not sure we'll do that but that could potentially be very gentrifying in neighborhoods that have not been gentrifying.

[00:39:53] Right. Very interesting.

[00:39:54] I think there is still much work to be done on the influence of neighborhood environments on older adults. So we're talking about one specific type of neighborhood change around gentrification and thinking about these aging family community initiatives thinking about access to the social infrastructure of the physical infrastructure. There's still a ton of work that needs to be done and I think one huge gap in the literature is these Aging Family Community Initiatives. A lot of time they are starting in the middle class or higher income neighborhoods. They tend to be less common in lower income neighborhoods. We still have a lot of gaps in our understanding of how these types of initiatives might influence older adults differently depending on sociodemographic characteristics depending on their health and functioning depending on their social resources. And I think there's a lot more work that needs to be done connecting these Aging Family Community Initiatives, looking at the physical and social infrastructure more holistically and then connecting that to clinical outcomes, so specific levels of functioning in terms of your activities of daily living, healthcare spending, risk factors for particular chronic illnesses like cardiovascular disease, diabetes, things like that. There is certainly literature. There are certainly studies in that area and it seems to be a growing area and I think that it's really important for social work to be a part of those studies, to be a part of that overall area of research to bring our perspective to that because I think we really do compliment the public health in medicine and nursing and economic researchers that are already doing these things.

[00:41:32] Absolutely. Well thank you for all that work. And again I look forward to reading all of that. Any last comments before we end here?

[00:41:39] We'll look forward to your work as well in Bangladesh and the informal settlements.

[00:41:43] It was really nice to speak with you.

[00:41:45] It was wonderful speaking with you both.

[00:41:48] You've been listening to Dr. Richard Smith and Dr. Amanda Lehning's discussion on the effects of gentrification on older adults. I'm Louanne Bakk. Please join us again in inSocialWork.

[00:42:09] Hi I'm Nancy Smyth, professor and dean of the University at Buffalo School of Social Work. Thanks for listening to our podcast. We look forward to your continued support of the series. For more information about who we are as a school, our history, our online and on the ground degree in continuing education programs we invite you to visit our website at www.socialwork.buffalo.edu. And while you're there check out our Technology and Social Work

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