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Gentrification, Aging in Place, and Social Networks

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Gentrification, Aging in Place, and Social Networks

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An abstract of  
A dissertation submitted to the Faculty of the James T. Laney School of Graduate Studies of Emory  
University in partial fulfillment of the requirements for the degree of  
Doctor of Philosophy in Sociology  
2021

## Abstract

### Gentrification, Aging in Place, and Social Networks By John Matthew Pothen

The gentrification of urban spaces in the United States is a complex social phenomenon with profound implications for population health. As older adults continue to comprise more of the population than ever before, the suitability of gentrifying spaces for successful aging is increasingly important. This study focuses on a population of older adults living in a gentrifying neighborhood in southwest Atlanta. Comprised of three empirical papers, this mixed-methods project explores the phenomenon of gentrification, its impact on social networks, and its implications for aging in place. The first paper is a grounded theory analysis of gentrification in the neighborhood as documented in newspaper articles from 1950-2020. The second paper characterizes the social networks of older adults in this neighborhood and explores distinctions between neighbors who are friends and those who are not counted as such. The third paper, developed out of necessity following the end of field work secondary to the COVID-19 pandemic, analyzes perceived discrimination in healthcare settings among older adults using data from the nationally representative Health and Retirement Study. Data collection began in 2017 and ended in 2021 throughout which the author had prolonged engagement through participant-observation, conducted 31 structured interviews with older adults in the neighborhood, and reviewed 1,303 newspaper articles. I found that processes of gentrification tend to marginalize older adults aging in place but also led to opportunities for new relationships with newer residents who live nearby. Additionally, I found that oldest old adults are less likely to report perceived discrimination in healthcare settings than young old adults.

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## Chapter 1 Introduction

In November 2014, construction of the Atlanta Beltline Westside trail began. The three-mile trail would connect several public parks and 10 different neighborhoods from Washington Park to Adair Park. For some, the trail brought excitement through the promise of renewed public and private investment. For others, the trail brought incredible concern. The development of the Eastside trail years earlier led to rapid increases in property tax and eventual displacement of long-term residents. For residents of Adair Park, both the excitement and concerns were tied to the process of gentrification.

This dissertation is the product of a community-based participatory action research (CBPR) partnership between me and the Adair Park Today (APT) organization. I worked with APT in the capacity of an outside consultant from 2014 to 2017 when I began my dissertation research at the invitation of the organization. Results from a 2014 neighborhood survey suggested a meaningful disconnect between older, long-term residents and younger, newer residents. This disconnect was also reflected within APT as older, long-term residents were rarely at meetings and did not serve on the organization's committees. My brief was to learn about and develop a partnership with older adults in the neighborhood that might result in APT being better versed in and more responsive to the concerns of this population.

Communities of older adults in the United States present unique and exciting opportunities for pairing rigorous scientific research with real-world action in general, and I was keen to take advantage of this opportunity. Classic sociological studies, such as Barbara Myerhoff's *Number Our Days* and Arlie Hochschild's *The Unexpected Community*, illustrate the ineffable magic that can take place in this context. However, the persistent and ongoing marginalization of older adults in the United States makes it impossible to ignore the ethical implications of working with members of this population. CBPR suggests that the creation of knowledge in this context should be used to inform action aimed at addressing inequities. A growing body of scholarship acknowledges this imperative and seeks to generate new knowledge from the iterative process of research and action informing each other.

CBPR is an approach to research through which scholars and marginalized communities partner together. Following Paulo Freire's *Pedagogy of the Oppressed*, this approach to research centers human liberation as a desired outcome that occurs through iterative cycles of research and action (Minkler and Wallerstein 2003). Values of this approach include equitable partnership, co-learning, attention to issues facing the community, long-term commitment, and sustainability (Israel et al. 2003).

A recent review by Corrado et al. (2020) provided an evaluation of CBPR with older adults. The authors conducted a literature review to assess how involvement of older adults in CBPR has been operationalized by researchers. They found that older adults were rarely positioned as partners in the research process, typically had little influence on the selection of a research question, and had few opportunities to take informed action. The authors suggested that these problems stemmed from the challenges researchers faced in subverting a power dynamic in which they were positioned as experts while members of the community were positioned as participants, not co-investigators.

I pursued this dissertation project partly so that I could investigate these issues for myself. I wanted to know: is it possible to conduct CBPR that challenges this dynamic while working within the constraints of academia? As I conclude this project, I believe that it is, and I believe that this project has generated evidence in support of that.

In the following sections of this chapter, I set up the rest of this dissertation. First, I provide a brief description of the neighborhood. Next, I discuss how I came to work with Adair Park Today and what I know about the neighborhood organization. Finally, I provide a brief literature review in order to provide context to the key issues examined in each subsequent chapter.

## ADAIR PARK

The city of Atlanta, in which Adair Park is located, is an excellent location in which to study gentrification. First, Atlanta's diversity allows for a nuanced analysis of gentrification involving situations not typically seen in the existing research literature. Studies of gentrification across the United States have tended to focus on locations in which an influx of young, white, middle- to upper-class gentry



threatens to displace older, Black, lower-class long-term residents (e.g. Abu-Lughod 1995, Hwang and Sampson 2014, Sullivan and Shaw 2011). While this dynamic is present here, Atlanta is historically known for its sizable Black middle-class, and many people identified as gentry in the city are themselves Black. Atlanta also has large populations of Asian and Latinx people of varying socioeconomic status (SES). As a result, Atlanta features several gentrification stories based on intersections of age, race, and SES that are more complex than what is typically reported.

A second advantage of Atlanta as a context is that its racial history is clearly marked within the city's design. For example, Metropolitan Parkway changes its name to Northside Drive after crossing Whitehall Street as it progresses towards The Georgia Institute of Technology and then the predominantly white suburb of Marietta. This name change, and many others like it, reflect the color lines that once delineated white spaces from people of color spaces within Atlanta. Major routes, such as Glenwood Avenue on the Eastside or Interstate 20 on the Westside, continue to serve as de facto lines. These past and present markers of segregation allow for relatively easy identification of the lines that gentrification is crossing and set up contrasts in the appearance, character, and types of businesses on either side of the current line. Shared understandings of what these lines mean as well as when and how old lines were crossed are common and provide a gentrification public record of sorts.

Third, Atlanta is an excellent setting for the study of gentrification because of segmental development of the Atlanta Beltline trails. As noted above, the Eastside trail opened, in 2013, before the construction of the Westside trail had even begun. This has allowed for the Eastside to serve as a case comparison for the Westside in terms of trail use, economic development, affordable housing, and gentrification. In many ways, the rapid gentrification of the areas surrounding the Eastside trail set up expectations regarding what would happen in the Westside neighborhoods including Adair Park. From a scholarly perspective, the existence of a case for comparison against is extremely useful and provides context with which to compare and contrast the story of gentrification in Adair Park.

Historic Adair Park is a neighborhood in southwest Atlanta. It is located approximately two miles south of the Atlanta University Center as well as the new Mercedes-Benz Stadium and one mile west of

Turner Field. The northern tip of the neighborhood lies directly south of interstate 20 (I-20) and to the east only the neighborhood of Pittsburgh separates it from Interstate 85. Politically, Adair Park is part of neighborhood planning unit 5 (NPU-V) as well as city council Districts 4 and 12 (Adair Park Today 2017).

The neighborhood was founded by Confederate Colonel turned real-estate developer, George W. Adair, in 1892. It is filled with Victorian and Craftsman style homes as well as several duplexes and quadruplexes. The majority of construction was completed between 1890 and 1940. It contains three parks, two churches, and an old school that is currently being renovated for commercial use. Today, Adair Park is considered one of the most desirable neighborhoods in southwest Atlanta (Pendergrast 2017).

## CREATING A ROLE FOR MYSELF

### *A Walk in the Neighborhood*

One of the first things I did after officially launching my dissertation project was to go on a walk with Dr. John Sherwood – one of my informants and a key member of APT. Dr. Sherwood has consented to be identified in this study, and APT has as well. However, some names will be changed or omitted in order to ensure privacy and confidentiality of other members. As we walked, we passed by the Bearings Bike Shop where local kids worked on bikes with the shop owners and earned credit towards getting a bike of their own. We walked by the historic George Adair School Building. It was built in 1911 and was now being converted into a mixed-use space with a coffee shop and lofts designated as affordable housing. We walked by a massive park that had been a lot filled with empty tires until residents took action to convert it into a green space in the late 1970s.

Our conversation that day varied wildly. Dr. Sherwood told me about his neighbors, the architectural styles of different homes, the recent history of each empty lot, and where the new Westside Beltline walking trail would pass by his yard. While much of what we said was rooted in the present, we also reflected on our shared history up to this point. We had met at church in 2013, began discussing

issues in his neighborhood in 2014, worked together on a survey for the neighborhood organization that year, and began working to secure a formal invitation to conduct research in 2016.

### *An Invitation to Start*

The moment we secured my invitation was as exciting as it was instructive. Dr. John explained that he and the leadership of APT were concerned about ongoing gentrification and the negative impacts it could have on seniors. They recognized that the organization included very few of the many residents who had lived there for 30-40 years. They wanted to do what they could to limit displacement pressures and they wanted to better serve these older residents.

And then, Dr. John introduced me. He positioned me as a student from Emory working towards a PhD in Sociology and a medical degree. He explained that I wanted to study issues related to health and had agreed to learn about seniors and gentrification in order to work with the neighborhood. Our vision was that the research would provide useful information as APT worked to be more inclusive of and to provide better service to long-tenured seniors. I stood up, said a few perfunctory and not particularly elegant words, and asked for permission from those present and the leadership of the organization to begin research.

Two things happened next. First, the president laughed and said, “Well, of course!” She said that they didn’t have time to go door to door and meet all the seniors, but they were glad to let me do it. Then another person stood up. Joyce Shephard, the city council member representing District 12, turned and look at me, then at Dr. Sherwood, and once again back at me. The mere act of standing up and shifting her gaze drew everyone at the meeting into a tense silence. “If the two of you are going to do this,” she said, “then you should probably make sure that a person of color goes with you.”

### *Whose Community?*

My attempt to partner with a community of older adults Adair Park began with the question: is this group of people a community? I began with an operational definition of community as “people [and]

sets of interrelated centers, [with] pooling of information at such centers, and the distribution of the information pooled to people connected to sets of centers” (Frielich 1963:117). My data collection began with participant-observation. I hoped to discover evidence of shared understandings regarding community – such as a shared placename, agreed upon boundaries, and key gatherings points – that would map onto this definition. Dr. Sherwood took me around the neighborhood to visit the older adults he knew. He had known some for years while others he had met just once or twice during the 2014 survey. At each home, we followed a similar script. Dr. John introduced me, I briefly explained my project, and then we had an open-ended conversation.

By the end of our initial round through the neighborhood, I had established a few things. First, there were at least two distinct understandings among older adults in the area. For some, “Uh-dare” Park was a neighborhood with legal geographic boundaries recognized by the city and social boundaries that excluded the warehouse spaces to the north and a lower-income apartment complex to the south. The biggest event was the Porches and Pies festival each fall, and the neighborhood was becoming safer and better every day.

For others, “eh-dare” Park was a green space with a playground situated within a larger area called “the neighborhood.” The neighborhood included the park itself and the surrounding for about half a mile in each direction. The social boundaries of “the neighborhood” were similarly fuzzy but seemed to include nearby residents of other neighborhoods such as Capitol View and Pittsburgh. For “eh-dare” park folks, the biggest event each year was the Family Reunion cookout each summer. Additionally, they described the neighborhood’s gentrification as a “a lot of white folks moving in”. They felt like the neighborhood was becoming safer but also felt like the new neighbors were less friendly.

While it was unsurprising to find more than one understanding of community among older adults, the lack of widely used interrelated centers posed a fundamental challenge to my methodology. Initially, I spent time at Adair Park Today meetings and “Meet and Greets.” However, there were few older adults in these spaces and so my attendance waned. I worked with Dr. Sherwood and other informants to keep meeting more people in the hopes of discovering a social space in which older adults routinely

congregated. As I sought to create a role as a participant-observer in an existing social world, I increasingly found that the only way to keep regularly meeting residents was to make house calls, sit on porches, and talk with the residents individually.

Again, I returned to the question: is this a community? As I continued to meet with long-tenured older adults during house visits, I started to ask more directed questions about community while we chatted. I learned that phone calls and spontaneous conversations while spending time outside or on the porch were among the most common forms of interacting between older adults. These conversations usually involved just two people and were difficult for me to unobtrusively observe.

The local church, Connections, was surprisingly not a location of shared public life by resident older adults. It was populated instead by families that were raised in the neighborhood, but no longer resided there. They tended to live outside of the city and travel in once a week for worship on Sundays. To my knowledge, no more than two or three older adults living in Adair Park attended this church during the study period.

However, the people I met were interested in larger gatherings. So, Dr. John and I worked to organize two senior lunches. They were attended by 20-30 older adults from across the neighborhood and generally well-received. Attendees told me it had been a while since they had done something like this and that they would like to have another lunch again soon. This provided further evidence that it would be difficult to learn more about community as a group-level phenomenon through only continued participant-observation.

The process of putting together these lunches helped to clarify my position and role within the neighborhood. I went door to door inviting older adults to the lunch, mapping where they lived in the neighborhood, and listening to their concerns as we chatted. After the lunches, I continued on in this role and was dubbed Adair Park Today's "senior liaison." In this capacity, I continued to visit older adults, listen to their experiences, inform them the latest happenings within Adair Park Today, publicize upcoming events or new resources, and note changes to the map as people moved in and out of the neighborhood.

### *Whose invitation?*

My association with Adair Park Today did not, however, feel simple. The very premise under which I was invited to conduct research in Adair Park raised another question: was I actually invited by the community with whom I would seek to partner? The desire by leaders of Adair Park Today to better include and serve long-tenured older adults, the majority of whom were middle- to lower-socioeconomic status black women, suggested that they were largely absent and disengaged from the organization at present. I confirmed this by attending meetings and getting to know members at various levels of the organization. I had been invited to partner with the neighborhood, but the people with whom I hoped to partner had not issued the invitation.

This issue extended into the selection of key informants. Initially, I worked with three key informants. One informant was Black, two were white (including Dr. Sherwood), and all were older adults. Each of them was connected in some way to Adair Park Today. They chose to work with me based on their interest and their availability. While they each had ties to the community of long-term Black residents, none of them were members of that social group and none of them could function as a guide with insider knowledge.

### *Organizational History*

Furthermore, I knew that Adair Park Today had its own history and its own positionality within the neighborhood. The organization itself was diverse in terms of age, race, gender, and SES, but it was comprised almost exclusively of “uh-dare” park residents. Additionally, few regular members had close ties to more than one or two long-term Black residents.

During my first round through the neighborhood with Dr. John, folks at two houses along a heavily gentrified street shared their frustration with Adair Park Today. These were among the last homes still occupied by long-term Black residents in that section of the neighborhood. They told me that they had once been members of the organization back before this version of it had existed. They had worked hard to hold the neighborhood together during difficult times, and the organization now had no one in it

who seemed to remember that particular history. They were tired, they told me, of going to meetings. They had been to enough.

Throughout my work, I was able to piece together more of Adair Park Today's history. Sadly, there were no long-standing organization records to speak of so what I could learn depended on what residents could tell me. I learned that the neighborhood organization had existed under various names since at least the mid-1980s and had, under various leaders, converted a junkyard into a park, secured a place on the national register of historic places, worked with real estate agents to increase owner-occupancy, and played an active role in the 30310 mortgage fraud task force after the financial crisis in 2008.

I also learned that the group used a Facebook group to communicate. I heard from one resident that there was once a competing effort to create a second neighborhood organization through the NextDoor app. It was designed to group long-term residents together to argue for their interests as the neighborhood changed. However, this effort was unsuccessful. Moreover, I was unable to find other residents to back up this account. Instead, many residents confirmed "hearing something about NextDoor" from a resident who "talked a lot about race," but remembered little more.

All of this suggested that to me that Adair Park Today was not a benign process in the neighborhood's gentrification. Without representation from long-term Black residents, key voices within the group were instead supplied by newer residents and local real estate agents. Members cared about long-term Black residents as individuals but did not seem keen on the prospect of engaging them as a group with distinct or conflicting interests. I suspect that more households than just the two mentioned previously felt some animosity towards the organization, and I entered interactions sensitive to this possibility.

### *Race, implicit and explicit*

Councilmember Shepherd's comment illustrated perfectly the question of how race – particularly mine as an American of Indian heritage and that of the most resident older adults as African Americans –

would impact the project. I began exploring this question through an interview project in my very first graduate school course. I conducted three semi-structured interviews with three Black individuals of varying socioeconomic status and age. Each of my respondents agreed my visibly Indian appearance would not immediately place me in either the white or black racial categories. I felt confident that I could participate in culturally white spaces (I was a graduate student at Emory University, after all), but I was unsure if I could participate in culturally Black spaces. My respondents told me that this would rest on my self-presentation with regards to socioeconomic status, my ability to discuss race explicitly and confidently, and whether I was willing to openly assert my identity as a person of color.

The last of those contingencies may sound trivial, but it is a key question for many Asian Americans. Sudhir Venkatesh raises this topic, although not explicitly, when discussing his process of role-taking and role-making that facilitated his participant-observation of the informal economy of “Maquis Park” in Chicago during the 1990s. Venkatesh was trusted by some Black members of the community as a mediator in small disagreements, but he was also viewed with suspicion by others who wondered if he was working to advance the racial interests of Asians or using his ability to participate in white culture to bring university students to local prostitutes (Venkatesh 2006). In *Doing the Desi Thing*, Sunita S. Mukhi describes the ambivalence towards Indianness that many second-generation Indian immigrants in the United States experience that often pairs with a stronger interest in establishing an “American” identity.

The councilmember’s statement illustrated a consistent theme that emerged during my engagement with residents of Adair Park: Asians were usually not considered people of color unless they positioned themselves as such. Telling a brown man that he needs to take a person of color with him may sounds like a paradox, but it instead revealed the racial system at work within Adair Park as a gentrifying space. Through my participant-observation, I learned that Asians in the neighborhood were technically people of color but that, in some senses at least, they did not count as such. This term instead was used to refer to Black people including African Americans, immigrants from African countries, and immigrants from the Caribbean. Asians were seen as part of second wave gentrification and willing participants in



white culture. They carried themselves with a decidedly middle- to upper-class habitus, perhaps to avoid being placed into the stigmatized category of financially disadvantaged Black people.

The election of former President Donald Trump served as a clarifying moment with regards to my own racial identity. At the Democratic National Convention in 2016, Khizr and Ghazala Khan took the stage as parents that had lost a son who served during the Iraq War. Khizr famously asked if then candidate Trump had read the U.S. Constitution and, dramatically removing a pocket-sized Constitution from his jacket, offer to send Trump his copy. In the days that followed, Trump attacked the couple with the that Ghazala had not been allowed to speak and failed to speak against the demonization of the couple amongst his supporters. When I heard Khizr speak, I saw someone much like my own father on the stage. Trump's inappropriate and problematic language against Mexicans launched his campaign, and this event suggested to me that he and his supporters lumped Southeast Asians, Mexicans, and Black folks together as part of the problem.

After that moment, I slowly began to see myself as a person of color with much in common with Black folks who grappled against racism. This led to shifts in how I carry myself, my ability to converse openly about race with Black people, and my willingness to acknowledge my own experiences of racism. In other words, I began to develop a positionality that could allow me to enter and participate in culturally Black spaces within Adair Park. This gave me hope that I might be able to access "backstage" conversations and attitudes kept separate from the "onstage" dialogue performed by Black residents in culturally white spaces.

## LITERATURE REVIEW

Within Sociology, the term gentrification can be traced back Ruth Glass's (1964) description of change within the city of London. Glass described an uplifting of impoverished areas as middle-class gentry moved in. The gentry tended to live in dual income homes, to face pressures associated with commuting to work, and to want to live in neighborhoods previously considered undesirable. While the uplifting of impoverished areas sounds like a good thing, Glass conceived of gentrification as a process

fraught with risk as small business, the poor, and the socially isolated were pushed out through several different processes of displacement.

Shifts in politics and tastes both had a role in gentrification in the United States. Government policies in the early 1970s started to incentivize home improvements in inner cities. Around the same time, young middle-class gentry with a distinctively progressive habitus developed a taste for city living (Zukin 1987).

After moving in, gentry typically set about changing the neighborhood to suit their tastes. This work is commonly framed as historical preservation and neighborhood improvement and touches schools (Billingham & Kimbelberg 2013), local businesses (Centner 2008, Deener 2012), churches and public spaces (Hyra 2008), and social norms (Hyra 2014). Over time, property values tend to go up, the stock of low-price rental housing tends to disappear, and pre-gentrification residents are displaced (Zukin 1987).

Scholarly consensus on this phenomenon includes two additional points. First, the likelihood of gentrification in city neighborhoods in the United States is positively associated with a neighborhood's proximity to "cultural amenities, downtown [areas], and public transportation" (Brown-Saracino 2017:36.8). Second, as Glass first posited, systems of displacement are varied and involve processes that are physical (Betancur 2011, Deener 2012, Patillo 2007), cultural (Billingham and Kimbelberg 2013, Hyra 2014), and political (Martin 2007, Zukin 2009).

### *Gentrification and Race*

A common story of gentrification involves young, middle- to upper-class white gentry moving into a neighborhood composed primarily of Black, middle- to lower-class older adults who have lived in the area for decades. This is demonstrated in Chicago (Hwang and Sampson 2014), New York City (Abu-Lughod 1995, Mele 2000, Ocejo 2014), Venice (Deener 2012), and Portland (Sullivan and Shaw 2011). However, gentrification is context-specific, and each particular context dictates which combinations of characteristics matter most – they do not always reflect the familiar story. For instance, Balzarini and Shlay (2016) describe gentrification within a neighborhood in Philadelphia where nearly all parties

involved were white. Here the dividing lines were based on two distinct combinations of socioeconomic status, tenure in the neighborhood, and feelings about a proposed casino. Similarly, Taylor (2002) describes the tensions resulting from an influx of new middle-class Black residents into Black, impoverished parts of Harlem. Doan and Higgins (2011) describe the threat of “super-gentrification” to disperse LGBTQ communities that were formed largely through a previous wave of gentrification.

### *Aging in Place*

Aging in place refers broadly to staying in one’s own home and community while aging (Bigonnesse & Chaudhury 2020). For community-dwelling older adults, relationships with other adults who live near them are particularly important for this process. Nearby neighbors and friends provide opportunities for mutually supportive relationships and may be able to provide needed help for older adults facing physical decline (Gardner 2011). Additionally, regular contact with friends and neighbors while aging in place has been associated with regular physical activity (Chaudhury, Campo, Michael, & Mahmood 2016), feeling safe and supported (De Donder et al. 2012), positive well-being (Cramm & Nieboer 2015), and survival (Morita et al. 2010).

Current research suggests that the experience of aging in place in a gentrifying neighborhood can confer both benefits and harms. For instance, Smith, Lehning, and Kim (2019) found older adults of low socioeconomic status in gentrifying neighborhoods reported higher self-rated health than their peers in low-income neighborhoods. This may occur as a result of improvements in physical spaces that make it easier to walk around and access local amenities by foot (King et al. 2011; Michael, Green & Farquhar 2006).

On the other hand, scholars have documented a diverse array of harms for older adults aging in place in gentrifying neighborhoods. Smith, Lehning, and Kim (2019) also found that low- and high-socioeconomic status older adults in gentrifying neighborhoods had more depressive and anxious symptoms than their counterparts in more affluent neighborhoods. Other scholars found that older adults in this setting experienced violations of shared norms, and disruption of social networks of family and

close friends (Versey 2018). Additionally, older adults in this setting may experience indirect displacement, the loss of the unique character and identity of a neighborhood (Versey 2019).

### *Social Networks of Older Adults in Gentrifying Neighborhoods*

The structure of the social networks of older adults in gentrifying neighborhoods is largely unknown at present. While there is no shortage of evidence regarding social relationships in gentrifying neighborhoods, I have found only one study (Bridge 1994) to date that attempted to directly measure social networks in a gentrifying area. This study, however, did not generate a sufficient number of responses to develop insight into the overall structure of the network. Additionally, older adults were only one of several different groups surveyed to generate these data so the findings cannot be appropriately generalized to this population.

As a result, scholars have developed numerous insights regarding these social networks but have little direct knowledge of their overall structure. Important measures such as the network density, or the number of ties that exist relative to the total number possible, and the characteristics of distinct components, large webs of relationships in which multiple people are directly and indirectly connected, remain unknown. Additionally, it is difficult to determine whether an individual serves as a key bridge or the extent to which they are a central figure in the network without observation of its overall structure (Borgatti, Everett, and Johnson, 2013).

### LOOKING AHEAD

In chapter 2, I examine gentrification in Adair Park through newspaper articles using Neil Smith's theory of rent gaps (Slater 2017) as a conceptual framework. This article is formatted and designed for the *Atlanta Studies Journal*. I have pursued placement in this journal because of its focus on documenting Atlanta's history and its reach to local scholars and members of government.

In chapter 3, I examine the social networks of older adults in Adair Park. I make use of Antocucci and Kahn's (1980) ego-centric social convoy model as well as sociometric measures. This article has been

formatted and written for *The Gerontologist*. I selected this journal because of its recent history publishing articles that explore social network among older adults and the distinctions in those networks between neighbors and friends (Blieszner, Ogletree, and Adams 2019).

In chapter 4, however, I present something different. After the COVID-19 pandemic disrupted my field work and data collection in the neighborhood, I chose to pursue another article using a different set of data. I analyze perceived discrimination in the nationally representative Health and Retirement Study. The process of gentrification involves marginalization of older adults, and perceived discrimination is a measure of marginalization is experienced and understood by members of this population. It is strongly associated with physical and mental health, and thus sheds some light on the stakes that are likely involved when considering the marginalization of older adults in gentrification. I have formatted and written this article for *JAMA* because of its relevance to the health and healthcare of older adults. While this article may be rejected due to its sample size, it would then be passed along to other journals in the JAMA network where I feel it has a strong chance of finding a home.

Finally in chapter 5, I provide a discussion of the findings from these papers when considered together.

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## Chapter 2

### The Role of the State in the Gentrification of Adair Park

#### ABSTRACT

Can forgotten stories from the past inform a city's future? As older adults continue to comprise more of the United States population than ever before, the suitability of gentrifying spaces for aging in place is increasingly important. Critical theories of gentrification argue that it involves a "politics of forgetting" in which key events that set the stage for gentrification are forgotten and understandings of this phenomenon remain limited. In this study, I combat this politics of forgetting through analysis of 1,310 local newspaper articles referencing Adair Park from the Atlanta Constitution, Atlanta Journal-Constitution, and the Atlanta Daily World from 1950 to 2020. Using grounded theory methods, I analyze four key time contexts – post civil-rights (1968-1974), racialized urban neglect (1975-1995), predatory lending (1996-2008), racial awareness and conflict (2009-2020) – that tell the story of gentrification from its origins to its ongoing challenges in Adair Park. I develop a theory of gentrification as a state-led process in which the interplay between action/inaction by the city government of Atlanta and the racial demographics of the neighborhood shaped property values and, in doing so, created the conditions for gentrification to take place.

In November 2014, construction of the Atlanta Beltline Westside trail began. The three-mile trail would connect several public parks and 10 different neighborhoods from Washington Park to Adair Park. For some, the trail brought excitement through the promise of renewed public and private investment. For others, the trail brought incredible concern. The development of the Eastside leg of the trail years earlier led to rapid increases in property tax and displacement of long-term residents. For residents of Adair Park, both the excitement and concern were tied to the process of gentrification.

Gentrification is a word that often gets a reaction. For some, it is a positive process of urban renewal driven by new public investment, new businesses, and new residents all flocking to an impoverished city area. For others, gentrification is a deeply problematic process in which historically majority minority neighborhoods are “discovered” by white urban pioneers who then set about the work of re-making the area to suit their own tastes. In doing so, they often set processes into motion that displace older, long-term residents.

Within the social sciences, gentrification is a “slippery and divisive” word with meanings that have evolved over time.<sup>1</sup> Ruth Glass is credited as the first scholar to coin the term. She used it to denote a movement of middle- and upper-class groups back to city centers with subsequent displacement of the poor- and working-classes.<sup>2</sup>

Recent scholarship on gentrification has challenged key assumptions regarding this phenomenon. For instance, Davidson and Lees argue that new-build development, rather than just rehabbing older homes, could also constitute gentrification.<sup>3</sup> Others argued that gentrification is now a global process that occurs all over the world instead of a phenomenon unique to the global north.<sup>4</sup>

Scholars also now argue that gentrification is a predominantly state-led process. Previous theories often assumed that gentrification was the result of rational choices made by consumers. Those choices, it was thought, drove changes in public policy and business investment.

However, Neil Smith’s theory of rent gaps challenged this belief. Smith’s theory reached new conclusions by focusing on the movement of capital rather than the movement of people. Through this approach, Smith came to focus on ground rent: the charge that landlords could demand for the right to use

land. Rent gaps develop when the actual ground rent is far lower than the potential rent if the property were to be maintained in excellent condition. When the gap is big enough, governments facilitate purchases of buildings by private investors who then improve them and sell them at profit in rapid gentrification.<sup>5</sup>

Governments, Smith argued, have a central role in developing this gap. For example, prior to the Fair Housing Act of 1968, the government-sponsored Home Owners' Loan Corporation refused to provide mortgages in inner-city and majority minority areas. It also released a color-coded map in which these areas were marked in red. This is considered by many to have been the beginning of official redlining in the United States. This practice was later continued by banks and the Federal Housing Administration.<sup>6</sup>

More generally, governments create rent gaps by managing policy and enforcement to create an environment in which spending money to maintain a property becomes disincentivized for landlords. They do this by stigmatizing areas in political speech, through negligence in public services and code enforcement, by enabling negative valuations of the area by financial institutions, and through public disinvestment. In this context, landlords are incentivized to spend the minimum amount of money necessary to maintain a structure while extracting the maximum possible rent from tenants. The result is a process of physical decline, poorer and poorer occupants, and a growing rent gap.<sup>7</sup>

In this article, I examine the role of the state in creating a rent gap that facilitated gentrification in Adair Park. I conduct a qualitative analysis of newspaper articles from 1950 to 2020. In doing so, I address the need for empirical research to examine the role of the state in light of Smith's theory.<sup>8</sup> I also shed light on the context surrounding gentrification in the city of Atlanta. Without a rich understanding of this phenomenon, it is difficult to mitigate the risk of displacement and create a new process of gentrification with justice and equity.

## The Setting

Historic Adair Park is a neighborhood in southwest Atlanta. It is located approximately two miles south of the Atlanta University Center as well as the new Mercedes-Benz Stadium and one mile west of Turner Field. The northern tip of the neighborhood lies directly south of interstate 20 (I-20) and to the east only the neighborhood of Pittsburgh separates it from Interstate 85. Politically, Adair Park is part of neighborhood planning unit 5 (NPU-V) as well as city council Districts 4 and 12.<sup>9</sup>

[Figure 1 about here]

The neighborhood was founded by Confederate Colonel turned real-estate developer, George W. Adair, in 1892. It is filled with Victorian and Craftsman style homes as well as several duplexes and quadruplexes. The majority of construction was completed between 1890 and 1940. It contains three parks, two churches, and an old school that is currently being renovated for commercial use. Today, Adair Park is considered one of the most desirable neighborhoods in southwest Atlanta.<sup>10</sup>

## The Data

In this study, I analyzed 1,310 newspaper articles from the Atlanta Journal-Constitution (AJC; previously the Atlanta Constitution) and the Atlanta Daily World (ADW), a prominent Black newspaper, from 1950-2020. Articles came from 4 ProQuest Databases: AJC 1950-1984, AJC 1989-2001, AJC, 2001-2020, and ADW 1950-2003. I searched for articles, ads, and notices that were within the time frame and contained the phrase “Adair Park.” Of these, 743 were classified ads for housing, 152 were obituaries, funeral announcements, or wedding announcements, 93 were meeting announcements by community organizations, 21 discussed crime, 16 were requesting proposals for city funding, and 12 discussed a separate Adair Park located in Decatur, GA. After accounting for recurring ads, there were 228 unique news articles and features describing processes that shaped property values in Adair Park.

I analyzed these articles using a grounded theory approach.<sup>11</sup> I began with a process called *open coding* in which I developed categories to name segments of text with an eye towards questions we brought to the analysis, issues raised by actors within the articles, or concerns voiced by the authors

themselves. Next, I looked at the coded segments within each category to identify attributes, characteristics, and dimensions of the codes. For example, in examining factors affecting property values, one code that emerged was highlighting political action. I developed this code in terms of its dimensions (e.g., federal, state, city), subcategories (e.g., providing funding, seeking funding, setting regulations, establishing programs) and their associated properties (e.g. length of funding, regularity of it, stipulations).

I also analyzed the data using *axial coding*. In this process, I developed models that featured organized and linked codes together in a set of relationships. I used categories to indicate casual conditions, contexts, intervening conditions, action/interaction strategies, and consequences. For example, I examined political action in relation to social conditions, racial demographics, and percentage of owner-occupants. Finally, using a technique called *selective coding*, I organized major categories (e.g., neglect, model city initiative, mortgage fraud, Westside Beltline) around a core category: city action/inaction.

Throughout coding, I made use of theoretical sampling by comparing codes, relationships, and models against other articles in the dataset. Through this process, I developed and refined hypotheses until I reached a point of saturation where no new insights were emerging.<sup>12</sup> I also created theoretical memos as I engaged in the coding process. These memos served to identify linkages between categories as well as key patterns. I used the MaxQDA 2020 software to manage and facilitate analysis. I also referred back to related books, historical information from residents, participant observation in the neighborhood, and informant interviews as part of my theory-building process.<sup>13</sup>

## **Results**

### *Property Values*

According to the record established in these articles, property values in Adair Park fluctuated significantly during the period of study. However, the articles do not provide a direct measure of property values, and I was unable to find a record of them that included the entire period of study. Instead, I interpret their general movement up and down based on the record established in the articles I reviewed.

During the period from 1950 until the passage of the Fair Housing Act of 1968, all indications seem to be that property values in the area were stable and high. Albert G. Mathews, a notable businessman and longtime resident of Southwest Atlanta, described the overall area including Adair Park by saying, “There are numerous community shopping centers in the area, churches, schools, parks, playgrounds... clubs, various cultural facilities—most important, good people” (“Business and Industry Characterize West End,” *Atlanta Constitution*, Feb. 28, 1950). Newspaper coverage during this time featured the neighborhood baseball team, Adair Park Baptist Church, and the Adair Park Garden Club.

Property values in Adair Park were largely maintained from 1968 to 1974 and were among the highest in the surrounding area. During this time, newspaper coverage indicates that property values in the surrounding neighborhoods fell precipitously except in nearby Grant Park. Homes in Adair Park were described as needing some repairs, but few to none were demolished unlike in nearby neighborhoods where improvement took the form of removing houses too damaged to repair. Home ownership remained the norm with renting less common.

From 1975 through the mid-2000s, property values fell as Adair Park came to be considered a “blighted” neighborhood (“City Goes Forward with Home Loan Plan,” *Atlanta Constitution*, May 27, 1982). Now it had concerns matching those of the nearby neighborhoods. These included dilapidated housing, sitting piles of trash, crimes against property, few nearby amenities, declining local schools, and high rates of unemployment among residents.

Values rose and then crashed, hitting their nadir, with the Financial Crisis in 2008. Southwest Atlanta includes one of the zip codes most affected by mortgage fraud in the country during this time. The neighborhood was now characterized by “the intertwined issues of blight and crime” and reached new levels as numerous empty homes were occupied by people experiencing homelessness or run as illegal rooming houses rented to more people simultaneously than allowed by local code (“Unsafe Streets Stifle Housing Rebound,” *Atlanta Journal-Constitution*, Oct. 10, 2012). School quality remained poor, and businesses continued to avoid the area.

From about 2010 to the present day, property values in Adair Park have risen exponentially with gentrification. Attracted by the new Atlanta Beltline Westside Trail and cheap housing available after the crash, new businesses and residents flocked to the area. Initially, homes in Adair Park was viewed as an up-and-coming area with affordable houses. By 2019, the area had up and come so much so that some prospective homebuyers already felt “priced out” (“In the Search for Affordable, Close-in Housing, More Homebuyers are Flocking to the Southside,” *Atlanta Journal-Constitution*, Dec. 15, 2019).

During the time period of study, I identified several processes that affected property values in different ways. On one end of the continuum are processes that drove property values down. On the other end, processes that drove them up. Still other processes helped to maintain them at or near their existing levels.

These processes each occurred within particular contexts and were shaped by intervening conditions. At the national level, the passage of federal laws served as causal conditions. The effects of these policies were shaped by action, and at times inaction, at the city-level. These both affected and were affected by the racial demographics of the neighborhood.

#### *1968-1974: Post-Civil Rights*

The first of these processes took place within a context shaped by the immediate wake of the Civil Rights Movement. This movement asserted the rights of Black Americans and sought to end legal discrimination, disenfranchisement, and racial segregation. The process affecting property values was started by the passage of the Fair Housing Act of 1968 by President Lyndon B. Johnson. This law made residential segregation de jure illegal and made integration of city neighborhoods much more likely. White residents of Adair Park were likely opposed to integration as evidenced by their representatives in the Sibley Commission. They advocated for closing schools in order to prevent integration following the 1954 Supreme Court decision in *Brown vs. Board of Education* (“45 Groups Come Out for Option,” *Atlanta Constitution*, Apr. 1, 1960).



However, while white residents of several other city neighborhoods participated in white flight and quickly moved to the suburbs, Adair Park remained a majority white neighborhood until at least 1974 (“Allen Sees Model Cities Progress,” *Atlanta Constitution*, Aug. 18, 1974). This was not, however, due to a lack of desire to leave. One resident was quoted as saying, “We want to move on out. We don’t believe in mixing with Negroes” (“Atlanta’s Model Cities – Is it Serving the People?” *Atlanta Constitution*, May 3, 1970). However, moving out was complicated by a particular program put in place by the Johnson administration’s Great Society legislation, the Model Cities Initiative. The program was designed to address the need for both social programs and material improvements in urban neighborhoods. The city of Atlanta applied successfully for Model City designation and funding in 1967.

Adair Park and nearby Grant Park were included in the Model Cities program based on proximity to neighborhoods deemed to need rejuvenation. Both neighborhoods were majority white and considered “heavily white supremacist, especially Adair Park” (“Model Cities: A Program to Rescue Perishing Areas,” *Atlanta Constitution*, Jun. 29, 1969). Adair Park notably elected two longtime leaders of the Ku Klux Klan, J.D. Newberry and Calvin Craig, to be the chairman and vice-chairmen, respectively, in the Model Cities organization. However, the department of Housing and Urban Development (HUD) stipulated that the model cities area needed to include ten percent of the city’s population. In order to meet that threshold, Adair Park and Grant Park had to be included in the contiguous model cities area. The director of the program, J.C. Johnson, was quoted saying, “It boiled down to the point where it was absolutely necessary to [include] Grant and Adair Park” (ibid).

Although white residents reportedly had concerns about being included in the program, their leaders advocated for participation based on distinctly prosaic motivations. Newberry was in the heating and air conditioning business and hoped that home renovations mandated and subsidized by the program would result in work and profit for himself. Craig had run unsuccessfully for political office before, and there was speculation that he hoped participating in the program would set him up for a successful run in the future. They reportedly were already leaders in the neighborhood, and they welcomed Adair Park’s

inclusion in the model cities area. “We didn’t want it,” said Newberry, “but they took us in anyway so we decided we might as well get as much as we could out of it” (ibid).

The city of Atlanta’s implementation of the Model Cities Initiative made it harder for white residents to move out as the neighborhood integrated and served to stabilize property values. By 1969, the surrounding neighborhoods of Mechanicsville, Summerhill, Pittsburgh, and Peoplestown were majority black and labeled as “ghettos” (ibid). Property values in these neighborhoods were low relative to the rest of the city. Rapid integration, white flight, and a precipitous decline in property values did not, however, occur in Adair Park. The Atlanta Housing Authority (AHA) set code standards higher than those of the Federal Housing Administration (FHA). As a result, white residents who wanted to move were first required to bring their house up to code, and this proved costly enough that many chose to stay.

Craig and Newberry became increasingly frustrated with the program because of this feature. They felt that white Adair Park residents were “being victimized,” and that the program was intentionally trying to prevent white folks from moving out as Black folks moved in (“Adair Park Hits City Plan,” *Atlanta Constitution*, Apr. 27, 1970). Craig alleged that there were “numerous discrepancies in the way standards are being applied,” adding, “it’s not fair” (ibid). He also alleged that contractors did shoddy or incomplete work, and Newberry provided evidence of this during a visit by Model Cities Board members (“Atlanta’s Model Cities – Is it Serving the People?” *Atlanta Constitution*, May 3, 1970). Craig made it clear that the issue was not with the program itself, but with the implementation at the city level.

Director Johnson countered, “Nobody has to go through FHA if he wants to sell his house. He can sell his house for cash if he can find a buyer. There is no requirement for him to sell his house under FHA, but there is a requirement by the FHA that if a house is sold in a Model Cities area, these standards have to be observed” (“Model Cities Plan Hit,” *Atlanta Constitution*, Aug. 21, 1970). He further explained, “Basically, most of the people who are selling are white, and the people who are buying are black. The people that are selling want to get as much money as they can before they flee to the suburbs, and the people that are buying want to get as sound as a house when they buy as their money entitles them to” (ibid).

Despite threatening to leave, Adair Park remained in the program and property values reportedly held steady until the program ended. Newberry and Craig used their positions to garner attention by threatening that Adair Park would leave the Model Cities Initiative. Under their leadership Adair Park twice issued 30-day ultimatums, collected signatures, and finally took a vote in which approximately 90 percent of residents voted to leave the program. However, this move would have resulted in Atlanta losing its grant from HUD. Howard Phillips, another Adair Park representative, agreed to delay the move and it continued to be delayed until the program ended in 1974.

[Figure 2 about here]

Within this context of post-civil rights, the passage of the Fair Housing Act of 1968 served as a causal condition by making it possible for Black people to move into Adair Park. An instance of core category is seen here as the AHA took advantage of the neighborhood's inclusion in the model cities area to raise code standards and make it more difficult for white residents to move away. Residents of Adair Park responded with an action/interaction strategy: threatening to leave the program in order to achieve relaxed code standards. However, this strategy was unsuccessful, and white residents reportedly stayed in the neighborhood until at least 1974 even as they continued to indicate a desire to move away. While it is likely that some did move, there was not an exodus en masse. The consequence of this process was the stabilization of property values in the neighborhood during this time period.

### *1975-1995: Racialized Urban Neglect*

The context shifted appreciably during the administration of President Richard Nixon. He was elected using the infamous southern strategy designed to appeal to a silent majority of white voters opposed to civil rights. Once in office, Nixon reduced or eliminated funding to many programs put in place the previous administration – including the Model Cities Initiative.<sup>14</sup> Adair Park quickly changed to resemble the neighborhoods surrounding it. White residents as a group quickly relocated to the suburbs, and Black residents became the overwhelming majority.

This context was characterized by racialized urban neglect. Public services, private investment, and people all flowed away from inner cities and out towards the suburbs where white residents had relocated. Fewer people, a reduced tax base, and de facto segregation all resulted in negative impacts on schools, housing, and city neighborhoods<sup>15</sup>. In Adair Park, residents complained of poor or absent city services, reports of crime increased, and private investment dried up. In 1979, the recreation center in Adair Park was closed due to “neglect and budget constraints” resulting from years of mismanagement only acknowledged in order to compete for a federal grant (“Fishing for the Truth About Atlanta’s Parks,” *Atlanta Constitution* Apr. 30, 1980).

As Adair Park became a segregated and majority Black neighborhood, the new residents varied from the few Black who had moved in previously. Prior to white flight from the neighborhood, the majority of black residents were homeowners of low-middle and middle-class financial standing. As white residents fled, property values dropped, and the percentage of Black residents with low socioeconomic status increased. Contributing to this shift was an increase in renters (often with absentee owners). Adair Park was soon labelled a “blighted” neighborhood (“City Goes Forward with Home Loan Plan,” *Atlanta Constitution*, May 27, 1982) and a “frontier area” for white urban pioneers (“Atlantans Finding Hidden Values in ‘Frontier Areas,’” *Atlanta Constitution*, Dec. 28, 1980).

Home improvements and repairs during this time were particularly challenging for residents. Banks were reluctant to provide loans to repair an old house. Melford Bennett, the manager of Fulton Federal’s East Point branch in 1980, explained this saying, “We’ve made very few purchase rehab loans... there’s no back-to-the-city movement. More people are moving to the suburbs” (ibid). Homeowners who did manage to get loans found that interest rates were high, and contractors often proved unreliable. Many homes in Adair Park were soon left vacant and in disrepair.

This is not to say that there were no efforts at urban renewal during this time. Funding from HUD. In the early 1980s, Adair Park was the beneficiary of funding from HUD for physical improvements and a loan program through the Urban Residential Finance Authority designed to provide loans for home repairs to low-income borrowers. However, subsequent reporting indicates that these

programs were largely effective at bringing funding to city of Atlanta and largely ineffective at disrupting the worsening of conditions in the neighborhood.

[Figure 3 about here]

Within this context, the end of the Model Cities Initiative was a causal condition by removing the barrier to white flight. As a result, Adair Park became increasingly Black and increasingly impoverished. This time, racial demographics shaped the city's action and inaction. The City of Atlanta acted to strategically disinvest from the neighborhood and stop code enforcement as houses fell into disrepair. Private businesses and prospective white residents responded with an overall action/interaction strategy of avoidance. While there were some notable public programs, private investments, and white urban pioneers, these seemed to be the exception and not the rule as they did not result in significant changes at the time.

This strategy led to two connected consequences. First, physical and social conditions in the neighborhood deteriorated. Dilapidated houses and crime became increasingly common. Second, property values dropped. This occurred both as a direct consequence of racial discrimination against this majority Black neighborhood and also as a consequence of deteriorating conditions.

#### *1996-2008: Predatory Lending*

The context shifted once again as the 1990s came to an end. Lax regulations on financial institutions now led to an expansion of credit extended to investors that, in turn, drove an investment frenzy in urban and suburban housing markets. Investors in urban neighborhoods often flipped homes by completing superficial renovations, using bribes to get inflated appraisals, and then selling at large profits to buyers through banks offering high-risk mortgage products. Banks encouraged the use of these products and marketed them towards Black people and other racial minority groups.<sup>15</sup>

After Atlanta hosted the 1996 Olympic Games, two major changes occurred. First, the City of Atlanta decided to demolish its public housing. The goal was to replace it with mixed-income communities (MICs). This approach was adopted by HUD and written into the HOPE VI federal

legislation in 1998. In 2011, the last of Atlanta's public housing was demolished. However, the promise of MICs did not come to fruition. Along with the less than successful HUD section 8 voucher program, this served to push many impoverished residents in the city of Atlanta either out of the city or into homelessness.<sup>16</sup>

At the same time, the publicity of the games led to a new wave of construction. During this time, the city of Atlanta grew, and more homes were needed to accommodate the increasing population. However, in the context of neglect in Adair Park and southwest Atlanta, new construction led to more empty homes.

These vacant houses led to more problems that continued to depress property values in Adair Park. Reports of prostitution, a growing population of people experiencing homelessness living in empty houses, and drug dealing became even more common. Some houses served as illegal rooming homes, rented to too many people and without the appropriate permitting, while others were unlicensed group homes for older adults. Racketeers capitalized by promising to help folks take ownership of a house through squatters' rights, but usually disappeared with their payment before the new "owners" realized it was a sham ("Unsafe Streets Stifle Housing Rebound," *Atlanta Journal-Constitution*, Oct. 29, 2012). Crimes against property were also on the rise as well and code-enforcement was non-existent. Previously called a "blighted" community, Adair Park was labelled a neighborhood plagued by "blight and crime" (ibid).

"Code non-enforcement," as one resident dubbed it, continued to be a singularly important problem that depressed property values during this time ("Code Enforcement Back in Effect," *Atlanta Journal-Constitution*, Oct. 23, 2008). The issue stemmed from the fact that code enforcement required the city to be able to reach the property owner. In many cases, owners lived far away or were difficult to track down. This made code enforcement on their property virtually impossible. When the owner could be found, code enforcement officials were particularly aggressive, but this often resulted in penalizing people who were working hard to maintain their property rather than dealing with major issues of squatters, vacant homes, and homes in disrepair.

In 2000, investors began to swarm Adair Park and the surrounding neighborhoods. Spurred on by loans from Omni National Bank and other lenders, investors purchased and flipped houses. Typically, investors would buy the house at a low value, do a quick set of “slap-dash renovations,” and then sell them at hugely inflated prices (“Housing Collapse Leaves Trail of Blight,” *Atlanta Journal-Constitution*, Oct. 28, 2012). Often, investors used the profits from one flip to do the whole process again. The inflated valuations were a result of bribes taken by officials at Omni bank and the organization’s willingness to engage in mortgage fraud. When large numbers of high-risk loans defaulted and the market crashed, Adair Park and the surrounding neighborhoods were among the most affected in the United States.

In the immediate wake of the crash, property values went into freefall. The Federal Deposit Insurance Corporation (FDIC) took over Omni in 2009 and then auctioned off over 450 of Omni’s foreclosures in a “fire sale” (ibid). A local real estate firm, Carter, purchased nearly 300 of these homes with the hopes of turning renters into homeowners, but proved unsuccessful as many of those homes quickly fell into disrepair with spotty. Carter soon sold those homes off to individual investors. Houses sold for as little \$3,000 in some cases, and property values in the area were the lowest of any part of the city.

Residents of Adair Park played an active role in the recovery. Some served on the 30310 Mortgage Fraud Task Force and found lingering issues with appraisals. Fulton county, in which Adair Park is located, was complicit in inflating property values and raising taxes inappropriately. SunTrust Bank was found to have listed the outstanding mortgages on foreclosed houses as the price at which the house sold. Fulton County then ignored how much homeowners actually paid for the houses and based their tax on the inflated value from SunTrust and other lenders. Other residents worked with non-profits and the City Council to organize home shows and open houses to attract more people to the neighborhood.

[Figure 4 about here]

Within this context, the post-Olympic construction boom and the increased availability of capital served as causal events. The inaction of the city in enforcing the housing code along with continued

disinvestment in Adair Park and its surrounding area set the stage for what happened next. Investors, banks, and federal institutions involved in the housing market engaged in mortgage fraud as a strategy. Together, they facilitated a process in which investor purchases were followed by minimal renovations and sales at inflated prices. The consequence of this process was a rapid increase in property values that did not reflect actual improvements in the real value of homes in the neighborhood. This continued until the crash and subsequent recession.

### *2009-2020: Racial Awareness and Conflict*

Yet another context developed in the immediate wake of the financial crisis. As President Barack Obama took office, he faced the immediate challenge of leading an economic recovery. Additionally, a growing contingent of white Americans responded to Obama's election to President as a Black man, the high-profile shootings of Black Americans such as Trayvon Martin and Michael Brown, and the emergence of the Black Lives Matter movement with increasingly open racist attitudes and actions. At the same time, a new effort to address racial inequities gathered momentum.<sup>17</sup> The resulting context reflected the growing awareness of racial inequities and explicitly racialized conflict as programs and projects with obvious racial implications became contested terrain in public discourse.

In the wake of the recession, President Barack Obama signed the American Recovery and Reinvestment Act of 2009 into law. This legislation included the creation of the Transportation Investment Generating Economic Recovery (TIGER) grants administered through the United States Department of Transportation. This program provided nearly half of the funding required for the Atlanta Beltline Westside Trail that now runs through Adair Park.<sup>18</sup>

The Atlanta Beltline is an ambitious and ongoing development project in the city of Atlanta. It originated as a master's project by Ryan Gravel that proposed 22 miles of connected trails, built on unused rail lines, that would form a loop through the city of Atlanta and connect many of its parks. The plan initially included public transportation along the trail that was later scrapped. The Eastside Beltline trail was heavily criticized for a lack of commitment to affordable housing, and Gravel resigned over this



concern. The Westside Beltline trail runs through Adair Park. This section is three miles and stretches from Washington Park to Adair Park. Construction began in 2014 and the trail opened in 2017.<sup>19</sup>

The Westside trail boosted property values by drawing new residents and new businesses to the area. Two brewpubs, Monday Night Brewing and the Lean Draft House, were among the first businesses built along the trail. Some longtime residents voiced concerns about the new residents and new businesses, “there are people moving in... who want to make it in their image,” while others praised the drops in crime, rise in homeownership, disappearance of vacant houses with absentee owners, and newfound integration (“Can the Beltline Solve its Image Problem?” *Atlanta Journal-Constitution*, May 1, 2018). Although many new residents were themselves Black, the prevailing sentiment was that the Beltline was attracting, “white, upwardly mobile [people], working in creative fields with disposable income” to Adair Park (ibid).

As the Beltline re-shaped the area, cultural and financial pressures acted to push black older adults out of Adair Park. Some residents initially viewed the movement of white people back into the neighborhood as positive, casting it as an uptick in diversity. However, newcomers also boosted property values and, in turn, property taxes. While there are exemptions for older adults, the increase in taxes and rents served to push residents out. Simultaneously, new businesses and changes in institutions exerted a form of cultural pressure according to some residents. “I would love to stay here if the community could be more diverse in every way,” said a resident of a nearby neighborhood, “But if it gets to the point where it doesn’t resemble anything like what it looks like now, then I wouldn’t stay. I might as well move to the suburbs” (ibid). Others expressed an awareness that they were not the demographic that the city was seeking to move into the area.

This pressure led to a shift the racial demographics of the neighborhood. A review of a 2014 neighborhood survey, participant-observation, and informant interviews revealed that numerous individuals and families, the majority of them white, moved into the neighborhood around this time. The presence of more white people changed public perceptions of the neighborhood. Once labelled a ghetto characterized by blight and crime, Adair Park was now called an up-and-coming neighborhood where one

might still get a deal on a house near the Beltline (“In the Search for Affordable, Close-in Housing, More Homebuyers are Flocking to the Southside,” *Atlanta Journal-Constitution*, Dec. 15, 2019). Despite awareness of how gentrification in Adair Park might exacerbate racial inequities, it seems the context was not conducive to much more than dialogue and handwringing over this concern.

[Figure 5 about here]

In this context, the availability of federal funds following the financial crisis served as a casual condition. The city of Atlanta’s action to secure these funds in support of the Atlanta Beltline Westside trail shaped the effect of those funds on Adair Park. As a result, white people moved in, renovated houses, drew new businesses to the area, and brought increased public with them. The consequences included rising property values and taxes, pressure on Black residents to move, and the subsequent loss of many Black residents from the neighborhood. This in turn made it possible for more white gentry to move in.

#### *The City of Atlanta’s (in)Action*

[Figure 6 about here]

This research indicates that the cornerstone of changing property values in Adair Park were the actions and inaction by the City of Atlanta. In each context, the city either acted or did not act to shape the effect of federal funds. The interplay between these actions/inactions and racial demographics worked to shape property values in the neighborhood.

City actions to manage funding included setting and enforcing housing code and the strategic investment and disinvestment in neighborhoods. Setting and enforcing housing code came into play during the Model Cities Initiative when the Atlanta Housing Authority raised code standards to make it more difficult for white residents to obtain FHA loans and move out of Adair Park. It came into play again, during the contexts of racialized urban neglect and racial awareness and racialized conflict, when the lack of code enforcement facilitated deterioration of neighborhood conditions when federal funding was lost and mortgage fraud after federal funding surrounding the Olympics resulted in a construction boom.

The city also actively invested or disinvested in specific neighborhoods as a part of managing federal funds. It selected Adair Park for strategic investment during the Model Cities Initiative and later by securing for the construction of the Westside trail of the Atlanta Beltline. The city also strategically disinvested from Adair Park after the Model Cities Initiative ended remained disinvested the financial crisis of 2008.

These actions and inactions both shaped and were shaped by the changing racial demographics of the neighborhood. Code enforcement during the Model Cities Initiative helped to prevent white flight. Later on, investments in the Westside trail helped to draw more white residents to the neighborhood. The arrow moved in the other direction, however, when Adair Park became majority Black and the city responded with strategic disinvestment and lax code enforcement. In this way, changing racial demographics served both as an intervening condition and a consequence with respect to city action and inaction.

This interplay between the core category and racial demographics shaped property values in Adair Park across each context. Initially, strategic investment in Adair Park and the prevention of white flight served to stabilize neighborhood property values. Next, changing demographics in the neighborhood and the city's strategic disinvestment and lack of code enforcement led to falling property values. These values shot up artificially when these same conditions facilitated mortgage fraud that later triggered the financial crisis of 2008 and cratering property values. Finally, the city's strategic investment in the area through the West trail of the Beltline attracted white residents to the neighborhood, shifting racial demographics, and led to rising property values once again.

## **Discussion**

This research explored the processes affecting property values in Adair Park from 1950 to 2020. Consistent with Smith's theory of rent gaps, these processes involved federal funding and the city of Atlanta's efforts to manage their use across different contexts. These efforts both shaped and responded to the racial demographics of the neighborhood.

A variety of contexts and policy initiatives set the stage for these processes to play out. These included the post-civil rights movement, the racialized urban neglect, the racialized predatory lending, and the racial awareness and racialized conflict contexts. The key policies included the Model Cities Initiative, revoking of this initiative and other legislation associated with the war on poverty, hosting the Olympic games in Atlanta in 1996, and obtaining funding for the Westside trail of the Atlanta Beltline.

Smith argued that the state plays a central role in driving or facilitating the process of gentrification. In this case, the federal and city governments initially staved off and then ushered in a time period in which spending to maintain properties was disincentivized. During this time, representatives of the city government stigmatized Adair Park as a blighted and crime-infested area. The city also was negligent in code enforcement consistent with Smith's theory. Finally, when the rent gap was large enough following the financial crisis in 2008, investors moved in to cheaply scoop up properties, the city re-invested, and white people as a group began to move into Adair Park again.

### **Limitations**

This research explored the processes driving changes in property values in Adair Park from 1950 to 2020. However, property values are not an objective measure of the quality of a house or the quality of its location. Housing markets are socially constructed and reflect the dominant biases and values of the society in which they operate.<sup>20</sup> In this analysis, property values can rightly be understood as reflecting the desirability of housing in Adair Park in the eyes of white prospective homeowners. This means that the prevailing anti-black beliefs of the time themselves served to depress property values beyond the contributions of other factors (i.e. percentage of renters, socioeconomic composition). Anti-black beliefs themselves lowered property values and established conditions in which cycles of neglect, deteriorating social conditions, and continued segregation served to further this effect.

The newspaper articles I use as data here likely also had direct and indirect effects in the process of constructing property values in Adair Park. Directly, the characterizations of Adair Park in these two newspapers likely played an important role in shaping how their readers perceived the area. This likely

served to reinforce negative perceptions of blight and crime during the time period of racialized urban neglect and to further encourage white gentry to move into the neighborhood once gentrification was ongoing. The AJC also published two editorials regarding the Model Cities program, one promoting it (“Tonic for Tired Blood,” *Atlanta Constitution*, Aug. 30, 1967) and a second pushing against a Black-only board of neighborhood representatives (“Listen to the Voices Within,” *Atlanta Constitution*, Dec. 12, 1967). It also published a staff editorial encouraging the development of the Beltline (“Wanted: Someone at head of Beltline,” *Atlanta Journal-Constitution*, Jan. 11, 2005) and two editorials by then-CEO of Atlanta Beltline Inc., Paul Morris (“Next up for Atlanta Beltline,” *Atlanta Journal-Constitution*, Jan. 17, 2014; “Streetcar to Beltline Vital,” *Atlanta Journal-Constitution*, May 12, 2015).

The indirect impact of the articles concerns the social construction of the news. In other words, the newspaper decides what is considered to be publishable news and what is not. The majority of the articles analyzed in this study came from the Atlanta Journal-Constitution (AJC) or its previous incarnation, the Atlanta Constitution (AC). The AC was founded prior to the Civil War by white men, has historically had white men as editors, and has one in that position today.

In an attempt to identify and account for the effects of the biases reflected in what the AC/AJC chose as news to report and how it was reported, we included coverage of Adair Park from the Atlanta Daily World (ADW). The ADW is a prominent daily newspaper founded by a black man written for black people. We were able to access ADW stories from 1950-2020. Notably, the ADW did not cover the complaints and threats to leave from Adair Park leaders and residents during the Model Cities Initiative. Although, it featured sharp critiques of the program like the AJC did. At the code level, emergent codes from both sources were similar. They highlighted political action in the forms of providing, seeking, and receiving funds as well as holding meetings. They both also highlighted problems in both the process of communication between city agencies administering the funds, and in terms of outcomes.

Finally, newspaper articles are merely one socially constructed view of reality. These stories likely reflect a view of history constructed with conscious and unconscious biases. Moreover, explanations of causality in newspaper articles are not a robust form of scientific evidence to prove what

actually happened. Instead, these data and this analysis reflect what was captured in the articles. That said, I believe that there is value in analyzing the history of Adair Park as it is told in these articles. Both the AJC and the ADW have wide readerships in the Atlanta area, and so these accounts have power to shape how the history of the neighborhood is viewed.

However, I attempted to mitigate these concerns by triangulating my findings with other sources of data. I checked in with informants in the neighborhood to discuss these events either as they experienced them or as they had learned of them. I also learned about some of the more recent history through participant-observation conducted at neighborhood events from 2017 until the start of COVID-19 restrictions in 2020. I also checked my findings against scholarly and journalistic writing about the history of the city.

A particular concern in this analysis is the discounting of individual, community, and city efforts to improve the social conditions in Adair Park while it was a majority black neighborhood by these newspapers. For example, funding from HUD, neighborhood clean ups, open houses and housing fairs, and city ordinances promoting affordable housing are all mentioned in articles during this time period. However, they are not credited with shifting property values at all even though it seems reasonable to believe that they had some effect.

A second concern is the relative reduction in coverage during this same time period. From 1950 to 1974, the AJC and ADW published 986 articles, ads, and features referencing Adair Park. From 1975 to 2020, there were only 200 such articles. There were undoubtedly ups, downs, and day-to-day dramas in the life of Adair Park between the end of the Model Cities Initiative and renewed interest by white people with the Beltline. According to informant interviews, residents of Adair Park organized over a period of years to achieve a designation as a historic neighborhood. The neighborhood organization also worked tirelessly to maintain safety and hold the area together despite crime and the crack epidemic. However, the coverage reflects a choice that crime, blight, public programs aimed at poverty reduction, and neglect in terms of basic services were the only meaningful news in the area.

A third concern is the flattening of racial demographics throughout the period of study. Little mention is made of the first black residents to integrate Adair Park after the Fair Housing Act was put into law. Additionally, informant interviews suggest that Adair Park was never an exclusively black neighborhood despite being majority black for quite some time. These data also reveal that gentrifiers are not a homogeneously white group despite their depiction as such in AJC coverage. Indeed, scholarship by Emily Walton suggests that the “habits of whiteness” that characterize gentrifiers and promote displacement can be utilized by residents of any skin color provided they possess the appropriate socioeconomic and cultural characteristics.<sup>21</sup> Informants provided evidence of this flattening by citing their knowledge of neighborhood residents throughout the period from initial integration to the present day.

## **Conclusions**

This analysis highlights the role of the federal and city governments in creating a rent gap and setting the stage for gentrification in Adair Park from 1950 to 2020. As the federal government made funds available and unavailable at various points in the neighborhood’s history, the city of Atlanta played a critical role by acting (or not acting) to manage how those funds were used. These actions shaped, and were shaped by, the Black/white racial demographics of the neighborhood.

Additionally, this work combats the “politics of forgetting” typically seen in gentrification.<sup>22</sup> As gentrification continues in the southwest of Atlanta, it is increasingly important for rich understandings of the past to inform how the challenges of the present are handled. Armed with this knowledge, the city of Atlanta and its residents have a better chance of achieving gentrification with equity and inclusion. Given the centrality of racial demographics in this process, this knowledge may also unlock the keys towards an anti-racist gentrification.

## Notes

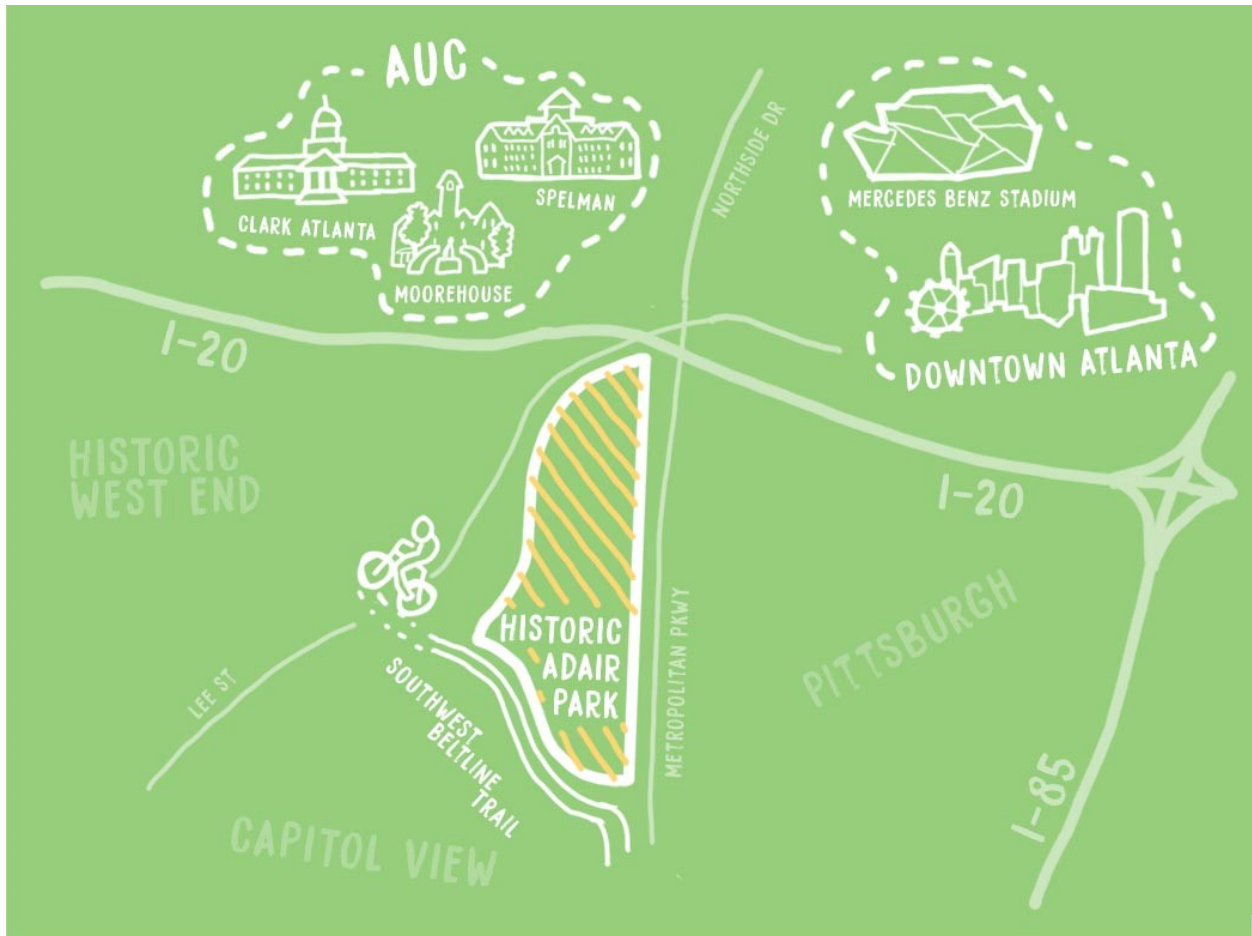
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Figure 1. Map of Adair Park



Map of Adair Park with respect to local points of interest. Image retrieved from Adair Park (2017) website.

Figure 2.

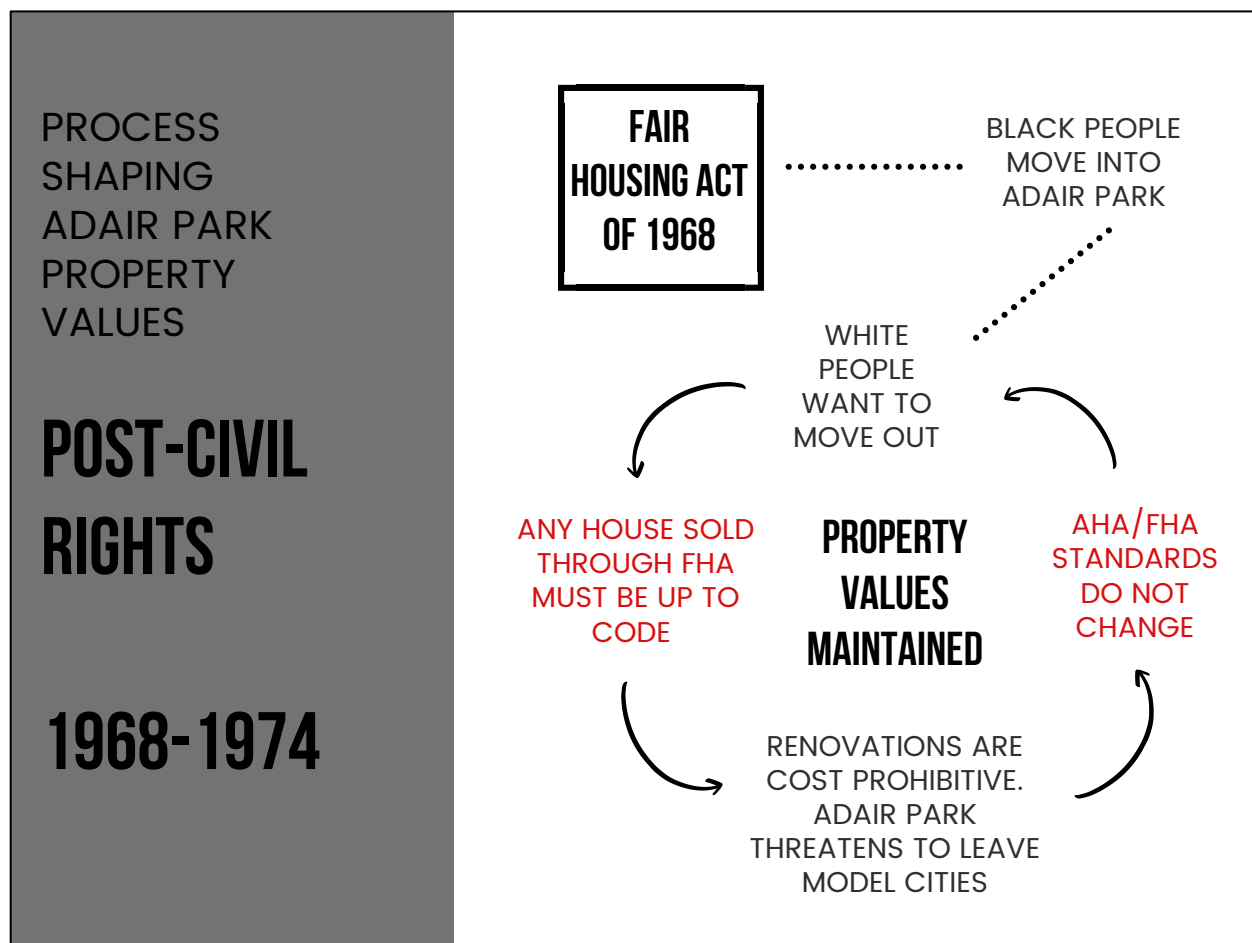


Figure 3.

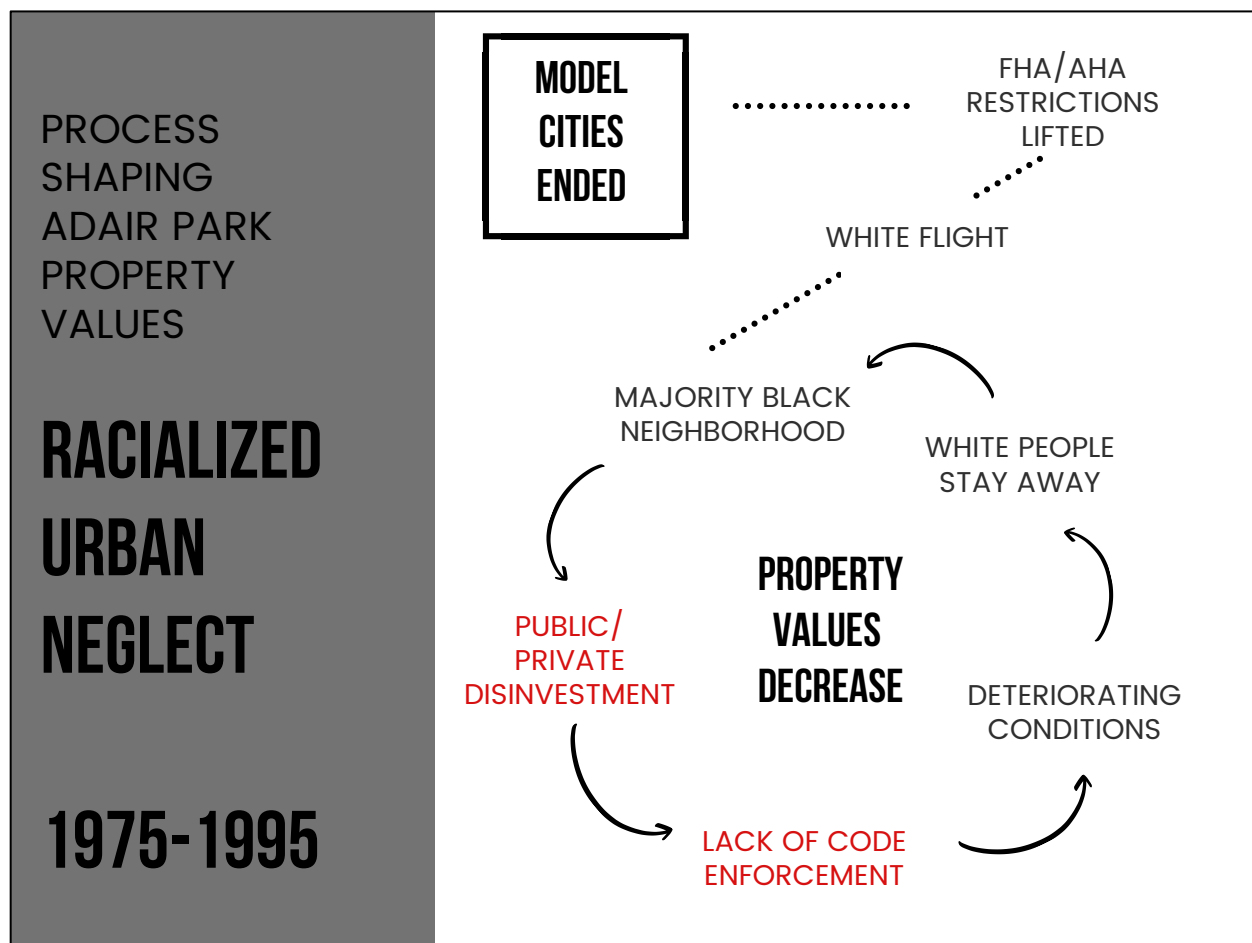


Figure 4.

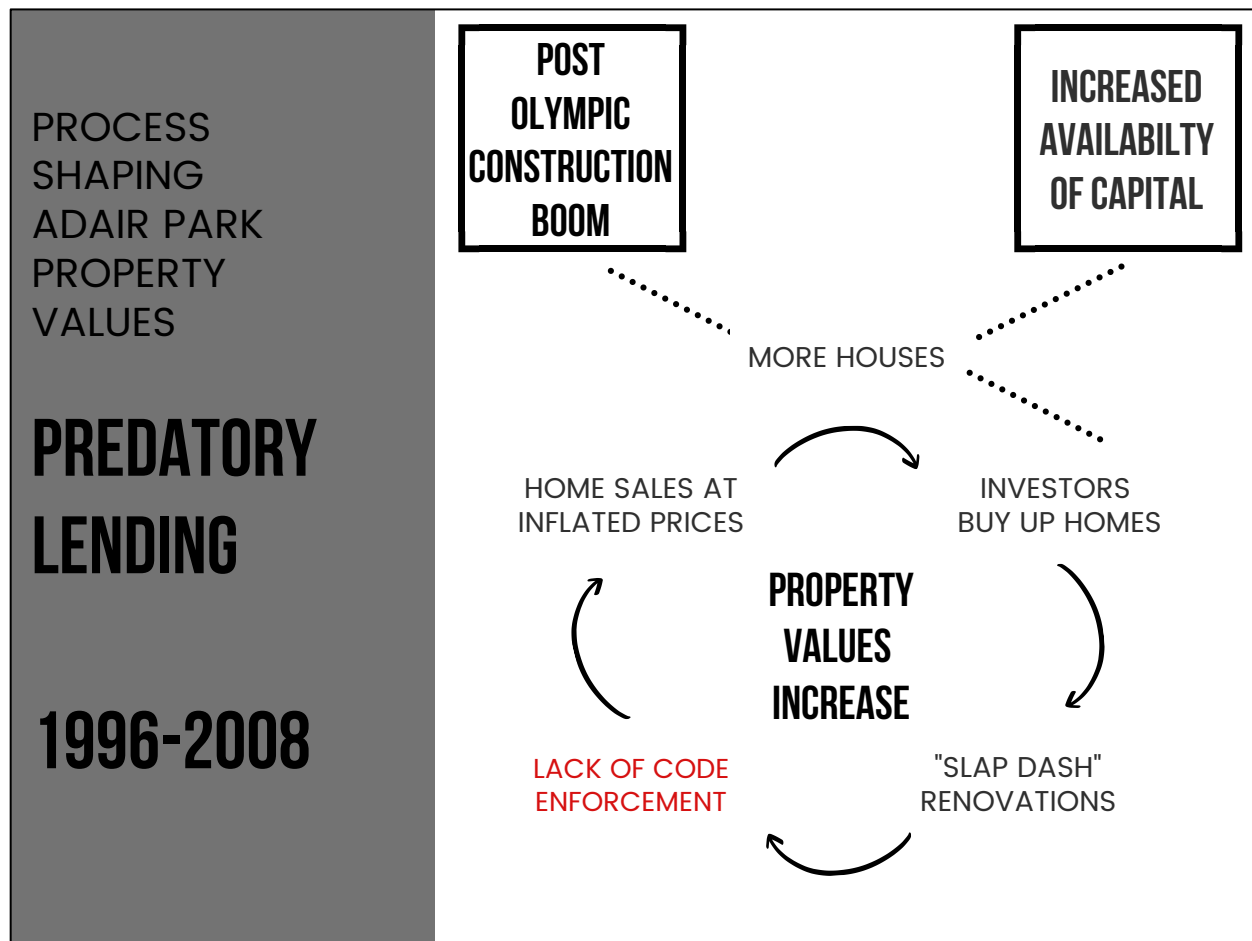


Figure 5.

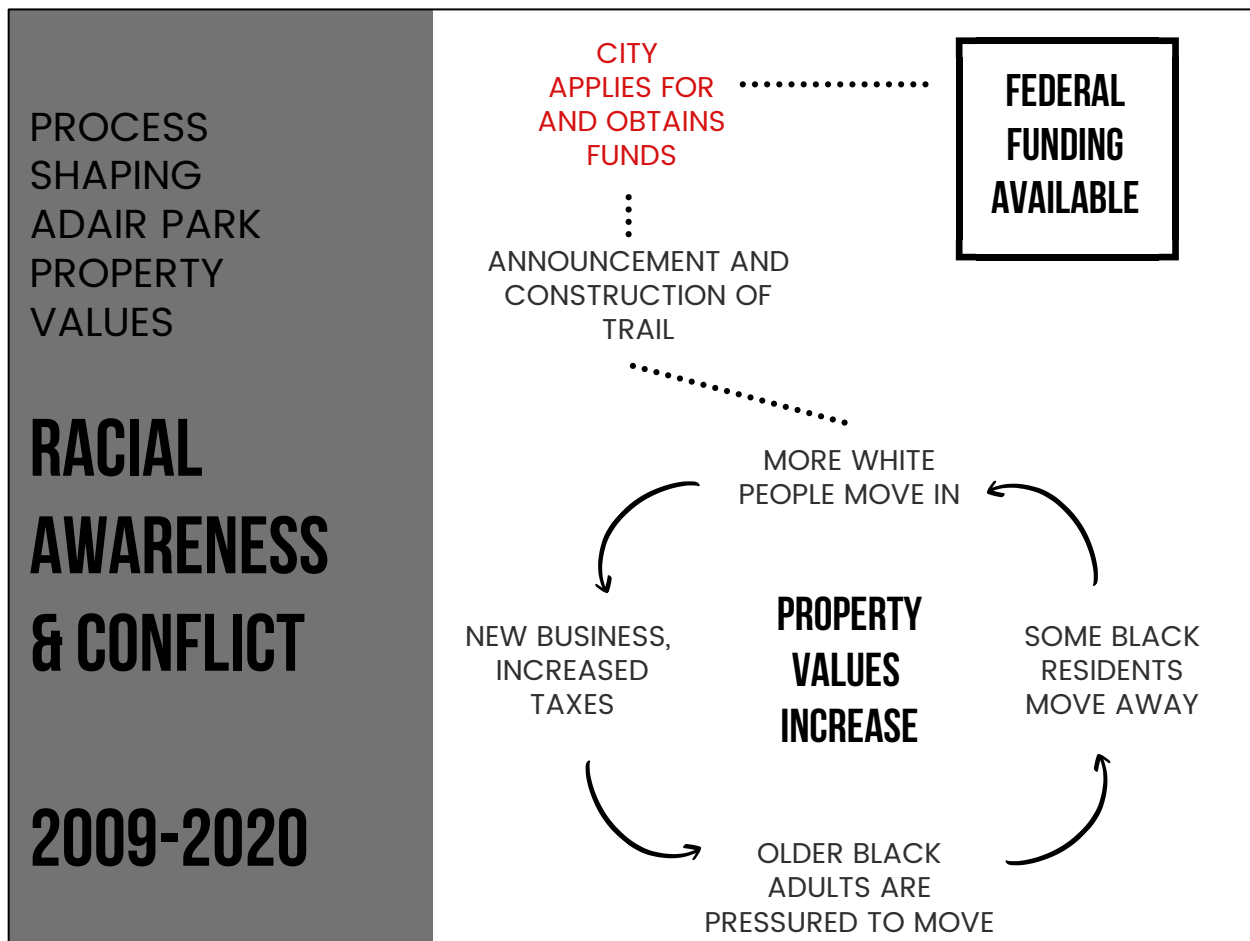
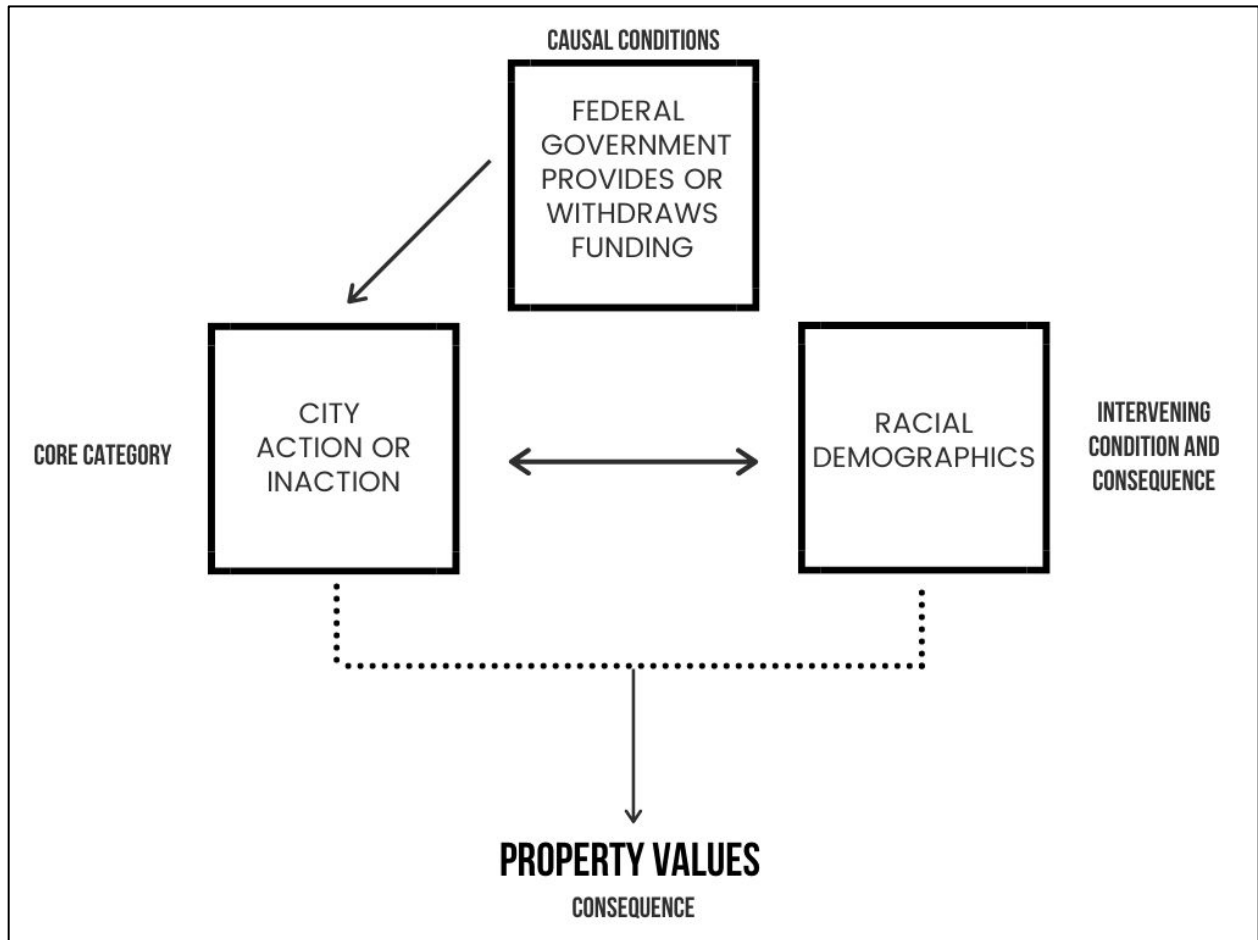


Figure 6. Conceptual Model for Property Values in Adair Park, 1950-2020





## Chapter 3

### Friends, Neighbors, or Both? Social Networks of Older Adults in a Gentrifying Neighborhood

#### **Abstract**

Social networks are important for older adults aging in place in the community. Friends and neighbors often provide support that enhances physical health, mental health, and the prospects for aging in place. Scholars are now attempting to examine the overlap and the differences between these roles and the type of support they tend to provide. Gentrification is a particularly consequential context for investigating this question as it is linked to both disruption of social networks and the formation of new relationships. However, no studies to date have measured the social networks of older adults in gentrifying spaces in a way that allows for characterization of their structure and group-level characteristics. In this study, I analyze the social networks of a sample of 24 older adults in a gentrifying neighborhood using approaches derived from both social network theory and social convoy theory. I support these findings using data from 3 years of participant-observation. I find that approximately half of the social network is composed of two distinct groups that vary based on perceived privilege, geography, and participation in the neighborhood community organization. In the social convoys, neighbors who were counted as friends were more common than neighbors who were not counted as such. Neighbor-friend relationships were characterized by more frequent interactions and higher importance to the respondent relative to neighbors-only. Further research is needed to determine if these patterns are particular to the study context or may instead reflect common arrangements across gentrifying areas.

Social networks are highly consequential for community-dwelling older adults aging in place. Participation in networks can mitigate loneliness and secure needed social support. Groups of older adults connected in a social can also construct roles, shared norms, and identities that enhance the prospects for aging well (Hochschild, 1973; Newman, 2003). Additionally, the social networks of older adults also affect physical and mental health (Smith and Christakis, 2008).

Friends and neighbors are important for these processes and tend to support aging in place in different ways. For example, friends tend to help with tasks such as personal care, finances, transportation while neighbors tend to help with less personal work like home repairs (LaPierre and Keating, 2013). Friends and neighbors also provide support through different dimensions of health and well-being. Relationships with friends are linked to positive subjective well-being (Huxhold, Miche, and Schüz, 2014), mental health (Lee and Szinovacz, 2016), cognitive functioning and physical health (Béland, Zunzunegui, Alvarado, Otero, & del Ser, 2005; Holt-Lunstad, Smith, & Layton, 2010). On the other hand, relationships with neighbors have been noted to enhance feelings of safety (Walker and Hiller, 2007) and social connectedness (Ashida and Heaney, 2008).

Gentrifying neighborhoods are a context in which the effects of friends and neighbors may be particularly consequential for aging in place. Smith, Lehning, and Kim (2017) found that living in a gentrifying area was associated with improvements in self-rated health. However, they also found that living in this context was associated with an increase in anxious and depressive symptoms. Putative mechanisms for the increase of symptoms of mental illness include disruption of long-standing friendships and changes in neighborhood racial composition (Versey 2018) as well as social exclusion by newer residents (Burns, Lavoie, and Rose, 2012; Walton, 2018). On the other hand, perceptions of greater safety as an area gentrifies may also facilitate increased participation in social networks (Newman, 2003), the possibilities of new relationships (Pothen, 2020), and improvements in physical health (Diez-Roux and Mair, 2010).

However, few studies to date have directly measured and reported on the social networks of older adults in gentrifying neighborhoods. The only study of this description I could find was a study of social

networks in “Sands End” a gentrifying neighborhood in 1990s London (Bridge, 1994). In this study, Gary Bridge measured social networks of a random sample of residents of Sands End using a mailed questionnaire. While the majority of residents tended to have relationships with people outside of the neighborhood, there were two notable exceptions: women with young children and retired older adults. For these groups, maintaining relationships outside of the immediate geographic context was more challenging, and social ties within their gentrifying neighborhood took on greater salience.

I address the need for more evidence regarding these networks by measuring the social networks of a sample of older adults in a gentrifying neighborhood in a large city in the southeast of the United States. First, I characterize the social networks of older adults in this neighborhood through analysis of social convoys and sociometric networks. Second, I identify friends and neighbors within these networks and investigate the characteristics of these relationships. To protect the privacy and confidentiality of the neighborhood and its residents, the names of streets have been changed and the names of individuals have been omitted.

## **Literature Review**

Neighbors and friends are important for older adults aging in place in the community. Aging in place refers broadly to staying in one’s own home and community while aging (Bigonnesse & Chaudhury, 2020). Regular contact with friends and neighbors while aging in place has been associated with regular physical activity (Chaudhury, Campo, Michael, & Mahmood, 2016), feeling safe and supported (De Donder et al., 2012), positive well-being (Cramm & Nieboer, 2015), and survival (Morita et al., 2010).

Gentrifying spaces are a context within which aging in place remains understudied. The term gentrification can be traced back Ruth Glass’s (1964) description of change within the city of London. Glass described an uplifting of impoverished areas as middle-class gentry moved in. The gentry tended to live in dual income homes, face pressures associated with commuting to work, and see value neighborhoods previously considered undesirable. While the uplifting of impoverished areas sounds like a

good thing, Glass conceived of gentrification as a process fraught with risk. She noted that small businesses, the poor, and the socially isolated were pushed out through several different processes of displacement. While descriptions consistent with Glass's are ubiquitous within gentrification research, no studies other than Bridge's (1994) seem to have studied social network structures or the types of relationships available to older adults in these spaces.

Despite this, gentrification is theoretically and empirically linked to several phenomena that may affect residents' relationships with friends and neighbors. For example, gentrification is associated with the loss of long-term residents from the neighborhood (Betancur, 2011; Lloyd, 2006; Patillo, 2007; Taylor, 2002). It is also associated with conflict between new and long-term residents over issues such as schools (Billingham & Kimbelberg, 2013), local businesses (Centner, 2008; Deener, 2012), churches and public spaces (Hyra, 2008), and norms regarding noise (Hyra, 2014). These conflicts may result in the loss of existing relationships, the loss of potential relationships, or the acquisition of new ones.

### ***The Social Convoy Approach***

The social convoy approach is one way to investigate friend and neighbor relationships in this setting. The term, social convoy, connotes a group of people to whom an individual feels connected. These people support health and well-being across the life course. In this approach, the social network of people connected to a single older adult, (i.e., their ego-network) is structured by sorting relationships into three groups: those who are very close, those who are somewhat close, and those who are less close (Kahn & Antonucci, 1980). Family members typically represent at least half of older adults' social networks when measured this way (Ajrouch et al. 2005), but friendships are more consistently associated with subjective well-being (Antonucci & Akiyama, 1995). The members of the convoy tend to change over time as individuals age, experience life transitions, and have changing needs (Antonucci & Akiyama, 1987).

Research using this and other ego-centric approaches to social networks provide expectations about the properties of these networks in gentrifying neighborhoods. For instance, life-course transitions

in later life – including retirement (Crisp, Windsor, Butterworth, & Antsey, 2015), health decline (Perry & Pescosolido, 2012; Schafer, 2013), and bereavement (Crosnoe & Elder, 2002) – tend to result in changes in these networks. In particular, these transitions are associated with changes in network composition but not the actual number of people in the network. In contrast to composition, the size of an individual's ego-networks tends to remain remarkably stable among adults aged 50 and older (Cornwell, Goldman, & Laumann, 2021).

The ego-networks of older adults are also remarkable in terms of their homophily. For instance, social convoys of this group tend to be homogeneous in terms of sex, age, and socioeconomic status (Crohan & Antonucci, 1989; Rooks & Schuster, 1996). There is also evidence to suggest that these networks are homogeneous in terms of health behaviors, notably smoking and physical activity (Christakis & Fowler, 2007; Flatt, Agimi, & Albert, 2012). However, I was unable to find a study to date directly investigating ethnoracial homophily in the ego-networks of older adults.

The convoy approach is well-suited to the present study. This approach allows for characterization of the structure, size, and composition of the social networks of older adults in a gentrifying neighborhood. To be more specific, the convoy approach provides a means to directly measure the number of individuals in each respondent's social network, to characterize them as friends or neighbors or family or something else, and to identify level of closeness of each relationship.

### ***The Sociometric Approach***

A sociometric, or whole network, approach is another way to investigate these relationships. In this approach, respondents are asked network-generating questions with explicit boundaries for whom they can include (e.g., who are your friends in this neighborhood?). The answers from all respondents are then used to generate a social network in which respondents and named individuals may be connected. Unlike the convoy approach, social network analysis using the sociometric approach allows for characterization of the structure of the overall network. Additionally, by asking multiple network-generating questions, it allows for sorting of relationships into groups based on the nature of a

relationship (e.g., church friends) or the activities associated with it (e.g., chatting in person, talking on the phone).

Studies using the sociocentric approach to the social networks of older adults, although few, provide a set of expectations regarding these networks in a gentrifying area. First, these networks tend to be sparse and, in particular, feature low density (Márquez-Serrano et al., 2012). Density is the number of ties that exist divided by the number of ties possible (Borgatti, Everett, and Johnson, 2013:150-153). It is usually interpreted as a network-level measure of how interconnected members of a group are with each other. They also typically have few bi-directional ties (Casey et al., 2016; Schafer, 2011). The direction of a tie is established when a respondent names another node (person in the network). This relationship is represented as a line with an arrow pointing from the respondent to the named node. Ties are considered bi-directional if both individuals were interviewed and both named each other Borgatti, Everett, and Johnson, 2013:11-14). Finally, networks of older adults feature high levels of isolation (Ayalon & Levkovich, 2019). A node is considered isolated, or an isolate, if the respondent named no other individuals and was not named by any other respondents (Borgatti, Everett, and Johnson, 2013:13-14).

A sociometric approach is also useful for characterizing the position of individuals, or nodes, and their relationships, or social network ties, within the overall network. Examples of position include centrally located within a component (group of connected individuals), peripherally located within a component, and located as a key bridge between components. In gentrifying neighborhoods, race, socioeconomic status, age, sexuality, and tenure in the neighborhood are all thought to shape the position of a node or a tie. These characteristics are derived from a common story of gentrification in which young, middle- to upper-class white gentry move into a neighborhood that was previously composed primarily of Black, middle- to lower-class older adults who had lived in the area for decades during a period of public and private neglect. Researchers have told this story regarding gentrification in Chicago (Hwang and Sampson, 2014), New York City (Abu-Lughod, 1995; Mele, 2000; Ocejo, 2014), Venice (Deener, 2012), and Portland (Sullivan and Shaw, 2011) among others.

However, gentrification research in other areas complicates this narrative. For instance, Balzarini and Shlay (2016) describe gentrification within a neighborhood in Philadelphia where nearly all parties involved were white. Here the dividing lines were based on two distinct combinations of socioeconomic status, tenure in the neighborhood, and feelings about a proposed casino. Similarly, Taylor (2002) describes the tensions resulting from an influx of new middle-class Black residents into already Black but impoverished part of Harlem. Doan and Higgins (2011) describe the threat of “super-gentrification” to disperse LGBTQ communities that were formed largely through a previous wave of gentrification. These studies suggest that each particular context dictates which characteristics, and more precisely which combinations of characteristics, shape position within social networks.

These combinations of characteristics shape structural positions by affecting the interactive processes that are used, and not used, to build relationships in gentrifying spaces. Consider that in each of the studies above, groups are formed based on homophily across particular combinations of key characteristics. Michael Bader (2014) uses the concept of negative space in art, or spaces not filled with focal elements, as a metaphor to describe the set of interactive processes that could bridge these divides. Since they exist within negative space, he argues, they are usually unimagined and unused leaving these divides intact. However, Maly (2017) describes how conflict in diverse spaces can create opportunities to bridge these divides through the discovery of these interactive processes, the creation of new shared norms, and the formation of new relationships across differences. This evidence suggests that connections across key differences in gentrifying spaces are possible although uncommon. I address the need for further research in this area by identifying relationships that exist across difference and the specific circumstances in which they are formed and maintained.

In this study, I report four social networks of a sample of older adults in a gentrifying neighborhood using the sociometric approach. Following the conceptual development of social networks in communities reported by Aday, Jr. et al (2015), I measure reputation, issue, conversation, and help networks. By including multiple types of relationships, I set up the opportunity for further

characterization of friend and neighbor ties, identified in social convoys, based on whether or not those ties appear within each of the sociometric networks.

Each of these networks tends to highlight a different aspect of the structure of a community. For example, reputation networks help identify leaders based on the number of people who identify them as doing things for the good of the community. These typically feature a few prominent individuals who are named by many people. Issue networks identify patterns of association among individuals based on shared problems or concerns. These often identify the different coalitions or groups that make-up a network. Conversation networks are used to identify patterns of day-to-day relationships. These are often built around geographic proximity and regular interaction as well as high levels of trust and reciprocity. Help networks identify individuals within a network with the needed resources, availability, and inclination to help others in times of need. These sometimes overlap with conversation networks, but also highlight how resources enter a network and how they move through it (Aday et al. 2015).

The sociometric approach is an effective complement to the social convoy approach in this context. Relationships with neighbors identified using the convoy method can be further characterized based on the specific questions that result in naming that relationship again. Additionally, this approach allows for contextualization of these relationships within a larger pattern of relationships in the neighborhood instead of just within one individual's network. Together, these approaches provide an effective way to characterize friend and neighbor relationships.

These approaches also foreground the contributions of this study. First, this study extends the theory built from the social convoy approach by investigating these networks in a novel context. Second, this study reports a sociometric network of relationships among older adults to a literature within which the structure of networks (beyond ego-networks) is rarely characterized. Finally, this study investigates the differences between friends and neighbors within these networks.



### *Distinctions Between Friends and Neighbors*

Within the literature regarding older adults and social networks, theory delimiting friend and neighbor relationships is limited. This is due, at least in part, to the common assumption that biological kin networks are the most salient. Studies beginning with that assumption often subsume all other relationships within a single, non-family category (Bliezner, Ogletree, & Adams, 2019). In the few studies that do examine friends and neighbors separately, the key distinction is that friends are considered voluntary relationships while neighbors, being proximity-based, are not (Wellman, 1992).

Empirical evidence supports that the claim that friends and neighbors actually are two distinct types of relationships. For instance, Ermer and Proulx (2019) analyzed a nationally representative sample of American older adults and found that higher levels of perceived support from friends was associated with better emotional well-being and self-rated health (SRH). Support from neighbors was associated with emotional well-being but not with SRH. LaPierre and Keating (2013) analyzed a nationally representative sample of Canadian non-kin caregivers for older adults and found that friends and neighbors tended to help with different types of tasks. Friends were more likely to help with personal care, bills and banking, and transportation while neighbors were more likely to help with home maintenance.

One thing friends and neighbors seem to have in common is that the quality of these relationships, not the quantity of them, is associated with their positive effects. In a study of 224 older women from a small metropolitan area in the upper Midwest of the United States, Heather Fuller (2020) found that the number of friends and the number of neighbors reported were not significantly associated with life satisfaction, stress, or ability to complete activities of daily living (ADLs) independently. Increased satisfaction with neighbor relationships, however, was associated with increased life satisfaction and reduced stress in a cross-sectional analysis of these data. In a longitudinal analysis of the data, Fuller also found that satisfaction with friend relationships in wave 1 predicted higher life satisfaction and better ability to complete ADLs independently in wave 2.

The presence of statistically significant effects involving neighbors is surprising given the relative paucity of those ties in these data. For instance, only 16.7% of respondents listed any neighbors, and the mean number in networks overall was 0.3 on a scale from 0 to 5. Additionally, satisfaction with neighbor relationships tended to be lower than other types of relationships while still remaining positive on average. All of this supports the claim that friends and neighbors are distinct types of relationships and that are relevant to the prospects for aging in place.

Surprisingly, I was unable to find a study that allowed for the overlap of friend and neighbor relationships. To be more specific, relationships were categorized as one or the other without allowing for one relationship to be both. In this study, I allowed respondents to identify neighbors as either neighbor-friends or as neighbors alone. This allows me to clarify the distinctions between these roles using both the ego-centric convoy data and the sociometric networks I measure.

## **Methods**

This study is part of a larger community-based participatory research (CBPR) project involving the researcher, residents of the neighborhood (“Phoenix Garden”), and the neighborhood’s community organization. CBPR is an approach in which research is conducted together with the community through power sharing and co-learning. Representatives of the community work together with the researcher in each step of the process to ensure that the knowledge produced can both inform action beneficial to the community and contribute to scholarly dialogues. CBPR is also an iterative process in which data informs action and action produces new data. Partnership is developed in the context of a long-term relationship with the researcher, and action is taken with a commitment to sustainability (Minkler and Wallerstein eds, 2003:1-52).

CBPR in this neighborhood is the product of a partnership between the neighborhood community organization, Phoenix Garden Neighborhood Organization (PGNO), and the researcher. I served as a consultant to the organization from 2014 until 2017. In the fall of 2017, we decided to begin the process of conducting original research together. Representatives from PGNO negotiated the research focus with

me, made introductions and shaped my role in the neighborhood, worked with me to design research instruments, provided critical feedback on analyses, led action informed by our data, and are guiding decisions regarding disseminating our findings.

I conducted participant-observation in Phoenix Garden (PG) from 2017 until the start of the COVID-19 pandemic in 2020. I gradually took on the role of a liaison between the neighborhood community organization and resident older adults. I visited residents, provided information from the organization meetings, recorded concerns or needs, connected older adults with resources, and sought to provide help when needed through the organization. At times, I served on the senior committee and helped organize events for older adults. In this role, I was able to develop a roster of all the older adults living in the neighborhood. I was also able to learn about the general structure of social among older adults in PG and conduct member checking on emergent understandings with the benefit of prolonged engagement.

I conducted structured interviews with residents throughout that time and continued them by phone once the pandemic made in-person interviews unsafe. Interview protocols were developed in constant discussion with key informants and were revised after three pilot interviews based on our initial data. Interviews focused on the social networks of the respondents and perceptions of community. Interviews were conducted in-person with the researcher and an informant until this became unsafe. Interview notes were handwritten and then later transcribed for analysis. All research was conducted with the approval of the institutional review board of Emory University.

Initially, the intent was to conduct a census of older adults in the neighborhood. However, this was rendered impractical and unsafe by the pandemic. Instead, I adopted a sampling technique with an eye towards diversity across the neighborhood's geography, particularly different streets. Unfortunately, establishing contact with new residents to expand the sample became increasingly difficult and data collection was brought to a conclusion by time limitations. While this undoubtedly places limits on the conclusions that can be drawn from these data, sampling methods are appropriate for SNA when: (1) the

boundaries of a group have been determined through ethnographic pre-study; and (2) the goal is to make inferences about the group as a whole (Borgatti, Everett, and Johnson 2013:32-34).

### *Social Convoys*

To measure convoys, respondents were asked to imagine three successive circles in which they had the opportunity to place the people who were, respectively, most important to them, slightly less important, and who had not been mentioned yet but were still important to them. They were then asked: the nature of the relationship (e.g., family, friend), the racial and ethnic identity of each named person, the frequency of their contact, and whether or not each person resided in the neighborhood. Respondents often provided additional information which was recorded as written or typed notes. The researcher copied down as many names as respondents provided, but for the purpose of analysis each circle was capped at 10 members. In addition to names, respondents were asked to provide the race and ethnicity of each person, the nature of the relationship (e.g., friend, family, neighbor, pastor), the frequency and mode of normal contact, and whether or not the person was a resident of the neighborhood. For interviews conducted over the phone during the COVID-19 pandemic, respondents were asked if their answers would have been different prior to the pandemic. Convoys were analyzed using Microsoft Excel.

### *Neighborhood Networks*

Sociometric networks were measured using network-generating questions with responses limited to other neighborhood residents. Following the methods described in Aday et al. (2015), I used participant-observation to develop questions about four types of sociometric networks among older adults in the neighborhood. These included reputation, issue, conversation, and help networks. The questions used to measure each, respectively, are as follows.

1. Is there someone in PG who works to make your neighborhood a better place?
2. Is there someone in PG with whom you talk about neighborhood issues or concerns?
3. Is there someone in PG with whom you have casual, everyday conversations?

4. Is there someone in PG you could turn to if you needed a little help – like around the house, with a financial need, or just a friendly voice to talk to?

The specific wording of each question (above) was developed through discussions with key informants and through the three pilot testing interviews. Respondents were also asked to elaborate on why they named each person they did. Once again, eligible respondents were asked if their answers would have been different prior to the pandemic.

These networks were analyzed using the UCINET software package (Borgatti, Everett, and Freeman 2020) and the associated NETDRAW program. First, each network was entered in a separate Microsoft Excel spreadsheet as a rectangular matrix in which interviewed individuals were listed as rows and named individuals were listed as columns. Second, these sheets were imported into the UCINET program and converted into a file format that both UCINET and NETDRAW could analyze. Next, the networks were visualized in NETDRAW both together and separately. Attribute data regarding street identification were then added to these networks and visualized. Finally, analyses were conducted to investigate centrality (number of people named, number of times named by other people, distance to all other people in the network, et al.), identify isolates (people with no connections in the network), and components (distinct groups of connected people with the group themselves not connecting) were conducted.

The use of a sampling methodology places some important limitations on these data. First, the number of be-directional ties is limited. Since only interviewed individuals could name relationships, cases in which individuals had the opportunity to name the respondents who had named them were unusual. Second, without a census it is difficult to make inferences about the density of the network overall. Thankfully, the use of participant-observation allowed for general characterization of density within particular regions of the network.

## **Results**

### ***Study Sample***

The sample for this study consisted of 24 respondents. Most of them were of black women who owned their homes. In all there were six respondents who were men, two who were white, and four who were renting their home. Ages ranged from 61 to 96, and the average was 74. Tenure in the neighborhood ranged from 3 years to 72 with an average of 33 years. Educational attainment ranged from middle school completion to a master's degree. The modal educational attainment was some college. 10 of the 13 streets in the neighborhood are represented in this sample with a maximum of 8 from a single street and 4 streets with just one representative.

6 new interviews were completed via phone after the start of the COVID-19 pandemic. Additionally, 4 repeat interviews were conducted with residents who had also been interviewed in-person before the pandemic. In those cases, the social network results were unchanged.

### ***Characterizing Social Networks***

Table 1 provides a quantitative summary of the social networks measured using the convoy approach. The average network size was 13, and the average size of each circle decreased from inner to outer. The gender distribution varied, and no network contained more than 15 women or men. The majority of the named people were Black, and interracial ties were uncommon. There was no association between neighborhood tenure and these measures.

Table 2 provides a quantitative summary of the four neighborhood networks. The largest network (67 nodes) was obtained by asking respondents to name the folks with whom they had normal, everyday conversations. However, this network also had the lowest density and the most distinct components indicating that this network was sparser than the others.

The reputation and help networks both had the highest number of reported ties (51). These also had the same number of components (9), but the reputation network was slightly denser (0.032) relative to the support network (0.025). Named individuals in the reputation network were described as serving in

leadership roles in PGNO, serving on neighborhood committees, posting frequently in the PG Facebook group, alerting neighbors to various goings on, and communicating with elected officials to deal with problems in PG.

The issue network had the fewest reported ties as well as the highest number of isolates (13) tied with the conversation network. Respondents indicated that communication within the issue network took place on the phone, at PGNO meetings, during visits at each other's homes, at neighborhood parties, on the PG Facebook page, on the NextDoor App, and spontaneously when they ran into each other outside. Interactions in the conversation network took place outside, during visits, while out together at an event or restaurant, and over the phone. There was no association between tenure in the neighborhood and the number of people reach respondent named for each of these networks or when all were considered together.

These networks are represented visually in Figures 1, 2, and 3. In each image, individuals are represented as differently shaped nodes. Interviewed individuals are represented as circles while named individuals are represented as rounded squares. Streets are indicated by the color of each node. Relationships are represented as lines pointing from the interviewed individual to the node representing the person they named. Names of streets are fictionalized, and individual names are not shown in order to protect the privacy and confidentiality of neighborhood residents.

Visual inspection of these networks (Figures 1 and 2) reveals several patterns. First, residents of Swan street (represented in purple) comprise a large component in each network. In both the reputation and help networks, the same individual is named the most by others on this street. Swan street appears to be the most interconnected in each of the four networks and the combined model (Figure 3). This finding is supported by interview notes in which two respondents from this street spoke about it as their community. "Round here [pointing to the street], it's mine," said one. In the other interview, the respondent said, "[I] know everyone on this street," describing it as a "coalition," and "group for support."

Second, there is some evidence of geographic clustering across multiple streets. This is best seen in Figure 3 by examining the top right section of the large component of the combined network. The streets represented here – Finch avenue in magenta, Jay avenue in light purple, Vulture court in blue, and Robin street in white – are adjacent to each other in the south of the neighborhood. Looking across four neighborhood networks reveals that these connections are primarily a product of the formal conversation and reputation networks. Respondents provided commonly provided accompanying information when naming these relationships such as, “He actively participates in community projects,” and, “He’s here at [PGNO] meetings.” This suggests that these relationships are perhaps best understood as a product of working together on neighborhood issues, and I encountered many of these individuals at PGNO meetings.

A resident of a street further north (not named in this analysis) made off-handed comments regarding the relative privilege of Finch, Jay, Vulture, and Robin. They noted these streets, all located in the south of the neighborhood, had gentrified more than others and had more white residents. The respondent also asserted that the neighborhood organization preferentially listens and responds to the needs of residents who lived on these privileged streets. I followed up during participant-observation with several residents and other nearby streets, and they agreed. I also observed that more residents from these Finch, Jay, Vulture, and Robin attended PGNO meetings.

Third, these appear to be sparsely connected networks. The most densely connected region of the network is best seen in Figure 3 by examining the left middle-left region of the large component in the combined network. Here almost every person named every other person. There also are several nodes that are pushed towards the middle based on their centrality. There are highly central nodes on the upper-right side of this network, but relatively few elsewhere. This pattern of few centralized nodes is also apparent in each of the component networks. However, measures of density and centrality are biased towards lower magnitudes due to the sampling methodology.

Despite that, the finding of relative sparsity is consistent with my participant-observation data. I observed that most older adults tended to connect with immediate neighbors. On some streets, such as



Penguin street (seen in green) and Swan street (dark purple), this typically meant relationships with other older adults based on seeing each other daily for 15 minutes or longer while outside. On other streets, such as Finch (seen in fuchsia) and Jay (light purple), this typically meant relationships with younger residents characterized by seeing each other 1-2 times per week for 5 minutes or less while outside. These ties seemed to be much more likely if the older and younger adult shared the same race.

The results thus far offer a characterization of neighborhood network of social ties among older adults in PG. First, the network is relatively sparse. Many small pockets of neighbors who named each other did not name nor were named by other people in the neighborhood. Second, the main component in the combined network is formed by two groups that are distinct components in each of the four networks that make it up. Residents in these groups live in close geographic proximity to each other. In one of these groups – composed of residents living on Finch, Jay, Vulture, and Robin – ties seem to be based on relationships formed in the context of PGNO. Members of the other group, composed of residents living on Swan street, instead knew each other through daily informal interactions, and nearly all of them were connected to a central figure on the street.

### *Neighbors and Friends*

Table 3 compares family, neighbors, and neighbors who are also friends using social convoy data. Neighbor-friends were more common than neighbors in the inner and middle circles but not in outer circles. Neighbors-only were more common in the outer circle and less common than neighbor-friends overall.

Respondents identified friends who were also residents of the neighborhood (neighbor-friends) 58 times throughout social convoy data resulting in the identification of 38 unique individuals. Of these, 23 were from the single, densely connected Swan street. 30 (79%) were also present in the combined network (Figure 3).

Neighbor-friends were most common in the help and conversation networks. 19 (63%) were in the help network and 18 (60%) were in the conversation network. In 10 cases, these ties appeared

together. 15 neighbor-friend relationships (50%) appeared in the issue network and 11 (37%) were in the reputation network. All of these individuals were named by at least one person who lives on the same street.

Respondents identified neighbors who were not friends 55 times, and each identified a unique individual. Of these, 32 were neighbors who were named but not identified as friends. Others included family members, tenants, and work colleagues. 18 of the neighbor-only individuals were named by their location (e.g., that girl next door, the new neighbors over there) and not by their first or last name. 18 out of the 32 were present in the combined network while 18 were not. Two streets had 7 individuals named from them (Swan street and Finch avenue), another street contributed two, and two streets contributed one each.

In comparison to neighbor-friend relationships, neighbor-only relationships appeared less often in the sociometric networks. Out of the 32 neighbor-only relationships, only 6 (19%) appeared in any of these networks. Four appeared in the reputation network, three in the issue network, two in the conversation network, and three in the help network.

Neighbor-friends relationships tended to be shorter in duration than neighbor-only relationships. There was virtually no difference in the average lengths of relationships between respondents and their neighbor-friends (15.5 years) and their neighbors (16.9 years). However, 26 neighbor-friend relationships were less than 10 years in duration. In contrast, 25 of the 32 neighbor-only relationships had lasted for more than 10 years. Of the 26 neighbor-friend relationships, 22 of them were reported by residents of Swan street and involved other residents on their street or nearby.

These groups varied in terms of the frequency of contact. Among neighbors who were also counted as friends, the modal frequency was daily contact. Among neighbors not counted as friends, only three had daily contact. The mode in this case was instead monthly contact.

These results provide a characterization of neighbor-friend and neighbor relationships. Neighbor-friend ties (58) were reported more often than neighbor-only ties (32) and were common than neighbors-only in the inner and middle circles of convoys. Neighbor-only relationships were more common in the

outer circles of convoys. Neighbor-friend ties were more likely to also appear in the sociometric networks. 50 percent or more of these neighbor-friend relationships included interactions around neighborhood issues, normal conversations, or perceived support in times of need. Of the 6 neighbor-only ties that appeared in the sociometric data, there was no obvious patterning across the four network types. There were also many more neighbor-friend relationships that were less than 10 years in length. Finally, neighbor-friends were in contact with each other more frequently than neighbors-only.

### ***COVID-19***

During follow-up interviews, no respondents reported changes in the composition or activity within their social convoys as a result of the COVID-19 pandemic. Among the new phone interviews conducted during this time, two of the six respondents indicated that the pandemic had impacted their networks. One noted a decrease in the frequency of contact with members of their convoy in order to stay safe. The other provided no names in response to the question about normal, everyday conversations. They reported that they would have included a few people before but did not want to include anyone now since the conversations were no longer happening.

### **Discussion**

The first aim of this study was to characterize the social networks of older adults in a gentrifying neighborhood. Looking first at social convoys, networks were highly varied in terms of size and sex but relatively little in terms of race. Black respondents named mostly Black individuals while the two white respondents named primarily white individuals.

Examination of the reputation, issue, conversation, and help networks suggests the existence of two primary groups among older adults in the neighborhood with some points of intersection. The first is a collection of residents living in close proximity along streets in the south of the neighborhood – Finch, Jay, Vulture, and Robin. Relatively dense connections within the reputation and issue networks and observations of members interacting through the neighborhood organization suggest that this is a group

with relationships that run through the PGNO. These are also the streets in the neighborhood which have seen the most new residents move in during recent gentrification, and there is a suggestion that these streets receive the most attention and benefit from the PGNO.

The second group of residents also lives in close proximity along Swan street. This grouping is evident across each of the four network types. This suggests that these are rich, multidimensional relationships. These relationships, however, do not run through the PGNO. This group has a denser set of connections and reports relying on each other for resources and support. Importantly, these two groups represent approximately half of the older adults in the neighborhood and the rest seem to have limited relationships within PG.

The second aim of this study was to compare and contrast neighbors who were viewed as friends and those who were not. Neighbors only were more common in the outermost circle of social convoys while neighbor-friends were more common in the inner and middle circles. 85 percent of neighbor-friend ties were reported by from the Swan street group. Neighbors-only were relatively spread out across streets in comparison. Neighbor-friends were typically in daily contact while neighbors-only were most likely to interact once a month or less. Neighbor-friend ties were also more likely to appear in one or more of the sociometric networks, and 50 percent or more were represented in the issue, conversation, or help networks.

The findings of this study have three key implications. First, these findings support and contradict aspects of existing knowledge regarding gentrification. In the social convoy data, half of all ties with neighbors (regardless of neighbor-friend or neighbor-only) were 10 years of length or less. This suggests that processes of displacement have already pushed out many long-term residents from the neighborhood and disrupted many neighbor-friend relationships of longer length. This supports understandings of gentrification which highlight the risk of displacement for long-term residents (Betancur, 2001 Lloyd, 2006; Patillo, 2007; Taylor, 2002). As this finding developed, I spoke to resident older adults about it and virtually all who had lived in the neighborhood for more than 10 years confirmed that good friends who lived nearby had moved away during gentrification.

However, these data contradict understandings of gentrification that highlight conflict as the primary means of interaction between new and long-term residents. The finding that half of neighbor-friend relationships had existed for 10 years or less suggests that long-term residents and recently arrived gentry are building relationships. This is contrast to studies of gentrification reporting conflicts and social schisms split along these lines that preclude the possibility of relationships (Billingham & Kimbelberg, 2013; Centner, 2008; Deener, 2012; Hyra, 2008; Hyra, 2014).

Second, the results of this study indicate an uneven social geography for older adults aging in place in the neighborhood. The geographic clustering of social ties suggest that older adults involved in either of the major groups have a feast in terms of friends nearby who can provide support and regular contact that support aging in place. However, older adults who are not in these groups may experience a famine in terms of relationships and regular contact with neighbors.

Third, the results of this study provide a characterization of sociometric social networks in the neighborhood. It is possible that key features of this neighborhood network – such as a cluster of relationships associated with formal power or a formal organization, another that lacks formal power but is densely interconnected with strong relationships, and scattered relationships elsewhere – may in fact be common across networks of older adults in gentrifying spaces. Indeed, these features have appeared consistently in my own previous work with marginalized communities in other countries. Further research is needed that reports more of these networks in order to develop a theory of social networks among older adults in gentrifying areas or even social networks in marginalized communities more generally.

This study has several limitations. First, the data collection process was impacted by the COVID-19 pandemic resulting in a smaller and perhaps less varied sample than initially hoped. Second, network data are largely cross-sectional, so it is difficult to say with confidence how these networks were formed or how they have shifted over time.

Finally, describing a network based on a sample and not a census is a difficult business. While this form of analysis is methodologically appropriate, it is possible that the findings pertaining to density and groupings reflect which parts of the network were most sampled. To mitigate this concern, I

conducted participant-observation with prolonged engagement over a period of three years. While it is possible that there are other densely connected pockets of the network, I consider this unlikely.

Throughout this time, I went door to door meeting older adults across the entire neighborhood three times, engaged in business for the neighborhood organization that required regular contact with older adults on each street, and developed a network of informants distributed throughout the neighborhood.

While far from infallible, these provide me with reassurance that these findings reflect the overall structure of the social network of older adults in the neighborhood.

As neighborhoods continue to gentrify across the United States, adults are continuing to comprise more of the population than ever before. Many gentrifying neighborhoods have populations of older adults, and the structure of social networks among these populations carry important implications for aging in place. Further research is needed to determine whether the existence of two different groupings with the rest of the population somewhat scattered and disconnected reflects a structure unique to this neighborhood or instead describes an arrangement that may be shared in gentrifying neighborhoods across the country. Developing this knowledge, along with a robust understanding of the roles of neighbors and neighbor-friends, is critical to promote aging in place among community-dwelling older adults.

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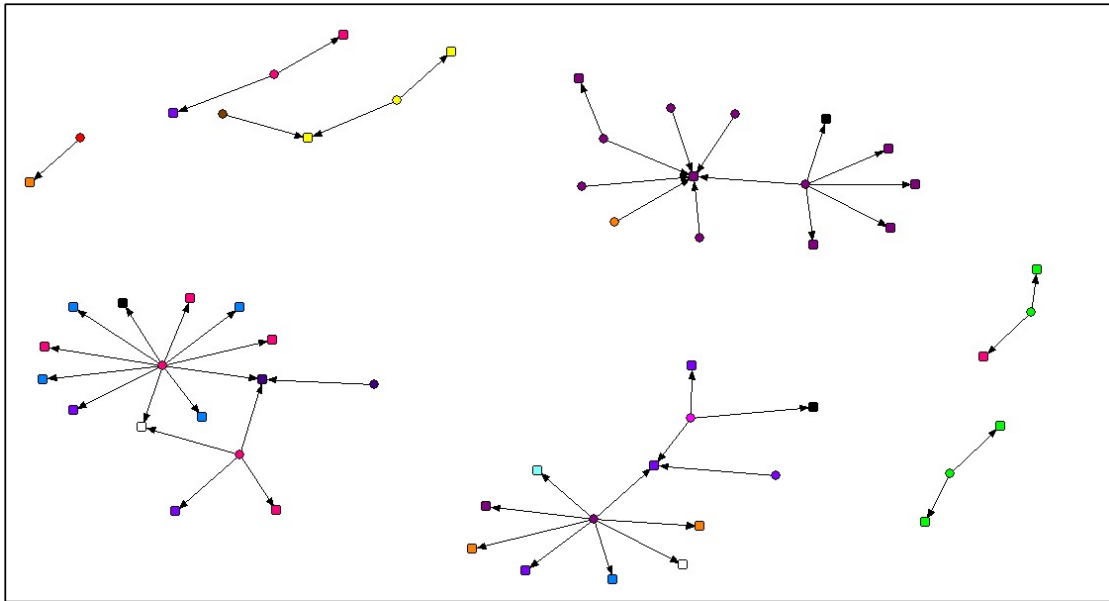
**Table 1. Selected Characteristics of Social Convoys**

	<i>Range</i>	<i>Mean</i>	<i>SD</i>
<b>Convoy Size</b>	0-30	13.29	8.28
Inner Circle	0-10	5.88	3.69
Middle Circle	0-10	4.42	4.60
Outer Circle	0-10	3.38	4.32
<b>Female Sex</b>	0-15	5.50	4.91
Inner	0-8	2.54	2.19
Middle	0-6	1.75	2.42
Outer	0-6	1.21	2.19
<b>Black Race</b>	0-20	8.76	5.95
Inner	0-10	4.48	3.70
Middle	0-10	2.67	3.69
Outer	0-10	2.27	3.51
<b>Interracial Ties</b>			
Black Respondents (22)	0-4	0.38	0.99
White Respondents (2)	0-6	0.29	1.23
<b>Frequency of Contact</b>			
<i>Inner</i>			
Daily	-	0.58	-
Weekly	-	0.28	-
Monthly	-	0.07	-
Less than Monthly	-	0.07	-
<i>Middle</i>			
Daily	-	0.31	-
Weekly	-	0.25	-
Monthly	-	0.16	-
Less than Monthly	-	0.27	-
<i>Outer</i>			
Daily	-	0.43	-
Weekly	-	0.14	-
Monthly	-	0.24	-
Less than Monthly	-	0.19	-
<i>Overall</i>			
Daily	-	0.47	-
Weekly	-	0.24	-
Monthly	-	0.13	-
Less than Monthly	-	0.15	-

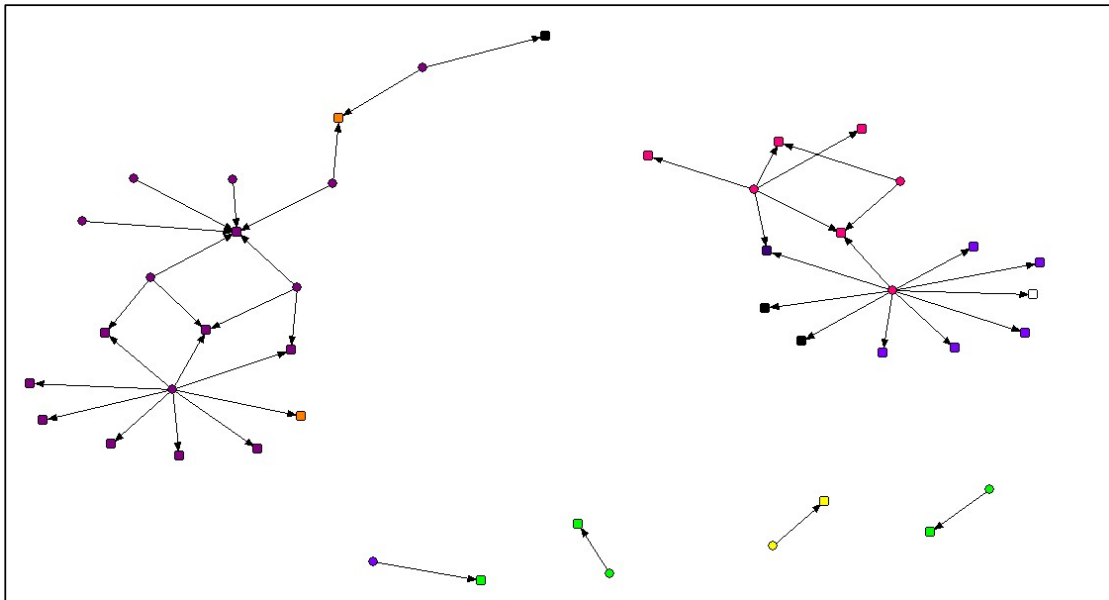
**Table 2. Characteristics and Comparison of Neighborhood Networks**

<i>Metric</i>	<i>Network Type</i>				
	<i>Reputation</i>	<i>Formal Conversation</i>	<i>Casual Conversation</i>	<i>Instrumental Support</i>	<i>Combined</i>
Nodes	63	57	67	64	120
Number of Ties	51	43	48	51	129
Density	0.032	0.027	0.022	0.025	0.016
Components	9	7	11	9	7
Isolates	5	13	13	9	15

Figure 1. Reputation and Formal Conversation Networks



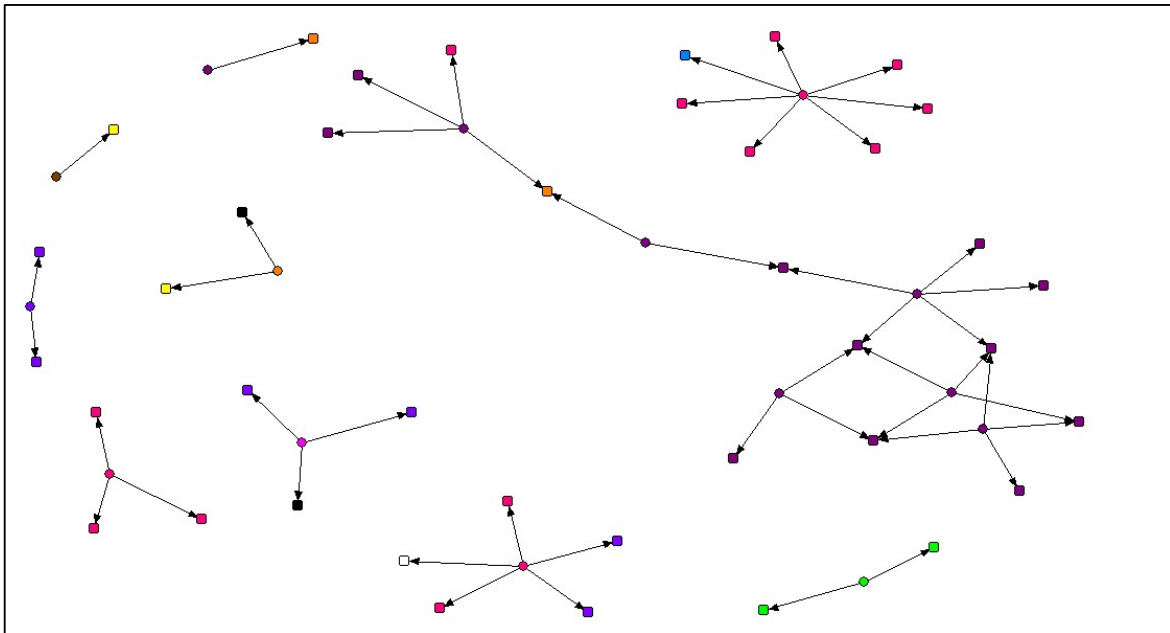
Reputation Network pictured above. Streets are represented by colors.



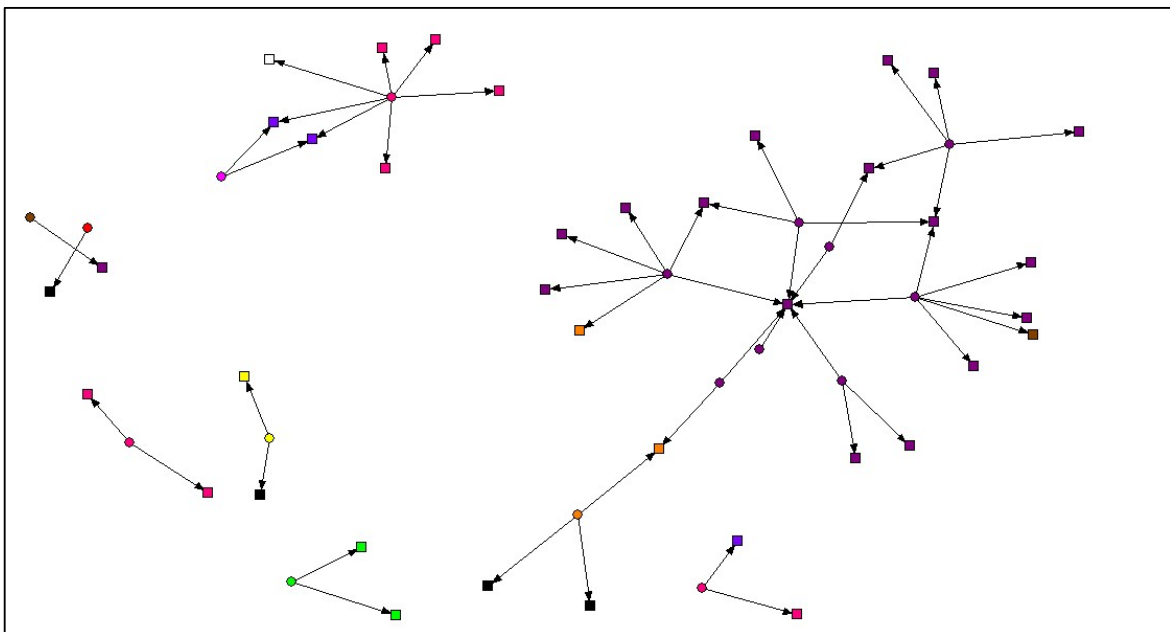
Formal Conversation Network pictured above. Streets are represented by colors.



**Figure 2. Informal Conversation and Instrumental Support Networks**

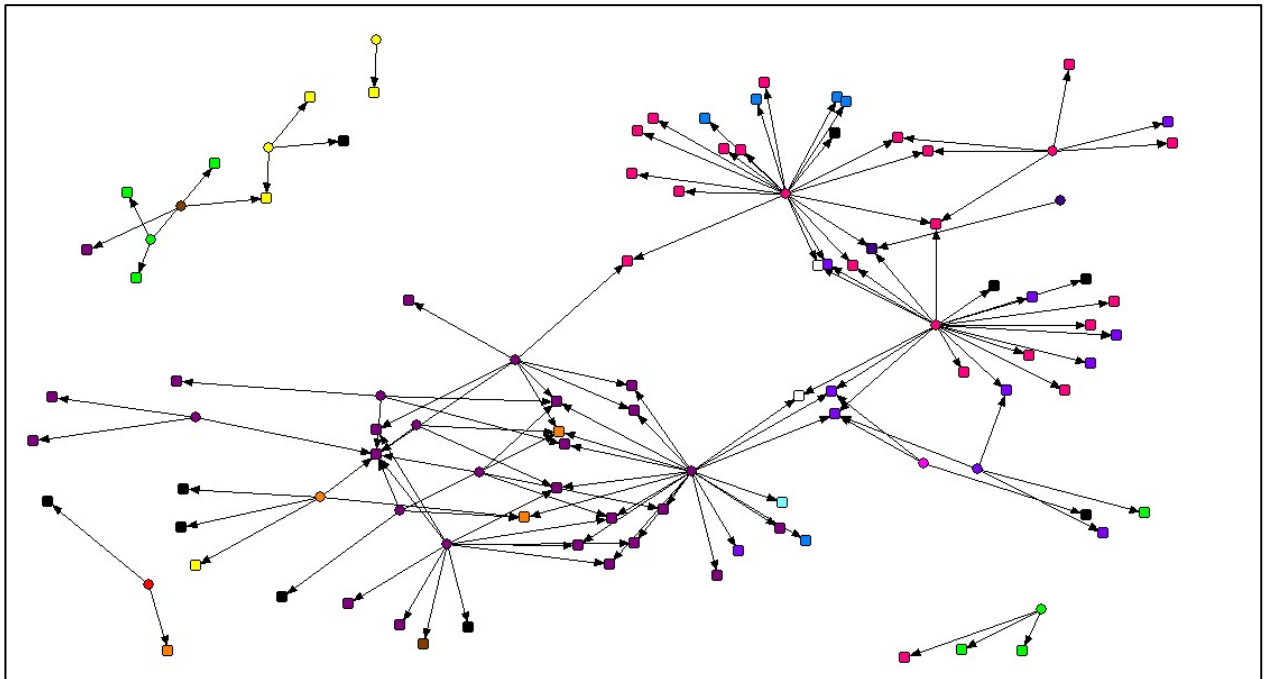


Informal Conversation Network pictured above. Streets are represented by colors.



Instrumental Support Network pictured above. Streets are represented by colors.

**Figure 3. Combined Neighborhood Network**



Combined network includes ties from reputation, formal conversation, informal conversation, and instrumental support networks. Streets are represented by colors.

**Table 3. Family, Neighbor-Friends, and Neighbors in Social Convoys**

	<i>Range</i>	<i>Mean</i>	<i>SD</i>
<b>Inner Circle</b>			
Family	0-10	3.26	3.18
Neighbors Only	0-6	0.42	1.28
Neighbor-Friends	0-10	0.88	2.16
<b>Middle Circle</b>			
Family	0-10	1.5	3.13
Neighbors Only	0-9	0.54	1.32
Neighbor-Friends	0-10	0.92	2.35
<b>Outer Circle</b>			
Family	0-10	1.21	2.99
Neighbors Only	0-10	0.71	2.11
Neighbor-Friends	0-6	0.63	2.15
<b>Total</b>			
Family	0-15	4.79	4.37
Neighbors Only	0-11	1.67	2.62
Neighbor-Friends	0-15	2.42	3.91

## Chapter 4

### Perceived discrimination and age in the United States healthcare system

#### **Key Points**

*Question:* In this study of 2018 data from the Health and Retirement Study (HRS), what factors are associated with perceived discrimination by older adults in healthcare settings?

*Findings:* Younger age, lower self-rated health, and multiple measures indicating lower ability to afford care were associated with increased odds of perceived discrimination in this secondary analysis of HRS data including 4,483 participants.

*Meaning:* These results challenge prior analyses that found increasing odds with increasing age by focusing only on discrimination attributed to ageism. They also underscore the importance of increasing the affordability of healthcare for older adults.

## Abstract

*Importance:* Perceived discrimination by older adults in healthcare settings is consequential and understudied. *Objective:* To identify relationships between demographic-, health-, insurance-, and healthcare-related factors and perceived discrimination by older adults. *Design, Setting, and Participants:* Logistic regression models were developed using an analytical sample of 4,483 community-dwelling adults aged 50-102 from the 2018 wave of the nationally representative Health and Retirement Study. This secondary analysis took place between September 1, 2020 and February 5, 2021. Participants with complete data on all measures were included. *Main Outcome and Measures:* A dichotomous measure of perceived discrimination by doctors and hospitals. Covariates included demographic, health, insurance, and healthcare measures. *Results:* The mean (SD) age of the sample was 68.9 (10.2) years, 60% were female, 75.3% were white, and 89.6% identified as non-Hispanic. Relative to respondents aged 80+, respondents in their 70s (OR, 1.35; 95% CI, 1.01-1.80; P<.05), 60s (OR, 1.51; 95% CI, 1.14-1.99; P<.01) and their 50s (OR, 1.64; 95% CI, 1.21-2.24; P<.01) were more likely to report perceived discrimination. Other significant covariates included male sex (OR, 1.26; 95% CI, 1.06-1.50; P<.01), self-reported health (SRH) ratings of good (OR, 1.64, 95% CI, 1.11-2.43; P<.05), fair (OR, 1.90; 95% CI, 1.25-2.87; P<.01), or poor (OR, 2.34; 95% CI, 1.43-3.83; P<.01), having Medicare and private insurance relative to Medicare alone (OR, 0.75; 95% CI, 0.60-0.94; P<.05), being very satisfied with healthcare relative to lower ratings (OR, 0.56; 95% CI, 0.47-0.66; P<.001), and being unable to afford needed healthcare in the two years prior to the survey (OR, 1.55; 95% CI, 1.13-2.11; P<.01). The final model predicted the outcome correctly 70% of the time (AUC=.70). The effect of using the ER more than other healthcare was fully mediated by SRH and inability to afford care. Measures of race and ethnicity were non-significant. *Conclusions and Relevance:* Contrary to findings derived by focusing solely on discrimination attributed to age or ageism, these findings indicate that increasing age is associated with decreased odds of perceived discrimination. Additionally, they underscore the importance of continuing to increase the affordability of care and addressing the underlying causes of patient dissatisfaction.

Perceived discrimination, a sense of receiving lesser treatment relative to another group, has profound impacts on physical and mental health<sup>1-8</sup>. Discrimination against older adults is increasingly important as they continue to comprise more of the United States population than ever before<sup>9</sup>. Within the context of healthcare, perceived discrimination is associated with new or worsening disability among older adults<sup>10</sup> and reduced healthcare utilization<sup>11</sup>.

Despite this, discrimination against older adults in healthcare settings remains an understudied topic. The majority of studies to date have focused on perceived discrimination attributed only to age and have not considered discrimination attributed to other causes. However, discrimination attributed to these causes, or to multiple causes including age, may represent the majority of perceived discrimination within this population. A recent analysis using data from the Health and Retirement Study (HRS) found that discrimination attributed to reasons other than, or in addition to age, comprised the majority of perceived discrimination among adults aged 50 and up. These other reasons included: age, ancestry, gender, race, religion, weight, disability, appearance, sexuality, and financial status<sup>12</sup>. Moreover, many studies examining perceived discrimination use data from the Midlife in the United States (MIDUS) study<sup>2-6</sup>, and do not include adults over the age of 75.

In this study, I address this gap by analyzing perceived discrimination among older adults in healthcare settings using data from the 2018 wave of the HRS. I include discrimination attributed to any cause, attributed any combination of causes, or not attributed to a particular cause. I use logistic regression to investigate associated factors including demographics, health, health insurance, and experiences with healthcare. Extant research suggests that members of racial and ethnic minority groups are more likely to report perceived discrimination<sup>7,14-17</sup> as would older adults in poorer physical or mental health<sup>1-2,8,10,13</sup>, those with Medicaid or no health insurance<sup>18</sup>, and those who use the Emergency Room (ER) more than other healthcare settings<sup>15</sup>. I also include a control for neuroticism from the five-factor model of personality as prior research indicates this disposition is associated with inflated reports of discrimination<sup>18</sup>.

## Methods

### *Study design*

The HRS design is well described in detail elsewhere<sup>20</sup>. It is a nationally representative, longitudinal survey of community-dwelling adults in the United States aged 50 and older. The study uses a multi-stage area probability sample with oversampling for people identifying as Black and people identifying as Hispanic. Waves of this study are conducted every two years, and a random 50% of the panel participants are surveyed for each wave. A random one-half of the households surveyed in each wave also received a self-administered Psychosocial and Lifestyle leave-behind questionnaire to return via mail upon completion. Early release 2018 2018 indicate that 17,146 respondents completed the HRS survey, and 5,632 respondents completed the leave-behind questionnaire. This is the most recent wave of the HRS currently available.

In this secondary analysis of the HRS data, I focus on 5,614 respondents who provided a response to a question querying perceived discrimination from doctors or hospitals during this wave. I conduct a cross-sectional analysis, and include measures of demographics, health, health insurance, and healthcare experience. These reduced the size of the analytic sample to 4,483 due to incomplete data on one or more measures.

### *Statistical analysis*

This study investigates the association of perceived discrimination from doctors and hospitals with demographic, health, health insurance, and healthcare-related variables. Perceived discrimination was measured using a question from the Everyday Discrimination Scale (EDS) that asks how often, “You receive poorer service or treatment than other people from doctors or hospitals.” Responses ranged from, “almost every day,” to “never.” The modal response was never (n=4,627) and the remainder of the responses comprised 22 percent (n=987) of the analytic sample. For purposes of analysis, a dichotomous measure was created with never was coded 0 and any greater frequency coded 1.

Several covariates from the main survey data were included in this analysis. These include sex, race, ethnicity, education, marital status, self-rated health (SRH), hospital admission in the last two years

(yes/no), outpatient surgery in the past two years (yes/no), and if ever could not afford needed healthcare (yes/no). Neuroticism was measured using the Midlife Developmental Inventory through a scale ranging from 1 (least) to 4 (most).

Count variables were created to measure the number of diagnosed potentially lethal conditions (diabetes, non-skin cancer, lung disease, cardiovascular disease, and stroke) and the number of non-lethal diagnoses (hypertension, arthritis, non-specified medical conditions). Similar variables were constructed to measure the number of medical symptoms experienced in the last year (incontinence, swollen feet, shortness of breath, dizziness, headaches, fatigue, persistent cough) and pain (troubled with pain, back pain). A dichotomous measure of depression was created using the eight-item Center for Epidemiologic Studies depression scale (CES-D) with four or more symptoms coded as 1 and three or fewer symptoms coded as 0.

A categorical measure of health insurance was created using responses to questions querying whether or not the respondent had Medicare, Medicaid, private insurance, insurance through their (or their spouse's) current or former employer, or no health insurance.

A categorical variable was constructed to measure the number of times respondents had seen a doctor within the past two years with categories ranging from 0 to 9+. Respondents were asked to rate their overall satisfaction with the quality, cost, and convenience of their healthcare using 5 answer choices ranging from "very satisfied," to "very dissatisfied." The modal response was very satisfied (n=8,190) as compared the rest of the responses (n=8,590). For the purposes of this analysis, a dichotomous variable was created with "very satisfied," coded as 1 and anything less coded as 0. Finally, a dichotomous measure was created to measure whether or not respondents used the hospital emergency room most often relative to other healthcare settings.

Logistic regression models were estimated to investigate the factors associated with perceived healthcare discrimination. Model fit was assessed using the receiver operating characteristic area under the curve (AUC). The AUCs for each successive model were compared with the AUC for the base model to assess whether or not the added covariates improved fit.



Statistical software (Stata/IC 15.1; StataCorp LP) was used for the analyses. Hypothesis testing used 2-sided *P* values, and an  $\alpha$  error less than .05 determined statistical significance.

## Results

### *Attributions*

Adults in their 60s were the most likely to report perceived discrimination by doctors or hospitals (n=351; 18.73%) relative to other age groups (eTable 1 in supplement). They also averaged the highest number of attributions for that discrimination (2.56). Older adults in the 70s (n=195; 14.63%) and those 80 or older (n=117; 12.15%) were less likely to report discrimination and also averaged fewer attributions (2.19, 1.98, respectively). Age was the most common attribution across all age groups (Figure 1). After that however, the pattern of attributions varied by age group with race, gender, financial status, physical disability, and weight among the most common.

### *Demographic variables*

Younger age was associated with increased odds of reporting healthcare discrimination for respondents in their 60s (OR, 1.58; 95% CI, 1.20-2.08;  $P<.01$ ) or their 50s (OR, 1.92; 95% CI, 1.42-2.58;  $P<.001$ ) relative to those aged 80 or higher (Table 2). These relationships remained significant when controlling for measures of health, insurance, and healthcare experience both separately and together (Table 3).

Other associated demographic variables in the base model include male sex (OR, 1.29; 95% CI, 1.06-1.50;  $P<.01$ ), being separated or divorced (OR, 1.39; 95% CI, 1.13-1.72;  $P<.01$ ), and neuroticism (OR, 2.10; 95% CI, 1.84-2.39;  $P<.001$ ). While being Black was also statistically significant in this model (OR, 1.28; 95% CI, 1.03-1.60;  $P<.05$ ), this relationship did not persist once additional controls were included in each subsequent model.

### *Health*

SRH showed a dose-response relationship with the odds of reporting healthcare discrimination in which ratings of good (OR, 1.77; 95% CI, 1.19-2.64;  $P<.01$ ), fair (OR, 2.15; 95% CI, 1.40-3.30;  $P<.01$ ), and poor (OR, 2.53; 95% CI, 1.51-4.23;  $P<.001$ ) were associated with increased odds relative to excellent (Table 3). Statistical significance persisted after controls for health insurance and healthcare were added.

A score of 4 or more on the CES-D scale was also associated with increased odds (OR, 1.38; 95% CI, 1.09-1.75;  $P<.01$ ) relative to lower scores (Table 3). This relationship was also robust to controls (Table 3). Counts of non-lethal conditions and symptoms were both initially associated with increased odds of reporting healthcare discrimination (eTable 2 in the Supplement). However, these relationships were fully mediated by the inclusion of SRH and CES-D scale  $\geq 4$ , respectively.

### *Health insurance*

Among the various configurations of health insurance, only having both Medicare and private insurance (OR, 0.72; 95% CI, 0.55-0.93;  $P<.05$ ) was associated with significantly different odds relative to having Medicare alone (Table 3). This relationship remained significant in the fully controlled model.

### *Healthcare experiences*

Being “very satisfied” with healthcare was associated with decreased odds of reporting healthcare discrimination (OR, 0.53; 95% CI, 0.45-0.63;  $P<.001$ ). This relationship was robust to all controls included in the final model.

Both being unable to afford healthcare (OR, 1.70; 95% CI, 1.23-2.34;  $P<.01$ ) and using the Emergency Room more than other settings (OR, 1.69; 95% CI, 1.10-2.60;  $P<.05$ ) were associated with increased odds of reporting healthcare discrimination (Table 3). Being unable to afford healthcare remained significant in the final model. However, the effect of using the ER as the usual place of care, already partially mediated by including inability to afford healthcare (eTable 3 in the Supplement), was

completely mediated by the inclusion of SRH (Table 3). Interactions between age categories, race, and ethnicity were tested in separate models and found to be non-significant.

## Discussion

This cross-sectional study aimed to identify key variables associated with perceived healthcare discrimination. In a series of logistic regression models, these results show that decreased age is associated with increased odds of all-cause perceived discrimination in healthcare settings. Prior analyses have focused on perceived discrimination attributed to age in healthcare settings and found increasing odds with increasing age. The results reported here are instead consistent with prior analyses of the EDS from MIDUS and HRS data that examined patterns of reporting perceived discrimination attributed to any cause<sup>1-2,12</sup>. Attribution data revealed that oldest old adults are less likely to perceive discrimination in healthcare overall, but more likely to attribute it to age when they do. As age decreased, attributing discrimination to race, financial status, and physical appearance became more common although age remained the most common attribution.

It is not clear why increasing age is associated with perceiving less discrimination overall. It is a long-observed effect that as adults get older, they tend to be less likely to report discrimination<sup>1</sup>. Generally, this may be due to increasing recall failure with age or a decreasing propensity to define negative experiences as the result of discrimination.

The particularities of this study also suggest other explanations. For example, these findings may indicate that the frequency of discrimination in healthcare settings does in fact decrease with age. However, these results may also reflect an increase in the frequency of discrimination in recent decades. Another possibility is that the question itself may measure different latent constructs among different age groups<sup>21</sup>.

It is also not clear exactly what is measured by querying perceived discrimination. While this measure has been strongly associated with stress and deleterious health effects, it is unclear what the external phenomena are to which it is most strongly associated<sup>22</sup>. Discrimination occurs in a variety of

different ways based on particular points of intersection along multiple distinct continua including legality, overt/covert, and structural to institutional to interpersonal to internalized<sup>23</sup>. It is likely that modal forms of discrimination vary not just by age group but also based on the particular identities of the person or people within them.

SRH is a variable of note in this analysis. When added to the health model, it fully mediates the effects of the count of non-lethal conditions and symptoms. SRH is a powerful predictor of mortality and healthcare utilization that partly reflects disease burden as evidenced by this mediation effect. SRH also has an independent effect over and above the effect of chronic conditions even when controlling for measures of physical and mental health<sup>24-27</sup>. SRH shows a negative dose-response relationship with odds of reporting perceived discrimination. Reporting worse SRH is associated with increased odds.

Having some form of private insurance in addition to Medicare is associated with decreased odds of perceiving healthcare discrimination. Unlike in other studies<sup>18</sup>, having only Medicaid coverage was not significantly associated with increased odds of reporting perceived discrimination. This may be the result of insufficient statistical power (n=185) since the relationship was in the expected direction although not statistically significant (OR, 1.19; 95% CI, 0.79-1.81; P>.05).

Notably, having increased exposure to the healthcare system (through hospitalization, outpatient surgeries, or more frequent office visits) was not associated with either increased or decreased reports of perceived discrimination.

The findings of this study need to be corroborated with data from other large, nationally representative surveys. Additionally, qualitative studies are needed to better understand the meaning of perceived discrimination in the healthcare setting. Future studies involving HRS data might also employ a longitudinal design in order to identify factors that precede older adults perceiving discrimination as the requisite measures of discrimination have been included since the 2006 wave.

**Conclusions**

These findings have implications for both clinical practice and health policy. As the baby boom cohorts progress into later life, there are more older Americans than ever before. Knowledge of which groups of older adults are likely to perceive healthcare discrimination can empower healthcare providers to critically examine institutional and interpersonal practices, reduce the amount of discrimination these patient groups experience, and create more inclusive care environments. These findings also underscore the importance of making healthcare affordable for more older adults, working to address the underlying causes of patient dissatisfaction with health care, and reducing disparities between older adults with and without supplemental insurance.

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Table 1. Demographic, Health, Health Insurance, and Healthcare Variables by Age

Dependent Variable and Demographic Variables						Health and Health Insurance Variables						Healthcare Variables					
	80+	70s	60s	50s	Total		80+	70s	60s	50s	Total		80+	70s	60s	50s	Total
n	814	1,162	1,559	948	4,483	n	814	1,162	1,559	948	4,483	n	814	1,162	1,559	948	4,483
<b>Reporting Healthcare Discrimination</b>						<b>Number of Conditions that Cause Death (M, SD)</b>						<b>Number of Times Seen Doctor in Past 2 Years</b>					
No	721	995	1,282	741	3,739	1.13 (0.991)	1.04 (0.970)	0.736 (0.879)	0.612 (0.826)	0.861 (0.935)	0	42	50	91	86	269	
Yes	93	167	277	207	744	1.79 (0.762)	1.70 (0.783)	1.42 (0.843)	1.16 (0.885)	1.51 (0.853)	1-2	84	110	247	188	629	
<b>Sex</b>						<b>Number of Conditions that are Not Causes of Death (M, SD)</b>						3-4					
Female	473	696	919	610	2,688	0.393 (0.496)	0.341 (0.474)	0.241 (0.434)	0.213 (0.415)	0.288 (0.457)	5-6	158	176	294	200	828	
Male	341	476	640	338	1,795	0.404 (0.493)	0.425 (0.496)	0.404 (0.492)	0.442 (0.501)	0.417 (0.495)	7-8	106	184	253	144	687	
<b>Race</b>						<b>Number of Pain Reports (M, SD)</b>						9+					
White	718	961	1,087	610	3,376	0.404 (0.493)	0.425 (0.496)	0.404 (0.492)	0.442 (0.501)	0.417 (0.495)	<b>Admitted to Hospital in Last Two Years?</b>						
Black	69	153	312	200	734	<b>Self-Rated Health</b>						No					
Other	27	48	160	138	373	Excellent	41	79	161	90	371	Yes					
<b>Ethnicity</b>						Very Good						257					
Non-Hispanic	771	1,076	1,353	816	4,016	229	373	516	305	1,423	306						
Mexican	22	50	117	70	259	317	451	518	316	1,602	172						
Hispanic, not Mexican	21	36	89	62	208	177	207	293	175	852	944						
<b>Education</b>						Poor						<b>Outpatient Surgery in Last Two Years?</b>					
No Degree	112	121	151	94	478	50	52	71	62	235	No						
GED	47	51	69	65	232	<b>Depressed</b>						Yes					
High School	424	597	702	335	2,058	No	730	1,033	1,363	785	3,911	633					
Two year degree	28	55	125	103	311	Yes	84	129	196	163	572	177					
College or Higher	203	338	512	351	1,404	<b>Health Insurance</b>						2,300					
<b>Marital Status</b>						Medicare Alone						<b>Overall Satisfaction with Quality, Cost, and Convenience of Healthcare</b>					
Married	358	721	942	583	2,614	421	614	384	38	1,457	Less than Very Satisfied						
Separated/Divorced	65	173	339	212	789	220	335	256	10	821	473						
Widowed	365	227	162	46	800	98	105	82	2	287	2,093						
Never Married	16	41	116	107	280	Medicare + Private	220	335	256	10	821	2,390					
<b>Neurocism (M, SD)</b>						Medicare + Employer Provided						<b>Use Emergency Room as Usual Place of Care?</b>					
1.87 (.567)	1.91 (.586)	1.98 (.601)	2.08 (.655)	1.96 (.608)	98	98	105	82	2	287	No						
						Medicaid						Yes					
						Medicare + Medicaid						793					
						Private Alone						21					
						Employer Provided Alone						25					
						Uninsured						1,510					
												910					
												38					
												133					
												<b>Was There a Time You Needed Healthcare but Didn't Get it Because You Couldn't Afford it?</b>					
												No					
												800					
												1,126					
												1,462					
												862					
												4,250					
												233					

**Table 2. Logistic Regression of Reporting Healthcare Discrimination**

<b>Base Model (n=4,483)</b>	
Odds Ratio (95% CI)	
<b>Age (ref = 80+)</b>	
70s	1.32 (0.99-1.75)
60s	1.58** (1.20-2.08)
50s	1.92*** (1.42-2.58)
<b>Sex (ref = Female)</b>	
Male	1.29** (1.09-1.52)
<b>Race (ref = White)</b>	
Black	1.28* (1.03-1.60)
Other Race	1.10 (0.81-1.50)
<b>Ethnicity (ref = Non-Hispanic)</b>	
Mexican	0.74 (0.50-1.09)
Hispanic, Not Mexican	0.86 (0.58-1.28)
<b>Marital Status (ref = Married)</b>	
Separated/Divorced	1.39** (1.13-1.72)
Widowed	1.32* (1.04-1.69)
Never Married	1.23 (0.89-1.70)
<b>Education (ref = no degree)</b>	
GED	1.31 (0.87-1.98)
High School	1.08 (0.82-1.44)
Two year degree	1.07 (0.72-1.60)
College or Higher	1.06 (0.78-1.43)
<b>Neuroticism</b>	2.10*** (1.84-2.39)
<b>Intercept</b>	0.02*** (0.01-0.03)
<b>AUC</b>	0.65

\*\*\*p&lt;0.001, \*\*p&lt;0.01, \*p&lt;0.05

Table 3. Logistic Regression of Reporting Healthcare Discrimination on Health, Insurance, and Healthcare Variables

	Health Model (n=4,476)	Insurance Model (n=4,285)	Healthcare Model (n=4,175)	Combined Model (n=4,483)
	Odds Ratio (95% CI)	Odds Ratio (95% CI)	Odds Ratio (95% CI)	Odds Ratio (95% CI)
<b>Age (ref = 80+)</b>				
70s	1.38* (1.04-1.84)	1.34 (1.00-1.78)	1.39* (1.02-1.87)	1.35* (1.01-1.80)
60s	1.72*** (1.30-2.28)	1.53** (1.14-2.07)	1.50** (1.12-2.01)	1.51** (1.14-1.99)
50s	2.08*** (1.53-2.84)	1.86* (1.28-2.71)	1.86*** (1.35-2.55)	1.64** (1.21-2.24)
<b>Count of Non-Lethal Conditions</b>	1.03 (0.92-1.15)			
<b>Count of Symptoms</b>	1.19 (0.98-1.43)			
<b>Count of Pain Reports</b>	1.04 (0.86-1.25)			
<b>Self-Rated Health (ref = Excellent)</b>				
Very Good	1.43 (0.97-2.12)			1.38 (0.93-2.05)
Good	1.77** (1.19-2.64)			1.64* (1.11-2.43)
Fair	2.15** (1.40-3.30)			1.90** (1.25-2.87)
Poor	2.53*** (1.51-4.23)			2.34** (1.43-3.83)
<b>CES-D Scale ≥ 4</b>	1.43** (1.13-1.81)			1.38** (1.09-1.75)
<b>Health Insurance (ref = Medicare Alone)</b>				
Medicare + Private		0.72* (0.55-0.93)		0.75* (0.60-0.94)
Medicare + Employer Provided		0.78 (0.53-1.14)		
Medicaid		1.19 (0.79-1.81)		
Medicare + Medicaid		1.13 (0.79-1.62)		
Private Alone		0.81 (0.59-1.13)		
Employer Provided Alone		1.00 (0.73-1.38)		
Uninsured		0.80 (0.46-1.39)		
<b>Number of Times Seen Doctor in Past 2 Years (ref=0)</b>				
1-2			0.96 (0.64-1.44)	
3-4			1.14 (0.77-1.68)	
5-6			1.16 (0.77-1.73)	
7-8			0.99 (0.63-1.56)	
9+			1.23 (0.84-1.80)	
<b>Hospital Admission in Past 2 Years</b>			0.98 (0.79-1.20)	
<b>Outpatient Surgery in Past 2 Years</b>			1.21 (0.98-1.49)	
<b>Very Satisfied with Healthcare Received</b>			0.53*** (0.45-0.63)	0.56*** (0.47-0.66)
<b>Couldn't Afford Needed Healthcare in Past 2 Years</b>			1.70** (1.23-2.34)	1.55** (1.13-2.11)
<b>Emergency Room is Usual Place of Care</b>			1.69* (1.10-2.60)	1.50 (0.99-2.26)
<b>Intercept</b>	0.01*** (0.01-0.02)	0.02*** (0.01-0.03)	0.03*** (0.02-0.05)	0.02*** (0.01-0.04)
<b>AUC</b>	0.67	0.66	0.69***	0.70***

\*\*\*p&lt;0.001, \*\*p&lt;0.01, \*p&lt;0.05; covariates from Base Model included but not shown

**eTable 1. Perceived Discrimination and Attributions by Age**

	80+	70s	60s	50s	Total
<b>Adults Reporting Healthcare Discrimination (n,%)</b>	117, 12.15	195, 14.63	351, 18.73	297, 22.21	987
<b>Total Attributions</b>	232	427	899	742	2300
<b>Mean Attributions</b>	1.98	2.19	2.56	2.50	2.33

Table 2. Self-Rated Health and CES-D Score Mediate the Effects of Counts of Symptoms and Non-Lethal Conditions

	No Mediation (n=4,480)			Partial Mediation (n=4,480)			Full Mediation (n=4,480)		
	Odds Ratio	95% Confidence Interval		Odds Ratio	95% Confidence Interval		Odds Ratio	95% Confidence Interval	
<b>Age (ref = 80+)</b>									
70s	1.36 *	1.02	1.80	1.39 *	1.05	1.85	1.37 *	1.03	1.82
60s	1.73 ***	1.31	2.28	1.75 ***	1.32	2.31	1.71 ***	1.29	2.26
50s	2.20 ***	1.62	2.99	2.15 ***	1.58	2.92	2.08 ***	1.53	2.83
<b>Sex (ref = Female)</b>									
Male	1.35 **	1.13	1.61	1.31 **	1.10	1.57	1.32 **	1.10	1.57
<b>Race (ref = White)</b>									
Black	1.28 *	1.02	1.60	1.21	0.97	1.52	0.70	0.47	1.03
Other Race	1.11	0.81	1.51	1.07	0.78	1.46	0.79	0.53	1.18
<b>Ethnicity (ref = Non-Hispanic)</b>									
Mexican	0.75	0.50	1.10	0.70	0.47	1.04	0.70	0.47	1.03
Hispanic, Not Mexican	0.86	0.58	1.29	0.80	0.54	1.20	0.79	0.53	1.18
<b>Marital Status (ref = Married)</b>									
Separated/Divorced	1.37 **	1.10	1.69	1.31 *	1.06	1.63	1.28 *	1.03	1.59
Widowed	1.29 *	1.01	1.65	1.27	0.99	1.62	1.23	0.96	1.57
Never Married	1.21	0.88	1.67	1.16	0.84	1.60	1.13	0.81	1.56
<b>Education (ref = no degree)</b>									
GED	1.27	0.84	1.92	1.33	0.87	2.01	1.34	0.88	2.03
High School	1.09	0.82	1.45	1.17	0.88	1.57	1.19	0.89	1.58
Two year degree	1.07	0.72	1.61	1.18	0.79	1.77	1.19	0.79	1.79
College or Higher	1.08	0.79	1.47	1.24	0.91	1.70	1.27	0.93	1.75
Neuroticism	2.02 ***	1.77	2.31	1.90 ***	1.66	2.18	1.80 ***	1.56	2.07
Count of Potentially Lethal Conditions	1.04	0.95	1.14	0.97	0.88	1.07	0.97	0.88	1.07
Count of Non-Lethal Conditions	1.12 *	1.01	1.24	1.04	0.94	1.16	1.04	0.93	1.16
Count of Symptoms	1.26 *	1.05	1.51	1.22 *	1.01	1.47	1.18	0.98	1.43
<b>Self-Rated Health (ref = Excellent)</b>									
Very Good				1.42	0.96	2.10	1.43	0.97	2.12
Good				1.80 **	1.21	2.67	1.79 **	1.20	2.65
Fair				2.27 ***	1.49	3.48	2.16 ***	1.41	3.31
Poor				2.85 ***	1.73	4.72	2.55 ***	1.53	4.25
CES-D Scale $\geq 4$							1.43 **	1.13	1.82
Intercept	0.02 ***	0.01	0.03	0.016282 ***	0.01	0.02	0.01 ***	0.01	0.02

\*\*\*p&lt;0.001, \*\*p&lt;0.01, \*p&lt;0.05

Table 3. Self-Rated Health and CES-D Score Mediate the Effect of ER as Usual Place of Care

	No Mediation (n=4,483)			Partial Mediation (n=4,483)			Full Mediation (n=4,483)		
	Odds Ratio	95% Confidence Interval		Odds Ratio	95% Confidence Interval		Odds Ratio	95% Confidence Interval	
<b>Age (ref = 80+)</b>									
70s	1.32	1.00	1.75	1.38 *	1.04	1.83	1.35 *	1.02	1.79
60s	1.58 **	1.20	2.08	1.70 ***	1.29	2.24	1.63 **	1.24	2.15
50s	1.91 ***	1.42	2.57	2.04 ***	1.52	2.76	1.94 ***	1.43	2.61
<b>Sex (ref = Female)</b>									
Male	1.27 **	1.07	1.51	1.24 *	1.04	1.47	1.25 *	1.05	1.49
<b>Race (ref = White)</b>									
Black	1.23	0.99	1.54	1.16	0.92	1.45	1.13	0.90	1.42
Other Race	1.10	0.80	1.50	1.05	0.77	1.43	1.06	0.77	1.44
<b>Ethnicity (ref = Non-Hispanic)</b>									
Mexican	0.73	0.50	1.09	0.69	0.47	1.03	0.69	0.47	1.03
Hispanic, Not Mexican	0.86	0.58	1.28	0.79	0.53	1.19	0.78	0.52	1.17
<b>Marital Status (ref = Married)</b>									
Separated/Divorced	1.40 **	1.13	1.73	1.32 *	1.06	1.64	1.29 *	1.04	1.60
Widowed	1.32 **	1.03	1.68	1.28	1.00	1.63	1.25	0.98	1.60
Never Married	1.20	0.87	1.66	1.13	0.82	1.57	1.11	0.80	1.55
<b>Education (ref = no degree)</b>									
GED	1.32	0.88	2.00	1.36	0.90	2.07	1.35	0.89	2.04
High School	1.10	0.83	1.47	1.21	0.90	1.61	1.23	0.92	1.64
Two year degree	1.09	0.73	1.63	1.23	0.82	1.85	1.25	0.84	1.88
College or Higher	1.08	0.80	1.47	1.29	0.94	1.77	1.33	0.97	1.82
<b>Neuroticism</b>	<b>2.09 ***</b>	<b>1.83</b>	<b>2.38</b>	<b>1.92 ***</b>	<b>1.67</b>	<b>2.19</b>	<b>1.88 ***</b>	<b>1.65</b>	<b>2.16</b>
<b>Emergency Room is Usual Place of Care</b>	<b>1.74 **</b>	<b>1.16</b>	<b>2.60</b>	<b>1.64 *</b>	<b>1.10</b>	<b>2.45</b>	<b>1.52</b>	<b>1.01</b>	<b>2.28</b>
<b>Self-Rated Health (ref = Excellent)</b>									
Very Good				1.44	0.97	2.12	1.42	0.96	2.10
Good				1.84 **	1.25	2.71	1.82 **	1.24	2.68
Fair				2.33 ***	1.55	3.50	2.22 ***	1.48	3.34
Poor				2.98 ***	1.85	4.80	2.76 ***	1.71	4.46
<b>Couldn't Afford Needed Healthcare in Past 2 Years</b>							<b>1.81 ***</b>	<b>1.33</b>	<b>2.46</b>
<b>Intercept</b>	<b>0.02 ***</b>	<b>0.01</b>	<b>0.03</b>	<b>0.01 ***</b>	<b>0.01</b>	<b>0.02</b>	<b>0.01 ***</b>	<b>0.01</b>	<b>0.02</b>

\*\*\*p&lt;0.001, \*\*p&lt;0.01, \*p&lt;0.05

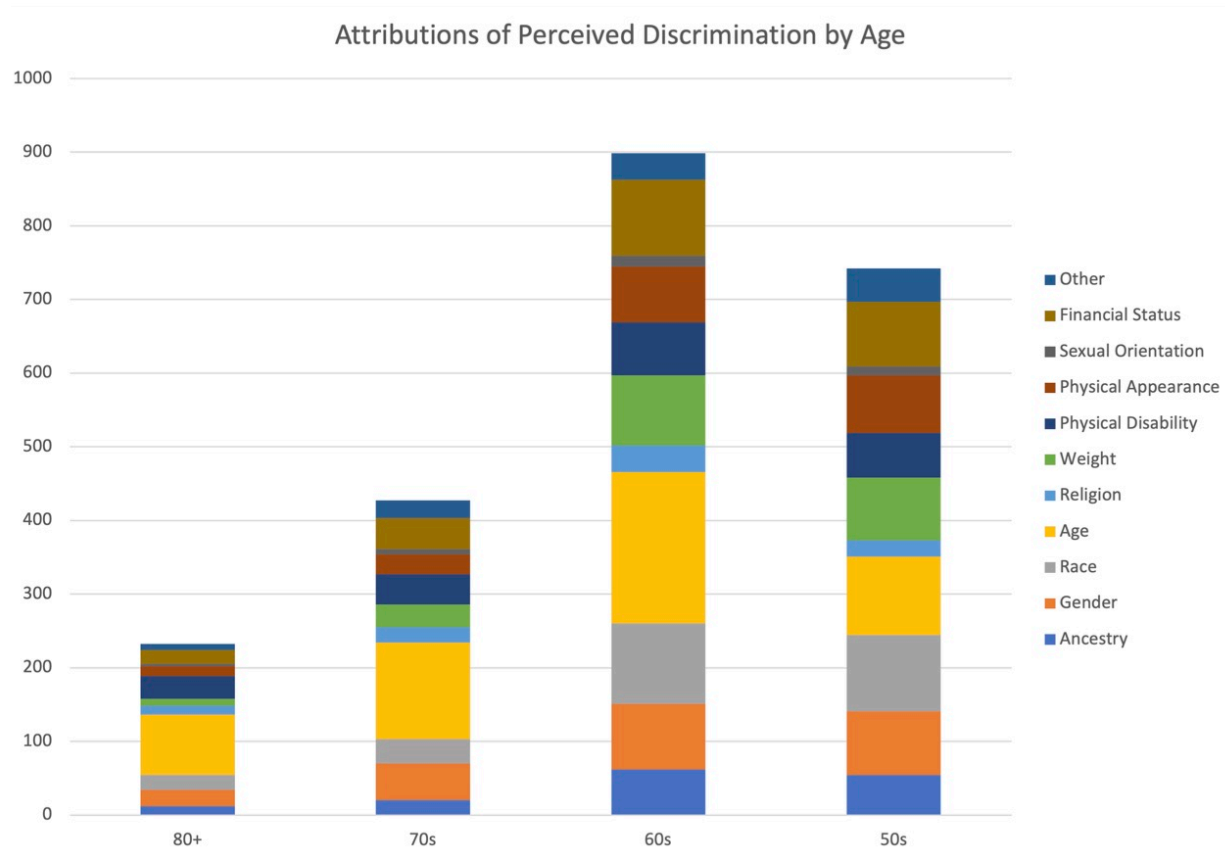
Table 4. Crosstabulation of ER as Usual Place of Care and Number of Times Seen Doctor

	Number of Times Seen Doctor in Two Years Prior to Survey						Total	
	0	1-2	3-4	5-6	7-8	9+		
Use ER more than other healthcare settings?	No	235	608	802	674	385	1,345	4,059
	Yes	1	0	0	0.1	0.1	0	1.3
		24	21	26	13	4	33	121
		33.8	0.4	0.2	2.4	4.7	1.2	42.6

Note: Frequency, Chi-Squared Contribution

 $\chi^2 = 43.9; P < .001$

Figure 1





## Chapter 5

### Discussion

This dissertation set out to develop a robust understanding of the experience of older adults in gentrifying Adair Park. I gathered data through a partnership with the Adair Park Today neighborhood organization using the community-based participatory action research (CBPR) approach. My analysis consists of two articles and a third that is not directly related. First, I examined newspaper articles referencing Adair Park from 1950 to 2020 in order to understand the gentrification of Adair Park in historical context as it was reported in this medium. Second, I examined the social networks of older adults in the neighborhood using multiple approaches. The final paper involved an analysis of perceived discrimination in healthcare setting by older adults using the Health and Retirement Study (HRS).

In the sections that follow, I first provide a brief summary of the findings from each article. Second, I consider these findings together in order to develop key points from the dissertation as a whole. Finally, I consider the implications of these findings with regards to Adair Park and broader scholarship regarding gentrification, social networks, and older adults.

#### SUMMARY

In Chapter 2, I reported the results of a grounded theory study of 1,303 newspaper articles referencing Adair Park. I identified action and inaction by the City of Atlanta in shaping the impact of federal funds on Adair Park as the core phenomenon explaining fluctuations in neighborhood property values. Additionally, I found that the neighborhood's racial demographics either shaped this action/inaction or that city of Atlanta action/inaction shaped these demographics depending on the broader context in which each process played out.

In Chapter 3, I reported the results of a social network analysis of older adults in Adair Park. I found that roughly half of the older adults represented in the network were part of two large islands of relationships associated with living on different streets. One of these groups had ties established through

the neighborhood organization and was less interconnected, while the other group was based on informal interactions and was more interconnected. Additionally, I found that neighbors who are friends were more common in social convoys than neighbors without that distinction. Neighbor-friends were more common in inner and middle circles, ranked more important to respondents, while neighbors-only were more common in the outer circle of ties and ranked less important. These groups also differed in terms of frequency of contact. Neighbor-friend relationships most commonly featured daily interaction while neighbor-only ties most commonly featured monthly contact.

In Chapter 4, I reported the results of several logistic regression models and an analysis of attribution data regarding perceived discrimination in the HRS. I found that oldest old were less likely to perceive discrimination in healthcare settings relative to adults in the 60s and 50s. Additionally, older adults with poorer self-rated health were more likely to report discrimination, and this effect fully mediated the effects of measures of medical conditions and symptoms. It also partially mediated the effect of using the Emergency Room more common than other healthcare settings. Other covariates with significant relationships included: satisfaction with healthcare, inability to afford needed care, depression, and having supplemental insurance in addition to Medicare.

## KEY POINTS

When considered together, the findings from these articles make several key points. First, the process of gentrification involves the present and past marginalization of older adults. Marginalization is defined as, “a process by which persons or groups are sociopolitically peripheralized from dominant, central experiences” (Hall and Carlson 2016:202). Articles discussing gentrification quote older adults realizing that they are not the type of people the city of Atlanta wants to bring to Adair Park and the surrounding area through gentrification. Social network data reveal that approximately half of the older adults still residing in the neighborhood are largely disconnected from the two major groupings seen and are thus far from the center of the network.

Past marginalization of this population occurred as the city of Atlanta generated a rent gap prior to rapid gentrification. Once Adair Park became a majority Black neighborhood, public investment shifted away from it and centered different locations. Additionally, distances to businesses, effective public services, and other basic amenities increased as Adair Park and its residents were moved symbolically to the periphery far from the resources they needed.

Second, these results suggest that successful aging in place in Adair Park may be contingent upon living nearby younger, newer residents. Descriptions of the gentrification of Adair Park and the surrounding area in local newspapers suggest that the city of Atlanta was seeking to attract young, white, middle- to upper-class professionals with disposable income. Applying the concept of marginalization to this description, this implies that this demographic is the center – for whom local services, businesses, and programs are designed to work – and that older adults in the neighborhood represent an “othered” group. Network data demonstrated that older adults living along heavily gentrified streets built a network with each other based on participation in the neighborhood organization in which they are a minority. Resident accounts suggested that the organization worked best for residents living on these streets. Therefore, older adults on these streets may benefit from their location based on the presence of newer residents. Resident older adults also tended to have ties with nearby neighbors, and thus may reduce their distance from the center through building relationships with nearby gentry.

Finally, oldest old adults may have an advantage in the process of developing these relationships. My analysis of the HRS data found that oldest old adults were significantly less likely to perceive discrimination in healthcare settings than adults in the 60s and 50s. While it is inappropriate to extrapolate this finding to older adults in Adair Park based on this alone, these data do fit with the pattern noted by Kessler, Mickelson, and Williams (1999). They too found older age groups were less likely to perceive discrimination than younger adults across all contexts of everyday life. While it is difficult to discern exactly why they are less likely to perceive discrimination, it is possible that this pattern would also be found among older adults in gentrifying spaces. Given the importance of relationships with new residents as more and more long-term residents leave, the ability to perceive less discrimination in this context may

be an advantage in the process of establishing new ties and securing the benefit they can bring. However, it is impossible to say at this point whether factors may counterbalance this ability. Instead, I can only say that perceiving less discrimination may represent one piece of that puzzle. Further study is needed to determine if this pattern holds within gentrifying neighborhoods and what types of discrimination older adults may perceive in that setting.

## IMPLICATIONS

The findings of this project have implications for several distinct research literatures. For gentrification studies, these findings provide a detailed example of the state's role in setting the stage for and facilitating gentrification through rent gaps. They also challenge notions that interactions between long-term and newer residents are typically characterized by conflict to the exclusion of new relationships. Instead, I found that new relationships were an important part of the social networks of older adults in Adair Park and that opportunities existed for nearby residents to become friends as well as neighbors.

For the aging in place literature, these findings present a mixed picture. On the one hand, the newspaper articles detail the economic and social pressures exerted on older adults during gentrification that often result in folks in this population leaving the area. Network data also provide indirect evidence of displacement and disruption of long-standing relationships. Older adults living in peripheral, less connected parts of the social network likely experience isolation and thus are at risk in terms of their ability to age in place. On the other hand, older adults living on prominent and heavily gentrified streets likely have their experiences represented at neighborhood meetings, have the opportunity to develop new relationships, and perhaps even experience improvements in the physical environment of the neighborhood. All of this bodes well for the prospect of aging in place. Overall, these data suggest that the prospects for successful aging in place in a gentrifying neighborhood are highly contingent with location playing a critical role.

For social networks literature, our findings add a new dimension to scholarly investigations of friend and neighbor distinctions. While prior research has identified benefits that tend to be associated with each role, my findings suggest that neighbor-friend relationships are more common than neighbors-only ties, neighbor-friends tend to be of higher importance to older adults than neighbors alone, and that neighbor-friend relationships are characterized by more frequent interaction than neighbors-only.

As older adults continue to comprise more and more of the United States population than ever before, the prospects for aging in place in gentrifying spaces are becoming increasingly important. The findings of this dissertation suggest that gentrification involves marginalization that negatively impacts these. However, living in the geographic location may create options for new relationships and thus enhance those prospects. Gentrification remains a complex and highly contingent social phenomenon, but this project has served to shed a little more light on the processes surrounding it.

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