AN ABSTRACT OF THE THESIS OF

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This thesis examines the impact of urban renewal on individual health,
specifically focusing on an urban planning model called Smart Growth that is being used
in Portland, Oregon. Findings are based on qualitative and quantitative analyses of
interview and survey data from study participants living in a community where
renewal projects are underway. The sample included community residents, urban
planners, and fair housing advocates. Outcomes suggest that although Smart Growth
is often touted as being a solution to the negative health consequences of urban sprawl,
there are also many downsides to this form of revitalization. Urban renewal can lead
to infrastructural insecurity for residents, causing loss of social capital and even
displacement. Both factors are known to negatively influence health status.

Is "Smart Growth" Smart? Health Effects of Urban Renewal in Portland, Oregon

by

Catherine F. Buerger

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Dean of the Graduate School

I understand that my thesis will become part of the permanent collection of Oregon State University libraries. My signature below authorizes release of my thesis to any reader upon request.

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Catherine F. Buerger, Author

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Chapter 1 - Introduction

The purpose of this study is to examine the impact of urban renewal on individual health, specifically focusing on an urban planning model called Smart Growth that is being used in Portland, Oregon. Smart Growth has been described as being successful in discouraging urban sprawl and improving neighborhood health and livability (Lopez 2004: 3). But even as it increases walkability and community interaction, the model also has the potential to impact health in a negative way. Housing prices often increase leading to gentrification. In the community studied for this project, this displacement created racial and economic tensions between neighbors and reinforced a historical distrust between residents and city officials. These issues were complicated by the policies of the Portland Development Commission, the organization in charge of the urban renewal project. The organization touts community livability and health as primary goals for the project, but funding practices tend to suggest that this is only because, as one planner stated, "livability always sells well in Portland." This study seeks to answer two specific questions within the overarching purpose. Can Portland effectively use a market driven urban renewal model to increase community health? And if so, are the health benefits provided by Smart Growth accessible to all in the community?

This study is especially relevant today. Urban planners across the country are considering Smart Growth as a way to build healthier and more equitable neighborhoods. I chose Portland, OR as a field site, largely because it is seen by the urban planning community as a model city for innovative urban design (Mayer and Provo 2000: 9).

What works in Portland is often emulated across the country. Currently, urban planners view Smart Growth as having such potential that they are considering it as a possible technique to rebuild New Orleans (Souza-Briggs and Austin-Turner 2005: 1).

This research focuses on variables such as neighborhood interaction, perceived physical health status, mental health, and community collaboration with urban planners. Goodman and Leatherman (1998) argue that not only does the physical environment impact the health of humans, but so do power and economic structures. Examining factors such as community collaboration and neighborhood interaction helped to establish a grounded theory about some of these structures that surround the health effects of Smart Growth.

Chapter 2 - Background

"I can't really describe this urban renewal project without talking about the neighborhood's history" Christine told me while we stood in her store. As a local business owner and advocate who had lived in the area for many years, Christine's name quickly emerged in several other interviews as someone who I *must* speak with. 62 year old Christine also represented a unique point of view as she was once one of the only white members of a predominately African American local business community. I asked her to tell me a little about the redevelopment project through her own eyes. Instead, she proceeded to give me an hour-long detailed history of the neighborhood. Although I was initially confused (and a little frustrated), I soon began to understand what she meant. The community experience of urban renewal in northeast Portland cannot be understood without first knowing the history of local racial tensions, dedicated civic involvement, and desire for a strong community. What Christine tried to convey to me was not that I needed to memorize the local history, but that I needed to really *understand* the neighborhood. Only then would I be able to interpret what I was hearing from residents. This lesson is not only important to apply to the neighborhood, but also to urban renewal in general. As one fair housing advocate who I interviewed put it, "to really understand today's urban renewal, you must understand its past."

Urban Planning throughout History

As early as the late 19th century, public health workers saw connections between the man made buildings and infrastructure of the communities in which

we live and work, and health (Perdue et al. 2004: 27). Because of the strong connection found between the built environment and health behaviors, urban renewal projects, as well as other development projects, have been looked to throughout history to shape the character of a city and its residents.

One of the earliest examples of this is the development of the wide avenue. Mumford (1961: 387) states in reference to the city, that by constructing half a dozen new avenues the character of the city could be completely redefined. The development of the avenue was essential to show the city's power and to enable military movement. The construction of avenues also served as a way to segregate classes in the rapidly changing city. Elizabeth Wilson (1991: 29) describes how the most frightening thing in cities for the upper class is "the promiscuous mingling of the classes in close proximity on the street." The creation of the avenue was one way to deal with this problem. In fact, the construction of the wide avenue helped to easily segregate the classes. The rich drove; the poor walked, often in the gutter (Mumford 1961: 370). This structural change in the city assured that the values of classism were able to continue despite the new mixing of people in the crowded public spaces.

The forced interaction between classes that often accompanies urbanization, regularly caused panic within the higher classes. Wilson (1991: 29) argues that for the upper classes, the most frightening aspect of early industrialization and urbanization, was the crowds and the mixing of classes. Urban areas were feared for the danger and disease that accompanied the poverty of the dense city landscape of the time. While rural areas were seen as being free

of sickness and morally pure, cities were directly associated with dirt and disease (Wilson 1991:34). These public health concerns led to a model of urban planning that favored the horizontal development of cities with decentralized settlement patterns (Frank et al. 2003: 11).

The preferred model of a "horizontal city" eventually prompted the development of suburbs. The advent of suburbia resulted in marketing tactics that reinforced the image of the city as an unhealthy place to inhabit. The city was generally portrayed as a place only acceptable for single or childless women to live (Walker 2000: 133). At the time, suburbs were characterized as a place of family and community (Frumkin in Freudenberg et al. 2006: 158). This was not, however, always the case. As early as 1938, Lewis Mumford described how the suburbs have actually led to a more private and isolated life for residents (412).

Urban Planning Today – Smart Growth

Other recently documented downsides of suburban life include negative health effects associated with living in such a spatially expansive society. Long commutes put residents at a higher risk for motor vehicle crashes, expose them to larger amounts of air pollution, and decrease the amount of time left for exercise, family and leisure (Frumkin in Freudenberg et al. 2006). Suburbs also have fewer sidewalks and are therefore less safe for runners and walkers (Frumkin in Freudenberg et al. 2006). To combat these negative health consequences, a new model of urban design called Smart Growth, also occasionally referred to as "New Urbanism", has started to emerge as a popular choice among urban planners.

Frug (1999: 150) states that Smart Growth can be defined by the goals of transforming the current mix of residential neighborhoods, shops, offices, and underused city land that now dominates America's urban landscape into neighborhoods of homes, green space, and schools placed within walking distance of shops, civic services, jobs, and public transportation. This planning design is highlighted by an emphasis on making communities pedestrian friendly and limiting the need for cars. This change is supposed to increase feelings of community where neighbors know each other and choose to help one another. The planning policy is seen as a possible way to increase the health and happiness of neighborhood members (Frug 1999). Many of the characteristics of Smart Growth are similar to those of the past "City Beautiful" movements of the early twentieth century, another model that was used to change behavior and human society (Wilson 1991: 69).

Occasionally, urban renewal and urban "preservation" projects are guided by racist and elitist attitudes. In Los Angeles, for example, a plan was created to revamp downtown to cater to a homogenous middle to upper class, white population, referred to as "respectable people" (Davis 1992: 231). The plan of "How to Overcome Fear of Crime in Downtowns" reads,

> A downtown can be designed and developed to make visitors feel that it –
> or a significant portion of it – is attractive and the type of place that
> 'respectable people' like themselves tend to frequent. The activities
> offered in this core area will determine what 'type' of people will be
> strolling its sidewalks; locating offices and housing for middle-and upper-
> income residents in or near the core area can assure a high percentage of
> 'respectable', law-abiding pedestrians. Such an attractive redeveloped
> core area would also be large enough to affect the downtown's overall
> image (Davis 1992: 231).

Discriminatory policies were also used during these urban "preservation" projects in Los Angeles. In these movements, high income neighborhoods were able to use their economic power to control the structural components of their communities, which then resulted in the ability to control who lived there. One example of this was the campaign of Wachs and Braude where "opposition to apartment construction alienated renters and minorities who (quite correctly) decoded the racist subtext in 'neighborhood preservation'" (Davis 1992: 180).

While gentrification used to be synonymous with the term "urban renewal", many Smart Growth projects are making an effort to curb this pattern. New Urbanists insist that lower cost housing could be built over storefronts or on shared plots with larger homes, if local zoning laws were changed (Frug 1999: 153). This would allow for current community residents to remain in their neighborhoods, while others move in to join them. This is all to be done as a step towards the goal of "zoning for diversity". In some instances, Smart Growth could be seen as a resistance to the past urban planning powers that have worked to separate people.

Urban Planning in Portland

When Portland, Oregon decided to create a new urban renewal area in the northeast part of the city in 2000, the project had a greater impact than to just construct new buildings and add bike lanes. Although these things did occur, these simple additions have prompted dramatic changes throughout the community, many of which appear to have altered the health of residents.

To fully understand these changes, one must consider them in the context of the city's and neighborhood's history. Portland, Oregon is often referred to by urban planners as "the Capital of Good Planning," (Mayer and Provo 2000: 9). This title is the result of many decades of conscious planning beginning in the 1960s. In 1969, the Oregon State Senate passed a bill requiring all cities to prepare comprehensive land use plans (Mayer and Provo 2000: 17). This bill was the first step toward a new concept of metropolitan land use planning including the development of urban growth boundaries to help limit suburban sprawl. Many other progressive policies followed including the first citywide Pedestrian Master Plan in the country (Geller 2003: 1412).

Over the decades, the citizens of Portland have continued to play a large roll in the progressive direction that the city has taken in regards to land use (Gibson 2004). By the early 1990s, 30-35% of Portlanders had attended at least one community meeting on town or school affairs, while the number for other cities of comparable size was 11% (Johnson in Ozawa 2004: 102). This large amount of participation has led to more personal investment into community improvement projects. As will be discussed later, however, increased involvement does not always mean more power over decision making.

Neighborhood Profile: Northeast Portland

The research for this project was conducted in two neighborhoods within the Interstate Corridor Urban Renewal Area, the city's largest urban renewal project.

Figure 1. Map of the Research Area

There are several reasons that I chose northeast Portland as a place to conduct my research on urban renewal, community participation, and health. One reason is the strong history of renewal projects in the area. Urban planning in the ten neighborhoods that now make up the Interstate Corridor Urban Renewal Area, goes back to the 1960s itself with the creation of the Albina Neighborhood Improvement Plan, which led to the first true urban renewal projects in the area (Gibson 2004: 67).

Another reason for choosing this community is the dynamic history of social and racial change. In the early and mid twentieth century, Portland real estate agents and banks had constructed a policy that made it impossible for African Americans to live anywhere in the city with the exception of a small patch of land called Albina (McGregor 2003: 1). This policy is called "redlining" and can be described as the practice of banks, insurance companies, and real estate agents to deny credit or mortgages to minorities in certain neighborhoods (Squires 2005: 1). During World War II, many new residents of all races flocked to Portland to work in the shipyards. Albina was not large enough to house all of the African American workers, so a floodplain was purchased outside of the city limits and the largest public housing project in the United States was constructed (McGregor 2003: 1). The housing complex was called Vanport. In 1948, a large storm flooded Vanport and left it uninhabitable. Twenty-five percent of those left without a home were African American (McGregor 2003:1). Many of these residents were absorbed into Albina and the surrounding neighborhoods. This history is still evident today. The neighborhoods in northeast Portland contain the city's largest concentration of African American residents (Johnson 2004: 107). According to one resident of northeast Portland, the racial divide within the city was reflected in the stereotypes about the area. He describes it in the following way:

> In the 80s and 90s, police officers used to call it the Compton of Portland. There were burned buildings and lots of crime. The city of Portland took out all of the money and care for the neighborhood. The Portland Development Commission (PDC) already had plans to put money into the neighborhood eventually, but instead of giving it then when the residents actually needed it, they waited until the neighborhood had 'cleaned up a bit' so that it would be a better investment for them.

In the mid 1990s when the city did begin to funnel money into neighborhood improvements, housing prices quickly rose, causing some displacement of past residents (Gibson 2004: 69). In fact, between 1990 and 1996 housing prices rose so rapidly in northeast Portland that the neighborhoods saw prices double and in some places triple (Gibson 2004: 69). This pattern of increased funding from the city and community change continues to the present day.

Taking a walk in this community today reveals some of the contradictions that exist in the neighborhoods. While parts of the community reflect the history of redlining and economic discrimination, other main thoroughfares reveal the urban renewal. Some of these streets are filled with boutique shops, freshly painted Craftsman bungalows, and restaurants with outdoor seating filled with young professionals. Away from the economic centers of the neighborhood, new homes exist next to older ones in dire need of repair, and loft style apartment buildings are being constructed between single family homes.

Despite these many contradictions, much of the conflict that is discussed during the qualitative portion of this research is not evident from the street. A walk through the community gives the impression of the Portland Development Commission's ideal vision for a community: families riding bikes, neighbors playing kickball in the park, and residents eating dinner at locally owned restaurants. Despite these images, one does not need to speak with many people to realize that there is more tension in this community than is noticed at first glance.

Figure 2: Community Pictures (clockwise from top left) New condominium construction; residents eating outside; socializing in the park; apartment construction in a residential area; storefronts on a main economic thoroughfare.

The Portland Development Commission (PDC)

Much of the community change in the northeast part of the city was instigated by the Portland Development Commission (PDC). In 1958 the citizens of Portland voted to create the PDC in order to handle housing, urban renewal, and economic development in the city. The commission's main goal is to use public funding from sources such as local taxes, grants, and the Federal Department of Housing and Urban Development, to stimulate private growth (Portland Development Commission 2006). Throughout the 1990s and 2000s, the PDC planned and implemented several urban renewal projects throughout the city. Currently, the PDC has eleven ongoing urban renewal areas, some containing more industrial sites, others containing mostly residential areas. Within the PDC, governing decisions are made by a five member board of commissioners. The board is composed of Portland citizens who are elected by the mayor and approved by the city council (Portland Development Commission 2006). Everyday functions are carried out by the executive director, departmental chairmen, and support staff.

The primary sources of funding for the PDC are Tax Increment Financing (TIF Funds), federal grants, City of Portland general fund allocations, and some contracts for services. This funding structure leads many to refer to the PDC as a "quasi" independent urban renewal agency. Currently the PDC employs approximately 200 staff members. These individuals work in various sectors of the organization such as transportation, economic development, housing, and parks and recreation. Each urban renewal project also has its own staff overseeing each of these focus areas.

The building that houses the staff of the PDC is located in a large structure in downtown Portland. When I would go there to conduct an interview, I would first have to sign in with a security officer and then check in with the receptionist. At that point, I would be asked to wait for whoever I was meeting with to come down to the main lobby and get me. Only then would I be allowed to enter the working part of the PDC: several floors of cubicles housing urban planners, engineers, transportation experts, and many others.

In its mission statement, The Portland Development Commission states that it values community participation in planning and implementing urban renewal projects. The rules surrounding visiting the PDC building seem to make this a difficult space for public participation. Generally, community involvement is carried out through entities called Urban Renewal Advisory Committees (URACs). These boards are composed of various community leaders representing neighborhoods, business communities, and other individual areas of expertise. To ensure that the board remains representative, there are strict limits of the number of voting members from each neighborhood and from each sector of the community (business, health, etc). While this form of community participation is seen as a valuable step in the right direction for community collaboration, my research revealed that it is not always a perfect system to seek neighborhood input and promote community participation.

Interstate Corridor Today

While there are eleven urban renewal areas in the city of Portland, my research focused on two neighborhoods within the Interstate Corridor Urban Renewal Area.

The Interstate Corridor project is Portland's largest urban renewal area with over 3,700 acres (Portland Development Commission, 2006). The area incorporates business districts, residential properties, parks, and even a section of recently added public transportation, the MAX light rail. The project began in 2000 and is slated to be completed in 2011. When I began my research in 2006, Interstate Corridor was beginning to face many challenges that come along with community change. After six years of active urban renewal, housing prices have climbed drastically, residents have moved out with new ones replacing them, and tensions have started to rise about the future of the neighborhood. These factors along with the several current projects dealing with neighborhood livability in the Interstate Corridor inspired me to look at the true health consequences of urban renewal. As discussed earlier, both planners and public health workers cite connections between urban design and health (Perdue et al: 27). However, many of these connections do not look further than the direct links between walkable neighborhoods and health verses the negative impacts of sprawling suburbs. Within northeast Portland, it quickly became evident that there are many more connections between urban renewal and physical and mental health. It is the purpose of this study to consider all of these links.

Chapter 3 - Literature Review

The purpose of this study is to examine the impact of urban renewal on individual health, specifically focusing on an urban planning model called Smart Growth that is being used in Portland, Oregon. In order to adequately study health in a community, one must consider many other factors. These factors include the environment (both physical and social), community capacity, civic involvement, and the connections between mental and physical wellbeing. This literature review places my research into the context of what other studies have already found. Although the research for this thesis may not be generalizable due to the small sample size, the literature review allows for a foundation of past research with which I may align my study.

Completing this literature review also alerted me to some of the gaps in our current knowledge of this topic. For example, one theme that quickly emerged in my research was the tension surrounding gentrification caused by urban renewal. While the literature reveals a large body of work discussing the health impacts of forced displacement (Halpern 1995, Omidian 1996, Englund 1998, Miller and Rasco 2004), there has been little research committed to studying the health of those residents who remain in a community where displacement of others has occurred.

Although much research has focused on how health connects to the many individual aspects of Smart Growth, both positively (increased civic involvement, walkable neighborhoods) and negatively (gentrification, mixed income communities), only a few studies have tied all of these aspects together and studied the urban planning model as a whole. This is partially due to the fact that Smart Growth is a fairly new concept of urban design. As of yet, most of the literature dealing with the

topic is in the form of theoretical discussions about the model. My research and this literature review aim to first construct a foundation for where I begin my study and then add to the current body of knowledge by addressing the two aforementioned gaps.

Introduction to Smart Growth and Health

Most recently, Smart Growth has been described as a way to combat the negative health effects of urban sprawl, such as obesity and stress (Lopez 2004: 3). In 2000, when many of the Smart Growth policies in Portland were taking full form, the Center for Disease Control reported that a total of 38.8 million American adults met the classification for obesity, and thus, were at risk for chronic diseases including diabetes, high blood pressure, coronary artery disease, osteoporosis, cancer, and stroke (Geller 2003: 1410). At the same time, studies were being done that found a direct link between obesity, associated chronic diseases, and urban sprawl (Lopez 2004: 3). Lopez (2004: 4) argues that urban sprawl and the move to expansive suburban neighborhoods diminishes the ability of residents to exercise, walk, and bike. This is caused by a lack of sidewalks and the presence of long commutes. Because of this, Smart Growth has become a popular choice among developers when redesigning urban neighborhoods.

The physical activity associated with Smart Growth can also affect the mental health of community members. In the past, many studies have found connections between exercise and stress reduction (Owens 2005, Doster, et al. 2006, Edwards 2006). Leyden's research (2003:5) on the built environment and social capital

suggests that residents living in walkable neighborhoods are more likely to know their neighbors, form social networks, and, therefore, have better mental health.

Although there are many health benefits theoretically associated with urban renewal programs like Smart Growth, there is still substantial controversy over whether or not it is actually an effective model to increase individual health. Smart Growth seeks to create multiuse, multi-income, and densely populated neighborhoods. Some studies have shown that multi income neighborhoods may actually decrease the health status of their lower income residents (Robert and House in Albrecht et al. 2003: 125). For example, one line of research suggests it is not simply the absolute level of income that is a determinant for health. Rather, how individuals income level compares to those around them can be just as, or even more, critical (Robert and House in Albrecht et al. 2003: 125). This health determinant, sometimes referred to as "status inconsistency," is evident around the world, and even manifests itself in the Latin American illness of *Susto*. Rubel (1998) describes how *Susto*, an illness causing feeling of depression, loss of appetite, trouble sleeping, and loss of strength, often materializes when an individual feels unable to meet society's expectations (in Brown: 202). In a mixed income neighborhood, lower income residents are constantly presented with lifestyle expectations that they cannot afford. It is possible that mixed income neighborhoods are actually creating a less healthy situation for some residents by causing stress over unmet social expectations of wealth.

Mixed income neighborhoods also pose potential challenges for community collaboration. In mixed income neighborhoods, the desire to have a community voice present in development planning can obscure real power differentials occurring during

decision making. Labonete, (2006) states that the notion of community voice has the potential to become "romanticized" and mask important power inequities among different communities that may subtly threaten the well-being of less powerful groups. Ethnically and economically diverse communities are becoming more common in Portland, and these issues have increased in relevance accordingly. Carl Abbott, professor of urban planning at Portland State University, described the city of Portland in the 1960s and 1970s as a city "whose relatively small, homogeneous metropolitan region could be visualized 'as a single place in need of common solutions," (Mayer and Provo in Ozawa 2000: 17). Today, Portland is not racially or economically homogeneous. These demographic changes make singular solutions less equitable.

In addition to this, more research has to be done on whether physical changes to a neighborhood, such as building more public transportation and creating "walkable" neighborhoods, actually influence people to use these alternative forms of transportation. Though there are many historical situations that seem to suggest that the structure of a community can help determine the behavior of residents (Craddock 2000; Davis 1992; Mumford1961), there is some debate over whether this method actually produces rapid behavior and value changes. As Foster (1969) states,

> It is assumed that successful environmental modification through sound design and engineering will automatically engender changes in behavior. In other words, if people are presented with what planners and designers feel to be better ways of doing things, they will be eager to accept the innovations. Experience shows that this is not necessarily so.

Even if the built environment cannot be used to quickly alter community behavior, there is no denying that environmental changes do affect local health patterns.

There is also debate about whether urban renewal is changing behavior or merely attracting new self-selecting residents. This new group of residents already possesses a disposition to the behaviors that the neighborhood is built to reinforce. For example, most new residents who relocate to urban renewal neighborhoods move from other parts of the central city, not from suburban communities (LeGates and Hartman 1986: 180). Since Smart Growth neighborhoods are often designed to recreate the general benefits of central city communities, such as access to public transportation, housing density, and walkability of neighborhoods, the neighborhood characteristics for these residents will not change that much by moving into a Smart Growth community. There have been similar questions raised about using urban planning to encourage walking and in the creation of social networks. It is possible that more social people choose to move to walkable communities, and therefore already have a predisposition for social networking (Leyden 2003: 5).

Community Capacity

Another important connection between changes in the built environment via Smart Growth and health is community capacity. Community capacity is defined as, "the interaction of human capital, organizational resources, and social capital existing within a given community that can be leveraged to solve collective problems and improve or maintain the well-being of that community," (Chaskin et al 2001, 7). Similarly, social capital refers to "the structures and relationships within social organizations that facilitate coordination and cooperation for mutual benefit," (Minkler and Wallerstein in Minkler 2006, 37). These social organizations can be

composed of both formal and informal relationships. Smart Growth specifically caters to the goal of increasing community capacity and social capital by developing walkable neighborhoods, encouraging community participation, and trying to address the question "to what extent are physical form and a sense of community related?" (Ozawa 2004: 3). Smart Growth seeks to link physical form and community capacity by building densely populated, mixed use neighborhoods that promote community interaction. The more that people walk in their communities, the better the chance that they will know their neighbors (Leyden 2003: 5).

If the built environment does affect community capacity, then this is a likely mechanism for how Smart Growth policy influences community health. There is a large body of research connecting social networks and good health (McKenzie and Harpham 2006: 13). The social networks that are a part of community capacity have been shown to positively impact mental health as well as help community residents overcome barriers to good physical health (Chino and DeBruyn 2006: 596). In fact, Kawachi and his colleagues (2006) argue that the lack of social capital is directly related with poor health status, including many morbidities and increased homicide rates (37). McKenzie and Harpham (2006) state,

> People in some places have better mental health than people in other places. This is not just because of their genetic vulnerability, the physical environment or their socioeconomic status. It also reflects the fabric of society – the way in which communities are set up and people live.

Despite the many studies that show the benefits of increasing social capital within a community, Warren (2006) has been careful to remind us that social capital should not be seen as an alternative to providing greater financial resources and public services to poor communities. Even if an urban planning model can create social

capital and community capacity, this may not be enough to sustain a healthy neighborhood if other aid is not given.

There have also been critiques of studying the concept of social capital as a sole indicator of community wellbeing (in Usher 2006: 113). In the same way that increasing social capital is not a substitute for more tangible aid, studying only social capital obscures other important community factors. One of these factors is the internal power structures of the neighborhood. For example, Portes (2006) notes that in neighborhoods with a wealth of community capacity, "the same strong ties that bring benefits to members of a group commonly enable that group to bar others from access to the group and its benefits," (in Usher 2006: 113).

There are also methodological debates over how to study or measure community capacity. Although tools exist for studying social capital, many do not include all of the aspects found to be connected to it (McKenzie and Harpham 2006: 16). For example, when discussing a community's capacity, how do researchers decide which community they focus on? There are spatially and non-spatially based communities, and often these overlap. Benhabib (2002) suggests that communities have constantly shifting identities that do not necessarily coincide with economic, geographic, or ethnic boundaries. This issue can pose a substantial challenge, and there has been little research attempting to resolve this problem. Despite this, social capital and community capacity are both still seen as worthwhile topics of study and essential pieces of most neighborhood research. They contribute important information to this study, as they add another dimension to how changing the spatial

environment of a community can lead to changes in physical, mental, and social health.

Civic Involvement

Portland has long been known for its active citizen involvement groups. In fact, a 1985 study showed that Portland's neighborhood associations featured "an unprecedented level of commitment to citizen involvement by comparison with other major cities nationwide" (Witt 2004: 84). There have also been connections found between community social capital and the ability to increase neighborhood participation. Often, individuals living in communities with strong neighborhood associations, and therefore higher levels of social capital, tend to participate more than those living in neighborhoods with weak associations (Berry et al. 1993: 95). Following this logic, if Smart Growth can increase community capacity and social capital, it will also lead to increased community participation.

Several studies, however, have revealed that neighborhood associations may not be entirely effective. Despite seemingly positive results of community collaboration, occasionally this method is used more to appease the public than to actually get their input. In fact, according to the Development Director of the Portland Development Commission "the recommendations of the citizen advisory committees are 'attended to', but they do not 'determine' the plans" (Gibson 2004: 70). Within community development, Crewe and Harrison (2002: 162) raise the question, "does merely asking people's opinion constitute participation,

or is something more fundamental required?"   Foucault has written that "power is tolerable only on condition that it mask a substantial part of itself," (Foucault in Barrett 2002: 69). Although community collaboration has the potential to allow for residents to maintain the power of choice while changing the structural elements of their neighborhoods, it can also serve to mask discriminatory policies carried out by the powerful. Citizens may spend many hours working within their associations to develop partnerships rejecting outsiders' plans to change their neighborhood, only to be quickly squashed by high ranking city officials. Often, cities remain committed to citizen participation until it conflicts with economic gain. Even city governments that have worked hard to create strong citizen participation structures must consider their economic situation. As Berry and collegian (1993: 144) have suggested, city administration must balance the welfare of the entire local population against the opinions of a small group of neighborhoods that may oppose a development project.

Economic status has also been shown to play a prominent role in civic involvement. In mixed income neighborhoods, such as the ones that Smart Growth aims to create, wealth may play a role in a person's ability to participate in the community. Fung (2004: 108) argues that those residents with the least economic power may lack the basic resources needed to participate, such as extra time, money, and education. Brown goes further to state that civic involvement often becomes an "alliance of local elites," (in Crewe and Harrison 2002:174). Barriers like these mean that neighborhood organizations are often run by a few dedicated members, although they are still in charge of representing a large number of citizens. One question not

addressed in past studies that then arises, is in constantly changing neighborhoods, such as those currently experiencing gentrification, are the wealthier citizens who have the most resources to participate going to take the needs of residents with lower incomes into consideration?   This is especially problematic because the wealthy / non-wealthy divide in gentrified communities often coincides with the gap between new and old residents; the two groups may not feel as if they are a part of the same "community". Although they are still officially part of the same geographically bounded place, studies show us that a community does not need to be spatially bounded (Anderson 1983).   In a community suffering gentrification because of Smart Growth, a neighborhood association, designed to represent a spatially bounded community, may end up only representing the health and wellbeing of a community of the wealthy, new residents.   Crew and Harrison (2002) have discussed this problem in terms of neighborhood participation within the context of international development. They state that there is substantial difficulty in deciding who should be considered a "local" due to the power relations that surround changing communities.

This brings up another important component of increasing community health, social justice. Minkler (2006: 5) has argued that "social justice is the very foundation of public health and is an ethic that contrasts sharply with the dominant American world view, which is characterized by a market-justice orientation." While much research has been completed on different forms of community health promotion, the idea of health as a commodity for urban planners to sell is a topic that the health community has not fully addressed.

If a program is guided by the economic goals of developers, can it still improve local health? So far, economic markets have shown that Smart Growth developments have become quite popular. Recent studies show that homeowners will pay more for houses in Smart Growth communities than for properties with comparable characteristics in traditional suburban neighborhoods (Eppli and Tu 1999: 73). Although this data reveals the popularity of Smart Growth designs, it has also been used as a criticism of the planning policy. Rising housing costs are a constant worry for those viewing urban planning policy in terms of discrimination and power.

Gentrification

Fears of discrimination are well grounded. Whereas recent urban renewal policies often suggest that the people who currently live in the neighborhood will not be displaced, this often happens anyway. A government grant focused on urban renewal that lasted from 1974 -1988 resulted in the destruction of over 400,000 low income dwellings because they would have "scared away the people they wanted to attract," (Frug 1999: 146). Property developers understand many of the social prejudices of their clients, and while urban renewal projects may not be guided by discriminating policies, they are for-profit projects and therefore must cater to their clients' preferences. Ley (1996: 245) has argued that New Urbanism in particular has led to rapid gentrification, despite its socially progressive goals. In a recent article in the *American Journal of Public Health* titled "Smart Growth: A Prescription for Livable Cities" this issue was echoed in Geller's

argument (2003) that it is possible that Smart Growth can actually limit choice as opposed to increase it by raising housing costs, reducing home ownership, and sometimes leading to displacement. Although goals of health and livability are being achieved, only the economic elite are able to remain in the redeveloped neighborhood.

Several studies have also shown a connection between forced displacement and poor health, (Halpern 1995, Omidian 1996, Englund 1998, Miller and Rasco 2004). Though many of these studies have focused on international examples of either refugee movements or displacements due to major national development projects, such as the building of dams, the results can be seen as similar to those of any displaced person. In the past, most studies of refugee health have focused on the effects of post traumatic stress disorder and other direct effects of violence. Miller and Rasco (2004: 16) argue, however, that the mental health effects of displacement are at least as important to general health as experiences of trauma. These mental health effects can be caused by loss of social networks, a sense of isolation, and grief and stress due to a loss of control over ones own destiny (Miller and Rasco 2004: 3). Cernea (1996) has stated that forced population displacement of any kind can lead to eight different kids of social stressors, two of these being decreased health status and social disarticulation. These two stressors are directly related, as social disarticulation can result in the breakdown of community capacity, which as described before, can lead to lowered health status. To illustrate the intensity of this connection, Halpern (1995) cites the example of New Town, where many residents were forced to relocate from slums to relatively high quality housing. Despite the increase in living standards, the

happiness of residents was not increased, and in fact the move appeared to sometimes result in higher rates of mental illnesses such as depression, (Halpern 1995: 158).

Downing (1996: 2) argues that when people are forced to relocate away from their communities, groups can in fact lose their capacity to solve problems and manage daily challenges. This can be heightened by the loss of community collaboration against local health threats. Social networks that have been spatially created, such as between neighbors, are destroyed. Before, a person may have been able to enlist the support of a neighbor to help in tasks such as providing a ride to the doctor or offering emotional support during a difficult time. After resettlement, however, these networks are threatened or destroyed. These effects of displacement are magnified by the fact that gentrification generally impacts the "urban underclass"- the elderly, lower income, ethnic minorities, and female headed households (Lee and Hodge 1984: 142). Gentrification, in fact, mostly affects those with the fewest available resources to mitigate the challenges of lost social networks.

Through this research, I hope to apply these past studies of the health effects of displacement to also look at how gentrification affects those who remain in the neighborhood. Although there has not been much research into the topic, residents who stay behind will likely feel many of the same social network losses and feelings of alienation as those who are forced to leave their communities. Anderson (1983) argues that communities are not necessarily spatially bound. In this way, the displaced and the citizens remaining in the neighborhood are both essentially being forced from one community into another, and therefore experience some of the same health effects.

Through connections such as these, it is easy to see how the aspects of urban renewal, community participation, social capital, health, and gentrification overlap in many ways. While all five may be seen as individual issues, their boundaries blur when discussing the topic of Smart Growth. It is from the point of these intersections that I frame my research.

Chapter 4 - Theoretical Framework

Although the study of policy has not been a traditional area of anthropological research, more and more studies from the field are beginning to address policy issues and policy makers. Laura Nader (1972) was one of the first to call out to anthropologists to think more about "studying up" or in other words, researching not only the oppressed, but also the powerful. To truly study the way that policies are changing the way of life in a community, anthropologists should also study those who make decisions to implement these policies. In urban renewal, there are powerful individuals not only in the development agency, but also in the community. These power structures are not always visible to someone who is not part of the community. Anthropology lends itself well to going into the field and discovering these local systems of power.

Anthropologists are also well trained to study policy because policies are not created in a vacuum. Their implementation is impacted by economics, historical tensions, and current power structures. Ervin (2005: 47) argues that policy should be a domain of anthropological research because every piece of the policy planning process contains a human component. Shore and Wright (1997: 4) state that the study of policy involves topics such as "norms and institutions; ideology and consciousnesses; knowledge and power; rhetoric and discourse; meaning and interpretation; and the global and the local" all topics that are at the center of traditional anthropology. The policy process is at the center of how we organize our modern world, and because of this we must follow Laura Nader's advice to "study

up". If our world is being ordered by policies, we must better understand those who are guiding this process, and therefore defining our world.

When a city chooses to implement a policy to begin an urban renewal project, it is not just the built environment that will affected. Housing prices will change, neighborhood demographics will be altered, and larger topics such as local health and happiness will be affected. The following three theoretical models explain this connection more deeply.

The New Biocultural Synthesis

While I did not take any anthropometric data during my study, my mindset has been guided by the concepts discussed under the theory of the New Biocultural Synthesis. One of the main points of this theory is that the field of anthropology cannot be separated into the physical and the social, where each side is thought to be unique and unrelated to the other (Goodman and Leatherman 1998). The social is affected by the physical and the physical by the social. The New Biocultural Synthesis takes this connection further by arguing that "humans create their environment and at the same time are created by their environment" (Goodman and Leatherman 1998: 20). This has been particularly useful to this study in understanding how the built environment and our social patterns of settlement can affect biological health. We choose to construct our lives and our neighborhoods in particular ways, knowing that the designs will guide local behavior. Many urban planners are using this understanding to ideally create healthier communities (Frank et al. 2003). But at the same time, these designs are affecting us in ways that we may not expect. Knowing a

community's power, economic, and historical contexts may not completely allow for the prediction of negative impacts of policy implication, however, it would certainly provide more of an opportunity to do so.

The New Biocultural Synthesis is also an essential theory to use to understand the connections between political economy and individual health. It is particularly useful because it moves beyond the basic idea that we are controlled by our environment. In the case of this study, if our behavior was guided solely by our environment, then there would be no question about whether or not urban planners could create an ideal healthy community by altering the physical environment. Although we are affected by our surroundings, the New Biocultural Synthesis also takes into account that it is not only the physical environment that is important, but also the political, economic, and social forces that exist in our lives. Humans are impacted by the building in which they live as well as the people who live around them. Even when a neighborhood's design is just right, internal power structures may not allow all to access the benefits.

Structural Violence

As Paul Farmer defines it, structural violence is "a host of offenses against human dignity: extreme and relative poverty, social inequalities ranging from racism to gender inequality, and the more spectacular forms of violence that are uncontestedly human rights abuses" (Farmer, 2003: 8). Many aspects of life can fit inside this category. Acts of structural violence are ones that prevent individuals from attaining safety. This safety can range from absence of direct violence to the safety of health.

Farmer discusses Amartya Sen's thoughts of acts of structural violence as

"unfreedoms." Sen (2003:8) argues that these unfreedoms can be many things

including poverty, forced displacement, poor economic opportunities, racial

discrimination, neglect of public infrastructure, as well as other acts of the repressive

state apparatus. All of these aspects of structural violence are especially important to

study in the context of the New Biocultural Synthesis. As my study revealed, the local

social environment, including economic situation and discrimination, is directly

related to individual and community health status. The political economic view of

The New Biocultural Synthesis sees these demonstrations of power as underlying all

inequalities and exposing the less powerful to risks that have biological consequences

(Goodman and Leatherman 1998: 21). Farmer (2003) argues that in fact the *most*

significant risk factors for illness are social, with poor health being directly related to

discrimination and unequal power distribution, notable economic power.

The social change that results from urban renewal illustrates much of what

Farmer and Goodman and Leatherman are discussing within their theoretical

frameworks. In our culture today, money is power and urban development is money.

Not having the money to remain in a neighborhood after urban renewal, directly

affects community health. While the more wealthy residents have the freedom to buy

property in a place such as these neighborhoods, poorer residents do not always have

the freedom to stay. As Sen (2003: 8) stated, structural violence can be seen as the

opposite of freedom. It is a situation where the power dynamic has given one group

the freedom to be healthy, many times while sacrificing the same rights of another.

Critical Medical Anthropology

Singer (1998) argues that critical medical anthropology can be defined as the movement to address health issues around the world by combining the topics of social justice, political economy, illness experience, environment, and the health care system (225). Similarly to the New Biocultural Synthesis, McElroy (1996) argues that critical medical anthropology emphasizes the importance of studying local and national health systems in the context of global political-economic situations, specifically capitalism. Many critical medical anthropology theorists believe that health interventions should not be started until the researcher has studied the large scale factors that impact the health issue, such as class structure, historical discrimination, and world economic systems (McElroy 1996: 7).

Another part of the theory of critical medical anthropology that is important to note is its potential use for community application. In the past, critical medical anthropology has largely catered to researchers within the academic community. There have even been questions about whether or not there is a place within the health care world for critical medical anthropologists to do applied work. Singer (1998) argues, however, that in fact critical medical anthropology cannot ever truly be successful without some form of application of research finding. This model puts responsibility on researchers to not only personally benefit from their writings, but to also give something back to the community who participated in the study.

Although these three theoretical perspectives may seem different, they have two major common themes. One is a focus on holism. The New Biocultural Synthesis, Farmer's concept of structural violence, and critical medical anthropology

all discuss how environment, political economy and power structures contribute to individual health and survival. Biology cannot be studied in isolation. All three of these schools of thought add a slightly different perspective, while still emphasizing this point. For a topic such as urban renewal, the connection between environment (both physical and social) and health is extreme.

The three theoretical perspectives discussed in this chapter also share a common desire for action and praxis within anthropology. Although critical medical anthropology has not always had this goal, recently Merrill Singer (1998) has called for a movement "beyond the ivory tower." Goodman and Leatherman (1998: 24) go even further stating that "a hidden and unapproachable ivory tower no longer exists." They continue by stating that the future is intrinsically connected to praxis (1998:24). Farmer is a clear example of this connection, basing his concept of structural violence on his work as a physician and anthropologist.

Through these two major themes, the New Biocultural Synthesis, the concept of structural violence, and critical medical anthropology work together to inform my research. Though they all add unique perspectives in the specifics of their theories, their overlapping pieces are where this project is truly grounded.

Chapter 5 - Methods

This study utilizes various forms of data to accurately depict the urban renewal in this community. Research took place over a period of eleven months, with the first five months devoted to a review of literature and archival data. This included many newspaper articles about the urban renewal project and primary documents from the PDC. After looking at what was available, I chose not to include census data since the last census was done in 2000 when the urban renewal in this community was just beginning. My qualitative data revealed that there have been large demographic changes in the neighborhoods over the last seven years, especially concerning racial / ethnic and economic composition. Because of this, the data from 2000 no longer accurately depicts the community. After the initial work with archival and census data, the next six months of research were spent collecting quantitative and qualitative data that were used to triangulate the results. Throughout this time, I continued to remain up to date on archival data and recently published literature.

Participants

Within the community, participants for this study were recruited in two ways. The first method of recruitment was through a survey that was distributed in local neighborhood association meetings. After the brief quantitative section, survey participants had the choice whether to volunteer for a follow-up, in-depth interview. In total, 59 surveys were collected and of those responses, 8 individuals were interviewed. The group that participated in the in-depth interviews was representative of the interviewed sample in that there was no significant difference between the

means of the interviewed group's questionnaire answers and those who solely completed the survey.

Participants were also recruited through the "snowball" method. In snowball sampling, the initial participants then recommend other individuals who may be able to contribute beneficial information. Snowball sampling is often used when studying social networks or in places where it is difficult to construct an exact sampling frame, (Bernard 2000: 179). In my case, it was very helpful to gain trust quickly within the community. Although those who had seen me at the neighborhood association meeting already knew about my project from a brief presentation that I had given, others in the community may have been unsure of talking to a stranger about their feelings concerning their neighbors and their personal health. By always having someone's name to use when contacting others, the researcher may gain access to those who otherwise might have declined to be interviewed. Through this method an additional 10 interviews were conducted.

Despite the fact that snowball sampling was used, the sample was truly a convenience sample. Many of the names that I received through other neighborhood members, as well as those who self identified on the surveys, chose later not to be interviewed. Many cited lack of time while some just never returned my calls or emails.

Four additional interviews were conducted with community activists and urban planners who had been central to the dialogue on urban renewal in northeast Portland. These participants were located during the review of primary documents such as newspaper articles and community websites and were recruited through email.

Figure 3 describes the demographics of the in depth interview participants.   It

is important to note that all categories are self-identified.

	Age	Gender	Race/ Ethnicity	Affiliation	Time in the Neighborhood
Figure 3. **In Depth Interview Participants**					
1	50	Female	White	Community Member	23 years
2	29	Male	White	Community member	5 years
3	62	Female	White	Community Member	16 years
4	39	Male	White	Community Member	8 years
5	36	Male	White	Community Member	1 year
6	36	Female	White	Community Member	6 months
7	34	Male	White	Community Member	3 years
8	34	Female	Black	Community Member	25 years
9	45	Female	White	Community Member	10 years
10	43	Male	White	Community Member	1 year
11	39	Male	White	Community Member	5 months
12	69	Female	Black	Community Member	25 years
13	56	Female	White	Community Member	14 years
14	27	Female	White	Community Member	1 year
15	32	Male	Black	Community Member	1 year
16	31	Male	White	Community Member	12 years
17	66	Female	White	Community Member	6 years
18	48	Female	White	Community Member	8 years
19	43	Male	White	PDC Urban Planner	2 years
20	35	Male	White	PDC Urban Planner	n/a
21	31	Male	White	Housing Advocate	n/a
22	40	Male	White	Housing Advocate	n/a

One limitation that I found with the way that I chose to recruit participants is

that it was difficult to get a representative sample for the neighborhood. Currently

northeast Portland is experiencing a large amount of neighborhood instability. New

residents are quickly moving in and gentrifying past residents. My survey data

revealed that the median amount of time that neighborhood association members had

lived in the community was 3 years. This fact was also emphasized in community

interviews. Several individuals felt that the new residents have begun to dominate the

neighborhood association. Because of this, the new residents were also those who I

had the most access to in my study.

All of the participants who I interviewed agreed that the neighborhood association was not at all representative of the neighborhood on the factors of race, economic status, and amount of time lived in the neighborhood. My interviews also revealed a large amount of tension between groups within the community, which made it difficult for me to bridge the gaps between these groups within my research. While I was able to gain access to different opinions within the neighborhood association circle (and those referred to me through them), I had a difficult time initially breaking into the group of residents who had lived in the community the longest. When I would ask one of the newer residents about those who had lived in the community for several years, I was told that none of them lived there anymore; they had all been "pushed out." I later came to find that this was not in fact true. Still, it did show me just how divided the community has become. Once I made one contact in the group of long-time residents, it became easier to find others in similar positions who were willing to be interviewed.

Data Collection

Surveys

My research began with general descriptive surveys passed out at two neighborhood association meetings. I was able to administer a total of 59 surveys during the two meetings. The surveys were comprised of basic multiple choice questions covering topics such as how well participants felt they knew their neighbors, their satisfaction with their neighborhood, how they felt their community had changed over the last five years, their thoughts on how the area would change in the next five

years, and their opinions about their physical and mental health. The survey also included a small demographic section dealing with the topics of income, age, time lived in the neighborhood, race, and if they were homeowners or renters.

There are several advantages to using surveys as part of a study. Bernard (2000: 231) argues that surveys enable a researcher to gather data from a large group of respondents in a very short time. Another advantage is that I was able to insert a small section at the end of the survey asking respondents if they would be willing to participate in a follow-up interview. The survey provided access to a large group of community members and a non-invasive way of gaining their contact information.

There are also some disadvantages to using surveys. One main problem is that survey questions do not go into depth or provide the respondents a chance to explain their answers. In the format that surveys were used in this study, it was also impossible to obtain enough completed surveys to create a sample that was large enough to produced results that can be generalized. Despite this, the surveys provided this study with triangulated data and a good way to find out preliminary information about the opinions and demographics of the neighborhood associations.

Interviews

My qualitative data was the result of semi-structured ethnographic interviews. I used this method due to the lack of time of my participants. Bernard (2000: 191) suggests that semi-structured interviews are useful when interviewing community bureaucrats and elite members of a community, or anyone who is used to working off of an efficient schedule. The interviews were comprised of a set of open-ended

questions to encourage participants to express themselves. In comparison to closed questions where participants only choose between answers, open-ended interviews allow for more in depth and clearer answers as well as providing a better assessment of what the participant actually believes, (Robson 2002: 276).

Throughout the research I used two different sets of questions as guidelines, one set for neighborhood residents and another set for city activists and urban planners, although occasionally questions were tailored to fit the specific individual's experience. The questions for community members generally focused on the topics of physical activity, community interaction, opinions about recent urban renewal projects, and information about their neighborhood as a whole. Urban planner and activist questions focused more on the process of planning this urban renewal project and their opinions about how the project has affected health (if at all).

The interviews took place in a variety of locations such as coffee shops, workplaces, and the homes of the participants. All locations were at the request of participants because it was essential to my study that they felt comfortable to express themselves. The interviews generally took between 45 and 70 minutes.

Participant Observation

Though I did not choose to live within the neighborhood where I was conducting research, there were still parts of this study that were guided by the principles of participant observation. Participant observation involves researchers trying to fully experience the lives of the participants (Bernard 2000: 319). Traditionally in anthropology, this has meant going to far away places and living

within the cultural group, trying to immerse oneself in a culture very different from one's own (Robson 2002: 187). While this is an excellent way to learn the experiences of a group, it is not always practical in today's applied anthropology settings (Robson 2002: 187). Despite this, participant observation can still be used to see how people operate on a day to day basis.

Within this study, I used this method by spending a lot of time at coffee shops, grocery stores, and other places identified by participants as centers of community life. While I was in these spaces, I tried to focus on just "hanging out". I would read a newspaper, do some shopping, or make polite conversation about topics such as the weather. Bernard states that "hanging out" in itself builds trust and rapport within the community, (Bernard 2000: 334).

I also attended several neighborhood association meetings. These meetings helped me to better understand the power structures that existed within the decision making process for the neighborhood. Attending these meetings was very useful because although I did ask questions about how the association operated, many studies have found significant differences between what people say in an interview and what they actually do, (Bernard 2000: 233, Robson 2002: 231). Being at the meeting allowed for me to see for myself how they operated.

Both frequenting community spaces and attending local meetings helped me to build rapport within the neighborhood. People got used to seeing my face around and some would say hello. Others would recognize my face when I would interview them later after they were referred to me by way of snowball sampling. I believe that this was an essential part of getting residents to agree to be interviewed as well as telling

me a more honest version of their stories during the research. In addition to the rapport built through just being in the community, I also took detailed field notes throughout the entire research process. These notes helped add considerable detail and understanding about the workings and power dynamics of the community.

Triangulation

Collecting data three different ways, (through surveys, interviews, and observation) allowed for data and method triangulation. Data triangulation is the use of more than one method of data collection and method triangulation is when quantitative and qualitative approaches are combined (Robson 2002: 174). Robson (2002) states that triangulation of data and method is useful in enhancing interpretability such that quantitative survey results may be explained through narrative accounts. Interpretation also results in access to different groups of people and therefore the resulting data is more complete. The use of multiple forms of data collection presents the possibility for discrepancies, but it also serves as a good test of the final conclusions. Ervin (2005) suggests that using a variety of techniques in research not only betters the interpretation, but when the unrelated methods seem to reach similar conclusions, increases the validity of the research.

Data Analysis

Quantitative Analysis

The quantitative questionnaires for this study were analyzed by using measures of central tendency and several tests for significance including Person's correlations

coefficient. Robson (2002) states measures of central tendency are important to look at because they help the research find the best single number to represent the distribution of answers for a question. This figure can come in the form of a mean, median, or mode.

After determining the measures of central tendency for the data, I began using Pearson's correlation coefficient to determine the relationships between my variables. I used my knowledge of community theory, as well as my preliminary coding patterns from the qualitative data to guide the development of hypotheses to test. Two variables were chosen at a time. I used the computer program SPSS to run the correlations. When a significance level of .05 or lower was reported, the variables were determined to have a significant relationship. When the variables did not lend themselves to a correlation, I also used ANOVA tests. The ANOVA test examines whether the differences between two means of two different groups is significant. The ANOVA test is very useful in small samples because it is the simplest version of the versatile technique referred to as analysis of variance (Robson 2002: 441).

Through these tests I was able to examine several relationships that appeared in my qualitative research as well as in the literature. I discovered several significant relationships within the data collected. While all of these significant relationships fit with past research into the topics of social capital, income, physical health, and mental health, the small size of the sample leaves it open for potential error. It is possible that my analysis could have contained Type I or Type II error. Type I error is when the researcher rejects the null hypothesis when it is in fact true. Conversely, Type II error is when the research fails to reject the null hypothesis when it is in fact false.

Nonetheless, since my results compared with those of past studies, I was confident in reporting them in this study

Qualitative Analysis

Grounded theory was used in the analysis of qualitative data. Grounded theory identifies themes throughout the study and allows for the themes that emerge to guide the project. Grounded theory can be described as an "iterative process" where the researcher is continually becoming more grounded in the data (Bernard 2000: 444). As the researcher becomes more and more informed about the topic of study, interview questions as well as hypotheses are updated to fit the early results.

To begin the thematic analysis, I developed a coding system of themes that I had heard repeated in many interviews as well as some that had presented themselves in the literature review. Bernard (2000: 445) states that this method is somewhere between inductive and deductive coding. I had to go through the interview texts several times because some important themes only presented themselves after looking through several transcripts. I then grouped the coded pieces of interviews into categories, which revealed the most prominent themes. I conducted this process separately for the community members and the urban planners / housing advocates. For the community members, the five most prominent themes were: community power, mental health, displacement/gentrification, race, and neighborhood history. For the urban planners and housing advocates the most prominent themes were: displacement/gentrification, business, physical health, and community interaction. Initially after a review of the literature I expected physical health to be a strong theme.

Because I chose to use the grounded theory approach, however, I was able to detect

what themes the community truly felt were important, such as power (or lack thereof)

and mental health.

Limitations

There are several limitations to this study that are important to note. First, as

previously mentioned, by using the neighborhood association as a point of entry into

the community, I was mostly connecting with the residents who were fairly powerful

within the area. Fung (2004: 108) argues that often the residents with the least

economic power may lack the basic resources required to be civically involved.

Although I was lucky in that my snowball sampling allowed me to speak with more

economically and racially diverse populations, the lack of initial diversity was still a

major limitation. These internal power structures of the neighborhood contribute to

what Clifford (1986) calls the "partial truths" of the ethnography. He writes that even

the best ethnographies have hidden truths as "power and history work through them in

ways their authors cannot fully control" (Clifford 1986: 7). By using triangulation I

tried to get a more complete picture of what was happening in the neighborhoods.

Still, time limitations and the difficulty of convincing people to speak with me

impeded me from truly representing every opinion in the area.

Chapter 6 - Findings

The purpose of this chapter is to present the results of my study. Several prominent themes emerged through the interviews and surveys used during my research. I have divided this section into themes, so that they may each be presented in more depth.

Many past studies have acknowledged the fact that being displaced from a community results in decreased health status (Halpern 1995, Omidian 1996, Englund 1998, Miller and Rasco 2004). During this study, however, I focused my attention on the health effects of urban renewal on those residents who remain in the community. My study revealed that those who are being displaced through gentrification are not the only ones whose health is being impacted. Part of the mission of the Portland Development Commission states that their goal is "to bring together resources to achieve Portland's vision of a diverse, sustainable community with healthy neighborhoods" (www.pdc.us). The question, however, is: have their urban renewal projects have actually allowed for this to happen? And if so, for whom?

Physical Health Status

Before I began my research, I expected that health, specifically physical health, would turn out to be a significant theme in my qualitative data. My research revealed that health was a prominent discussion within the neighborhoods affected by urban renewal, but not in the way that I had originally expected. A review of urban planning literature surrounding the topic of Smart Growth showed that many planners felt that this design model held great promise in the creation of healthier communities (Duckart

2005, Geller 2003, McAvoy et al. 2004, Perdue et al. 2004). In fact, even within the PDC, improved community health and livability was cited by both urban planners who I spoke with as obvious benefits of the urban renewal. The values of Smart Growth, notably: increased public green space, bike lanes, access to public transportation, and dense construction leading to walkability, all are said to lead to improved quality of life and better community health (Geller 2003, McAvoy et al. 2004, Perdue et al 2004). My research showed that while this was true for some of the residents, it was certainly not the case for everyone.

Several of the residents did note that the design elements that make exercise more possible were a major draw to move into the neighborhood. One 36 year old female resident who had recently moved to the community stated "I had certain criteria that I wanted when I bought my house. It had to be near enough to bike to work, it had to have a grocery store within walking distance and public transportation, and the park is nice also." Charles, a 31 year old white resident who had lived in the neighborhood for 12 years stated, "People used to not want to walk in the neighborhood, and that is changing". Nevertheless, several of these residents also brought up the fact that it is the new residents, those who have chosen to move into this neighborhood since the beginning of urban renewal, that are benefiting from the design changes. When asked if he thought that the urban renewal had made his community healthier, one local activist who had lived in the area for eight years had this to say: "Well, it's tough. Everything's tough. I think that the people who are here *now* walk and bike more. But that's because they displaced another community.

It would be better if the PDC could have helped make the original community healthier."

Another topic that was generally mentioned when asked about changes in neighborhood health was a dramatic decrease in crime. In fact, over half of the residents interviewed citied a decreases in crime as a major factor impacting a change in their health. "There is less drunkenness – less crime. This was not a healthy place to be" said one resident. Several residents seemed to feel that crime was linked to the changes in racial demographics. One white resident who had moved into the community five years earlier describes the perceived threat in this way:

> I mean, one lady on the neighborhood association board has lived here for 8 years. She talks about how good the neighborhood has gotten because she can walk at night. There's less shootings, drugs and less "dark faces" (makes quotation marks with hands) on the street. I don't know if it's a good thing or not, but they feel safer now.

Although it is true that there are links between safety (and perceived safety) and the amount of exercise an individual gets (Doyle 2006: 19), attitudes such as those held by this last resident only breed racism, a negative determinant for health (Nakamura 1999: 109).

Even for those residents who did bring up the topic of physical health in the form of exercise or crime, it did not seem to be a prominent theme. Out of 15 community interviews, only nine residents brought up the physical benefits of urban renewal. In the majority of these cases, it was discussed in reference to reasons for moving to the neighborhood or, in the case of crime, as one change that has taken place over the last five years. Neither topic was discussed in detail by any participant.

It is also important to note that the term "health" was used somewhat differently by residents and urban planners. When residents spoke of health, they generally were referring to physical or mental wellbeing. They often spoke of the creation of new bike lanes, the fact that people walked more, or how great the park was for physical activity and meeting neighbors. Urban planners, however, more often seemed to be using to the word "health" in an economic sense. Business was a prominent theme in my interviews with the planners, and this seemed to carry over to how they discussed health. This sheds an interesting light on the PDC's mission statement, which discusses the goal of creating "a sustainable community with healthy neighborhoods". Creating a "healthy" neighborhood for the PDC may have more to do with constructing attractive homes to sell and providing a space for new boutique shops and restaurants, and less to do with ensuring that all residents have equal access to the benefits of progressive urban design. When the PDC uses the term health, it refers to a more generalized idea, a macro use of the term. In contrast, study participants personalize the usage of the term and discussed it at the micro level.

Not only are planners often speaking of the economic health of the community (as opposed to physical health), but they also see health as a commodity that can be sold to the residents of Portland. Although, many of the urban design components used in this renewal project could be seen as linked to increasing physical health, these design characteristics are often used because they have the potential to create revenue. As one urban planner stated, "livability always sells well in Portland."

The difference in the use of the term "health" between community residents and urban planners demonstrates the difficulty in using this term. It can even become

somewhat reductionist to use the term "health" in a singular way, as it represents such a variety of ideas. This also demonstrates why qualitative research is so important in a study such as this. When I was unsure of how an individual was using the term "health", I was able to clarify through a question or through the surrounding context of the interview.

Mental Health

My analysis revealed that although residents did not talk about physical health in much detail, they were very interested in discussing changes in their mental health after urban renewal. Out of 15 in depth community interviews, all but two residents discussed this topic, most at great length. This theme is important to note for two specific reasons. First, many past studies have highlighted the strong connections between the mind and the body (Chino and DeBruyn 2006, Nakamura 1999, Scheper-Hughes and Lock 98). The quantitative data from community questionnaires administered for this study supported this connection, as mental and physical health were found to be significantly correlated past the .01 level.

Figure 4. Relationship Between Physical and Mental Health

		Physical health	Mental health
Physical health	Pearson Correlation	1	.339(*)
	Sig. (2-tailed)		.010
Mental health	Pearson Correlation	.339(*)	1
	Sig. (2-tailed)	.010	

* Correlation is significant at the 0.05 level (2-tailed).

Therefore, even if the residents are not identifying physical health changes as major

issues in their neighborhood, the fact that mental health has become a notable topic

suggests that physical health will also likely be affected.

The strong presence of mental health in interviews is also significant because

the urban planners who I spoke with from the Portland Development Commission had

highlighted increased social networks, leading to better mental health, as one of the

core goals of the urban renewal programs. One planner at PDC stated,

> We've kept our city on a human scale, a walkable city. It is very forward
> thinking. The city has designed many spaces specifically as places for people
> to meet, so social capital was definitely a goal. All of this leads into creating a
> healthier and more livable city.

The literature on the Smart Growth also cites strengths of the model being

increased community capacity, which has been strongly correlated with mental health

(Chino and DeBruyn 2006, McKenzie and Harpham 2006). In fact, several studies

have connected lack of social capital with poor health status, including many

morbidities and increased homicide rates (Kawachi et al. 1997, Sampson et al. 1997).

This hypothesis held true for my study as well. Data from surveys conducted during

the process of this research revealed that individuals who reported knowing their

neighbors extremely well also reported higher average levels of mental health, and an

ANOVA test of this relationship revealed significance past the .05 level.

Figure 5. Relationship Between Mental Health and Neighbor Relationships	
	Mean Mental Health Rating
Know neighbors very well	1.58
Know neighbors somewhat well, not very well, not at all	2.1

(Mental health: 1=excellent, 5=poor)

It is important to note that throughout this study, mental health status was self-assessed. Long and Collegian (2005: 485) state that self-assessed health status is very useful because it is one of the most inclusive methods to measure many aspects of life contributing to survival that are not accounted for by other health indicators.

In the context of Smart Growth, Duckart (2005) has argued that the move to the suburbs has led to isolation of residents and a decrease in civic involvement (9). Barton and Tsourou (2000) have cited the connections between increased walkability and good social capital, largely due to providing an alternative to the isolating world of automobiles (102).

The literature seemed to point to obvious mental health benefits of Smart Growth, but there seemed to be a wide variety of feelings about how mental health changed due to urban renewal in my study. On the positive side, many residents felt that the community interaction and access to green space greatly contributed to their positive mental health.

Lisa, a 36 year old white woman and a new resident to the neighborhood, said she was pleasantly surprised about how easy it was to make friends in the community. She largely attributed this to how accessible her neighbors were. "Mentally, it is really great going to the grocery store and knowing that these people live in the neighborhood. People go outside and play in their yards and the street – that's really fun. And the park is just so beautiful."

Christopher, a white resident who moved to the neighborhood right before the urban renewal project began, echoes Lisa's feelings about community interaction. Christopher also noted that while there are major rifts in the community between new

and old residents, he finds that he has been able to maintain relationships with both

groups. "There is a lot of interaction here. If I walk down the street, I'm saying hi to 3

or 4 people. And when I walk in the alleys, I know the people's names" said

Christopher.

Lance, another white resident who choose to move into the area for the central

location and high standard of living put it this way:

> I know my neighbors from being involved in the neighborhood association. I
> have found it to be a place where people want to know each other. To be
> frank, we are living out the model that Portland as a city has for us. We aren't
> living in suburbia – there would I know my neighbors? I don't think so, at least
> not like this.

Despite the fact that several residents discussed positive benefits of strong

community organizations and interaction between neighbors, nearly all of the residents

also cited examples of where the mental health of some has been decreased through

the urban renewal. As was the case with physical health, the residents who seem to be

experiencing most of the positive mental health effects are those who have recently

moved in to the neighborhood.

Sarah, a white woman and long time resident has seen her neighborhood

change several times. For Sarah, the last five years have been very difficult. Many of

her friends have moved away and now she feels that the newer residents do not want

her around anymore. She said:

> A lot of the new people are very disrespectful to the elders of the
> neighborhood. They try to tell us what we should want and what we should
> accept. So do I feel healthier? No….no. This has been very stressful for me.
> I've been called all sorts of names. We've been shunned. The social stress has
> really negatively impacted my mental health.

Sharron, a black woman who has lived in the neighborhood for many years agrees with Sarah that the community has experienced dramatic changes over the last few years. "I can't recognize my own neighborhood now. There are so many new people. Now a day, it's like all the people look the same, but I don't recognize any of them" she said.

Other residents felt that they had personally experienced the benefits of the urban renewal, but had noted that some groups within the community were dealing with new pressures. The exclusion of diversity is very hard and it has led to hostilities within the historically redlined neighborhood" stated one male, African-American resident. "There are definitely rifts between old and new residents" said another community member. Although all but one of the research participants mentioned that there was increased tension in the neighborhood, one of the white residents who has lived in the neighborhood for 25 years stated "there has always been tension in this neighborhood. It's not urban renewal." Despite this, other long term residents seemed to feel considerably more stress today than they did ten years ago.

Negative mental health effects also seemed to disproportionately affect the low income residents who had lived in the neighborhood for many years. Quantitative data analysis conducted during this research revealed a correlation between income and mental health status that was significant past the .01 level. The below chart and table demonstrates this relationship:
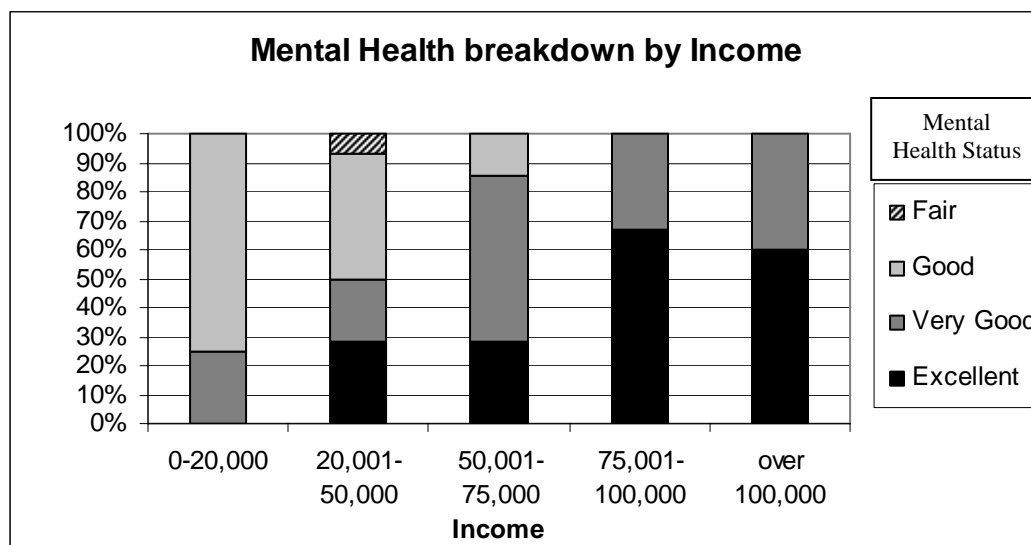
Mental Health breakdown by Income

Income

Figure 6. Income and Mental Health

Figure 7. Relationship Between Metal Health and Income

		Mental health	Income
Mental health	Pearson Correlation	1	-.359(**)
	Sig. (2-tailed)		.008
	N	56	54
Income	Pearson Correlation	-.359(**)	1
	Sig. (2-tailed)	.008	
	N	54	56

** Correlation is significant at the 0.01 level (2-tailed).

This relationship was also evident between income levels and rating of the neighborhood as a place to live. Wealthier residents were more likely to rate the neighborhood as an excellent place to live, where many lower income residents did not feel this way. The following table illustrates that a test of Pearson's Correlation revealed significance of this relationship past the 0.05 level.

Figure 8. Relationship between Income and Rating of Neighborhood

		income	Rate neighborhood
Income	Pearson Correlation	1	-.287(*)
	Sig. (2-tailed)		.032
Rate neighborhood	Pearson Correlation	-.287(*)	1
	Sig. (2-tailed)	.032	

* Correlation is significant at the 0.05 level (2-tailed).

My qualitative research also supported this relationship. When asked if he thought that the urban renewal changes had bettered the mental health of the community, one 27 year old white resident said "for the mental health of those who used to live here – no way, but for the new people yes. There is no mix of people like there used to be. There is really no where for lower income people to shop or live. It's kind of a slap in the face for all of the old residents."

Alex, a younger white resident who had chosen to move to the neighborhood about two years before the urban renewal project began, stated his frustration and confusion about his place in the community after all of the changes. "I think I feel more alienated now. Seeing the neighbors change to people who are driving nice cars. And they have a lot of stereotypes about people who were already here. I don't really fit in…don't really want to fit in maybe." Some of these negative mental health affects could be related to the fact that the neighborhood has recently changed from a predominantly low-income community to a more mixed income, catering mostly to high-end boutique stores and homes. Urban planners in support of the Smart Growth model have often stated that the best way to create a livable, healthy community is to promote mixed-use, mixed-income communities (Geller 2003: 1411). Ironically,

however, this model which is espoused as making communities healthier may actually

be detrimental to the health of poorer residents. When individuals are surrounded by

lifestyles that they cannot afford (in this case, expensive restaurants and boutique

shops) it can lead to mental health problems such as depression. Dressler (1998) states

that this phenomenon can be described as "status inconsistency" and often happens

when an individual's style of life exceeds their economic class. While I do not have

enough data to conclude that this has become a large problem in the neighborhoods I

studied, there was certainly tension between economic classes resulting in feelings of

alienation within some residents.

Within the two neighborhoods in which I conducted research, the topic of

mental health was also related to several other themes. Displacement, community

power, racism, and control over the narratives about community history were all

directly related to changes in resident mental health.

Displacement

One of the main themes that emerged from my research, both from interviews

conducted with community members as well as my discussions with housing

advocates and urban planners, was the displacement occurring within Interstate

Corridor. As stated before, many past studies have cited connections between poor

health and involuntary displacement (Halpern 1995, Omidian 1996, Englund 1998,

Miller and Rasco 2004). Displacement can cause loss of social networks and a feeling

of not knowing one's place in the new neighborhood (Downing 1996). One

community housing worker described the health effects of relocation this way:

There are dramatic increases of low income families of color being forced to move to areas with no public transportation and no services. You want to know about public health for those folks?....I mean, come on, let's be serious here. These people are put in the decaying rings of the suburbs. The only unhealthier place for people is right in the central city, and at least there, people who work downtown have to face them everyday. Now, no one sees them.

In the current urban renewal being experienced in Portland, most of those being displaced are moving to Vancouver, WA. It is easy to not pay attention to the severity of gentrification when individuals are moving to an entirely different state. As the quote above says, no one can see them now. Because of this, it is also easy to deny that a true problem exists. No research has been done to document exactly how many residents have been forced to move out of the area (as opposed to those who may be leaving by choice). While residents do not all agree about whether the gentrification has been good or bad, all but one of the residents noted that it has happened on a large scale. Within the PDC however, I received somewhat mixed messages. One urban planner when asked about whether there had been gentrification in Portland replied

Oh yeah! Everywhere, especially in Interstate Corridor. What has happened in the northeast part of town has been a major source of anxiety, anger, tension, and disagreement here. A lot of the African American community has been displaced, for better or worse – I'm not an expert.

From another planner from the same organization, however, I received this answer: "I'm not convinced that gentrification is happening. How can you ever know why people are leaving? The people are probably leaving because they made money on their homes." This disconnect within the Portland Development Commission shows a lack of understanding about the community experience of urban renewal in Portland.

The lack of acknowledgement from the PDC that the urban renewal has caused displacement has a significant impact on the mental health of the community. Anna, a 34 year old black resident who has grown up in the community, feels that the neighborhood cannot move forward in collaboration with the city until there is an understanding about the gentrification issue. She repeatedly stated that there can be no collaboration without trust, and at this point, history has shown the local African-American community that they cannot trust the city to take responsibility for injustices. "The city and the PDC have to acknowledge what has been done in the past so that the healing can begin" she stated. Peter, a local fair housing advocate agreed with Anna, "PDC has just washed their hands of it. They haven't done anything to take responsibility yet." While he blamed the PDC for not preventing gentrification, he did not place all responsibility on the organization:

> Gentrification, although partially due to urban renewal, is also caused by racism. Then it becomes this center of economic osmosis that can't be slowed or controlled. PDC is not the only one to blame, but then again, they haven't done anything on the front end to help with affordable housing.

When there is no effort to maintain affordability in rents or property taxes, inevitably some residents will not be able to weather the changes brought through urban renewal.

Residents also expressed frustration, both during interviews and at community meetings, that the PDC did not hold true to its promises of protecting existing residents. One 32 year old black resident who acknowledged that he soon may not be able to afford to rent property in this neighborhood stated:

> PDC was talking about making sure that people didn't get moved out and that is just not happening. People have been forced to move. Rents are going up and landlords want to sell the properties and such. This was a forgotten neighborhood. It was run down and property levels were really low. But now things are completely different.

Coleen, a 69 year old black woman and longtime resident expressed similar concerns

directly to PDC officials during one Urban Renewal Advisory Committee meeting:

> Now, I've been living here for years and years and years. In the beginning of
> this project, a certain amount of money was there to keep current people where
> they were and community participation was active. But the money didn't come
> and there wasn't any room to say anything in protest. They were heavy into
> it, the members of the community. But when the money didn't come in, the
> community couldn't stay active. Some had to leave and the others didn't trust
> anymore.

The loss of long term residents to gentrification has the potential to negatively affect

the health of the entire community. While most studies of health and displacement

have focused on the wellbeing of the displaced, those who stay behind are also

impacted. In the same way that social networks and community capacity is lost for

those who are displaced, those same networks are disrupted for the remaining

residents. As one white resident who had lived in the community for 23 years noted

when asked if she felt that the urban renewal program had increased community

interaction (as claimed by PDC), "this has always been a strong neighborhood. We

always interacted. We always had strong personal networks here. The urban renewal

didn't create anything new there." Social networks such as those described by this

resident have been found to increase health status by allowing for more community

problem solving ability as well as contributing to better mental health (McKenzie and

Harpham 2006). By breaking up these existing communities in the name of economic

development and increased livability, the Portland Development Commission actually

causes new stressors for residents to deal with. New residents may be benefiting from

the design of this community, especially if they recently moved from somewhere

where social interaction was more difficult, but what about the existing residents?

When urban planners say that this project will make healthier communities this again raises the question, healthier for whom?

Throughout my study, I spoke with several people who had moved into the neighborhood after the urban renewal had begun. For many of them, gentrification was noticeable, but not a huge problem. Their social ties were not being broken, since they really did not know the long-time residents. One theme that did seem run across many of their discussions of gentrification, however, was guilt. Out of the six residents I interviewed who had moved into the neighborhood after the urban renewal began, five mentioned feeling guilty in reference to the topic of gentrification. One of these residents said he feels very conflicted because he loves his new community so much, but still feels bad about being a part of the gentrification. "It's easy to say, I made it here, I'm the cutoff point – no more development, sorry, you just missed the boat. But urban renewal doesn't work that way. We're all guilty" he explained. Another new arrival to the neighborhood stated "I came here partially for the diversity. Now, some of the things that brought me here initially are getting scuttled out. And people just like me are causing it." This shows that even though new residents are not suffering the direct health effects of being displaced, or even the loss of social networks leading to decreased mental health status, they are still subject to some emotional distress in the form of guilt. It is also important to note, that the residents were reporting self-assessed levels of guilt and that these may be various levels of the emotion.

Guilt is seen as such an important emotion that it is considered to be strongly related to clinical disorders including depression, binge eating, social phobia, and

post-traumatic stress disorder by the American Psychiatric Association and the World

Health Organization (Ferguson et. al. 2000). On the other hand, expressions of guilt

can also be conscious responses to the violation of certain norms and values (Ferguson

et. al. 2000). The residents could be expressing guilt over violating a personal moral

code that is against gentrification. In fact, one long-time resident felt that this was

precisely what was happening and had little sympathy for those new residents who

have moved in and then become upset by the gentrification process. "Some white

people almost feel guilty about displacing other people. Please! Everyone who moves

in changes the area. They say "Ooooh, I want diversity and now it's leaving" – but

they buy the property anyway! You can't have it both ways" she stated. However, it is

significant to note that feelings of guilt were on the minds of new residents enough for

it to come up in response to questions about their community (they were never asked

about guilt or responsibility). To truly determine the connection here, however, more

research is needed.

Community Power

The most prominent theme that emerged from my ethnographic research was

the concept of community power. Many people brought up this concept when

discussing the interaction between the Portland Development Commission (PDC) and

the community. The PDC states in its vision of community participation: "PDC

understands that involving members of the public in its projects, programs and

decision making is essential in creating better projects that enhance community

livability, sustainability and pride" (www.PDC.us 2006). Despite this claim, nearly all

of the community members cited at least some dissatisfaction with the way that the community participation during development projects had been carried out. Before the PDC decided to make the Interstate Corridor a funded target area, much of the local community development started with heavy neighborhood involvement. One 62 year old white resident who has lived in the community for 16 years recalled:

> What we did, the neighborhood associations started really getting together when there were gang problems. We identified things that were needed. We escorted kids at Halloween because they were too scared to get out, and we reached out to elders who were sleeping in their bathtubs because they were so afraid of the gunfire. When the urban renewal started we really just wanted to retain and maintain what was already happening in the neighborhood.

After the urban renewal in the area began, however, many of the residents felt that their power decreased greatly. One resident remembers that after the PDC took over with the project, things changed quickly. "I've seen the developers push the limits without regard to current residents. And we were really the ones who laid the ground work for this project," she recalled. Other residents also brought up the strong history of community action in the neighborhood. The Albina Community Plan was one of the first movements toward neighborhood improvement in this area. It was written in the early 1990s by citizens from nine neighborhoods in northeast Portland (Gibson 2004: 67). One local activist had positive memories of the writing of the Albina Plan, but again felt that the city's developers did not allow for the community to have much power. "The opinion of the city was "it's really great that you have this plan, but we have a plan for the future, and you don't really have a place in this future" he stated.

An urban planner from the PDC had similar complaints about the way that community interaction has generally been carried out in the past. He stated:

> We ask the community to review our budget, but they really don't have any power. We ask for their input, but they really don't have any authority. If I were them, I'd be pissed – it's probably really frustrating. They are reviewers not approvers, and we need to be more clear about that.

This feeling of dissatisfaction with the city and the Portland Development Commission was especially strong when people felt that they had been lied to. "It makes it even harder when they (the PDC) say something and don't follow through" said one white local business owner. During a discussion about the redesigning of a street at an Urban Renewal Advisory Committee meeting, there was a large disagreement over whether or not to use the plan that the community had come up with. The representatives were not in favor of using the community's plan. One African-American neighborhood representative expressed the difficulty of going back to her neighborhood with news that the local opinions had not been respected.

> As a stakeholder, it was very hard to do this –they will not get the feeling that their input was valued. If the people who came to the planning meetings feel that they were not heard, then there will be much more public dissention. The African American community is just looking around and saying "that's typical." How do you go back and tell the community "thank you for your input, but you didn't really give us the right answer?"

Another white resident echoed this opinion, stating "there's a lot of history about being listened to in this neighborhood, and a lot of distrust. That's true anywhere but it is especially acute here"

The engrained mistrust of the city was present (or at least acknowledged) in most of my interviews with residents who had lived in the neighborhood for many years.

The feeling of powerlessness in the public participation process has affected the attendance at neighborhood association meetings, one of the only channels for

community involvement in the urban renewal project. One white resident who had

lived in the neighborhood for eight years, expressed concern over the challenge of

getting people to come to meetings. He stated,

> The higher income and professional households are just too busy. Some
> people have language barriers. Renters are also less likely to feel invested into
> the neighborhood. And a lot of people just don't get involved because they
> think that it is a rigged game. I guess it kind of is. Nothing we say is really
> going to get heard. The neighborhood association has no real power. In the
> past, we've said our piece and they've gone ahead and done whatever they
> wanted.

This text highlights the fact that participation was down partially because of a feeling

that no one really listened to their opinions anyway. Another resident, however,

disagrees with the claims that the PDC has not involved residents. Karen, a white

woman who had lived in the neighborhood for 25 years stated,

> The community has been heavily involved. There are about 100 people who
> have been involved to some extent. We've had a lot of say in the process.
> Residents from all over got really involved – there were only a few of us
> business people to begin, then a few more. Not everyone got their way, but
> whenever you work with a large group of people there are always some
> unrealistic ideas

Looking at the quotes together brings up an important power structure in place within

this community. Some residents feel that the community has been involved, while

others feel that there are barriers in the way of their participation. Fung (2004) argues

that residents are often prevented from participating due to their lack the basic

resources needed to be involved civically, such as extra time and money (Fung 2004:

108). Poorer residents may feel excluded because meetings are held at inconvenient

times or they are not child friendly so the resident must pay for childcare. Halpern

(1995) states that the feelings of exclusion from the planning process may have a

negative health effects for residents, whether or not the resident agrees with the final decision made (161).

The mental health effects related to community participation are not confined to those who do not attend planning meetings. When residents continually state their opinions at community planning sessions and never see any evidence of this in the final decisions, it can lead to a feeling of helplessness. One resident noted this in saying "there are some community meetings where we can all go, but I haven't seen any policies reflecting our opinions. It's frustrating, you know, it's upsetting. We've tried to talk to them, but they just don't take us into account." Halpern (1995) argues that this lack of control and feelings of powerlessness in community change are strongly correlated with mental health issues such as depression (164).

Discrimination and Racism

In the two neighborhoods in which this study took place, community power largely connected to issues of race. When residents would speak of the differences between the individuals who had lived there for many years and those who had recently moved in, occasionally they were also alluding to their feelings about racial differences in the community. There are undertones of this in the following quote from Lisa, a woman who was fairly new to the neighborhood. "I don't really know any of the old residents. I don't think that I've ever really talked to any. Maybe there are just cultural differences" she said.

Many other residents also discussed the concept of race, although I never specifically asked about it. Michael, a resident who had lived in the neighborhood for

eight years had this to say when asked if he interacted more with his community after

the urban renewal:

> Sure, I interact more with the community now. There are more people who are behaving in ways that I feel are appropriate. It's not necessarily a racial or ethnic thing…well…let's just say if I see someone petting their cat or gardening, I'm going to say hi. If they are singing along to rap music, I'm probably not going to say hello.

It is important to note that not everyone, or even the majority of people, that I

interviewed shared opinions such as these. Several of my participant cited diversity as

one of the main reasons for moving into this area initially. Despite this, the implicit

racism such as that described above impedes the development of social networks,

which are essential to maintaining a strong and healthy community (Chino and

DeBruyn 2006, McKenzie and Harpham 2006). Not only is health affected through

the lack of social networks, but social stress brought on by racism and discrimination

has itself been connected to poor mental health status (Nakamura 1999: 109).

Williams and collegian (2000) have argued that some studies have shown that this

mental distress can lead to such conditions as depression, elevated blood pressure, and

even cardiovascular disease.

Racism has also resulted in a lack of community power for minority groups in

these neighborhoods. One white resident recalls that while there used to be a lot of

diversity within the neighborhood association, the community's only real avenue for

decision making in the urban renewal project, now it is nearly all white. "For many

many years we had a very diverse neighborhood association. These last 2 years the

businesses have started getting involved in the neighborhood association and there are

a lot of new residents. We don't have as many black members attending as we used

to." This could partially be due to the changing neighborhood demographics, but it could also be an indication of unwelcoming attitudes present in the community.

It is also important to note that the racial tensions within these neighborhoods are not only affecting the black community. Sarah, who has lived in the area for many years, stated that as a white, long-time resident she felt extremely alienated now. She felt that the new residents did not like her for trying to maintain some of the neighborhood's identity from before renewal, and the black residents who have lived in the area for a long time lumped her together with the other new white residents who are causing the gentrification. She described it in the following way:

> The other thing that I have noted is that when I'm walking around the neighborhood, the black people who I come in contact with who I don't already know won't meet my eyes. They look away and seem to have this look like "screw you." I just want to wear a button that says "I've been here since 1985." It makes me feel really alone here.

While many of these tensions have come to the surface with the demographic changes resulting from the urban renewal project, a local fair housing advocate felt very strongly that all of the blame for this should not be placed on the Portland Development Commission. He stated that when you take the history of the neighborhood into account, the real institutionalized racism of the area can be seen. "The redlining and the issues after the Vanport floods all made minorities in this area feel inferior. There is no question that urban renewal threw gasoline on the fire, but the PDC is not the only one to blame," he said.

Also, although the PDC mentions diversity several times throughout the plans for the urban renewal area in which I worked, it is unclear exactly how they define this term. For example, many of the primary documents associate this term with

discussion of the community's African-American history. Despite this, one urban planner stated "diversity is about what people do, skin color is actually a very small part of this." As was the case with the term "health", it seems that again, the PDC is referring to the business side of the issue, in this case, economic diversity. This could lead to misunderstandings between planners and residents, as the community members nearly always used the term "diversity" in the context of race.

Power over Historical Narratives

The concept that PDC was not the only guilty party in some of the perceived negative outcomes of urban renewal was not an opinion held by just the housing advocate. Many others made note of the history of the neighborhood that continued to fuel distrust of city organizations, racial tensions, and uneven power relations in the community. What was most interesting to me, however, was the lack of continuity in these historical narratives. The history of the neighborhood, as constructed through the narratives of my participants, was diverse, reflecting various pieces of the stories told in history books. Dalton and Collegian (2007: 187) argue that places, and our memories of them, are social constructed and charged with energy. They shape community and individual identities through how we remember them. In northeast Portland, control over the history of the area is a constant battle. Many of the issues occurring today that deal with rightful ownership and gentrification end up coming back to the community's history. One white resident repeated several times during her interview, "this was never a black neighborhood." Others made a point to note the

strong African-American heritage within the community. One long-time white

resident described the current gentrification in the following way:

> If you go back far enough, this neighborhood was a solid, blue collar neighborhood. When the money moved out, it went downhill. There were gangs and violence. Now there is an economic shift back to what it used to be.

Another white resident stated:

> This used to be the heart of the city of Albina – largely working class and African American in the 40s and 50s. There was another town called Vanport that was mostly African American. It was built like New Orleans with levies all around. It flooded and the African American residents were displaced into north and northeast Portland. This was a town where there was fierce redlining and African Americans couldn't get loans. The African Americans in Portland almost all lived in Albina. In the 80s and 90s police officers used to call this area the Compton of Portland. There were burned buildings and lots of crime. The city of Portland called out all money and care for the neighborhood. But the community of Albina thrived anyway and there was a lot of civic engagement.

A third described the history of change in the neighborhood like this:

> In the 1800s and the early 1900s this neighborhood was Finnish and Swedish. People always say that this was a black community – it wasn't. There were only a few black businesses. It was a strong blue collar community – always a vibrant and strong community. After WWII, the GI Bill allowed for people to move into the suburbs. At the same time the Vanport Floods happened. The white people scattered throughout metro. Portland wanted the black people out of town. Right or wrong, that's what was. They had to have a place to go, so they came here and occupied the homes that the white people didn't want. It was mostly the elderly who were left here from before. The city actually came in and condemned a house that belonged to an elderly woman and gave it to a black family – it's sad but it happened. It was mostly middle aged and young black people moving in. Sure this is their home now, but it *was* a white neighborhood.

Feelings of ownership and identity are tied to how we view our location and

therefore play strongly into today's opinions as well. When taken together, the

various community narratives can be used to construct a clearer picture of not only

what happened in the past, but also some of the power dynamics of today. Foucault

(1980) argues "the history which bears and determines us has the form of a war rather than that of a language: relations to power, not relations of meaning" (114). It is not necessarily important today whether these two neighborhoods were black or white neighborhoods historically. What is important, however, is the battle that surrounds this issue today.

History is embedded with power. By emphasizing a certain historical narrative, a resident is trying to give one group power in the community. When a resident makes a point to say "this was never a black neighborhood," they are also making power judgments about ownership today. Denying this form of historical ownership, lessens the injustice of the current gentrification that is disproportionately affecting African American groups. It also can make the groups being denied historical ownership lose a feeling of belonging to the community. Keys and Kane (2004: 815) argue that this is a common occurrence in refugee populations who lose their feeling of belonging in their old home, and once displaced have difficulty developing a sense of belonging in their new community. Kohut (1977) has also argued that belonging, which is part of the need to establish and maintain relatedness to others, is integral to survival, mental health, development, and growth. Tensions over belonging may also impact social cohesiveness, community capacity, and the health benefits associated with them.

Not only do disagreements over the historical narrative threaten the cohesiveness and mental health of the community today, they also impede the ability of the neighborhood to move into the future. Nassar (2002) argues that while it is not essential for a community to decide on one common historical narrative, there at least

must be consensus that several narratives exist. If there is a constant battle over which one story is true, the community can never move forward, as the history "forms the foundation on which a nation views its present and its future" (Nassar 2002: 36). While he discusses this topic in the context of nations, the same can be said of communities. Young (2000: 431) continues this line of thinking by stating that any goal of creating a singular identity in a bound space will ultimately fail because it creates not one, but two identities: that of the insider and that of the outsider.

For the most part, my community interviews revealed a general frustration with the PDC for not taking into account these local feelings of history and neighborhood character. As we sat in his home overlooking some of the largest development projects in the neighborhood, one white resident described his frustration about how the buildings looked. "They just don't fit the character of the neighborhood" he stated. Rick moved to the community before the urban renewal began. Initially he had high hopes for the project, but he has become jaded by the way the PDC has chosen to ignore the feelings the community. "The crucial failure is not involving the real people of the neighborhood," said Rick. He continued to say that if the planner had spoken with the residents, maybe they would have been able to prevent some of the tensions that exist today.

Focus on Long Term Residents

Although many of the specific dialogues have been discussed throughout this section, it is useful to spend time looking specifically at long term residents as compared to new residents because their experiences have differed so greatly. For the

sake of this thesis, "long term" is defined by residents who have lived in this community for over six years, therefore demonstrating their experience of the neighborhood before urban renewal.

One of the main differences between new and long term residents concerned the feelings about the PDC's goal to "create community" in the neighborhood. While new residents notice the establishment of a new community as they move into the area, long term residents are angered by the idea that community can be "created" from scratch in an area where another one already existed. One white resident who had lived in the community for 23 years described her feelings in the following way. "This has always been a strong neighborhood. We always interacted. We always had strong personal networks here. The urban renewal didn't create anything new," she stated strongly. Urban planners and some of the new residents tended to suggest that the community before urban renewal was not strong, largely due to the amount of crime. Long term residents acknowledged the crime in the past, but did not see this as preventing community capacity.

Long term residents also approached the topic of community participation for the urban renewal project with more skepticism. As supported by quotes from residents stated in the previous sections on community power and racism, historical discrimination in the area combined with feelings that their voices were often not heard by policy makers, make many long term residents feel that there is little use in actively participating today.

These examples demonstrate some of the differences in experiences and opinion between new and long term residents. These issues make the situation in this

community very complex, with the categories of income, race, and length of time lived in the neighborhood all potentially causing conflicts between residents.

The Portland Development Commission (PDC)

My interviews with Portland Development Commission planners revealed that while the community was concerned about maintaining current neighborhood character, involving residents in the planning of projects, and improving their livability, the PDC officials had very different priorities. In fact, both interviews revealed that the only real priority of the PDC was business. Though business and economic development did not prominently factor into my analysis of resident texts, it was the second strongest theme within my analysis of the urban planners. This analysis also shows a lack of interest in discussing other topics such as livability and community interaction. Although the planners both noted the health effects of good urban design, only one stated that community wellbeing was a taken into account in the planning process. More often, it seemed that health was being viewed by the urban planners as a commodity.

When asked about why the Smart Growth model, which emphasizes walkable communities with accesses to open spaces and public transportation, was chosen for Portland, one planner responded "all of those things sell really well. Livability always sells well in Portland". This comment confirms the opinion of one community resident who stated, "I don't think that the PDC has done anything to make us healthier. I think that Portland has been getting healthier and PDC has jumped on the bandwagon to make money."

Throughout my interviews with residents, community housing advocates, and urban planners, the theme of a focus on revenue within the PDC's was always present. One community housing advocate noted that this monetary focus does not necessarily mean that the PDC is intentionally acting without discretion of the community:

> Their main goal is to create revenue. This goal is often at odds with the community goals. When the main goal is to make the community better then you have to decide what is better. PDC thinks that revenue will make communities better. Some people feel that to make their community better they need more affordable housing. The question is, is better, better for everyone?

When the goal is solely to create revenue, people's lives quickly become diminished to dollar signs. Focusing on business also complicates the interaction with community. As one community member put it, "the pace of community cannot keep up with the pace of business." This sentiment was demonstrated at one community meeting that I attended. The meeting was organized around a presentation by a developer who was planning to build a large complex of condos and stores. The developers made a point to state that they would be happy to come back as often as needed, but the plans would be put through in early November. Since this was October and the neighborhood association only met once a month, meeting again before the plans were put through was not easy to accommodate. For the community, one month's time to plan seems like a rush. In business time, it is simply too long to wait. Because of this, even when developers do want community input, their schedules are not designed to accommodate it. This not only adds to tensions between the community and the planners, but also does not allow for developers to truly understand the community's history and character before beginning a project. As

discussed earlier in this thesis, both of these factors could negatively affect the health of the community.

Chapter 7 - Conclusion

The themes that became apparent throughout the course of my research show that while positive community design in the form of Smart Growth may increase the health of some residents, it certainly is not a guarantee of improved health status for all. In fact, urban renewal may actually decrease the health of some. This results largely from the effects of gentrification. Many past studies have also concluded that forced relocation can contribute to negative health for the displaced (Halpern 1995, Omidian 1996, Englund 1998, Miller and Rasco 2004). My research, however, also connected negative health effects with those remaining in the community. There were even some negative mental health effects for new residents in the form of feelings of guilt.

Because social networks are such a strong component of community health, the more connected an individual is to those who are displaced, the more negative health effects they will most likely suffer. The following diagram illustrates this relationship.

Figure 9. Mental Health Effect Distribution after Urban Renewal
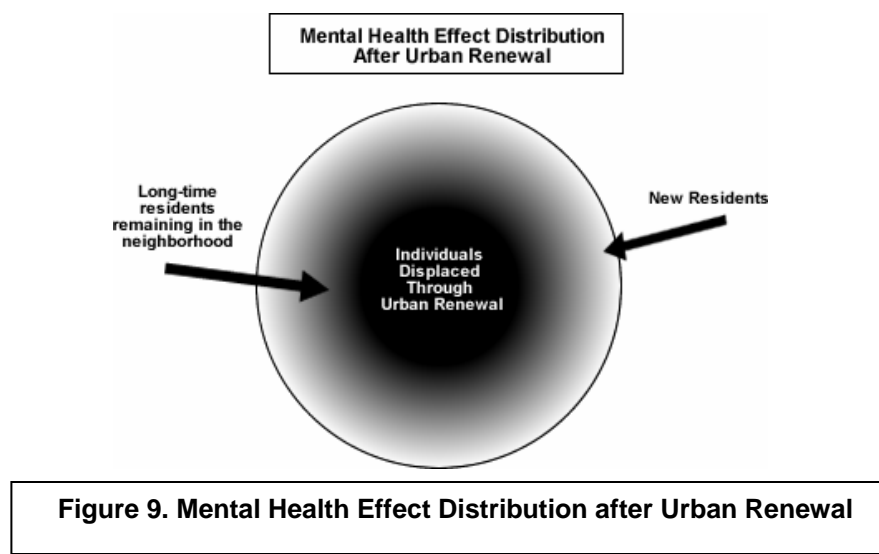
While this relationship may not hold true for everyone, it does demonstrate the fact that negative mental health effects are not confined to those who are forcibly displaced.

Some of the negative mental health effects found in the long term residents can be attributed to a loss of social networks within the community, discrimination leading to alienation and feelings of powerlessness in the development process. Many of these factors are related to the process of gentrification that often accompanies urban renewal (Frug 1999, Geller 2003, Ley 1996). Social ties are broken as long time neighbors are replaced by new residents who often appear to have less in common with long-time residents. This feeling of disconnection was cited by both new additions to the community and long term residents during interviews. Not only does this prevent new social networks from forming, but it also leads to feelings of alienation between groups of residents because they do not feel that they have much in common with each other

The results of this study also show a significant feeling of powerlessness within the development planning process. This is partially caused by a history of distrust within the community and also related to the incompatible paces of interaction between the community and business. Although loss of control over the future of a community has in the past been connected to negative health (Halpern 1995), frustrations with the city and the PDC have also given the residents a reason to come together in many instances. Several residents cite feeling that their community has been made stronger by jointly dealing with the development process as well as other local challenges. Despite this positive impact, the discussions about development are

nearly always held within neighborhood association meetings or other PDC initiated meetings, and as Fung (2004) has cited, this is not always an accessible avenue for participation for everyone in the community because of economic and time constraints.

The findings of this study showing the possibility of negative health effects associated with Smart Growth contradict many past theoretical discussions on the same topic within the urban planning community, although they seem to fall in line with research in the same area. Duckart (2005) argues that actual studies on the connection between Smart Growth and health have not produced conclusive results, despite the positive potential noted by urban planners. Often, these theoretical discussions within planning circles refer to improvements in overall health status within communities. Portland, for example, is often cited as being rated number one among the 100 largest cities in the country in meeting the Health People 2000 goals (Geller 2003: 1413). This could mean that Smart Growth is working to make communities healthier (as Geller would suggest), or it could be an indication that Portland is a healthy city that is a good market for progressive and "healthy" planning. The latter hypothesis is backed up by some community members as well as an urban planner from the PDC during this research who stated "health, green space, and public transportation, all of those things sell really well. Livability always sells well in Portland."

As for statistics showing increased health status within neighborhoods, several residents note that urban renewal is not fixing the problems, it is just moving them to other communities. This also coincides with the fact that many of the residents who

did cite increased physical activity and social networks were those who had moved in after renewal. As Farmer (2003) argues, poverty is often a structural factor leading to poor health. Following this logic, when gentrification causes lower income residents to leave and they are replaced by higher income individuals, it would make sense that the overall community health status would increase (whether or not the urban planning design is working). Qualitative methods were chosen for this study precisely to guard against this kind of oversight. By conducting in-depth interviews, I was able to note the complex connections between economic status, time lived in the neighborhood, and health. Quantitative measurements alone might have missed the overlapping social causes to health changes and then cited Smart Growth as improving community health. The mixed methods used in this study allows me to understand factors such as individual mobility (in and out of the neighborhood) and community power that both add to the analysis of quantitative data showing improved health status. This method also permits a more in-depth discussion with residents about how the urban renewal has affected their lives, therefore grounding the results in local experience.

The findings of this study contribute to our overall understanding of the connections between environment, political economy, and health. A basic ecological approach would suggest that individuals shape their own environments, and in return their environments shape their social and political lives (Salzman and Attwood 1996:169). This study draws on an approach more similar to the New Biocultural Synthesis that acknowledges that the environment plays an essential role in the lives of humans, but other factors such as political economy also affect behavior. Humans are constantly influenced by their environment. Still they are not entirely controlled by it.

History, economics, and local power dynamics all play into who is able to benefit from a positive environmental change.

As stated in the background section of this thesis, Portland is often referred to as the "capital of good planning" (Mayer and Provo 2000: 9). It is a city often looked to as an example of the ways in which to design cities. Because of this, there is great potential for positive change throughout the country influenced by policies within Portland. If the health of Portlanders can be increased through creating more walkable neighborhoods, then it is good for the country. If, however, the health benefits of Smart Growth are merely a mask to create revenue, then we risk the same situation being repeated many times over. Although after completing this research, I do believe that there is much potential for this model of urban planning. As one affordable housing advocate put it, "with this model, when there is good planning, all those health benefits are there." I believe this because many of the new residents who are moving into the community are experiencing them. The most important factor for health success in a Smart Growth urban renewal project is to take care of the existing residents first and then integrate new residents into the community. Urban planners need to find a way to invest in the existing community before the project begins and continue this throughout. The following chapter is a description of recommendations that emerged from this research to do precisely that.

Chapter 8 - Recommendations

The purpose of this section is to present recommendations for the Portland Development Commission that have emerged from this research. Many of the recommendations have come directly from the residents who participated in the study. Others are a synthesis of opinions of many residents. I have chosen to structure many of these recommendations around goals that the PDC has set for the Interstate Corridor Urban Renewal Area during the design phase of project.

The following recommendations are designed to address negative health determinants associated with urban renewal that emerged through the qualitative portion of my research. These recommendations would ideally have been applied at the beginning of the urban renewal, however they could be applied at this time to the Interstate Corridor Urban Renewal Area to mitigate some of the ongoing problems.

In order to increase the health of both existing and new residents, as well as meet the goals laid out by the Portland Development Commission, I recommend the following:

1) During the planning stages, develop diverse avenues for community participation, as opposed to relying entirely on the neighborhood association system.

2) Make roles of community members in planning process more clear so that residents do not feel that they are being ignored by the PDC.

3) Evaluate the current state of displacement within the neighborhoods to end denial within the Portland Development Commission that it is happening.

4) Apply more money to affordable housing in the beginning stages, as opposed to waiting to fulfill this goal until six and a half years after the implementation of the renewal project.

5) Expand upon the goal of recognizing the historic and cultural heritage of the community by not only preserving this through the built environment, but also

making an effort to highlight the many community memories and experiences of the past through exhibitions and open dialogue.

1. Create More Opportunities for Participation. The goals and objectives listed on the website for the Portland Development Commission for Interstate Corridor includes a portion describing the guiding principles for community outreach. This section states:

> The planning and implementation of the Interstate Corridor Urban Renewal Area will be founded on a thorough, ongoing, and inclusive community involvement process. This process will build capacity within the community by providing specific, consistent, and culturally appropriate opportunities for all community residents, businesses, and organizations to access and impact urban renewal decision-making.

Despite this goal, the residents who I spoke with all mentioned that the only avenues for community participation were the neighborhood association and the urban renewal advisory board (a board containing representatives mainly chosen through the neighborhood association). This comes into conflict with the goals of the PDC. All of the 18 residents who I interviewed noted that the neighborhood association was not representative of their community. Most felt that there was not nearly enough representation of low income and racially diverse populations. Because of this, the community participation model as set by the PDC is not inclusive enough.

Because past studies that have shown the lack of equitable access to neighborhood associations, (Fung 2004: 108), it is recommended that community outreach occur through several avenues. Alex, a younger resident who moved in right before the urban renewal project began stated that he felt that while many of the plans and programs (such as the entrepreneurial grants) designed by the PDC were useful, they were not always publicized throughout the neighborhood in the best way. He stated:

>They (the PDC) should have asked for more input, should have gone around knocking on doors or something. Maybe there was a resident here who wanted to open a business. But they have been oppressed for so long, they just don't realize that they have access to these things - they are too busy trying to put food on the table. We needed more outreach, some effort to empower the community to invest in their own neighborhood.

More programs should be designed to get input from residents who may not be active in other community organizations because of economic or time constraints. A combination of door to door and telephone outreach, open community forums (at times other than just weekday nights and with child care provided), and printed educational material distributed throughout centers of community life such as coffee shops, grocery stores, and other local businesses, would allow for greater and more equitable community education and participation. Anthropology can play a role in this process in several ways. First, anthropologists are taught to study local structures of power and discourse. Information such as this is essential to learning who may not be able to access the traditional forms of civic participation, as well as understanding the barriers to community involvement. Discussions with residents guided by the anthropological perspective can also help determine possible new avenues for participation. By focusing on the opinions and experiences of residents, new alternatives will have a greater chance of success within the local context. Anthropologists can also use their training in communication and cultural understanding to assist in creating an environment that is welcoming to changes such as those purposed.

2. *Clarify Community Roles in Planning Process*. Throughout the urban renewal

process, much stress was derived from the community's frustration with the Portland

Development Commission. Many residents felt that their opinions were not being

heard. The one exception to this was the community member who I interviewed who

served on the Interstate Corridor Urban Renewal Advisory Board. One PDC planner

(who was also a resident of Interstate Corridor) blamed this frustration and stress on a

miscommunication between the PDC and the residents of the community. When asked

to evaluate the current community participation relationship in the Interstate Corridor

he stated:

> We need to be more specific about the community's role. We ask them to
> review our budget, but they really don't have any power, we ask for their input,
> but they really don't have any authority. If I were them, I'd be pissed – it's
> probably really frustrating. They are reviewers not approvers, and we need to
> be more clear about that.

Community members would serve as active stakeholders if they are informed about

their role and decision-making abilities in the planning process. The lack of trust

between the city's development organizations and the community residents

discourages community participation and leads to a feeling of powerlessness. This

feeling has been correlated with negative mental health (Halpern 1995: 164).

Clarifying the role of community members in the planning process of renewal projects

and increasing avenues of participation would both lead to feelings of empowerment,

as opposed to powerlessness, and increased community capacity. Both of these

factors could contribute to increased community health.

3. *Evaluate the current state of displacement*. Despite the strong qualitative evidence

supporting the fact that displacement is occurring, there is still be some argument over

this within the Portland Development Commission. Of the two planners who agreed

to speak with me, one cited displacement as a major problem in the Interstate Corridor

Urban Renewal Area, while the other stated "I'm not convinced that gentrification is

happening." Since one of the main goals of the urban renewal project, as stated in the

"Goals and Objectives" document is "to benefit the existing community" by

controlling displacement so that residents may "remain in their homes and

neighborhoods" it is important to evaluate whether or not displacement is occurring.

Not making an effort to know the truth allows for denial within the PDC. This also

incites hurt and frustration within the affected communities. As one longtime African

American resident put it, "the city and the PDC have to acknowledge what has been

done in the past so that the healing can be done."

Since the PDC is primarily funded through local tax money, they have a

responsibility to the citizens of Portland. The recommendation from this research is to

administer a brief questionnaire to all residents of urban renewal neighborhoods who

sell their homes or terminate leases to evaluate the rate of gentrification in the area.

These results would then be made public to the citizens of Portland. The

questionnaires used in this evaluation would contain basic demographic questions as

well as a place to fill in reasons for leaving the neighborhood. Even if the return rate

was not extremely high, the triangulation of data from qualitative interviews and

conversations in community meetings with the quantitative survey data would provide

some concrete evidence that gentrification is actually occurring. This evaluation

phase of urban renewal projects will lead to more accountability within the development organization. No longer will it be enough to set "goals and objectives" about keeping residents in place, but there will be evaluation of this to see if it is actually happening.

Once data has been collected showing the extent of gentrification, the PDC will have to financially support programs to deal with it. Currently, although there are many statements in PDC documents stating that provisions will be made to aid displaced families, without proof of it occurring, there is little pressure on the organization to do anything about it. As Nolan (2001) argues, evaluation is an essential piece of all successful development projects. Increased accountability to community members will encourage trust, respect, and funding to help displaced individuals, all of which could lead to increased community participation and health.

4) *Apply more money to affordable housing in the beginning stages of urban renewal.* Three of the main housing goals listed in the PDC's Goals and Objectives" statement deal with maintaining the existing community and encouraging a "mix of incomes" including an "adequate supply of housing that is available to people of all income levels." These goals were set at the beginning of the project in 2000. Despite the emphasis put on maintaining affordable housing, it was not until 2006 when large amounts of community pressure forced the PDC to pass a policy to set aside 30% of all Tax Increment Financing (TIF) funds (the main source of funding for the organization) to use for affordable housing in urban renewal areas. By this time, according to my qualitative research, much gentrification had already occurred. All of

the housing advocates and urban planners I spoke with confirmed that it was not the choice of the PDC to set aside these funds for affordable housing.

It is important to note, however, that affordable housing does not necessarily mean low-income housing. Affordable housing, as determined by the 2006 set aside policy, comes in a range of options. For the community where I worked, properties would be available in the following ranges: (1) Rental properties costing between 0-30% of the Median Family Income (MFI), (2) Rental properties costing between 31-60% of the MFI, (3) Homeownership costing between 0-60% of the MFI, and some units, both rental and ownership costing between 60-100% of the MFI. The Department of Housing and Urban Development has listed the Median Family Income for a family of four in Portland as $63,800.

One local housing advocate had been dealing with the affordable housing issue now for several years. "The PDC says that we can't put money into affordable housing on the front end because we need to make money – that's bullshit" he stated. Putting money into housing in the beginning of a project is the only way to begin to stall the effects of gentrification. The only question then is, is the PDC implementing urban renewal to make money or to "benefit the existing community" as their "Goal and Objectives" state? If it is the latter, then more money must go into affordable housing at the beginning or urban renewal.

5. *Expand upon goals to recognize the community's historic and cultural heritage.*
The PDC's statement of "Goals and Objectives" includes "recognize, honor, and preserve buildings, sites, and other features associated with the diverse cultural and

social heritage of the area, particularly that of the African-American community" as a major goal.   I recommend that this goal be expanded beyond the preservation of sites and buildings to the recognition of this history through community exhibitions and dialogue. These exhibitions could be in the form of posters hung up in various centers of community life such as coffee shops, libraries, and stores.

It became clear through my research that the battle over historical narratives in the community was a source of stress among residents. This stress over belonging has been connected to negative health outcomes (Kohut 1977). Time should not be spent deciding which of the historical narratives is the correct one. Instead, all of the histories should be recognized. The long tradition of African-American civic involvement, the white blue collar neighborhood before WWII, and the strength of the community today. All of these stories are important to the people who live in the community and so all should be highlighted. Nassar (2002) argues that for a community to thrive, there must be a consensus that several narratives exist.

Highlighting the historic and cultural history of the community could also bring new and old residents together. The newer residents would be better able to understand why the long-term residents feel so strongly about some local issues. Even more so, if the PDC were to be in charge of collecting and displaying these narratives, they also might better understand the character of the community. In the particular neighborhoods where I completed my research, most new residents know only about the area's past in terms of high crime rates. If there is no connection to the community of the past, there is little desire to preserve existing residents.

Currently, the PDC states that their mission is "to bring together resources to achieve Portland's vision of a diverse, sustainable community with healthy neighborhoods, a vibrant central city, a strong regional economy and quality jobs and housing for all." The recommendations in this chapter are only valid if the Portland Development Commission continues to state that this is their mission. If the true goals are only to create revenue, then the proposed changes in this chapter may be ineffective or unrealistic. But as a city organization, funded primarily through local taxes, the Portland Development Commission has a responsibility to create stronger communities, ones that foster both physical and mental health. To do this, they must remain committed to their current mission statement to create healthy neighborhoods, a strong and sustainable economy, and housing opportunities for *all*.

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APPENDIX

Community Questionnaire

Opinion Questions

1) On average, how many days a week do you use public transportation (MAX rail, bus, etc.)?
   a. 0
   b. 1-2
   c. 2-4
   d. 5-6
   e. Everyday

2) How well would you say you know your neighbors?
   a. Very well
   b. Somewhat well
   c. Neutral
   d. Not well
   e. Not at all

3) How do you rate your neighborhood as a place to live?
   a. Excellent
   b. Very Good
   c. Good
   d. Fair
   e. Poor

4) Do you feel that your neighborhood has improved, stayed the same, or worsened over the last five years?
   a. Improved
   b. Stayed the Same
   c. Worsened
   d. Not sure

5) During the next five years or so, do you expect that things in your neighborhood will improve, stay the same, or worsen?
   a. Improve
   b. Stay the same
   c. Worsen
   d. Not sure

6) How do you rate your physical health?
   a. Excellent
   b. Very Good
   c. Good
   d. Fair
   e. Poor

7) How do you rate your mental health (considering issues such as stress and depression)?
    a. Excellent
    b. Very Good
    c. Good
    d. Fair
    e. Poor

8) How do you feel that your health (physical and mental) has changed over the last five years?
    a. Improved Greatly
    b. Improved
    c. Stayed the same
    d. Declined
    e. Declined Greatly

9) On average, how many days a week do you get some form of physical activity?
    a. 0
    b. 1-2
    c. 3-4
    d. 5-6
    e. Everyday

10) Which statement do you agree with the most?
    a. I exercise more than I did 5 years ago
    b. I exercise less than I did 5 years ago
    c. I exercise about the same amount that I did 5 years ago

11) Please Rate the top three things that you value in a neighborhood community

    _____ Lots of community events

    _____ A place where you know all of your neighbors

    _____ Lots of sidewalks

    _____ Parks / open spaces

    _____ Access to schools / stores / parks within walking distance

    _____ Privacy

    _____ Local boutique stores, coffee shops, etc

    _____ Variety of housing types (single family homes, condos, apartments)

    _____ Safety

    _____ Providing enough homes that people can afford to buy

    _____ Public transportation

    _____ Short commuting time

    _____ Other (please write in) _____

    _____ Other (please write in) _____

    _____ Other (please write in) _____

Demographic Questions

1) Age _____

2) How long have you lived in this neighborhood? _____

3) Racial background _____

4) Household Income
   a. Less than $20,000
   b. $20,000-$50,000
   c. $50,000 - $75,000
   d. $75,000-$100,000
   e. Over $100,000

5) Which of the following categories best describes your current housing situation?
   a. Homeowner
   b. Renter
   c. Other

Thank you for your participation.

_____

If you would be willing to participate in a more in depth interview at a later date about this same topic, please provide your contact information below. **THIS IS COMPLETELY VOLUNTARY**

Name _____

Phone_____

Email _____