How Gentrification Affected the Health Outcomes of Low-Income Residents in

Washington, DC through 2013

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Dong Lee

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Advisor

Kathryn A. Neeley, Associate Professor of STS, Department of Engineering and Society

"The notion that decent housing is a luxury rather than a right presents a fundamental threat to health and social equity…Paramount to achieving health equity is recognizing housing as an important source of health and well-being" (Swope and Hernandez, 2019).

Introduction

Is there a way to tell how long someone will live? Research indicates that the answer may be closer to home than expected. According to the US Department of Health and Human Services, "Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks" (n.d.). Housing is one of the most influential social determinants of health as it can be tied to other factors affecting health such as diet, sleep, and exercise (Helms et al., 2018). The area in which a person lives affects their health based on multiple factors including but not limited to the amenities available to them such as their access to grocery stores offering healthy food and green spaces offering fresh air and space to exercise. A significant threat to housing exists in the form of gentrification, the process in which a low-income community is radically transformed with rapid investment and an influx of higher-income migrants. This can cause the cost of living to increase too quickly and push out or displace long-time residents.

With US housing history and class and wealth divides based on socioeconomic factors, low-income people tend to live in unsafe conditions which leads to worse health outcomes and a

lower quality of life. Without adequate shelter, one is vulnerable to sickness or injury due to harsh weather and harmful human interactions (Swope & Hernandez, 2019). Conversely, an injury or illness can quickly lead to unemployment and a depletion of financial resources leading to homelessness which ultimately leads to adverse health outcomes and so on (National Health Care for the Homeless Council [NHCHC], 2019). Therefore, people with limited financial resources in times of crisis are likely at an increased risk of housing insecurity and negative health effects. However, much of the existing literature on gentrification and its effects on population health show mixed results without explaining specific health outcomes for low-income communities with some literature disputing the connection between gentrification and poverty (Swope & Hernandez, 2019). If gentrification and its impacts are misunderstood, any potential solutions, technical and organizational, run the risk of being underpowered or even ineffective. Treating a disease without understanding its causes and complex manifestations does not ensure that it is cured. Similarly, health care interventions might improve someone's condition, but without adequate housing, these are only temporary fixes (NHCHC, 2019). Hanssmann et al. go on to explain, "'Housing Is Health Care" is the unofficial motto of the National Health Care for the Homeless Council… (NHCHC and Lozier n.d., Fullilove 2010: 608). Safety-net health workers put this maxim into action by approaching housing as a therapeutic intervention within an affordable housing shortage.' (heading: Introduction, 2022). A review of existing literature supports that in addition to physical health, gentrification harms the mental and cognitive health of low-income people. Further, reframing housing as a form of preventative healthcare when considering solutions might better benefit low-income people. Observing how gentrification wreaked havoc on the lives of low-income residents in

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Washington, DC can provide further insight into how health outcomes are affected by the process. Before examining gentrification, US housing history provides crucial context.

Problem Definition

Redlining is a segregative practice dating back to the Great Depression in which federal housing authorities drew maps and marked white neighborhoods green for "safe" and Black neighborhoods red for "hazardous" and "risky". Figure 1 below depicts an example of a redlined map realtors would use when deciding whom to sell homes to (Nelson et al., 2023). Note the red and blue zones by the beach that were exclusively white neighborhoods while purple-coded Black neighborhoods were confined to urban areas. Most maps use red instead of purple, but they all reflect how Black communities across the country were segregated from white neighborhoods and forced to live in these redlined areas. Because their neighborhoods were considered risky, they received less investment than white neighborhoods year-over-year, resulting in continually lower incomes and wealth, fewer public goods, and stagnating infrastructure (De los Santos et al., 2021). Fewer public goods and amenities such as grocery stores with healthy foods, green spaces, and decent hospitals contributed to poor health outcomes and lower life expectancies for people who lived in these communities (Centers for Disease Control and Prevention [CDC], 2009). According to De los Santos et al. (2021), historically redlined areas tend to gentrify because of a "rent gap" or the difference between the low rents in those areas and the potential for higher property values and high returns for developers and investors. Redlining is an important piece of contextual evidence and a prerequisite episode in the story of American housing before gentrification.
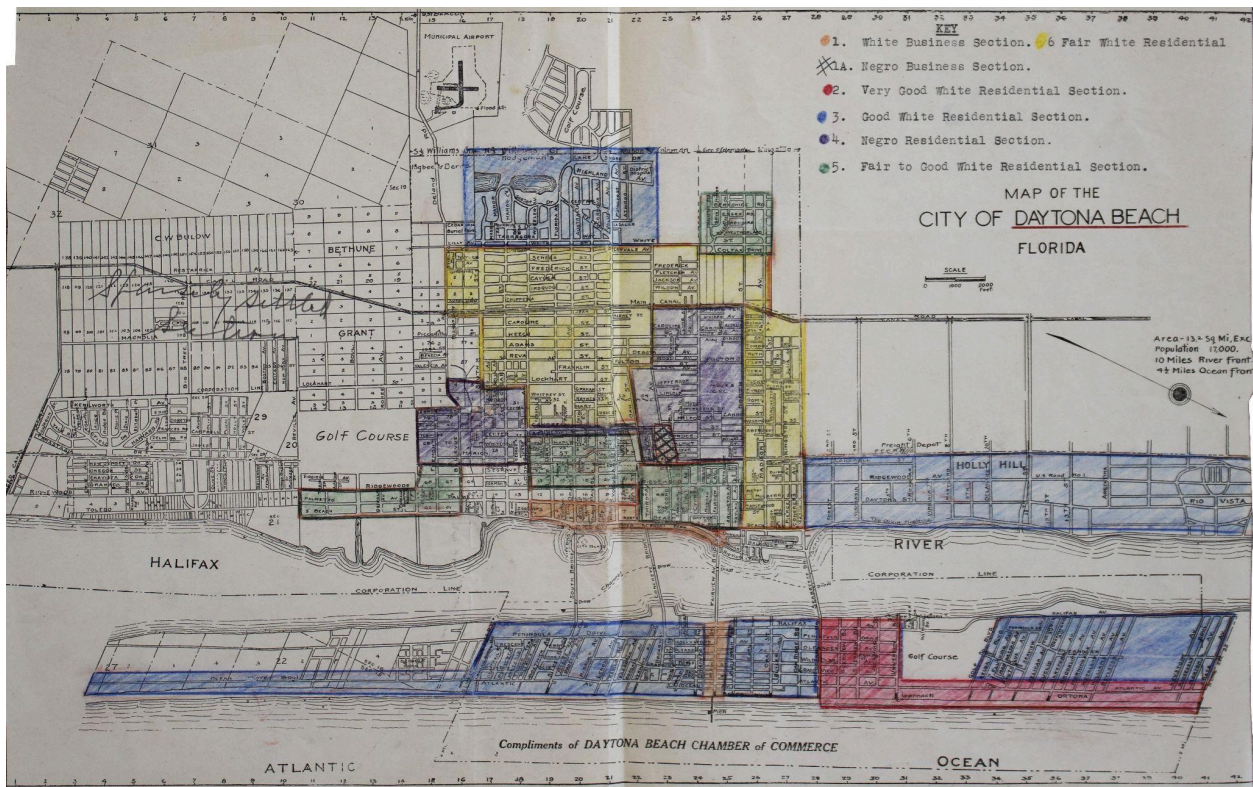
Figure 1: Redlined Map of Daytona Beach, Florida with Areas Segregated by Race and Class Marked with Different Colors (Nelson et al., 2023)

A gap in the literature seems to exist on the health outcomes of gentrified communities. In a literature review commensurate with the scope and timeframe of this paper, a few sources provided relevant insight. Schnake-Mahl et al. (2020) observed the following:

"There is limited empirical literature on how gentrification affects population health, health behaviors, or access to health care in the USA. To our knowledge, there have been no systematic efforts to evaluate and summarize the existing literature on health and gentrification, or on alternatively termed but similar processes of neighborhood socioeconomic ascent." (p. 3)

Further, the authors note, "The term gentrification often has a negative and politically loaded connotation in both colloquial and, at times, academic contexts" (p. 3). Schnake-Mahl et al. also

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thought their literature review was difficult because the papers they reviewed avoided using the term 'gentrification', electing to use different terms such as "community development/revitalization, urban renewal, and neighborhood change" (p. 3). They continue, "Rather than advocating for a single definition, we instead suggest researchers present a clear theoretical basis for their definitional and operational choices, so that readers can assess the position from which researchers are approaching their questions" (p. 12). In this paper, gentrification will take on the definition mentioned in the first paragraph.

With gentrification, people are often forced to leave homes and neighborhoods in which they've lived much of their lives. Apartment hunting and moving are difficult, stressful, and expensive (DeLuca et al., 2023; De los Santos et al., 2021). The loss of social networks that are destroyed as a result of displacement adds to the psychological burden. De los Santos et al. (2021) explain, "limited [social] networks cause greater detriment to health than obesity, smoking, and high blood pressure and increase susceptibility for anxiety and depression." The various health effects of gentrification and displacement can be seen in many cities across the US, including the nation's capital where it was most egregious for many years.

Due to its continued history with gentrification, examining DC can offer key insights into how gentrification affects health outcomes for low-income people. According to the National Community Reinvestment Coalition, Washington, DC was the most intensely gentrified city in the US for over a decade, from 2000 to 2012 (Richardson et al., 2020). Although it is no longer the most gentrified city, it remains highly gentrified today. The nation's capital has since fallen to 13th, but gentrification continues to occur in DC; it merely surged in other places (Richardson et al., 2020). According to Asch and Musgrove (2015), the actions of the federal government

contributed to gentrification as the expansion of its ancillary industries encroached on low-income neighborhoods and attracted an influx of young, predominantly-white, well-educated, career professionals. This led to a further influx of developers, investors, and speculators as property values skyrocketed at the prospect of scooping up cheap land and properties. To be fair, the government has also attempted to help out low-income residents from the harmful effects of gentrification. However, much of any change was a result of residents standing up for themselves and the advocacy of local grassroots organizations.

Asch and Musgrove (2015) employ the metaphor of a tsunami or storm surge to describe gentrification in DC and its multiple waves over the decades. Long-time residents who felt threatened by gentrification and helpless to its inevitability turned to the federal and city governments to control it. Their pleas were ignored until the advent of home rule in 1973, which slightly increased the district's ability to self-govern (Council of the District of Columbia, n.d.). Notably, home rule created the DC government which includes the elected District Council and Mayor. However, unlike the 50 states, DC has no voting representation in Congress, and Congress reserves the right to approve city budgets and appoint DC judges. In the 1970s, the newly established City Council passed some of the most ambitious anti-displacement policy ever seen in the country at the time. Although it did not stop the third wave of gentrification, some were able to use it to find some solace. However, the fourth wave of the 21st century forced many low-income people into the eastern wards of DC and Prince George's County, Maryland. After half a century of a Black majority in "Chocolate City", gentrification flipped the demographic makeup of the nation's capital with a Black population of 538,000 in 1970 to 309,000 in 2010 (Hutson, 2015, p. 121).

There is an irrefutable and intuitive link between housing and health outcomes. This link becomes less clear when gentrification is introduced as it transforms neighborhoods and sees people moving into and out of an area. According to Swope and Hernandez (2019), "...No existing unified conceptual model has comprehensively elucidated the relationship between housing and health equity with attention to the full range of harmful exposures, their cumulative burden and their historical production". Parsing the literature seems to indicate that gentrification harms the health of the low-income people in a myriad of ways; this can be better established by using a structured research approach.

Research Approach

Using a combination of Langdon Winner's politics of technological artifacts and Emmanuel Mesthene's economic and political organization, I examined the evidence to gain new insights and perspectives on the situation. Winner contends that technological artifacts are imbued with political implications (Winner, 1980). Politics can refer to hierarchies, power dynamics, and relationships between different groups. Technological artifacts or technology, can refer to anything that has been designed or created. Technology in this case includes the housing structures that compose different neighborhoods, maps like the ones used for redlining, and housing policies designed by legislators, among others. Regardless of intention, technologies can affect power dynamics or embody political motives. Further, Mesthene argues that existing political and economic structures must be reorganized to meet the growing demands of an increasingly complex society, and different priorities must be balanced and checked to better serve society (Mesthene, 1969). Gentrification is a symptom of an increasingly complex modern

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society, involving the inequitable distribution of housing and economic resources stemming from the flawed organization of political and economic structures. Figure 2 below depicts the argument that striking a balance between private and public goals, change and maintenance, and collectivist and individualistic cultures is important to reorganizing the government and market and achieving a better-served society. Politics, race, and socioeconomic status are historically and inextricably related to gentrification and health outcomes. Therefore, these frameworks serve as relevant tools with which to analyze the literature.
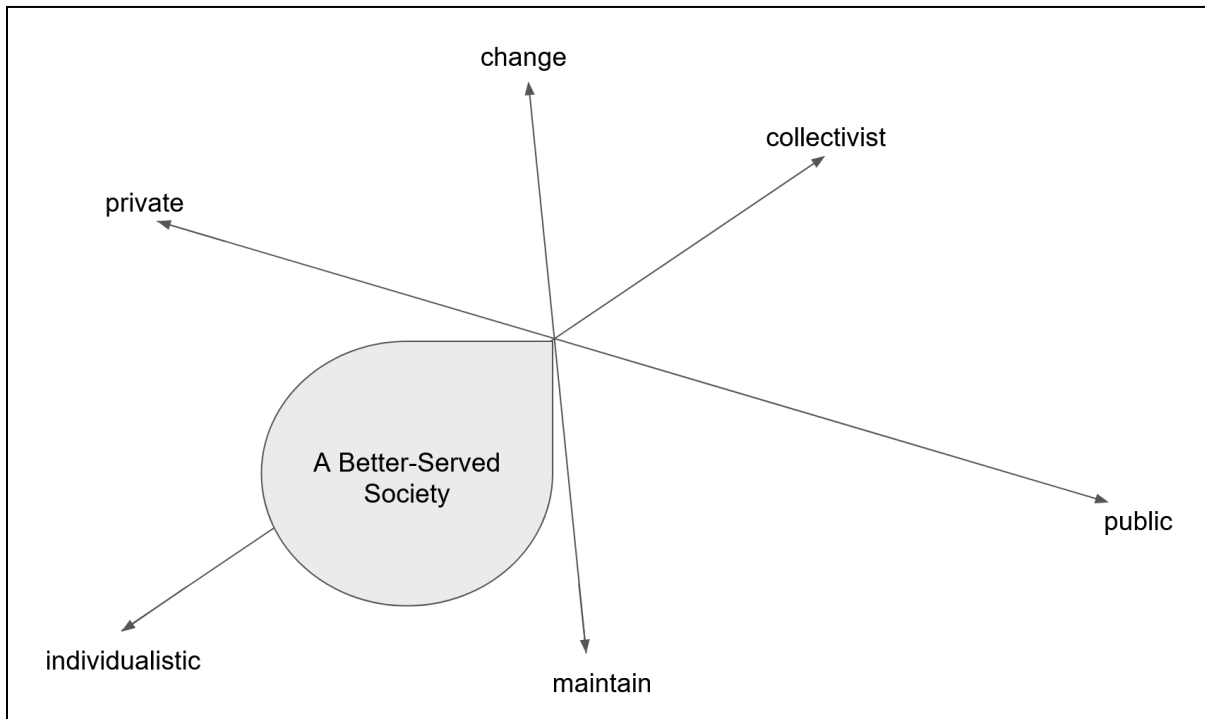

Figure 2: Mesthene's Argument, A Balance Between Different Societal Values and Priorities
(created by author)

Along with these theories, I gathered enough evidence to comprehend each of the two aspects of gentrification and income-related health outcomes to reach an improved understanding

of both the expert consensus and popular opinions. Expert and popular perspectives are differentiated here because some of the source material includes personal accounts from those who were directly affected by gentrification while the rest of the sources feature peer-reviewed evidence. The people affected by gentrification comprise an often hidden and voiceless population with direct experiences that can inform the experts. Academic findings are important for their rigorous methods and peer-review. Both are invaluable to the goals of this research project.

Overall, the research process went as follows. After reading through sources I deemed relevant to the research question, I took notes to capture the most important points. Not only did this help organize thoughts and internalize the information that the literature had to offer, but it also helped in managing the overwhelming amount of content within each source. Next, I analyzed the information distilled from the source material using the theoretical frameworks mentioned earlier. The result is a synthesized argument that provides a new or deeper understanding of the existing literature and problem domains. Ideally, with this result comes deeper insight into the research question or, at least, a greater understanding of what is not known about the problem domain. Figure 3 below summarizes this process.
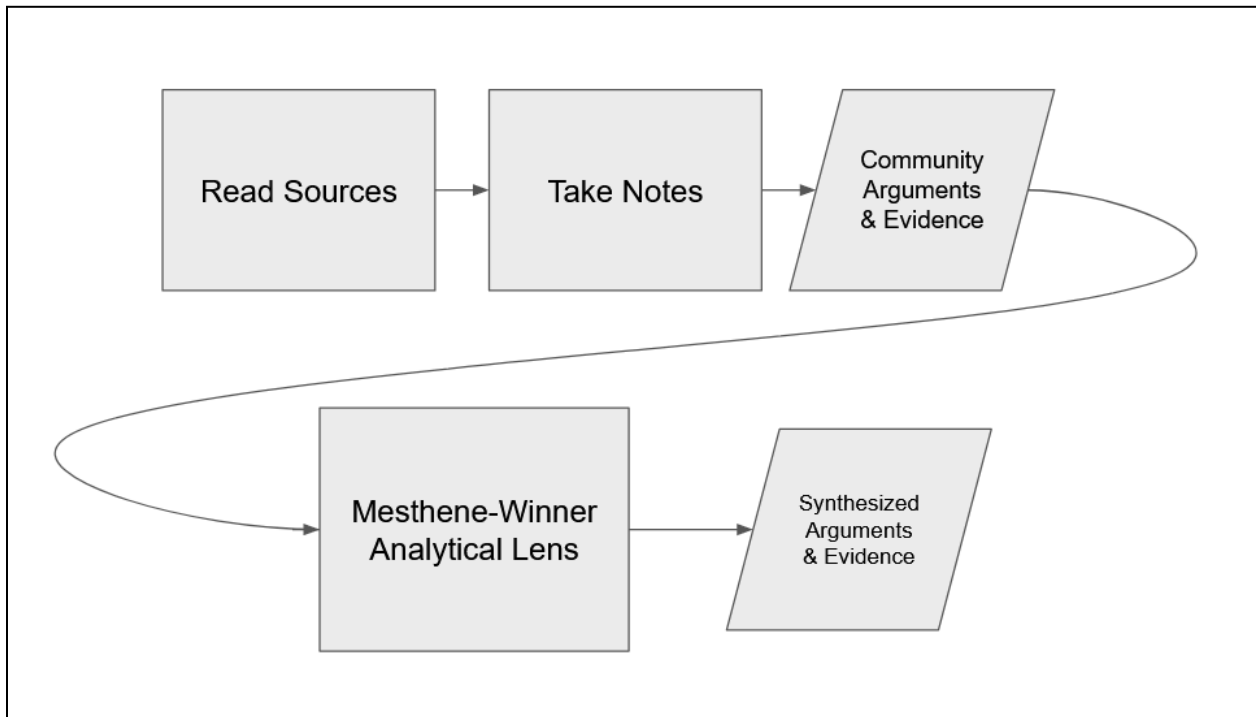
Figure 3: Flow Diagram of Literature Review-Synthesis Process (created by author)

The analytical approach and evidence are suitable at addressing the research problem because they consider the evidence-backed claims of experts as well as the direct experiences of the people suffering from gentrification all through the lens of theories devised by experts of political and societal issues.

Results

Some salient points emerge from the evidence examined. The table below summarizes all of the following results:

Key Point	Theory-Based Analysis (M-Mesthene, W-Winner)
gentrification negatively affects the health of low-income people	M - public goods of health and housing not prioritized enough
housing as a luxury vs. human right	M - individualistic home ownership emphasized over affordable housing for many W - zoning laws perpetuate redlining
economic growth prioritized over affordable housing	M - rapid economic growth emphasized over public good of affordable housing W - policies that neglect low-income families
neighborhood redevelopment after years of neglect	W - deceitful evictions without recourse; policies that rebuild without intending to include those who were replaced
income disparities regardless of qualifications	W - hiring and compensation practices as processes exhibiting racial bias
DC lacks autonomy, US government conflict of interest	M - private corporate interests held in higher regard than the citizens' rights to affordable housing and political self-representation

Table 1: Summary of Main Results of Research Project (created by author)

First, gentrification has an overwhelmingly negative effect on the health of low-income residents. The cognitive effects include differences in educational attainment in children who have to move and switch schools resulting in a loss in human potential. Emotional effects include depression and anxiety from the loss of one's home and social networks which can be more harmful than obesity, smoking, and high blood pressure (Chapple et al., 2021). Physical effects include the challenges of moving and conditions like asthma from the presence of rats and roaches or fatigue from poor heating and cooling, issues that are commonly neglected by landlords and authorities (Swope & Hernandez, 2019; Hernandez, 2016). De los Santos et al. (2021) found that low-income people living in gentrified areas also experience poor birth

outcomes and an increased rate of late stage cancer at diagnosis. Perhaps most concerning of all is the idea of allostatic load which is, as Guido et al. (2021) describe, "the cumulative burden of chronic stress and life events". Allostatic load can contribute to progressively worse physical and mental health symptoms for people experiencing gentrification. Mesthene might argue that the public good of housing must be protected because of its equivalence to health and vice versa. Because health and housing outcomes affect each other, if someone experiences health issues, their likelihood of becoming homeless increases, increasing their vulnerability to health issues, and so on. Therefore, gentrification may set in motion and exacerbate a self-perpetuating cycle of poor health and housing insecurity.

Next, the current economic system regards housing as a luxury rather than a human right. Swope and Hernandez (2019) stated the following:

> "The notion that decent housing is a luxury rather than a right presents a fundamental threat to health and social equity. There is a critical need to shift the present discourse, and even more importantly, practice, such that adequate attention is given to the underlying housing conditions that support health, well-being, and a sense of community. Paramount to achieving health equity is recognizing housing as an important source of health and well-being."

The idea of housing being regarded as a luxury is apparent when considering the explosive rise in property values. According to Hutson (2015), "In 1995, the median sales price for a home in Washington, DC was $186,000; by 2000, it had risen to $209,000, and by 2013, the median sales price for a home in Washington, DC had reached $595,000 (Neighborhood Info DC, 2015a). The median housing prices have also soared in traditionally working-class and minority

neighborhoods such as Columbia Heights, Shaw, and Logan Circle" (p. 126). Like housing

prices, rents are rising due to DC's shortage of more than 151,463 housing units (Arnold et al.,

2022). According to Demsas (2021), "Exclusionary zoning laws, … [which] dictate the types of

housing that can be built on certain areas of land, essentially trap many Black families into

low-income neighborhoods by pricing them out of richer ones." Further, these laws served as

implicit ways to exclude minorities from certain neighborhoods when explicit redlining was

outlawed (Demsas, 2021). Winner might argue that these laws are imbued with racial bias carried

over from the days of redlining. Mesthene might argue that local zoning laws that prevent the

building of affordable, multi-unit housing while allowing expensive, single-family homes

overemphasize individualism at the expense of the needs of many. Housing prices have increased

exponentially and zoning laws limit where affordable housing can be built, leaving low-income

families with few housing options.

   Furthermore, developers and the government prioritized profits and economic growth

over decent, affordable housing for people. According to Asch and Musgrove (2015), the DC

government promoted gentrification over protecting low-income families:

   "With the spread of the crack epidemic, Washington, DC's emergence as the murder

   capital of the United States, and the financial crisis of 1994–1995, elected officials shifted

   their emphasis in housing policy from protecting the poor to beckoning middle-class

   residents and businesses back to the city. In January 2003, Mayor Williams famously

   announced a plan to attract 100,000 new residents in 10 years." (p. 123)

Despite challenging social and economic climates, the government shifted from protecting

low-income families to attracting new residents, ultimately driving gentrification. Both the

federal and city governments are responsible for this which will be elaborated on later.

According to the National Low-Income Housing Coalition (n.d.), "Despite a proven track record, … just one in four households eligible for federal housing assistance actually receive the help they need …" As Mesthene might argue, the market and political structures of DC incentivized the rapid development of disinvested neighborhoods over the public goods of affordable housing for vulnerable people. Winner might argue that the shift in policy direction signals a political decision that neglects low-income families who are often powerless to defend themselves. Had the federal or city governments increased funding for housing programs instead of solely attracting new residents, low-income families may not have struggled as much during peak gentrification.

Additionally, Black residents faced difficulty accessing the benefits of redevelopment and many were displaced by the government, leaving them feeling ignored and forgotten. For example, according to Asch and Musgrove (2015), "[Over eight years] ... Northwest One [a redevelopment project] … had been stalled … Although several hundred low-cost housing units on the site had been demolished, only a handful of affordable units had been built in their stead" (p. 126). Over the course of a century, Louise Thomas experienced neglect and displacement by the DC government under deceitful and unjust terms:

> "When she was a teenager shortly after World War II, Thomas and her family were forced
> out of their Georgetown apartment by the city government, which deemed the structure
> blighted. But rather than bulldoze the building as it had claimed it would, the city let it
> stand, and a developer fixed it up and sold it to a White family … By the late 1990s, …
> she was living in a 28-unit apartment building at 1418 W Street, NW, where her landlord

racked up reams of housing code violations and the city did little to address resident

complaints. In 2000, the city finally took action." (pp. 127-128)

Some DC residents liked their neighborhood's physical changes, but many worried about the

rising costs of living. A Black barber in Logan Circle liked having a Whole Foods and new

housing nearby, but he worried about his clients leaving and his lease going up as the

neighborhood continued improving (Asch & Musgrove, 2017, p. 130). One resident, Ms.

Johnson, sold her home to make ends meet (p. 130). Asch and Musgrove (2017) describe how

some Black residents feel forgotten after years of living without investment into their

communities and excluded from the benefits of recent and sudden redevelopment:

> 'One black male resident who has lived in the Shaw neighborhood his whole life and has
>
> worked for a government agency for more than twenty years said he was "frustrated that
>
> the changes took so long. It's as though we didn't exist before. Now suddenly there are
>
> bike lanes, new sidewalks, and better overall infrastructure." He questioned whether all
>
> of these changes were for him and the overall "black community" or simply for the "new
>
> white people moving in."' (p. 130)

Winner might argue that the government's redevelopment of historically redlined DC

neighborhoods without protecting the housing rights of Black residents demonstrates an abuse of

power and apathy by the government. The government's handling of gentrification left many

families frustrated, hopeless, and even homeless.

Furthermore, growing income disparities based on race make it difficult for

lower-income, predominantly-Black families to accumulate wealth and survive gentrification.

According to Prince (2019), "Decades of job and housing discrimination have fostered a

segmented work force hindering the ability of all African Americans to accumulate wealth —

that invisible resource that can be a key mitigating factor preventing displacement." Asch and

Musgrove (2015) add that, "... The richest 5 percent of Washingtonians earn $530,000 while the

poorest 20 percent earn $9,900 (Rivers, 2014)" (p. 144). Asch and Musgrove (2015) also found

that, "Among workers ages 25–54, … Black workers … with a bachelor's degree or an advanced

degree have higher unemployment rates (6 percent) than White, non-Hispanic workers with only

a high school diploma (2 percent)" (p. 132). According to Hutson (2015), "... [A] study found

that when employers respond to black candidates, it is for jobs with lower starting salaries and

lower prestige than those of white peers. These racial differences suggest that a bachelor's degree

cannot fully counteract the importance of race in the labor market. (Gaddis, 2014)" (p. 133).

Winner might argue that, intentional or not, hiring and compensation as processes are racially

biased. Discriminatory hiring and compensation practices make it harder for Black families to

accumulate wealth and keep up with gentrification's rising costs of living.

      Lastly, DC lacking statehood status while being the seat of the US government represents

a conflict of interest for the government in its ability to address gentrification. The federal

government has invested billions of dollars into redeveloping DC. According to Hutson (2015),

"… Between 2000 and 2010, corporations almost doubled the amount they spent on lobbying

federal lawmakers, from $100 million to $180 million. Defense spending more than doubled

during this period as well, rising from slightly less than $300 billion in 2001 to well over $700

billion in 2011. All of this money drew a legion of young tech workers, lobbyists, office staffers,

military bureaucrats, lawyers, and contractors into the Washington, DC region (Gowen, 2011;

Kotkin, 2012; Mathews, 2012; Plumer, 2013)" (p. 124). The billions of dollars invested into

federal departments drove gentrification via an influx of high-income workers. With the addition of corporate lobbying, Mesthene might argue that the private interests of corporations have overtaken the public need for equitable development that invests in the lives of low-income people and not just the neighborhoods they used to occupy. With all this money invested, the federal government has vested interest in developments that stand at odds with affordable housing for low-income families. The government also has a conflict of interest in terms of addressing gentrification because it may mean the slowed development of federal buildings and housing for federal employees and contractors.

Granting DC statehood and increased autonomy to address gentrification goes against federal interests as well. DC lacks autonomy over its ability to combat gentrification. Despite paying federal taxes, DC lacks the ability to vote in Congress like other states can. Congress reviews all of the DC Council's proposed legislation and judicial appointments while also controlling its budget (Council of the District of Columbia, n.d.). With DC typically voting Democrat, making DC the 51st state and introducing partisan Senators and Congresspeople would act against the interests of Congress, depending on which party has control (Litt, 2020). This makes DC statehood less likely. DC's low-income families may continue to suffer from a lack of affordable housing due to these factors.

Conclusion

If housing is healthcare, gentrification is a cancer marked by the rapid development of previously neglected neighborhoods. Left unchecked, gentrification exacerbates the housing crisis by limiting access to affordable housing and increasing the number of housing insecure and

homeless people. Gentrification has an overwhelmingly negative impact on the health of the low-income people of Washington, DC. Reframing housing as a human right and a form of preventative healthcare and reflecting this viewpoint in policy decisions might help low-income people gain access to more equitable housing. Amplifying awareness around gentrification and displacement as it harms the lives of low-income people may benefit the discussion around its causes and potential solutions. It may also help to win over the hearts of actors such as young professionals and homeowners in the community and encourage them to support their neighbors. Further, the shift in viewing gentrification as a healthcare issue may create space for more empathy and steps toward more effective and meaningful change, especially for the low-income communities who are affected the most.

Insights from this or related research might inform technological innovation or future policy that alleviates certain issues. For example, a software application that helps low-income people find resources to protect their current housing situation or find new housing might benefit from the research presented. Similar arguments might be made in public forums to advocate for meaningful, altruistic change as local governments decide how to address gentrification as it threatens communities across the country. This research paper is limited in scope and timeframe. In the future, more rigorous methods and data may provide additional insights or validate current findings. More recent interviews with stakeholders in DC such as local residents, grassroots advocacy groups, and government officials may produce more recent insights.

Word Count: 4098

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