

Infill Development, Housing Costs, and Public Health

By Rajiv Bhatia

Today, many propose infill development as an antidote to urban sprawl. Infill development can limit environmental costs resulting from the inevitable population and economic growth of our cities and provide an alternative to dependence on automobiles. Yet, infill development also raises important issues about fairness and the well-being of established central city neighborhoods.

If done right, development can meet the needs of both the environment and central city communities bringing new housing, jobs, and public revenues and addressing longstanding economic isolation. However, if decision-makers do not account for the needs of established residents, development may create new vulnerabilities for health and the environment.

An important relationship exists between the development of central city communities and the adequacy of housing. In many places, communities are facing significant shortages both of very low and moderate-income housing. For example, in San Francisco, only 7.3% of households can afford the median sale price of a house, and the fair market rent for a two bedroom apartment is \$1,904 which is affordable only to those who make 90% of the average family's median income of \$86,100.

Unmet housing needs result from both new development and economic factors. Because of de-industrialization, many new employment opportunities provide less security, poorer wages, and fewer benefits than the jobs they replace. At the same time, younger professionals and "empty nesters" are creating new housing demands and supporting higher housing costs. Developers do respond to this new demand, but typically only for those who can afford market-rate housing.

Rising housing costs have important consequences for health and well being. Low-income populations must make difficult choices among rent, food, clothing, and medical care. Low-income households typically work longer hours or at multiple jobs to afford rent, reducing time for sleep, recreation, and family. Some low-income households accept unsafe or crowded conditions, resulting in exposure to cold or heat, lead based paint, inadequate ventilation, and mold.

Because of a combination of income gaps, housing costs, and demolition or conversion of rental units, infill development can cause community displacement, with additional costs to health. Displacement results in psychological stress, which can affect the human immune and endocrine systems and increase infection rates. For children, relocation can lead to emotional and behavioral problems. High housing costs and forced displacement can result a loss of social networks which provide material and emotional support, buffer stressful situations, prevent damaging feelings of isolation, and contribute to a sense of self-esteem and value. Displacement also contributes to segregation by concentrating poor families in poor neighborhoods, increasing the population at risk for failure at school, teenage childbearing, tuberculosis, cardiovascular disease, poor mental health, homicide, and pre-mature mortality.

Recognizing the high health costs of unmet housing needs, in 2002, the San Francisco Department of Public Health began to conduct Health Impact Assessments of development projects and neighborhood land use plans. These efforts challenged city planning officials to analyze a broader set of human impacts through the CEQA process.

The first application of HIA involved a proposed 1600 unit high-rise residential development in downtown. Project proponents argued that the project met both City housing needs and *smart growth* objectives; however, the proposed housing units would be affordable few of the City's working households. Furthermore, new commercial and retail uses and city services might increase housing demands for low wage workers who would not be able to afford to live in the new development. In our analysis, we described the health and environmental consequences of disparities between housing costs and income, including longer commutes, increased air pollution and roadway congestion, and the human costs of unmet housing needs. City Planning Commissioners ultimately approved the project, but an elected official used our analysis in successfully negotiating for additional developer funded affordable housing.

In a second application, we critiqued a proposal to demolish and replace an apartment complex with 367 rent-controlled units with market-rate condominiums. Because the demolition involved a net increase of housing units, officials at the Department of City Planning first determined that it would not have adverse impacts on population or housing. According to one planning official, CEQA required analysis of only the project's physical changes—that is the buildings themselves—and not the people who occupied them.

Both apartment residents and supportive community organizations vigorously challenged this position, arguing that displacement would mean difficulty for residents in finding replacement housing and the loss of a cohesive community. The Department of Public Health provided an analysis of the health and social costs of displacement in written comments. We also published a technical report, which reviewed the health impacts of housing affordability and residential displacement and impact assessment best practices for assessing impacts on housing costs and residential displacement. Based on our research, planning officials required the developer to consider the project's impacts on residential displacement in the EIR. Ultimately, the project developer, faced with criticism of the project by community organizations and political leaders as well as new EIR requirements, offered lifetime leases to the current residents at current rents at their present rates. He also offered to delay demolition until the replacement units were built.

Our Department continues to work towards an accounting within the CEQA process of the health consequences of impacts on housing, transportation, and public infrastructure such as schools, community centers, parks, and public spaces. We are also working to train and support community organizations to engage with planning analysis and to build supportive and trusting relationships with city planners, business leaders, and sponsors of development projects.

This work reflects the simple premise that all public policy making should take into account direct and indirect impacts on human health. Overall, our efforts in San Francisco suggest that such accounting may significantly influence urban land use policy. CEQA provides one tool to begin to make this happen.

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