



## **Anticipated Effects of Residential Displacement on Health: Results from Qualitative Research**

Research Summary

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## Trinity Plaza Apartments Focus Group Results

### Background: The Proposed Demolition of the Trinity Plaza Apartments

In 2003, a development proposal called for the construction of about 1400 new condominiums on the site of the Trinity Plaza Apartments, which included 377 rent-controlled units. In May 2003, tenants at the Trinity Plaza were served with eviction notices by the property owner. The evictions notices gave tenants a bit more than the 30-day notification requirement as well as an indication the move-out cost required by the San Francisco City and County of about \$1,000 per tenant would be provided. As reported by the San Francisco Bay Guardian, “[T]he property owner’s plan would lead to the eviction of about 500 Trinity residents and the loss of 360 rent-controlled apartments. The new towers would hold 1,410 rental units, all market-rate except the minimum required 12 percent set aside as low-income housing.”

The permit for the demolition of the apartment building required an EIR. The initial environmental study conducted by City Planning officials concluded that effects on housing affordability and the fates of displaced people were not environmental impacts because demolition and redevelopment would not in a net loss of dwelling units. At a public hearing, residents and tenant advocates challenged this determination, arguing that displacement of people was itself a physical impact which would create stress, would result in poorer housing quality for tenants, and would destroy cohesive communities.

The Program on Health, Equity and Sustainability (PHES) of the San Francisco Department of Public Health (Department) conducted this research was to learn about the potential effects on health and well being of long-term tenants who faced eviction due to proposed demolition. The Department aimed at exploring the issue of eviction and its related health and social consequences from the perspective of the people experiencing it by hearing the tenant’ stories in their own words. To do this, two community focus groups with tenants who received eviction notices were conducted in the February and April 2004.

### Displacement: A Threat to Public Health

Redevelopment, renovations, conversions of residential property can result in increased rents, displacement, and even homelessness these effects can have indirect adverse effects on human health by causing poverty, loss of social support, and substandard living arrangements.

Unaffordable housing is a key dimension of poverty, arguably the most important predictor of poor health in the population. Households with incomes up to several times the full-time minimum wage can pay more

*“Displacement would cause me to miss my neighbors and friends at Trinity, which are like my investments through the years as a resident at Trinity. The owner fails to realize that we are a community and not structures, units, or buildings.”*

—Trinity Plaza Resident on the health impacts of the proposed demolition that would destroy her and her neighbors’ home.

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than half of their incomes for housing.<sup>1</sup> When housing is unaffordable, people often sacrifice other material needs including food, clothing, and health care services. Nationally, those with incomes in the bottom fifth of the income distribution and paying 50% of their incomes for housing have an average of \$417 to cover all non-housing monthly expenses. Children from low-income families receiving housing subsidies have increased growth compared with children whose families were on a subsidy waiting list, an observation consistent with the idea that subsidies provide a protective effect against childhood malnutrition.<sup>2</sup>

If displaced residents are forced to relocate outside of their neighborhood, valuable supportive family and community relationships can be lost both for those leaving and well as for those remaining behind. Strong social relationships protect health in multiple ways. Neighbors, friends, and family provide material as well as emotional support. Support, perceived or provided, can buffer stressful situations, prevents damaging feelings of isolation, and contributes to a sense of self-esteem and value.<sup>3</sup> In the Alameda County Study, those with fewer social contacts (e.g. marriage, family, friends, and group membership) had twice the risk of early death, even accounting for income, race, smoking, obesity, and exercise.<sup>4</sup>

One of the most severe consequences of displacement is homelessness. Community assessment of homeless families in an East Coast community for example, have found that as many as 26% of such families had been evicted or locked out, while 17% of housed poor families had also recently experienced eviction or lock out. In another study among shelter residents in 1992, found that 14.8% of families came from rental housing.<sup>5</sup>

Over 350,000 Californians are estimated to be homeless.<sup>6</sup> A particularly disturbing trend is the rise of family homelessness. It is estimated that between 80,000 and 95,000 homeless children exist in California.<sup>7</sup> According to a 2003 survey by the U.S. Conference of Mayors,<sup>8</sup> Requests for emergency shelter assistance increased by an average of 13 percent in the 25 large cities surveyed. Twenty-three participating cities reported that lack of affordable housing was the leading cause of homelessness.

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<sup>1</sup> The State of the Nation's Housing. Joint Center for Housing Studies of Harvard University. 2003.

<sup>2</sup> Meyers A, Frank D, Roos N, Peterson KE. Housing subsidies and pediatric nutrition. Archives of Pediatrics and Adolescence. 1995; 148:1079-1084.

<sup>3</sup> Cohen, S, Underwood, LG, Gottlieb, BH. Social Support Measurement and Intervention. Oxford University Press. New York. 2000.

<sup>4</sup> Berkman LF, Syme SL Social networks, host resistance, and mortality: a nine-year follow-up study of Alameda County residents. American Journal of Epidemiology. 1979; 109(2):186-204.

<sup>5</sup> Shinn M, Baumohl J. Rethinking the Prevention of Homelessness. 1998, National Symposium on Homelessness Research. <http://aspe.hhs.gov/progsys/homeless/symposium/13-preven.htm>

<sup>6</sup> Governor's Environmental Goals and Policy Report. Sacramento: Office of Planning and Research, 2003.

<sup>7</sup> Governor's Environmental Goals and Policy Report. Op Cit.

<sup>8</sup> The United States Conference of Mayors Hunger and Homelessness Study December 2003.

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Homelessness contributes to a number of other well described physical, behavioral and mental health problems in adults and children. Lack of housing and the overcrowding found in temporary housing for the homeless have been found to contribute to morbidity from respiratory infections and activation of tuberculosis. Substandard housing, such as that used by the homeless population, often lack safe drinking water and hot water for washing; often have ineffective waste disposal, intrusion by disease vectors (e.g., insects and rats); and often have inadequate food storage, all of which have long been identified as contributing to the spread of infectious diseases.<sup>9</sup> A 1994 study of children living in homeless shelters in the Los Angeles area found that the vast majority (78%) of homeless children interviewed suffered from depression, a behavioral problem, or severe academic delay.<sup>10</sup> Among sheltered homeless men and women, age adjusted death rates are several fold higher than in the general population.<sup>11</sup>

### Methods

Information on the health impacts of eviction and displacement were obtained through focus groups with tenants at Trinity Plaza. The assessment focused on individual and family's experiences with the possibilities of evictions due to the proposed demolition of Trinity Plaza; the tenant's beliefs about the impact of this displacement on their health, and on children; and beliefs about services and interventions that would ameliorate the impact of displacement on individuals and their families [See attached appendix for complete questions and protocol]. A total of two focus groups were conducted in early spring, 2004. Tenants were recruited by word-of-mouth and through community leaders residing in Trinity Plaza. Both focus groups were conducted in English at a local community center. A total of twenty-four tenants participated in this community assessment.

### Findings

**Healthy Neighborhoods** The focus group first asked participants about how they define a 'healthy neighborhood'. Results from both tenant focus groups on this issue were surprisingly similar. For example, participants spoke of their ability to lead independent and active lifestyles, particularly important among the seniors and disabled participants, as a result of the central location of their residence. Many felt a sense of safety at their apartment building, which allowed some tenants to work late-night shifts, a common practice among low-wage workers. One participant reflected:

*There is access to city transportation. You feel safe coming home late at night from work – living here allows flexibility.*

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<sup>9</sup> US Conference of Mayors, Op. Cit.

<sup>10</sup> Zima BT, Wells KB, Freeman HE. Emotional and behavioral problems and severe academic delays among sheltered homeless children in Los Angeles County. American Journal of Public Health. February 1994 Vol 84: 260-264

<sup>11</sup> Barrow, SM, Herman, DB, Cordova P, Stuening, EL. Mortality among Homeless Shelter Residents in New York City. American Journal of Public Health. 1999; 89: 529-534.

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**Social Cohesion** A second theme among the focus group participants related to the concepts of social cohesion and social capital. Many of the residents in Trinity Plaza had long tenancies, (participants averaged 5 years tenancy), and felt a strong connection with the neighborhood. Most of the participants reported feeling safe to ask their neighbors to pick up their bills when they are away traveling; others spoke of sharing in prayers groups, but yet, perhaps the most compelling statement was shared by an elderly resident whose husband suffers from Alzheimer's and who does not have relatives nearby:

[I] don't feel as I'm disturbing my neighbors when I ask for help when my sick husband has fallen and I cannot pick him up.... I know there is help around....

In terms of social capital, participants spoke of building networks with nearby merchants and services, by utilizing local markets, like the farmer's market and the flea market on the weekends; by getting involved in local church and school activities, by investing in their community. Yet another important factor in building social capital, as shared by several tenants, was the integration of generations in the building's activities. While a large portion of the tenants residing at Trinity Plaza are seniors or disabled, there is also a substantial proportion of families with young children at the Plaza. The following statements were shared by participants in the two groups about their experiences while residing at Trinity Plaza:

*Children [have an opportunity to] learn cultural values from the senior residents living at Trinity.*

*Seniors have access to services and families with children have access to schools*

*[T]he community supports each other – we are like each other's extended family*

**Eviction, Displacement and Health Impacts** Both the events that led up to the threatened eviction and the eviction process itself clearly caused a great deal of stress for the tenants. Families had particular concerns about the lack of stability in their children's lives. Even those tenants who wanted to leave because of a stressful relationship with the landlord or poor condition of the home, felt compelled to keep their homes so that their children would not have to change schools and neighborhoods. The following was shared by a tenant who does not have young children, but who has shared her community with them while residing at Trinity Plaza:

*The community is so attached that displacement will be traumatic to the residents.*

*Children will lose their peers and forced to go through another transition. These traumatic experiences will cause sadness in the children.*

In addition to the issues related to children's well being, tenants spoke of the fear that arose from the eviction notice, which some claimed were related to being subjected to varying degrees of slum housing practices by landlords, or 'Constructive Eviction'.

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*We are fearful, feelings are hurt, and [we're having] difficulty speaking about displacement, stressed, sleeplessness, anxiety, and the issue has been constantly going on.*

*I am quite emotional. The stress has caused my hernia, which is affecting my health. Now, I must worry about losing my home and losing my health.*

*Management is forcing tenants to move out on their own – so if something needs to be repaired, fixed, painted then management will not do it until someone complains.*

Most of the tenants expressed frustration with their attempts to get their landlords to do basic repairs and upkeep of their homes, such as painting and fixing broken windows and damaged floors. More important, there were several complaints about faulty or useless appliances such as washers and elevators. Generally, the tenants were very concerned about their options once evicted, particularly as it related to the conditions of the homes they may have to resort to living once evicted. This concern appeared rooted in the low to moderately-low income of most tenants participating in the focus group, which is indeed reflective of the larger community residing at Trinity. Several tenants reported that prior to living at Trinity Plaza; they were spending well over half their monthly incomes on rents. The following statements illustrate these fears and concerns:

*I have been pushed and forced out of my country, I was homeless in my country, I was homeless in L.A., and I don't want to be homeless once again. I do not want people and myself to go through the experiences that I have lived.*

*I feel that someone has invaded my security while in the process of achieving it. I feel I had finally got the opportunity to settle down and be able to enjoy life at the age of 64, but now I have to worry, as I wonder where I'm going to move to when there is a lack of comparable rent in San Francisco.*

## **Conclusions**

The loss of affordable housing stock is a frequent occurrence, resulting from inadequate policies to produce and maintains housing stock for diverse social needs. This initial effort to ascertain the health impacts of eviction due displacement provides compelling evidence for public policies to prevent to the loss of existing affordable housing due to redevelopment of existing affordable housing.

Recently, the Federal Government's affordable housing strategies have focused on providing vouchers to low income residents to cover a portion of the rent. This voucher strategy, while providing some element of choice, is incompatible with the slow pace of new affordable housing construction stock and the lack of

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subsidies to fund new affordable housing. Thus, a growing number of individuals and families are forced to compete for the shrinking pool of private, affordable housing. This competition means that more individuals with limited incomes and subsidies will spend a larger proportion of their income on rent.

In order to identify potential policies that would effectively maintain the current affordable housing stock, limit demolition, and ensure such units are in livable conditions, the Public Policy Institute of California conducted a study on the links between income inequality and homelessness in California and examined three policy interventions to reduce the rate of homelessness in the major metropolitan areas in California. The three policies under consideration included rent subsidies, targeted maintenance subsidies to landlords who supply affordable housing [to prevent demolition]; and general maintenance subsidy to all landlords to make housing more affordable.

According to the report's findings, targeted maintenance programs would limit the demolition of affordable housing by 16%. Furthermore, the authors concluded that targeted maintenance subsidies to landlords who provide affordable housing would result in approximately a 7% reduction in homelessness. Given that San Francisco is faced with a large homeless population and growing service costs for this population, a 7% decrease would represent a large gain to human well-being and a significant cost-savings to the City.