



## Article

**Cite this article:** Weil, J., Rooks, R.N., Leonard, E.E., & Evans, E. (2024). Older Adults and Gentrification: The Positive Role of Social Policy. *Canadian Journal on Aging / La Revue canadienne du vieillissement*  
<https://doi.org/10.1017/S0714980824000333>

Received: 21 December 2023  
Accepted: 24 August 2024

### Keywords:

older adults; gentrification; social policy; neighbourhoods; housing; social vulnerability

### Mots clé:

personnes âgées; gentrification; politique sociale; quartiers; logement; vulnérabilité sociale

### Corresponding author:

Joyce Weil;  
Email: [jweil@towson.edu](mailto:jweil@towson.edu)

<sup>1</sup>Gerontology Program, Department of Health Sciences, Towson University, 8000 York Road, Health Professions, 3120-U, Towson, MD 21252, USA; <sup>2</sup>Department of Health and Behavioral Sciences, College of Liberal Arts and Sciences, University of Colorado Denver, 3023C North Classroom, P.O. Box 173364, Campus Box 188, Denver, CO 80217-3364, USA; <sup>3</sup>Department of Sociology, College of Liberal Arts and Sciences, University of Colorado Denver, Denver, CO 80217-3364, USA and <sup>4</sup>Denver Department of Public Health and Environment, Denver, CO 80202, USA

## Abstract

Supportive public policies are suggested as ways to lessen gentrification's impact for older adults. While explicit policies designed to help older adults with gentrification are rare, literature on age-friendly cities is a close proxy. We utilized three North American cases undergoing gentrification: New York City, NY, and Denver, CO, in the United States and Hamilton, in Ontario, Canada, to present existing neighbourhood-based policies as social determinants of health in housing, resource access, healthcare, transportation, and communal places. Age-friendly policy application gap examples and COVID-19's impact were included. Using a qualitative comparative case study method, we found policies were not specifically designed to address older adults' gentrification needs. With the call for age-friendly designations, the role of gentrification in neighbourhoods with older populations must be included. We call for gentrification-specific policies for older adults to provide greater safeguards especially when events such as COVID-19 compete for existing, over-stretched resources.

## Résumé

Des politiques publiques favorables sont proposées comme moyens d'atténuer l'impact de la gentrification sur les personnes âgées. Même si les politiques explicites conçues pour aider les personnes âgées confrontées à la gentrification sont rares, la littérature sur les villes-amies des aînés en est un bon exemple. Nous avons utilisé trois cas nord-américains en cours de gentrification : New York City, NY et Denver, CO, aux États-Unis, et Hamilton, en Ontario, au Canada, pour présenter les politiques de quartier existantes comme déterminants sociaux de la santé en matière de logement, d'accès aux ressources, les soins de santé, les transports et les lieux communaux. Des exemples de lacunes dans l'application des politiques favorables aux aînés et de l'impact de la COVID-19 ont été inclus. En utilisant une méthode d'étude de cas comparative qualitative, nous avons constaté que les politiques n'étaient pas spécifiquement conçues pour répondre aux besoins de gentrification des personnes âgées. Avec l'appel à des désignations amies des aînés, le rôle de la gentrification dans les quartiers à population plus âgée doit être inclus. Nous appelons à des politiques spécifiques à la gentrification pour les personnes âgées afin de fournir de meilleures garanties, en particulier lorsque des événements tels que la COVID-19 rivalisent pour les ressources existantes, surchargées.

## Introduction

Increasing rates of gentrification, or the transformation of neighbourhoods from low to high value, are occurring globally (Hwang, 2016). Within North America, gentrification rates have more than doubled since the 1990s in major cities in the United States (US) (Smith et al., 2020). In Canada, between 2 and 17% of the population lived in gentrified areas in 2016 (Firth et al., 2021, p. 15). US Census tract studies from the 1970s and 1990s using real-estate analysis show older adults experienced a greater risk of displacement as neighbourhoods gentrified, establishing a relationship between rapid gentrification and older adults' homelessness (Singelakis, 1990). While much is known about gentrification overall, less is known about how it specifically affects older adults and a comprehensive model outlining gentrification's impact on older adults' well-being does not exist.

Several policy-based areas are frequently cited as being greatly impacted by gentrification, including housing costs (of rent, mortgage, taxes, and utilities) and access to resources and community-based services such as transportation, shopping, food access, and healthcare. Some community development block grant-supported programmes (e.g., home repairs for older adults or property tax reduction programmes for long-time residents) may support community

development and resilience, yet they are not created only to aid older adults living in gentrifying communities. Other areas explored include insider–outsider claims to space (or gentrified-gentrifier group issues), third places (Cheung, 2024; Buffel & Phillipson, 2019), and the social vulnerability impact upon different groups of older adults, such as lower socioeconomic status (SES), racial or ethnic minority status, and poorer health status (Buffel & Phillipson, 2019).

Crenshaw's (2013) concept of intersectionality posits the interaction of a person's multiple social identities (e.g., age, race, ethnicity, gender, social class, sexual identification, and/or marital status) with structural systems that marginalize or form systems of oppression. Application of this framework includes an examination of how older adults' experiences of gentrification are shaped by systems of privilege and oppression. Older adults with poor health or lower incomes generally reported worse physical and mental health outcomes and felt more vulnerable during gentrification. For example, Black and Latinx older women felt further displaced and marginalized during gentrification, and migrant older adults faced increased risk during neighbourhood change (Croff et al., 2021).

Public health efforts to reduce gentrification's impact have met with mixed results or were detrimental to the health and well-being of vulnerable groups, including older adults, those with lower income, and those identifying as African American or Latinx (Croff et al., 2021). Bhavsar et al. (2020) examined the relationship between gentrification and health finding race and age-modified gentrification's impact on health. Black older adult residents were more likely to have their health negatively impacted by gentrification than White younger residents (Bhavsar et al., 2020). Mehdi-panah et al. (2018) found gentrification was negatively related to health through the disruptive impacts of resettlement on social networks and daily activities, with low-income, racial and ethnic minority, and older adult residents displaced more than other groups. So, while intersectionality appears in life course theory focused on cumulative dis/advantage, creating policies around intersectional identities often lags behind (Holman & Walker, 2021). Perry et al. (2017), with a longstanding history studying gentrification in Detroit, Michigan, found a lack of recognition of the many challenges faced by older adults during gentrification. They found that while these programmes reduced the impact of gentrification for older adults, these programmes were not implemented fully, and after they were in effect, marginalization and inequalities remained.

The call for cities to become age-friendly cities and communities (AFCC) is another opportunity for researchers to examine how conditions such as gentrification impact older adults' ageing in place options in many geographic settings (Versey et al., 2019). According to the World Health Organization (WHO): 'In an age-friendly community, policies, services, and structures related to the physical and social environment are designed to support and enable older people, to live in security, enjoy good health, and continue to participate fully in society' (WHO, 2007, p. 5). AFCC focuses on improving community infrastructure and services for older adults. AFCC recommendations include programmes and advocacy for structural and interpersonal social determinants of health to help manage ageing in place with gentrification or urban renewal. Structural factors include the use of third places, public transportation, housing subsidies or tax exemptions, and maintaining shops for groceries, retail, and healthcare for older adults in gentrifying urban areas (Simard, 2020; Buffel & Phillipson, 2018; Wang et al., 2022; Sheppard et al., 2023). The inclusion of third

places, or 'geographical locations where conflicts in the form of opposition, confrontation, subversion, and/or resistance engage actors whose social positions are defined by differential control of resources and access to power... this conflict relates to disputes over rights and access to different spaces, and the future trajectories of these spaces' (Skinner & Winterton, 2018, p. 16). In gentrifying neighbourhoods, these third places offer sites of support during neighbourhood change.

Age-friendly cohousing serves as a model addressing urban development through cost savings, social support, and protection against social isolation guiding quality improvement. Yet, researchers caution that these age-friendly policies are not always comprehensive. They need to include regular audits of older adults' health and living standards and include diverse groups of older adults based on ongoing copartnered relationships (Simard, 2020). There is recognition that gentrification should be better integrated within the AFCC movement, with more neighbourhood engagement among disadvantaged older adult groups to reduce inequalities (Simard, 2020).

Four key programme priorities from cities in WHO's Global Network of AFCC, such as Hong Kong, China, Manchester, England, Montreal, Canada, and Belfast, Ireland, can guide programmes and policies to help older adults respond to gentrification (Rémillard-Boilard et al., 2020). These priorities suggest (1) promoting positive images of ageing and older adults in age-friendly project development; (2) involving key actors from multiple sectors in age-friendly efforts; (3) meeting the intersectional needs of older adults; and (4) involving older adults in the planning and delivery of projects. For example, in Hong Kong, policymakers partnered with persons 85 years of age and older to make inclusive age-friendly policies. In Montreal, older adults facing displacement joined housing committees to gain knowledge, stated their opinions on housing issues, and signed up for social housing waitlists in their fight against gentrification (Simard, 2020; Sheppard et al., 2023). In Manchester, partnerships were formed with universities in AFCC efforts directed by an older adult advisory board (Rémillard et al., 2020). In Belfast, a Healthy Ageing Strategic Partnership created an intergroup collaboration between the Greater Belfast Senior Forum, six community groups, and the Belfast Health Development Unit to foster Age-friendly Belfast addressing health inequities (Murtagh et al., 2022).

Smith et al. (2020) found the health impacts of gentrification 'undoubtedly reveal[ed] a massive gap in the literature surrounding the public health implications of gentrification' (p. 856). Public health researchers issued a 'call to engage' and further develop gentrification theories, policies, and models in public health research (Cole, 2020, p. 278). Recently, COVID-19 added another layer to resource access for individuals in gentrified communities. Older adults faced discrimination, misinformation, violence, and limited access to daily activities and routines because of the pandemic (Bastani et al., 2021). These changes led to new and worsening health conditions among older adults, such as respiratory, cardiovascular, and neurological complications (Bastani et al., 2021). Older adults were also at the highest risk of COVID-19 infection and experienced significant pandemic-related disruptions to their daily routines (Bastani et al., 2021).

In this study, we use three cases to illustrate places where policies can intervene in the gentrification experience for older people. Cases include ethnographic interviews with older adults living in Queens, NYC, New York, US; key informant interviews with health and social service providers in Denver, Colorado, US and Hamilton, Ontario, Canada. Our aims are to (1) evaluate

existing neighbourhood or community-based policies that can reduce the impact of gentrification on social determinants of health for older adults (for example, housing, access to resources, health-care, transportation, and third places); (2) provide examples of emerging policies and programmes in each setting, being cognizant these policies are often in their early stages without evaluative evidence to show their impact on older adults' health; and (3) frame these policies in a new light by considering the concurrent impact of the COVID-19 pandemic across the three cases. We discuss policies targeting older adults ageing in place to include interests that have not been well recognized (Versey et al., 2019); changes for older adults living in gentrifying neighbourhoods; and suggestions to address service gaps.

## Materials and methods

### Overview of cases

Using a comparative case study method, three cases about the experiences of older adults in gentrifying neighbourhoods, within WHO age-friendly cities, are presented. According to Mills et al. (2010):

The comparative case study [method] examines in rich detail the context and features of two or more instances of specific phenomena. This form of case study still strives for the 'thick description' common in single case studies; however, the goal of comparative case studies is to discover contrasts, similarities, or patterns across the cases (p. 175).

This method allows the current study a deeper understanding of how gentrification is experienced by older adults living in several different geographic settings.

Cases were selected based on authors' research in these areas, and we obtained ethics board approval for each. Researchers had personal and/or field experience with these three sites. At the time of our study, they were sites of active gentrification, housing changes, or older adults feeling displaced within their own communities. Each site had higher costs of living with gentrifier-gentrified relationships. Other commonalities included the business profiles of the three areas changing, physical/infrastructure changes during the gentrification process, or a transition from manufacturing to service economies, making them more attractive for outsiders to settle. The first case is an ethnographic study of older adults in Queens; the second study includes interviews with professionals working with older adults in Denver; and the third is a study of professionals working with older adults in Hamilton. These cases are a vehicle to illustrate services and policies.

### Queens, NYC, New York, US

Queens is the most diverse and largest borough in NYC. It is divided into neighborhoods each having their own distinct character and hyper-local feel. The neighbourhood in this study has undergone gentrification since the mid-1980s with gentrification rates increasing and severe rent burden for 1 in 4 neighbourhood residents in 2019 (NYU Furman Center, n.d.). The Urban Displacement Project (UDC) listed this neighbourhood as experiencing on-going displacement of low-income households and exclusion of residents. Residential displacement is 'the process by which a household is forced to move from its residence—or is prevented from moving into a neighbourhood that was previously accessible to them because of conditions beyond their control' ('Urban Displacement'). Queens data support prior work finding

'rent burden is highest among the most vulnerable adults over the age of 65, as well as extremely low-income, and very low-income residents' (Versey et al., 2019, p. 4).

This ethnographic case includes 21 interviews from persons aged 65+, observational data, and textual analysis from 2008 to mid-2013. The neighbourhood is ethnically and racially diverse. According to the 2010 US Census, the population of this neighbourhood was 39.8% White, 7.7% Asian, 2.2% African American, 0.1% Native American, 0.3% listed 'other races,' and 1.1% listed two or more races. Half were Latinx of any race, and 39% of residents reported being 'foreign born'. In terms of SES, 66.9% of those in the neighbourhood completed high school; the median household income was USD 36,434 (compared to USD 41,991 in the US); and 14.8% of families were below the poverty level (compared to 9.2% in the US. Eleven percent of residents were aged 65+, with a poverty rate of 10.7%, though other sources estimated the rate as high as 23% (Removed for review, 2014).

During the 6-year IRB-approved ethnographic study, 29 older adults were key participants along with field notes and observations. Most older adults interviewed for this study were women (70%) with an average age of 75 years (SD = 4.5). Participants self-identified as White (89%); 45% were homemakers; 30% did work as office workers; 10% were in managerial roles; and 15% were in professional roles. The majority rented their apartments or homes and lived alone. Additional design and analysis details for each of the three cases can be found in Table 1 and interview questions in Table 2.

### Denver, Colorado, US

Neighbourhoods in Denver have rapidly increased in housing prices with a number of low-income neighbourhoods at risk of gentrification (Urban Displacement, 2023). Denver was ranked the second most gentrified city in the US from 2013 to 2017. It gentrified at one of the fastest rates in the country, with urban growth fueling low-income residents' displacement in exchange for younger and wealthier professional residents (Page & Ross, 2017). From 2014 to 2019, the median housing price in Denver rose from USD 254,000 to USD 429,000, with the median rent at USD 2300. Greater than half of all Denver residents pay more than 30% of their income for rent alone (Dohler et al., 2022). In 2019, about 1,158 people were reported as experiencing chronic homelessness in the Denver metropolitan area, with 233 deaths in 2018 because of prolonged homelessness (Dohler et al., 2022). Once affordable suburbs, including Westminster located 10 miles north of downtown Denver, are increasing in rent costs. Westminster is home to the highest one-bedroom rent in the metro area at USD 1860.

Other central and north Denver neighbourhoods also experienced rapid gentrification, including: Auraria, Five Points, Elyria-Swansea, Globeville, and Montebello. The post-war, urban renewal period of the late 1960s is considered the origin of gentrification practices in north Denver, specifically the displacement of 250 businesses and 330 households in the Auraria neighbourhood in 1976 (Page & Ross, 2017) with the growth of the Regional Transportation District's (RTD) light rail system impacting gentrification. Neighbourhoods near the stations experienced increased financial success after the RTD system was implemented (Bardaka et al., 2018). These neighbourhoods became wealthier, likely resulting in lower-income residents being displaced. The construction of the Auraria campus in Denver, including three universities, disrupted a primarily Latinx community that was stereotyped as 'dangerous', 'rundown', and 'poverty-ridden' by the media and other authority figures (Page & Ross, 2017). Despite resident resistance, Denver

**Table 1.** Methodological details

Place	Qualitative method	Type of analysis	Inclusion/exclusion criteria	Recruitment	Software
Queens, NYC, US, Older Adults' Interview Script	Ethnography interviews, archival, and media analysis	Reflexive thematic analysis and narrative (open/vivo coding); constant comparative method	Persons 65+ attending older adult community centres; local older adult activists; leaders in the field	Convenience sample for older adults at centre; stakeholder recruitment for activists/leaders	ATLAS.ti
Denver, CO, US	Semistructured, key informant interviews	Narrative analysis (open coding)	Health and social service providers who work with persons 65+	Snowball and purposive sampling via professional references (resource guides, age-based organizations, and agencies)	Excel
Hamilton, Ontario, Canada	Semistructured, key informant interviews	Narrative analysis (open coding)	Health and social service providers who work with persons 65+	Snowball and Purposive sampling (ageing organization referrals; resource directories; and websites)	Excel
Place	Compensation	Who carried out analysis and positionality	Trustworthiness	Interview dates	Average interview length (mins)
Queens, NYC, US, Older Adults' Interview Script	None	First author; community member; and researcher; granted 'insider' view over time	Credibility (long period of time in the field; repeated observations with information; counternarratives member checking; peer debriefing); transferability (provided rich, thick description); dependability (audit trail); confirmability (being aware of own stance on an ongoing basis and reflexive about experiences)	2008–2014	62
Denver, CO, US	\$50US	Third and fourth authors (interviews); all authors analysis	Credibility (counternarratives and peer debriefing); transferability (provided rich, thick description); dependability (audit trail); confirmability (being aware of own stance on an ongoing basis and reflexive about experiences)	July–September 2022	60
Hamilton, Ontario, Canada	None	Second author	Credibility (triangulation of sources government and organization interviews, websites, reports, and newspaper articles); transferability (provided thick description); dependability (not applied); confirmability (self-reflection on experiences as an outsider conducting academic research, from the US)	January–March 2020	60

relocated residents during campus construction. This displacement of Latinx residents (89% in 1976) contributed to Auraria's current demographic makeup of mostly White residents (Page & Ross, 2017). Rent has increased while the average income has stayed relatively constant, so residential displacement and residents' financial struggles have increased.

As part of our IRB-approved study, we interviewed eight health and social service providers who worked with older adults in the Denver, Colorado metropolitan area between July and September 2022. Questions focused on socio-demographics of the older adult population served, what services they provided, their perspectives on whether gentrification impacted this population, and what services they offered to help those with difficulties.

#### Hamilton, Ontario, Canada

Toronto, Ontario, an internationally diverse city, started gentrifying in the early 2000s, where housing shortages and high costs of living led to suburban out-migration (Murdie & Teixeira, 2011). Hamilton, a mid-sized city an hour southwest of Toronto, was a blue-collar city dealing with poverty and residential displacement from steel industry closures and economic downturn from the

1970s to 1990s ('Gentrification in Hamilton', 2022). Hamilton recovered in the 2000s, but increased immigration from Toronto led to higher housing expenses, income inequality, and tension between long-term residents and recent gentrifiers. The median income of Hamilton surged 5.3% from 2005 to 2015, the highest growth rate in the province of Ontario, to about 75,000 Canadian dollars (CAN). Home prices increased 70% from 2013 to 2019, where Hamilton had the fourth highest average home price in Canada (CBC, 2020). Residential tension peaked in 2018 with antigentrification vandalism of small businesses and protest marches. However, COVID-19 in 2020 pushed housing prices higher due to remote work with less commuting and more buyers from Toronto searching for cheaper homes and more space in Hamilton. Rental prices also increased, with an average price of CAD 2200 for a three-bedroom unit, making Hamilton unaffordable for many middle-income families (Ploeg et al., 2019). These trends suggest people's earnings are not keeping up with housing and other increasing costs, leading to unaffordable neighbourhoods and displacement.

In Hamilton, older adults aged 65+ represent 17.3% of the population (compared to 16.7% in Ontario, Canada). An Ontario

**Table 2.** Interview questions

Place/group	Demographic questions	Content questions
Queens, NYC, US, Older Adults' Interview Script	<ul style="list-style-type: none"> <li>• Tell me a little bit about yourself...               <ul style="list-style-type: none"> <li>◦ Age</li> <li>◦ Race</li> <li>◦ Class: Education/occupation/work history</li> <li>◦ Living arrangements</li> <li>◦ Marital status</li> <li>◦ General/overall self-rated health</li> </ul> </li> <li>Chronic conditions</li> </ul>	<ul style="list-style-type: none"> <li>• Please let me know about your neighbourhood or community. Are the recent (gentrification) issues a concern? Explain.</li> <li>• Tell me about some of the social activities you participate in.</li> <li>• Please tell me a bit about the people/relationships in your life.</li> <li>• Tell me about the healthcare institutions in your community (such as hospitals, clinics, etc.)? Recent changes?</li> <li>• What are accessibility options (sidewalks with sloped curbs, ramps, etc.). Has this changed?</li> <li>• Can you tell me about affordable housing options for older adults in your community? Are there any other new resources?</li> <li>• What about the availability of transportation options, shopping, and other services now?</li> <li>• What other neighbourhood changes have you seen?</li> <li>• Have you considered or felt influenced to move?</li> </ul>
Denver, CO, US, and Hamilton, Ontario, Canada Senior Service Providers' Key Informant Interview Questions	<ul style="list-style-type: none"> <li>• How long have you worked in the field [name specific field, transportation, senior care, home care, etc.]</li> <li>• How long have you worked at [name specific organization]?</li> <li>• What is your title/position at [name specific organization]?</li> <li>• Can you please provide a quick job description?</li> <li>• Is your organization for profit or a not-for-profit organization?</li> <li>• Can you describe the general age range of the population you serve?</li> <li>• Can you describe the population you serve in more detail? Are there potential patterns in the older adults you serve?... Race, primary language, gender, SES, etc. It is okay if nothing comes to mind here.</li> </ul>	<p>Services</p> <ul style="list-style-type: none"> <li>• Do you interact directly with older adults in your organization?</li> <li>• Does your organization offer services to help older adults age in place?</li> <li>• Does your organization offer services to socially disadvantaged older adults (e.g., minoritized or lower income) to improve their access to resources?</li> <li>• Does your organization offer services to help with quality of life (i.e., health, social connections, or well-being)? What resources are available for older adults to manage their health or well-being and keep them socially connected? Please describe these services.</li> <li>• Do you believe an older adult's mental and physical health are impacted by neighbourhood changes?</li> <li>• Are there barriers that impede older adults' access to resources?</li> <li>• Are you familiar with or work alongside any other older adult organizations? What are their services?</li> <li>• Does your organization allocate time, funds, or general advocacy efforts towards issues and policies affecting your neighbourhood? If yes, please explain.</li> </ul> <p>Gentrification</p> <ul style="list-style-type: none"> <li>• What does gentrification mean to you?</li> <li>• Does your organization offer services or referrals to help older adults cope with gentrification-related changes in their neighbourhood (e.g., housing costs, property taxes, anti-displacement funds, food security, social isolation, mental health, etc.)?</li> <li>• How do you think your organization helps those impacted by gentrification? What could be improved and/or what is already working well?</li> <li>• Do you believe (or have you experienced, from working with clients in your organization) that gentrification contributes to displacement among older adults?</li> <li>• Have you witnessed a discriminatory event while providing services to older adults? ...such as Ageism? Racial injustice? Socioeconomic discrimination? If yes, please describe the experience.</li> </ul>

Source: These qualitative interview questions were developed by the authors.

study reported that older adults were concerned about paying for chronic conditions due to high costs of living for transportation and medications (Ploeg et al., 2019). Older adults believed higher costs of living negatively impacted their health. Despite the social advantages of living in a country with universal healthcare and a province with many community and local government organizations providing older adult services, healthcare and finances are still problems for older adults (Martin et al., 2018).

About 30% of Hamilton's population is aged 55+ and a higher proportion of its older adults rent their homes compared to most Ontario cities (Martin et al., 2018). Independent living communities in Hamilton are more expensive than other forms of housing, where there are approximately 30 private residences for older adults (Cole, 2020). One in five Hamilton residents aged 85+ live in rented skyscraper apartment buildings ('Public Health', n.d.). Most facilities designed for Hamilton's older adults are privately owned, despite projections that its ageing population will increase to nearly 260,000 adults aged 55+ by 2041 ('Public Health', n.d.). Many older adults report they cannot afford private housing, including additional charges associated with housekeeping, grocery shopping,

and personal care, with the poverty rate among single, older adult renters in Hamilton as high as 57% (Cole, 2020).

We conducted nine IRB-approved key informant interviews with older adult service providers about services offered, specific help for vulnerable older adults, barriers to helping, and referrals to other services in Hamilton's city government and community-based organizations. Service providers included healthcare, food security, housing, legal, financial, and social activities/social support.

## Results

Results are organized around the following topics: housing costs: rent, mortgage, taxes, and utilities; Access to resources and community-based services: food/nutrition, transportation, and healthcare; insider-outsider claims to space: gentrifier-gentrified group issues; and social 'vulnerabilities' and intersectional impacts. Select examples are provided from the cases to illustrate these concepts.

### Housing costs: Rent, mortgage, taxes, and utilities

#### Queens, NYC

Housing issue themes were pervasive in the ethnographic interviews. Older adults discussed landlords raising rent ‘as the neighborhood changed’ [gentrified] and how landlords neglected essential repairs in the hopes that older tenants would move out of their apartment buildings. According to one participant:

*They have case workers who can help people who have no family close by and have problems with the landlords. The windows are broken, or the stove doesn't work. Or they are getting hassled or whatever. Or the landlord wants to raise the rent that they don't have the right to. Or some of the seniors depending on their financials, they can get breaks on rent. That the city would pay so much.*

Older adults who were homeowners mentioned concerns about home maintenance and fears about taxes and mortgage payments. Older adults who had tenants wanted to keep existing ones but also felt they could get higher rents from new residents. As a woman whose adult children have all moved out of the state explains why she keeps her lower-paying tenants:

*I had 3 kids all on the East Coast, until my daughter went to Florida. And the 4 granddaughters went there too. It's too hot for me down there. I am in the house by myself, alone. I have a 3-family house, it's paid for, I have tenants for years. When I go to Florida, one takes care of my mail, the other the garbage. They take care of the house. I have the tenants a long time, they don't want to move, because I treat them good.*

Several housing-based programmes and policies are in place for older adults. The NYC Rent Freeze Program covers the five boroughs and offers the Senior Citizen Rent Increase Exemption (SCRIE) Program. Persons aged 62 and over whose rent is more than one-third of their monthly income can apply to have their rent ‘frozen’ at the current amount or set to match one-third of their monthly income. SCRIE landlords also receive a tax credit reduction on their property taxes (‘Rent Freeze Program’, n.d.). The Department of Finance recognizes older adults in SCRIE may have difficulties renewing their enrollment in the Rent Freeze Program due to COVID-19. During COVID-19, older adults were given an additional 6 months to renew their SCRIE applications without losing their rent control (‘Rent Freeze Program for Seniors’, n.d.). The SCRIE programme was found to be greater than 71% underutilized for the community studied in Queens, NY. This is the highest category of underusage by eligible older persons (‘Rent Freeze Program for Seniors’, n.d.). Another option is Federal Section 202 housing as supportive housing for persons with low-to-moderate income, aged 62+, whose rent is 30% of their income.

#### Denver, Colorado

With awareness of how housing opportunities and gentrification practices can negatively affect low-income and communities of colour in north Denver, the Globeville, Elyria-Swansea Coalition (GES Coalition) conducted a survey collecting data from 500 north Denver residents. Results indicated that 80% of residents in these areas wanted to stay in their community long term. Yet, 51% of GES renters did not have a lease, and 61% earned less than USD 25,000 a year (GES Coalition, n.d.). Homeowners in GES reported feeling increased pressure to sell their homes and move elsewhere due to aggressive real estate tactics. The GES report found north Denver residents, identifying as part of a racial or ethnic minority group, often had lower educational attainment rates, high unemployment

rates, low incomes, and multigenerational struggles in their neighbourhoods (GES Coalition, n.d.).

A healthcare provider in our study described gentrification's impact on Park Hill, where older homes were bought, demolished, and replaced with larger homes, changing the neighbourhood quality for her aunt:

*... she owned her home outright and they couldn't wait to get to her; they didn't want to give her too much for it, but they could not wait to get that out from under her. Of course, they put this humongous thing it looks nothing like the rest of the neighborhood next door ... Then they put another house like that down the way, one across the street, a couple more around the corner.*

The provider further explained:

*This is so wrong; we cannot afford these houses! So, who is moving into them? ... if you would've left that little house there then someone would have maybe, maybe, have been able to afford it. ... Because it is a nice little house. She had even added on to it, a whole extra room and everything and they tore it 100% down. The house was just small, but a nice sized lot. And nope, they flattened that house, ... the new thing is people don't want a lot they want a whole new house, and flower beds, those skinny trees (laughing) ... But tear up the rest of it.*

There are several programmes in Colorado to address gentrification and age-specific housing concerns. The Senior Property Tax Homestead Exemption Bill, passed in 2022 by Colorado voters, updated the prior Senior Property Tax Homestead Exemption. This programme provides assistance to older adults who have trouble paying property taxes. Property tax exemption can be given to a qualifying veteran or older adult owner-occupied residence equal to 50% of the first USD 200,000 of the home value. The Colorado Homestead Exemption Bill of 2022 protects a homestead occupied by a homeowner from seizure due to debt, contract, or civil obligation for up to USD 350,000 in exemption for older adults, persons with disabilities, or a spouse or dependent who is an older adult or has a disability. The Property Tax 104 Rebate (PTC Rebate) is another rebate given to Colorado adults aged 65+ or a surviving spouse aged 58+, whose income is less than USD 15,381 per year as a single person or less than USD 21,381 if filing jointly (Colorado General Assembly, 2022).

The Denver Office of Economic Development and Opportunity made 12 policy recommendations to prevent displacement during gentrification for all residents—not specifically older adults. The Neighborhood Equity and Stabilization Team (NEST) division was created to help preserve the culture of Denver's neighbourhoods by helping businesses and residents reduce displacement risk, dedicating a yearly USD 30 million to an affordable housing fund. NEST accelerated housing building and preserved affordable housing, increased land available for future affordable housing use, and banked land in neighbourhoods at risk of displacement. NEST created the Temporary Mortgage Assistance program (TRUA) and revised and expanded funding for the Temporary Rental and Utility Assistance program from the affordable housing fund to stabilize residents at risk of displacement (Simpson, 2019; ‘Neighborhood Equity & Stabilization’, n.d.). While the TRUA programme began in 2017, it remains underutilized with about 2,000 households in the programme. The most relevant programmes for older adults are the 2020 USD 10,000 Community Support Mini grants for community-based and nonprofit group projects to strengthen their neighbourhoods and residents and the

Neighborhood Activation program, but the outcomes of these grants have not been evaluated ('Neighborhood Equity & Stabilization', n.d.).

A social service provider expressed how gentrification was happening in the neighborhoods their organization served. As part of their organization's mission, this provider works to help keep older adults in their homes as long as possible by providing services:

*I mean it's happening everywhere ... our older adults they might find themselves... sitting on tremendous property value and there is that feeling of alienation or class divide with like the mini-mansion next door... I think that gentrification keeps spreading out... I mean everywhere. It can push people out so the big thing I think about affordable housing and older adults is... the most affordable place for an older adult to live is in the home that they're currently in. They have to be able to do it safely. So, ...if somebody can't age safely in their home, the options for them are largely much more expensive ...getting people to age in the homes they are in is really important and valuable to this puzzle. You just have to do it safely and in conjunction with your community.... I mean that's basically ... our mission ... we do evaluations you know; we do member surveys .... And one of the questions I do actually want to ask in our next one is... have you been able to stay in your home longer because of [our organization]? And I know anecdotally ... the cost savings of that are tremendous, whether it's to the individual or to the government, that is our goal and we do...evaluate that. ... It's not always the home that works, like if people need to transition to be safe, we help them—but it's usually not more affordable than the home that's already there.*

### Hamilton, Ontario

In 2013, Hamilton created policies to improve ageing in the city. It developed an Age Friendly Hamilton plan with assistance from the Hamilton Council on Aging and the Seniors Advisory group ('A statistical Profile of Older Adults in Hamilton', n.d.). The Age Friendly Hamilton Plan found that one in three older adults was living in unaffordable, unsuitable, or inadequate housing. The plan aimed to help ease obstacles facing older adults to improve their physical, mental, and social well-being ('A statistical Profile of Older Adults in Hamilton', n.d.).

In our health and social service provider interviews, we learned older adults had difficulty maintaining their housing during gentrification. These providers helped with eviction prevention and landlord-tenant issues. The Home 2 Stay programme, for example, helps older adults at risk of homelessness remain housed or find safe, alternative housing. A legal services provider who assisted with rent strikes stated, '*Gentrification is a massive issue, with displacement risk*'. This displacement occurs as landlords renovate and charge more for housing or evict older persons. A recent environmental scan identified the lack and underutilization of older-adult-specific programmes. Twenty-four of these programmes were limited in terms of service coverage: '81% targeted one area of focus (for example, physical activity, food, transportation, social participation, or system navigation)' (Newbold et al., 2023, p. 8). Physical activity and social participation were the two most common areas of focus, with 20% of the programmes targeting each. Only 3% focused on system navigation.

Hamilton Housing Help also helps with finding housing or suggesting other options (Ploeg et al., 2019). Other resources include the Good Shepherd Staying Home and the Housing Stability Benefit programmes. Good Shepherd offers older adults help with the Assisted Living Program to promote and strengthen their health and social environments and maintain independent living,

as well as its Emergency Food programme. The Housing Stability Benefit, from the City of Hamilton, helps groups of all ages with low incomes maintain their housing through rent and utility increases and moving costs.

### Access to resources and community-based services: Food/nutrition, transportation, and healthcare changes

In this section, we explored changes to community-based services across our three sites, often paralleling changes that occur during gentrification.

#### Queens, NYC

##### Food and nutrition.

Older adults used their local senior center, also called older adult centre, as a hub to access community-based resources and 'weather the storm' of neighbourhood change while expressing excitement and concern about navigating the new landscape of services. Older adults in this ethnography were on fixed incomes, where one in five persons aged 65+ in this Census tract had incomes below the poverty level (Removed for review, 2014). Older adults shared with each other which older adult center had the lowest-cost meals and when the MetroCard van (providing age-based transit discounts) would be in their neighbourhoods. As a participant shared: '*There are many people that need food... that's the sad part that with this economy, like with the food bank, there are people that maybe before wouldn't have needed food but now do*'. She mentioned a Church that gives out food each Sunday.

In terms of food and nutrition programmes, the Supplemental Nutrition Assistance Program (SNAP) offers older adults' supplemental income to purchase food or other items from grocery stores. In 2021, people aged 65+ living alone could have a monthly income of USD 2126 and an annual one of USD 25,512 and receive SNAP (The State of New York, n.d.). The neighbourhood had one congregate meal site, the only one offering Older Americans' Act (OAA) Title III/Home-delivered meals, also known as Meals on Wheels. Several informal food banks were run by local nonprofit organizations. The NYC Department for Aging also coordinated a programme of farmers' markets that would accept SNAP benefits for older persons—yet none were in the area of the ethnography.

##### Transportation.

Older adults aged 65+ who use the transit system can apply for age-based passes, a Reduced-Fare MetroCard, that reduces the fare in half. If older adults cannot use mass transit (based on qualifying health criteria), they can apply for the Access-a-ride Paratransit program. Yet, there are concerns with Access-a-ride:

*Like yesterday, I called and made an appointment. They have my list of places I go. They ask you your appointment time. I always lie and say 7:30am - 'cause if I said 7 o'clock, they'd be here at 6:15, and places don't open until 7 (laughs). They're not so reliable. Yesterday, I had to go for two - I had to go for a Catscan and an Ultrasound. So I had a 9:15 appointment, but they picked me up at 8:30, and took me. That's too late... Sometimes they come early. Sometimes they come a little late.*

As part of this programme, older adults are picked up where they live and driven to their destination in a smaller passenger van. Older adult centres also offer AARP's driving course to reduce their insurance premiums.

### Healthcare.

Older adults described the older adult center as a hub for older-adult-preferred health-related activities. As a center attendee explained:

*We have all the exercises here. Monday and Friday ... exercises ... like today they have exercises upstairs. They have self-defense and ballroom dancing. On Friday, they do dancing from one to three. And we have a lot of activities.*

As another attendee confirmed: *'This center has a lot to offer. And you're not forced to take it. If you don't wanna do the classes—you don't have to. And if you just wanna come in and do lunch, nobody bothers you or pushes you'*. As the older adults' neighbourhood was gentrifying and the centre was in the process of being modified by politicians and DFTA to include more age groups, a centre goer and board member grew concerned that these older-adult health resources would be lost. They asked the researcher: *'Can you tell the Mayor that we don't want [the center to become] a health club?'* While those aged 65+ with Medicare Part A and lower income and resources can apply for the state-based Medicare Savings Programs or Medicare recipients can apply for the Low-Income Subsidy for Medicare Prescription Drug Coverage helping to pay for prescription drugs under Part D, these programmes do not address the loss of community-based health resources. An organization created a new social adult day programme for older persons with Medicaid, which was not available to all older adults when the centre was permanently closed. During COVID-19, DFTA recognized the need to offer missing mental and physical health services at the community level, especially for socially vulnerable groups, based on income or race and ethnicity.

### Denver, Colorado

While key informant interviews did not directly address food insecurity, we used data comparable to those in our study. With Denver's gentrification, a pulse survey in 2022 revealed 88% of those surveyed stated their highest-ranking problem of concern was the rising cost of living, specifically in housing, food, and fuel/gas. Food insecurity in Colorado has increased by nearly 20% during COVID-19, one in ten older adults are considered food insecure, and 8% of all Colorado households with one or more adults aged 65+ experience food scarcity (Feeding Colorado, 2023). Yet, Colorado is among the lowest-ranked states for enrollment in food accessibility programmes such as SNAP (Colorado Health Institute, n.d.), ranking 44th lowest out of 50 US states and territories (Colorado Health Institute, n.d.). In Colorado, a household of two people is eligible for SNAP benefits if their combined monthly income does not exceed USD 2904 (Colorado Legal Services, 2023). In June 2021, led by persistent unemployment due to COVID-19, Governor Polis signed a bill appropriating government funds to the Department of Human Services' Colorado Employment First Program in alliance with SNAP.

Yet, it is unclear how this bill impacted participation rates in Colorado. Other governmental assistance programmes implemented in Colorado include the Colorado Department of Human Services (CDHS) Everyday Eats food support programme. It was designed to provide persons 65+ with a free monthly food box (Feeding America, n.d.). Everyday Eats, part of Feeding America's 2013 Spotlight Study on Senior Health, found food insecure, low-income older adults were likely to have lower nutrient intakes and higher risk for chronic health than those who were middle class with higher incomes (Feeding America, n.d.). Similar to SNAP

eligibility, the threshold to qualify for Everyday Eats benefits is based on low household income; for two older adult occupants, the annual maximum household income is USD 23,803 per year (Colorado Department of Human Services, n.d.).

### Hamilton, Ontario

An older adult-serving financial provider, interviewed in spring 2020, provided a summary of associated issues with gentrification, *'The problem with gentrification goes far beyond housing costs rising. It's about the entire community changing, like supermarkets, shops, laundromats... Even if rent doesn't increase, people start losing amenities they can afford. Their costs of living increase or they pay more for transportation to get to these resources'*. Though a housing service provider and a community activist suggested that Hamilton is a resource rich city with several services, many health indicators in the population are not improving.

Addressing gentrification-related problems of food insecurity and social isolation, a social service provider mentioned seeing up to 100 people a day for food. Another provider served food for between 1,100 and 1,200 people a month through meals, a food bank, a farmer's market, a café, and Intercultural Community Kitchen—where 25–30% of patrons were older adults. This provider stated, *'The need has increased because people are pushed out of the city [lower downtown area], which gentrifies first...all food bank use is low-income'*. They mentioned social isolation, stating that it can result from neighbourhoods changing around older adults, but stated, *'Attending the different [food] events reduce social isolation and increases social engagement'*. Another service provider mentioned their Social Isolation programme. Here, a support worker is assigned to older adults experiencing social isolation and connects them with other older adults in a safe setting. The support worker assesses older adults' needs and improves their quality of life through community partner referrals.

These interviews revealed Hamilton had many providers to help older adults with gentrification issues, but there are difficulties accessing these services. Across providers, food insecurity, social isolation, and displacement were the biggest issues associated with gentrification and chronic condition management, particularly for older adults with lower incomes and government disability support. Older adults had difficulties accessing services due to a lack of knowledge, not always asking when help was needed, or lack of coordinated referrals across service providers. To address these challenges in providing better services to older adults, service providers began to use environmental scans for mapping resources and advertising in an online community information database, the Red Book, available at public libraries.

### Insider-outsider claim to space: Gentrifier-gentrified group issues

In these two sections, we used the case of Queens, or both Queens and Denver, to explore third-place policies, social vulnerabilities, and intersectionality. Third places can be contested spaces and are often associated with gentrification. These contested spaces are 'geographical locations where conflicts in the form of opposition, confrontation, subversion, and/or resistance engage actors whose social positions are defined by differential control of resources/access to power. This conflict relates to disputes over rights and access to different spaces, and the future trajectories of these spaces' (Skinner & Winterton, 2018, p. 16).



### Queens, NYC

Those in the ethnography spoke about many third places and how familiarity/access to these places was threatened during gentrification. Part of the gentrification process included the building of an upscale mall that included a movie theatre. While the older women could not afford the new restaurants, they wanted to see the latest movies. They decided to carpool to the theatre to see the lower cost, 'senior' matinee and pack their own snacks. In this example, while some older adults navigated these spaces, others were concerned that they would no longer be open to them. During the study, a widely reported incident occurred when 'hipsters' met with residents at a German brewery for a press conference (Removed for review, 2014). There, the gentrifiers said they were bringing culture to this neighbourhood. Older residents responded that culture was already there and challenged the gentrifiers' claims to space. As a long-time resident stated, challenging gentrifiers' ('the quiche crowd') assertions: 'We are not [the] ghetto... Maybe to people living in Ohio or Iowa it may be classified as such because of all the Hispanic and working-class European folk, but [this neighborhood] is not ghetto at all...'

Age-friendliness is not the same in all boroughs during gentrification. To address policy gaps, the NYC Mayor's Office announced his 5-year plan to create a more age-inclusive city. This plan would provide funding to increase equity for older adults in all boroughs, helping the most 'vulnerable' older persons. One of its policy recommendations includes creating a 'new office in City Hall to ensure all city agencies integrate older adults into key planning and policy decisions' (González-Rivera, 2020, p. 2). This new office would integrate age-based policies across city agencies and highlight more places where additional resources and funding are needed. Non-profits also created specific policy initiatives to ensure age-friendliness for more NYC older adults (González-Rivera, 2020).

### Denver, Colorado

A health and social service provider in Denver offered a personal example of a third place disrupted by gentrification. In their response to a question describing assets/barriers influencing older adults' ability to age in place, they offered their own gentrification experience:

*I rented for 13 years, in a wonderful part of Boulder [Colorado] ... it was a great condo. And we were right on the trail, a lot of open space. It was just beautiful. We had a real network of neighbors, and we all ended up supporting each other. Most of my neighbors were young tech guys... right out of school and there was one other older couple in our section. We just loved each other. The young too, the 20 [and] 30 somethings were awesome. They volunteered to pick up stuff at the store for me and my partner. I always asked can I help you in any way? Please call us if you need a ride anywhere. I love them like my children, honestly, still do ...*

Then, the provider explained how things rapidly changed:

*But when Google moved into Boulder and other corporations that brought in a plethora of new talent being paid salaries above \$200,000, my landlord, after 13 years ... wanted seemingly to get rid of us. He was motivated by the dollar sign. My rent was \$1000 a month for 13 years, and I could afford it. And, when he sees his own opportunity to renovate and make more money, he came to me and said, 'hey sorry, but I'm going to be remodeling and rent will have to increase to \$2500 a month.' So of course, we had to move. This network of support that was intergenerational was also impacted. We put a picnic table in the middle of our courtyard and just sobbed, the young, the old, everyone, we were just pissed. That picnic*

*table ended up being where we all came outside for our meals at the end and just said our goodbyes. This genuine sense of community, they needed from me, and I needed from them. That was organic and there's nothing better than an organic evolution of people coming together in a neighborhood.*

### Social 'vulnerabilities' and intersectional impacts

#### Queens, NYC

Portions of the ethnography introduced the role of intersectionality in gentrification with older adults. Older adults interviewed were part of a working-class neighbourhood ('I struggle a little bit with money, but we all are') that is racially and ethnically diverse. Older adults often also reported chronic conditions. When the researcher asked, 'Tell me about your health,' older adults responded 'My health status is mediocre ... I have health problems. I have a bad heart and diabetes.' During the ethnography, the older adult centre's closure contributed to the declining health of older adults. Multiple characteristics of older adults' social positions left them at risk for displacement during gentrification. There were 'combined consequences of neighbourhoods' from being filled with older homeowners to being populated by hipsters' (Weil, 2014, p. 15). After the older adult centre was closed and sold to a new owner, we asked a participant where the 'German table' of center-goers went and she said, 'I think they went upstate, somewhere' but was not sure how most people fared or where they were now.

Potential policies that could take an intersectional approach for older adults in NYC include the Senior Resident Advisor (SRA) and Service Coordinator Programs, the Senior Companion Program, supportive Naturally Occurring Retirement Communities (NORCs), and the federal Supplemental Security Income (SSI) programme. According to the NYC Housing Authority (NYCHA), the SRA and Service Coordinator Programs offer onsite services at NYCHA housing in all the boroughs. NYCHA's website describes SRA programme details. The programme offers

assistance to frail, public housing residents to prevent social isolation, victimization, and unnecessary or premature institutionalization in nursing homes. SRAs organize seniors (known as floor captains) to volunteer to make daily contact with other seniors on their floor, which helps avert crises, particularly among the sick and frail. SRAs work under the supervision of certified social workers (New York City Housing Authority, n.d.; para. 3).

NORCs in NYCHA housing complexes are supported by services and resources from health and ageing departments of NYC. SSI, a federal programme with eligibility and residency requirements, can offer financial assistance for low-income older adults or those with disabilities. However, 'with the closure of Social Security Administration field offices since COVID-19, there has been a sharp decline in the number of people applying for SSI benefits, particularly among older adults and people with limited English proficiency' (NOSSCR, 2021; para. 1).

### Conclusion

Rates of gentrification are increasing in neighbourhoods where older adults live. In our case study, using three age-friendly cities with somewhat robust policies and programmes for older adults, we found that no city has policies fully covering all of the areas that we described as being affected by gentrification. By including three

different age-friendly cities, we could compare the experiences about gentrification for older adults across them. All three settings did have some policies that addressed two major areas affected by gentrification, namely programmes focused on housing support, either for renters or homeowners, and nutrition in terms of supplemental food or communal eating programmes. The areas of having third spaces where older adults could maintain a sense of community during gentrification were only present in two of the settings, and a focus on looking at intersectional characteristics of older adults was only mentioned in one.

We found existing programmes in all settings were often designed for other initiatives such as AFCC. When implemented, they were not created specifically to help older adults in response to gentrification, as were the examples from Hong Kong, Manchester, Montreal, or Belfast where policies were gentrification-led (Rémillard et al., 2020; Simard, 2020; Wang et al., 2022). The policies in each of our cases were not interrelatedly or comprehensively assessed for how they alleviated gentrification's overall impact upon older adults. While it is possible these policies and programmes partially addressed older adults' needs, in two of our cases, programmes such as nutrition support programmes were reported and severely underutilized or that older adults were not aware of them. These available policies were not seen as fully addressing older adults' needs impacted by gentrification. Our study supports the literature suggesting gentrification-specific programmes and policies must be better integrated with the AFCC movement; otherwise, disadvantaged older adult groups will continue to experience loss (Buffel & Phillipson, 2018, 2019).

In our three settings, there was an additional strain upon policies and programmes when the impact of the COVID-19 pandemic was combined with ongoing gentrification. COVID-19 made it harder for existing programmes to serve their intended older adult communities and to create new programmes (Bastani et al., 2021; NYU Furman Center n.d.; CBC News, 2020). Furthermore, the pandemic made it challenging for programmes serving older adults to function due to the increased health risks associated with older adults getting COVID-19 (Bastani et al., 2021). Many programmes introduced stricter policies, such as social distancing and less social interaction, but had difficulties functioning because they had to reduce in-person activities for older adults such as NYC's 6-month extension on filing for its age-based reduction programmes ('Rent Freeze Program', n.d.).

We suggest several steps can be taken to maintain the functionality of programmes targeting older adults through AFCC models and/or groups that are more vulnerable to the impacts of gentrification. Initially, achieving an age-friendly designation can be used as a framework for policy generation and leveraging research behind AFCC for social change and inclusion. We need to add to policies targeting older adults, using the WHO age-friendly cities framework and/or intersectionality theory to be specifically designed to address gentrification. Like Healthy Aging Belfast as an example, our North American AFCC designations can be implemented to improve the lives of older adults in gentrified neighbourhoods. Using this integrative organization and sector model, planners and policies across agencies could work together to address the various social determinants of health issues we raised, such as food insecurity, transportation, healthcare, social isolation, housing displacement, and other resources needed (e.g., third places) to maintain older adults' health. The age-friendly framework suggests that cities must address all these social determinants to be effective (Buffel & Phillipson, 2018, 2019), while intersectional theory acknowledges multiple, intersecting social

identities impacting older adults' health and healthcare (Crenshaw, 2013). Recognizing intersectional identities supports public health's call to address gentrification through a health equity lens (Smith et al., 2020). Adapting models integrating access and connections of all services, including transportation, healthcare, and social connectivity in one agency or collaborative group, is a possible option. It is crucial to improve all frameworks mentioned to effectively serve and assist ageing communities. As discussed, gentrification can lead to older adults losing their community connections, ability to use public transportation, and potentially be displaced. Also, policymakers should closely partner with and include direct equity-based involvement of older adults when designing age-based gentrification policies. Policymakers in Hong Kong, Montreal, and Manchester had success in codesigning policies with older adults facing displacement (Rémillard et al., 2020; Simard, 2020; Wang et al., 2022).

We acknowledge we did not always have the same level of information about the role of gentrification in the three cases discussed and, in some cases, had to describe policies and programmes when rates of usage were not available. The intention is for our study to be a starting point for additional research, not to overgeneralize, but to begin a dialogue about needed policies. We call for more work with older adults, in addition to service providers. New policy must focus on reframing current policies and increasing older adults' access to policy-based programmes. It is possible to build on the connectivity of these three cases' policies to suggest solutions to gentrification's impacts on older adults.

Future research should focus on ways policymakers can create gentrification-specific policies, addressing gentrification's impacts on other vulnerable populations. Cross-topic social policies can act as a strength to support older adults' adaptation to changes in their physical environment, buffer negative impacts of change, and encourage social connectivity. While these policies and frameworks have good intentions, it is important to hold them accountable. As discussed earlier, the public transportation system in Denver, Colorado has even harmed the lower-income residents it was supposed to help (Bardaka et al., 2018). Ensuring that these age-friendly frameworks are implemented and evaluated properly is crucial in addressing gentrification.

## References

- A statistical profile of older adults in Hamilton. (n.d.). <https://www.hamilton.ca/sites/default/files/2022-07/statistical-report-older-adults-hamilton-2019.pdf>
- Bardaka, E., Delgado, M. S., & Florax, R. J. (2018). Causal identification of transit-induced gentrification and spatial spillover effects: The case of the Denver light rail. *Journal of Transport Geography*, 71, 15–31.
- Bastani, P., Mohammadpour, M., Samadbeik, M., Bastani, M., Rossi-Fedele, G., & Balasubramanian, M. (2021). Factors influencing access and utilization of health services among older people during the COVID-19 pandemic: A scoping review. *Archives of Public Health*, 79, 1–11.
- Bhavsar, N. A., Kumar, M., & Richman, L. (2020). Defining gentrification for epidemiologic research: A systematic review. *PLoS One*, 15(5), e0233361.
- Buffel, T., & Phillipson, C. (2018). A manifesto for the age-friendly movement: Developing a new urban agenda. *Journal of Aging & Social Policy*, 30(2), 173–192.
- Buffel, T., & Phillipson, C. (2019). Ageing in a gentrifying neighbourhood: Experiences of community change in later life. *Sociology*, 53(6), 987–1004.
- CBC/Radio Canada. (2020, September 17). *Hamilton house prices explode amid Covid as Toronto buyers leave commuting worries behind*. CBC News. <https://>

- [www.cbc.ca/news/canada/hamilton/hamilton-house-prices-explode-amid-covid-as-toronto-buyers-leave-commuting-worries-behind-1.5721251](http://www.cbc.ca/news/canada/hamilton/hamilton-house-prices-explode-amid-covid-as-toronto-buyers-leave-commuting-worries-behind-1.5721251)
- Cheung, E. S. L. (2024). Neighborhood Gentrification and Food Insecurity among Urban Older Adults: Evidence from New York City. *The Gerontologist*, *64*(7), gnae048.
- Cole, H. V. (2020). A call to engage: Considering the role of gentrification in public health research. *Cities & Health*, *4*(3), 278–287.
- Colorado Department of Human Services. (n.d.). Home | Colorado Department of Human Services. <https://cdhs.colorado.gov/>
- Colorado General Assembly. (2022, March 22). *Homestead exemption and consumer debt protection*. <https://leg.colorado.gov/bills/sb22-086>
- Colorado Health Institute. (n.d.). <https://www.coloradohealthinstitute.org/research/uneven-burden-food-insecurity-colorado>
- Colorado Legal Services. (2023). Federal Poverty Guidelines. Available online: <https://www.coloradolegalservices.org/node/23/federal-poverty-guidelines>
- Crenshaw, K. (2013). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and anti-racist politics. In *Feminist Legal Theories* (pp. 23–51). Routledge.
- Croff, R., Hedmann, M., & Barnes, L. L. (2021). Whitest city in America: A smaller Black community's experience of gentrification, displacement, and aging in place. *The Gerontologist*, *61*(8), 1254–1265.
- Dohler, E., Bailey, P., Rice, D., & Katch, H. (2022, December 22). *Maintaining Housing Stability: Interim Lessons from Denver's Expansion of Supportive Housing*. Policy Commons. <https://policycommons.net/artifacts/3344211/5-31-16hours/>
- Feeding America. (n.d.). Spotlight on Senior Hunger. <https://www.feedingamerica.org/sites/default/files/research/senior-hunger-research/or-spotlight-on-senior-health-executive-summary.pdf>
- Feeding Colorado. (2023 September 8). We feed people every day Gentrification in Hamilton, People don't stand still, economies are never static, and no city is an island. <https://feedingcolorado.org/how-we-feed-colorado/who-we-are/>
- Firth, C. L., Thierry, B., Fuller, D., Winters, M., & Kestens, Y. (2021). Gentrification, urban interventions and equity (GENUINE): A map-based gentrification tool for Canadian metropolitan areas. *Heal Reports*, *32*, 15–28.
- Gentrification in Hamilton*. (2022, December 15). <https://urbanicity.com/hamilton/issues/2017/08/gentrification-in-hamilton/>
- GES Coalition. (n.d.). GES Peoples' Survey 2017. <https://www.gescoalition.com/the-ges-peoples-survey-2017>
- González-Rivera, C. (2020). *Age Of Opportunity: A Blueprint for Expanding & Improving Services for New York's Rapidly Growing Older Adult Population*. Center for Urban Future, New York, NY.
- Holman, D., & Walker, A. (2021). Understanding unequal ageing: Towards a synthesis of intersectionality and life course analyses. *European Journal of Ageing*, *18*(2), 239–255. <https://doi.org/10.1007/s10433-020-00582-7>
- Hwang, J. (2016). Pioneers of gentrification: Transformation in global neighborhoods in urban America in the late twentieth century. *Demography*, *53*(1), 189–213.
- Martin, D., Miller, A. P., Quesnel-Vallée, A., Caron, N. R., Vissandjé, B., & Marchildon, G. P. (2018). Canada's universal health-care system: Achieving its potential. *The Lancet*, *391*(10131), 1718–1735.
- Mehdipanah, R., Marra, G., Melis, G., & Gelormino, E. (2018). Urban renewal, gentrification and health equity: A realist perspective. *The European Journal of Public Health*, *28*(2), 243–248.
- Mills, A. J., Durepos, G., & Wiebe, E. (2010). Comparative case study. In *Encyclopedia of Case Study Research* (Vol. 0, pp. 175–176). SAGE Publications, Inc. <https://doi.org/10.4135/9781412957397>
- Murdie, R., & Teixeira, C. (2011). The impact of gentrification on ethnic neighbourhoods in Toronto: A case study of Little Portugal. *Urban Studies*, *48*(1), 61–83.
- Murtagh, B., Ferguson, S., Lyne Cleland, C., Ellis, G., Hunter, R., Kou, R., Rodriguez Añez, C., Hino, A. A., Becker, L. A., & Reis, R. S. (2022). Planning for an ageing city: Place, older people and urban restructuring. *Cities & Health*, *6*(2), 375–388.
- Neighborhood Equity & Stabilization (NEST). (n.d.). City and County of Denver. <https://www.denvergov.org/Government/Agencies-Departments-Offices/Agencies-Departments-Offices-Directory/Economic-Development-Opportunity/Neighborhood-Equity#:~:text=A%20three%2Dyear%20youth%20apprenticeship,and%20County%20of%20Denver%20agencies>
- Newbold, K. B., Valaitis, R., Phillips, S., Alvarez, E., Neil-Sztramko, S., Sihota, D., Tandon, M., Nadarajah, A., Wang, A., Moore, C., & Orr, E. (2023). Enhancing physical and community MoBility in OLDER adults with health inequities using community co-design (EMBOLDEN): Results of an environmental scan. *Canadian Geriatrics Journal*, *26*(1), 23.
- NOSSCR. (2021, March 31). *Closed Social Security offices hinder applying for supplemental security income* ~ NOSSCR. <https://nossr.org/closed-social-security-offices-hinder-applying-for-supplemental-security-income/>
- NYCHA. (n.d.). New York City Housing Authority (NYCHA): Senior Programs. <https://www1.nyc.gov/site/nycha/residents/senior-programs.page>
- NYU Furman Center. (n.d.). NYU Furman Center for Real Estate and Urban Policy's State of New York City's Housing and Neighborhoods in 2020. <https://furmancenter.org/>
- Page, B., & Ross, E. (2017). Legacies of a contested campus: Urban renewal, community resistance, and the origins of gentrification in Denver. *Urban Geography*, *38*(9), 1293–1328.
- Perry, T. E., Archambault, D., & Sanford, C. (2017). Preserving senior housing in a changing city: Innovative efforts of an interprofessional coalition. *Public Policy & Aging Report*, *27*(suppl\_1), S22–S26.
- Ploeg, J., Canesi, M., Fraser, K. D., McAiney, C., Kaasalainen, S., Markle-Reid, M., Dufour, S., Baird, L. G., & Chambers, T. (2019). Experiences of community-dwelling older adults living with multiple chronic conditions: A qualitative study. *BMJ Open*, *9*(3), e023345.
- Public Health: City of Hamilton. (n.d.). <https://www.hamilton.ca/people-programs/public-health>
- Rémillard-Boilard, S., Buffel, T., & Phillipson, C. (2020). Developing Age-Friendly Cities and Communities: Eleven Case Studies from around the World. *IJERPH*, *18*(1), 1–14.
- Rent Freeze Program for Seniors*. (n.d.). NYC311. <https://portal.311.nyc.gov/article/>
- Sheppard, C. L., Kwon, C., Yau, M., Rios, J., Austen, A., & Hitzig, S. L. (2023). Aging in place in social housing: A Scoping review of social housing for older adults. *Canadian Journal on Aging / La Revue Canadienne Du Vieillessement*, *42*(1), 69–79.
- Simard, J. (2020). Gentrification and Aging in Montreal, Quebec: Housing Insecurity and Displacement Among Older Tenants. *Gentrification around the World*, Volume I: Gentrifiers and the Displaced, 37–59.
- Simpson, K. (2019). A study on gentrification made 12 recommendations for Denver. Three years later, here's where the city stands. *The Colorado Sun*.
- Singelakis, A. T. (1990). Real estate market trends and the displacement of the aged: Examination of the linkages in Manhattan. *The Gerontologist*, *30*(5), 658–666.
- Skinner, M. W., & Winterton, R. (2018). Interrogating the contested spaces of rural aging: Implications for research, policy, and practice. *The Gerontologist*, *58*(1), 15–25.
- Smith, G. S., Breakstone, H., Dean, L. T., & Thorpe, R. J. (2020). Impacts of gentrification on health in the US: A systematic review of the literature. *Journal of Urban Health*, *97*, 845–856.
- The Urban Displacement Project (UDC). (2023, March 14). Urban Displacement. <https://www.urbandisplacement.org/>
- Versey, H. S., Murad, S., Willems, P., & Sanni, M. (2019). Beyond housing: Perceptions of indirect displacement, displacement risk, and aging precarity as challenges to aging in place in gentrifying cities. *International Journal of Environmental Research and Public Health*, *16*(23), 4633.
- Wang, S., Esther, H. K. Y., Yu, Y., & Tsou, J. Y. (2022). Right to the city and community facility planning for elderly: The case of urban renewal district in Hong Kong. *Land Use Policy*, *114*, 105978.
- Weil, J. (2014). *The New Neighborhood Senior Center: Redefining Social and Service Roles for the Baby Boom Generation*. Rutgers University.
- World Health Organization. (2007, January 1). *Global age-friendly cities: A guide*. World Health Organization. <https://apps.who.int/iris/handle/10665/43755>